



News Flash – The Centers for Medicare & Medicaid Services (CMS) has posted the 2011 versions of the ICD-10-CM and ICD-10-PCS crosswalks, formally referred to as the General Equivalence Mappings (GEMs) at <http://www.cms.gov/Medicare/Coding/ICD10/index.html> on the ICD-10 website. See the links on that page for the 2011 ICD-10-CM and GEMs and 2011 ICD-10-PCS and GEMs. In addition, CMS also has posted a document, ICD-10 GEMs 2011 Version Update, Update Summary. This document describes the number of comments CMS received, the type of changes recommended, the types of changes made based on the comments, and the types of comments not accepted and reasons why some comments were not accepted.

MLN Matters® Number: MM7275

Related Change Request (CR) #: 7275

Related CR Release Date: December 29, 2010

Effective Date: January 1, 2011

Related CR Transmittal #: R2128CP

Implementation Date: January 3, 2011

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

This article was updated on August 21, 2012, to reflect current Web addresses. All other content remains the same.

Provider Types Affected

This article has information for Ambulatory Surgical Centers (ASC) submitting claims for Medicare beneficiaries to Carriers and A/B Medicare Administrative Contractors (A/B MACs).

Provider Action Needed

This article is based on Change Request (CR) 7275, which contains the Recurring Update Notification describing changes to and billing instructions for various payment policies implemented in the January 2011 ASC update. Be sure to inform your staff of these changes.

Background

Included in CR7275 are updates to the Healthcare Common Procedure Coding System (HCPCS), Calendar Year (CY) 2011 payment rates for separately payable drugs and biologicals, including long descriptors for newly created Level II HCPCS codes for drugs and biologicals (ASC DRUG files), and

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CY 2011 ASC payment rates for covered surgical and ancillary services (ASCFS file). The updates are as follows:

Updated Core Based Statistical Areas (CBSA)

Table 1 below shows updates to three CBSAs recognized by CMS for ASC claims with dates of service on and after January 1, 2011.

Table 1 - January 1, 2011 Core Based Statistical Area (CBSA) Changes

COUNTY/STATE	2010 CBSA	2011 CBSA
Crestview-Fort Walton Beach-Destin, FL	23020	18880
North Port-Bradenton-Sarasota-Venice, FL	14600	35840
Steubenville-Weirton, OH-WV	48260	44600

Drugs and Biologicals with Payment Based on Average Sales Price (ASP) Effective January 1, 2011

Payments for separately payable drugs and biologicals based on the Average Sales Prices (ASPs) are updated on a quarterly basis as later quarter ASP submissions become available. Effective January 1, 2011, payment rates for many covered ancillary drugs and biologicals have changed from the values published in the CY 2011 Outpatient Prospective Payment System /Ambulatory Surgical Center (OPPS/ASC) final rule with comment period as a result of the new ASP calculations based on sales price submissions from the third quarter of CY 2010. In cases where adjustments to payment rates are necessary, the updated payment rates will be incorporated in the January 2011 release of the ASC DRUG file. The updated payment rates effective January 1, 2011 for covered ancillary drugs and biologicals can be found in the January 2011 update of the ASC Addendum BB available at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/index.html> on the CMS website.

Payment for Category 3 New Technology Intraocular Lenses (NTIOLs); Q1003

Medicare pays an additional \$50 for specified Category 3 NTIOLs (reduced spherical aberration) that are provided in association with a covered ASC surgical procedure. **This current active class of NTIOLs, reported using HCPCS code Q1003, has expired for dates of service beginning on February 27, 2011.** Upon expiration of this NTIOL class, Q1003 will be packaged (PI=N1) and no separate payment will be provided for the Intraocular Lens (IOL) in addition to the IOL insertion procedure (effective February 27, 2011).

CMS did not approve a new NTIOL class for CY 2011. Therefore, after the expiration of the Category 3 NTIOL class, there are no active NTIOL classes. ASCs are reminded that Medicare beneficiaries

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cannot be billed for amounts above the coinsurance payment in order to mitigate any loss of the \$50 Medicare payment associated with the expiration of the Category 3 NTIOL class.

New HCPCS Codes for Drugs and Biologicals that are Separately Payable under the ASC Payment System as of January 1, 2011

For CY 2011, thirty of the new Level II HCPCS codes for reporting drugs and biologicals are separately payable to ASCs for dates of service on or after January 1, 2011. The new Level II HCPCS codes, their payment indicators, and short descriptors are displayed in Table 2 below and are included in the January 2011 ASC DRUG file.

Table 2 - New Level II HCPCS Codes for Drugs and Biologicals Separately Payable under the ASC Payment System for CY 2011

CY 2011 HCPCS Code	CY 2011 Payment Indicator	Short Descriptor
C9274	K2	Crotalidae Poly Immune Fab
C9275	K2	Hexaminolevulinate HCl
C9276	K2	Cabazitaxel injection
C9277	K2	Lumizyme, 1 mg
C9278	K2	Incobotulinumtoxin A
C9279	K2	Injection, ibuprofen
J0597	K2	C-1 esterase, berinert
J0638	K2	Canakinumab injection
J0775	K2	Collagenase, clost hist inj
J1290	K2	Ecallantide injection
J1559	K2	Hizentra injection
J1786	K2	Imuglucerase injection
J2358	K2	Olanzapine long-acting inj
J2426	K2	Paliperidone palmitate inj
J3095	K2	Televancin injection
J3262	K2	Tocilizumab injection
J3357	K2	Ustekinumab injection
J3385	K2	Velaglucerase alfa

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CY 2011 HCPCS Code	CY 2011 Payment Indicator	Short Descriptor
J7184	K2	Wilate injection
J7196	K2	Antithrombin recombinant
J7309	K2	Methyl aminolevulinate, top
J7312	K2	Dexamethasone intra implant
J7335	K2	Capsaicin 8% patch
J8562	K2	Oral fludarabine phosphate
J9302	K2	Ofatumumab injection
J9307	K2	Pralatrexate injection
J9315	K2	Romidepsin injection
J9351	K2	Topotecan injection
Q4118	K2	Matristem micromatrix
Q4121	K2	Theraskin

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

The payment rates for fourteen HCPCS codes were incorrect in the July 2010 ASC DRUG file. The corrected payment rates are listed in Table 3 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 from July 1, 2010, through September 30, 2010, may request their Medicare contractor to adjust the previously processed claims.

Table 3 - Updated Payment Rates for Certain HCPCS Codes Effective July 1, 2010, through September 30, 2010

HCPCS Code	Short Descriptor	Corrected Payment Rate
J0150	Injection adenosine 6 MG	\$13.74
J0641	Levoleucovorin injection	\$0.73

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HCPSC Code	Short Descriptor	Corrected Payment Rate
J2430	Pamidronate disodium /30 MG	\$15.61
J2850	Inj secretin synthetic human	\$26.97
J9065	Inj cladribine per 1 MG	\$24.12
J9178	Inj, epirubicin hcl, 2 mg	\$2.06
J9185	Fludarabine phosphate inj	\$112.61
J9200	Floxuridine injection	\$42.31
J9206	Irinotecan injection	\$4.23
J9208	Ifosfomide injection	\$30.95
J9209	Mesna injection	\$4.96
J9211	Idarubicin hcl injection	\$40.09
J9263	Oxaliplatin	\$4.37
J9293	Mitoxantrone hydrochl / 5 MG	\$44.07

Waiver of Cost- Sharing for Preventive Services

The Affordable Care Act waives any copayment and deductible that would otherwise apply for the defined set of preventive services to which the U.S. Preventive Services Task Force (USPSTF) has given a grade of A or B, including copayment for screening colonoscopies and screening flexible sigmoidoscopies, effective for services furnished on and after January 1, 2011. Further information on the implementation of waiver of cost- sharing for preventive services as prescribed by the Affordable Care Act will be included in a separate article that will be released shortly.

Payment When a Device is Furnished With No Cost or With Full or Partial Credit

For CY 2011, CMS updated the list of ASC covered device intensive procedures and devices that are subject to the no cost/full credit and partial credit device adjustment policy. Medicare contractors will reduce the payment for the device implantation procedures listed in Attachment B of CR 7275. (CR 7275 is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2128CP.pdf> on the CMS website.) ASCs must append the modifier "FB" to the HCPCS procedure code when the device furnished without cost or with full credit is listed in Attachment C of CR 7275, and the associated implantation procedure code is listed in Attachment B of that CR. In addition, Medicare contractors will reduce the payment for implantation procedures listed in Attachment B by one half of the device offset amount that

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would be applied if a device were provided at no cost or with full credit, if the credit to the ASC is 50 percent or more of the device cost. If the ASC receives a partial credit of 50 percent or more of the cost of a device listed in Attachment C, the ASC must append the modifier "FC" to the associated implantation procedure code if the procedure is listed in Attachment B. **A single procedure code should not be submitted with both modifiers "FB" and "FC."**

More information regarding billing for procedures involving no cost/full credit and partial credit devices is available in the Medicare Claims Processing Manual, Pub 100-04, Chapter 14, Section 40.8, available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Materials/downloads/clm104c14.pdf> on the CMS website.

Newly Covered Surgical Procedures and Ancillary Service for CY 2011

Attachment C of CR 7275 lists the surgical procedures and ancillary services that are newly payable in the ASC setting as of January 1, 2011.

Additional Information

The official instruction, CR7275, issued to your Carrier or A/B MAC regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2128CP.pdf> on the CMS website.

If you have any questions, please contact your Carrier or A/B 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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