

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



MLN Matters® Number: MM7445

Related Change Request (CR) #: 7445

Related CR Release Date: June 3, 2011

Effective Date: July 1, 2011

Related CR Transmittal #: R2235CP

Implementation Date: July 5, 2011

July 2011 Update of the Ambulatory Surgical Center (ASC) Payment System

Note: This article was updated on August 20, 2012, to reflect current Web addresses. All other content remains the same.

Provider Types Affected

This article is for Ambulatory Surgical Centers (ASCs), who submit claims to Medicare Administrative Contractors (MACs) and carriers, for services provided to Medicare beneficiaries paid under the ASC payment system.

Provider Action Needed

This article is based on Change Request (CR) 7445 which describes changes to and billing instructions for payment policies implemented in the July 2011 ASC payment system update. CR7445 provides information on six newly created Healthcare Common Procedure Coding System (HCPCS) codes that will be added to the ASC list of covered surgical procedures and nine newly created HCPCS codes that will be added to the ASC list of covered ancillary services effective July 1, 2011. Ensure that your billing staffs are aware of this update.

Policy under the revised ASC payment system requires that ASC payment rates for separately covered payable drugs and biologicals are consistent with the payment rates under the Medicare hospital Outpatient Prospective Payment System (OPPS). Those rates are updated quarterly.

Key Points of CR7445

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- Six new Category III Current Procedural Terminology (CPT) codes have been created for payable surgical procedures that are payable for dates of service on and after July 1, 2011. The new HCPCS codes, the long descriptors, the short descriptors, and payment indicators are identified in Table 1 below. These new separately payable codes and their payment rates are included in the July 2011 ASC Fee Schedule (ASCFS) file.

Table 1—New Category III CPT Codes Separately Payable under the ASC Payment system as of July 1, 2011

HCPCS Code	Long Descriptor	Short Descriptor	Payment Indicator (PI) Effective 7/1/2011
0263T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure including unilateral or bilateral bone marrow harvest	Im b1 mrw cel ther cml	G2
0264T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure excluding bone marrow harvest	Im b1 mrw cel ther xcl hrvt	G2
0265T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; unilateral or bilateral bone marrow harvest only for intramuscular autologous bone marrow cell therapy	Im b1 mrw cel ther hrvt onl	G2
0269T	Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)	Rev/remvl crtd sns dev total	G2

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HCPSC Code	Long Descriptor	Short Descriptor	Payment Indicator (PI) Effective 7/1/2011
0270T	Revision or removal of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	Rev/remvl crtd sns dev lead	G2
0271T	Revision or removal of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)	Rev/remvl crtd sns dev gen	G2

- Nine drugs and biologicals have been granted ASC payment status effective July 1, 2011. These items, along with their long and short descriptors, and payment indicators are identified in Table 2 below.

Table 2—New Drugs and Biologicals Separately Payable under the ASC Payment System, July 1, 2011

HCPSC Code	Long Descriptor	Short Descriptor	ASC PI
C9283	Injection, acetaminophen, 10 mg	Injection, acetaminophen	K2
C9284	Injection, ipilimumab, 1 mg	Injection, ipilimumab	K2
C9285	Lidocaine 70 mg/tetracaine 70 mg, per patch	Patch, lidocaine/tetracaine	K2
C9365	Oasis Ultra Tri-Layer Matrix, per square centimeter	Oasis Ultra Tri-Layer Matrix	K2
C9406	Iodine I-123 ioflupane, diagnostic, per study dose, up to 5 millicuries	Dx I-123 ioflupane, per dose	K2
Q2041*	Injection, von willebrand factor complex (human), Wilate, 1 i.u. vwf:rc0	Wilate injection	K2
Q2042	Injection, hydroxyprogesterone caproate, 1 mg	Hydroxyprogesterone caproate	K2
Q2043*	Sipuleucel-t, minimum of 50 million autologous cd54+ cells activated with pap-gm-csf, including leukapheresis and all other preparatory procedures, per infusion	Sipuleucel-T auto CD54+	K2

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HCPCS Code	Long Descriptor	Short Descriptor	ASC PI
Q2044	Injection, belimumab, 10 mg	Belimumab injection	K2

NOTE: The HCPCS codes above are new codes effective July 1, 2011:

- The HCPCS codes identified with an asterisk "*" are replacement codes;
- HCPCS code Q2041 is replacing HCPCS code J7184 beginning on July 1, 2011;
- The payment status of J7184 beginning July 1, 2011, will change from K2 (Drugs and biologicals paid separately when provided integral to a surgical procedure on ASC list; payment based on OPPS rate) to Y5 (non-surgical procedure/item not valid for Medicare purposes because of coverage, regulation and/or statute; no payment made);
- HCPCS code Q2043 is replacing HCPCS code C9273 beginning on July 1, 2011;
- C9273 will be deleted for dates of service July 1, 2011, and forward; and
- The July 2011 ASCPI file will reflect the changes PI=Y5 for J7184 and PI=D5 for C9273 effective July 1, 2011.

- **Supplemental Information on HCPCS code Q2043 (Provenge)**

HCPCS code Q2043 is replacing HCPCS code C9273 beginning on July 1, 2011. In CR 7117, Transmittal 2050, dated September 17, 2010, CMS clarified the reporting of HCPCS code C9273. Since HCPCS code Q2043 is a replacement code for HCPCS code C9273, the reporting instructions for HCPCS code C9273 also apply to HCPCS code Q2043. That is, the language in the long descriptor of HCPCS code Q2043 that states "all other preparatory procedures" refers to the entire process of collecting immune cells from a patient during a non-therapeutic leukapheresis procedure, sending the immune cells to the facility that prepares the immunotherapy product, and then transporting the immune cells back to the site of service to be administered to the patient.

- **Updated Payment Rate for HCPCS Code J2505 Effective April 1, 2010, through June 30, 2010:**

The payment rate for J2505 was incorrect in the April 2010 ASC DRUG file. The corrected payment rate is listed in Table 3 below and has been included in the revised April 2010 ASC DRUG file effective for services furnished on April 1, 2010, through implementation of the July 2010 update. **Suppliers who think they may have received an incorrect payment between April 1, 2010, and June 30, 2010, may request carrier/MAC adjustment of the previously processed claims.**

Table 3—Updated Payment Rate for HCPCS Code J2505 Effective April 1, 2010 through June 31, 2010

HCPCS Code	Short Descriptor	ASC Payment	ASC PI
J2505	Injection, pegfilgrastim 6mg	\$2,386.39	K2

- **Updated Payment Rates for Certain HCPCS Codes Effective July 1, 2010, through September 30, 2010:**

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The payment rates for twelve HCPCS codes were incorrect in the July 2010 ASC DRUG file. The corrected payment rates are listed in Table 4 below and have been included in the revised July 2010 ASC DRUG file effective for services furnished on July 1, 2010, through implementation of the October 2010 update. Suppliers who think they may have received an incorrect payment between July 1, 2010, and September 30, 2010, may request carrier/MAC adjustment of the previously processed claims.

Table 4—Updated Payment Rates for Certain HCPCS Codes Effective July 1, 2010 through September 30, 2010

HCPCS Code	Short Descriptor	ASC Payment	ASC PI
J0150	Injection adenosine 6 MG	\$11.47	K2
J2430	Pamidronate disodium /30 MG	\$15.12	K2
J2505	Injection, pegfilgrastim 6mg	\$2,423.91	K2
J9065	Inj cladribine per 1 MG	\$25.61	K2
J9178	Inj, epirubicin hcl, 2 mg	\$2.19	K2
J9200	Floxuridine injection	\$34.99	K2
J9206	Irinotecan injection	\$3.36	K2
J9208	Ifosfomide injection	\$29.83	K2
J9209	Mesna injection	\$4.15	K2
J9211	Idarubicin hcl injection	\$41.14	K2
J9263	Oxaliplatin	\$4.35	K2
J9293	Mitoxantrone hydrochl / 5 MG	\$44.38	K2

- **Updated Payment Rates for Certain HCPCS Codes Effective October 1, 2010, through December 31, 2010:**

The payment rates for thirteen HCPCS codes were incorrect in the October 2010 ASC DRUG file. The corrected payment rates are listed in Table 5 below and have been included in the revised October 2010 ASC DRUG file effective for services furnished on October 1, 2010, through implementation of the January 2011 update. Suppliers who think they may have received an incorrect payment between October 1, 2010, and December 31, 2010, may request carrier/MAC adjustment of the previously processed claims.

Table 5—Updated Payment Rates for Certain HCPCS Codes Effective October 1, 2010 through December 31, 2010

HCPCS Code	Short Descriptor	ASC Payment	ASC PI
J0150	Injection adenosine 6 MG	\$9.59	K2
J2430	Pamidronate disodium /30 MG	\$11.81	K2
J9065	Inj cladribine per 1 MG	\$24.97	K2
J9178	Inj, epirubicin hcl, 2 mg	\$9.17	K2
J9185	Fludarabine phosphate inj	\$158.16	K2
J9200	Floxuridine injection	\$32.17	K2
J9206	Irinotecan injection	\$4.68	K2

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HCPCS Code	Short Descriptor	ASC Payment	ASC PI
J9208	Ifosfomide injection	\$31.54	K2
J9209	Mesna injection	\$4.62	K2
J9211	Idarubicin hcl injection	\$84.06	K2
J9263	Oxaliplatin	\$4.60	K2
J9266	Pegaspargase injection	\$2,675.40	K2
J9293	Mitoxantrone hydrochl / 5 MG	\$33.48	K2

- **Updated Payment Rates for Certain HCPCS Codes Effective January 1, 2011, through March 31, 2011:**

The payment rates for nine HCPCS codes were incorrect in the January 2011 ASC DRUG file. The corrected payment rates are listed in Table 6 below and have been included in the revised January 2011 ASC DRUG file effective for services furnished on January 1, 2011, through implementation of the April 2011 update. Suppliers who think they may have received an incorrect payment between January 1, 2011, and March 31, 2011, may request carrier/MAC adjustment of the previously processed claims.

Table 6—Updated Payment Rates for Certain HCPCS Codes Effective January 1, 2011 through March 31, 2011

HCPCS Code	Short Descriptor	ASC Payment	ASC PI
J9065	Inj cladribine per 1 MG	\$24.93	K2
J9178	Inj, epirubicin hcl, 2 mg	\$1.90	K2
J9200	Floxuridine injection	\$37.92	K2
J9206	Irinotecan injection	\$5.31	K2
J9208	Ifosfomide injection	\$33.40	K2
J9211	Idarubicin hcl injection	\$118.41	K2
J9265	Paclitaxel injection	\$6.95	K2
J9266	Pegaspargase injection	\$2,701.13	K2
J9293	Mitoxantrone hydrochl / 5 MG	\$33.36	K2

Additional Information

The official instruction, CR7445 issued to your carrier or MAC regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2235CP.pdf> on the CMS website. If you have any questions, please contact your carrier or MAC at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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