

CMS Manual System

Pub 100-20 One-Time Notification Transmittal Sheet

Transmittal 155

Department of Health &
Human Services

Center for Medicare &
Medicaid Services

Date: MAY 9, 2005

Change Request 3817

SUBJECT: Payment to Ambulatory Surgery Centers (ASCs) for New CPT Code 66711

NOTE: Transmittal 153, dated May 6, 2005, is being rescinded and replaced by Transmittal 155, dated May 9, 2005.

I. SUMMARY OF CHANGES: N/A

NEW/REVISED MATERIAL :

EFFECTIVE DATE : *January 01, 2005

IMPLEMENTATION DATE : July 5, 2005

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R = REVISED, N = NEW, D = DELETED – *Only One Per Row.*

R/N/D	Chapter / Section / SubSection / Title
N/A	

III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2005 operating budgets.

IV. ATTACHMENTS:

One-Time Notification

**Unless otherwise specified, the effective date is the date of service.*

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 155	Date: May 9, 2005	Change Request 3817
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SUBJECT: Payment to Ambulatory Surgery Centers (ASCs) for New CPT Code 66711

I. GENERAL INFORMATION

A. Background: On an annual basis the American Medical Association Current Procedural Terminology (CPT) Editorial Panel revises and updates the CPT codes. For 2005, CPT code 66711, Ciliary body destruction, cyclophotocoagulation, endoscopic, was created and implemented effective January 1, 2005. Implementation of the new CPT code 66711 meant that the new code was the only legitimate code to use for reporting the procedure it describes. Implementation of the new code made it mandatory to use that code when reporting the performance of the procedure it describes.

In this case, implementation of the new code meant that the procedure described by the new code, although it has been included on the ambulatory surgery center list of covered procedures since its inception, must be reported using the new code and that use of the code as it existed in 2004, and before, would be miscoding.

It came to the attention of the Centers for Medicare & Medicaid Services (CMS) that CPT code 66711, Ciliary body destruction, cyclophotocoagulation, endoscopic, inadvertently was not added to the ASC list effective January 1, 2005. As a consequence, the procedures described by the new CPT code, could not be reported for payment in an ASC.

Prior to January 1, 2005 the procedure was included in CPT 66710, Ciliary body destruction; cyclophotocoagulation, which was included on the ASC list. In its annual update of the CPT codes, the CPT Editorial Panel revised the descriptor for 66710 to Ciliary body destruction; cyclophotocoagulation, transscleral, and created 66711 effective January 1, 2005. CPT code 66710 continues to be valid for payment in an ASC.

B. Policy: We will add CPT 66711 to the ASC list of covered procedures in the July 2005 update, with an effective date of January 1, 2005. Procedures performed between January 1, 2005 and July 1, 2005 may be billed retrospectively using the new code 66711 and payment may be made at the payment group 2 level.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		F I	R H H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
3817.1	Effective July 1, 2005, for dates of service on or after January 1, 2005, contractors shall take action to ensure they pay a facility fee to ASCs for HCPCS code 66711, in payment group 2.	X		X						
3817.2	Carriers shall not search and adjust claims that have already been processed unless brought to their attention.			X						

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		F I	R H H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
3817.3	Contractors shall post this entire instruction, or a direct link to this instruction, on their Web site and include information about it in a listserv message within 1 week of the release of this instruction. In addition, the entire instruction must be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic.	X		X						

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions
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B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date*: January 1, 2005</p> <p>Implementation Date: July 5, 2005</p> <p>Pre-Implementation Contact(s):</p> <p>Yvette Cousar at (410) 786-2160 for Part B claims processing</p> <p>Dana Burley at (410) 786-0378 for coding or payment issues</p> <p>Post-Implementation Contact(s): Appropriate regional office</p>	<p>No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2005 operating budgets.</p>
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