

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10046	Date: April 13, 2020
	Change Request 11694

Transmittal 4545, dated March 13, 2020, is being rescinded and replaced by Transmittal 10046, dated, April 13, 2020 to add information of the Correction to Q4206 to the policy section. All other information remains the same.

SUBJECT: April 2020 Update of the Ambulatory Surgical Center (ASC) Payment System

I. SUMMARY OF CHANGES: This recurring update notification describes changes to and billing instructions for various payment policies implemented in the April 2020 ASC payment system update. As appropriate, this notification also includes updates to the Healthcare Common Procedure Coding System (HCPCS).

EFFECTIVE DATE: April 1, 2020

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

IMPLEMENTATION DATE: April 6, 2020

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	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Recurring Update Notification

Attachment - Recurring Update Notification

Pub. 100-04	Transmittal: 10046	Date: April 13, 2020	Change Request: 11694
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Transmittal 4545, dated March 13, 2020, is being rescinded and replaced by Transmittal 10046, dated, April 13, 2020 to add information of the Correction to Q4206 to the policy section. All other information remains the same.

SUBJECT: April 2020 Update of the Ambulatory Surgical Center (ASC) Payment System

EFFECTIVE DATE: April 1, 2020

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

IMPLEMENTATION DATE: April 6, 2020

I. GENERAL INFORMATION

A. Background: This recurring update notification describes changes to and billing instructions for various payment policies implemented in the April 2020 ASC payment system update. As appropriate, this notification also includes updates to the Healthcare Common Procedure Coding System (HCPCS).

Included in this transmittal are Calendar Year (CY) 2020 payment rates for separately payable procedures/services, drugs and biologicals, including descriptors for newly created Current Procedural Terminology (CPT) and Level II HCPCS codes. A corrected January 2020 Ambulatory Surgical Center Fee Schedule (ASCFS) File, an April 2020 Ambulatory Surgical Center Payment Indicator (ASC PI) File, and an April 2020 Ambulatory Surgical Center Drug File will be issued. No April 2020 ASCFS and no ASC Code Pair file will be issued in this transmittal.

B. Policy: 1. Drugs, Biologicals, and Radiopharmaceuticals

a. New HCPCS Codes and Dosage Descriptors for Certain Drugs and Biologicals Effective April 1, 2020

Several new HCPCS codes have been created for reporting drugs and biologicals in the ASC setting, where there have not previously been specific codes available. These new codes are effective April 1, 2020 and are listed in Table 1. (see Attachment A: Policy Section Tables).

b. Drugs and Biologicals with Payments Based on Average Sales Price (ASP)

For CY 2020, payment for nonpass-through drugs and biologicals continues to be made at a single rate of ASP + 6 percent, which provides payment for both the acquisition cost and pharmacy overhead costs associated with the drug or biological. In addition, in CY 2020, a single payment of ASP + 6 percent continues to be made for the Outpatient Prospective Payment System (OPPS) pass-through drugs and biologicals to provide payment for both the acquisition cost and pharmacy overhead costs of these pass-through items. Payments for drugs and biologicals based on ASPs will be updated on a quarterly basis as later quarter ASP submissions become available. Updated payment rates effective April 1, 2020, can be found in the April 2020 update of ASC Addendum BB on the CMS website at: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/11_Addenda_Updates.html

c. Drugs and Biologicals Based on ASP Methodology with Restated Payment Rates

Some drugs and biologicals with payment rates based on the ASP methodology may have their payment rates corrected retroactively. These retroactive corrections typically occur on a quarterly basis. The list of drugs and

biologicals with corrected payment rates will be accessible on the CMS website on the first date of the quarter at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/ASC-Restated-Payment-Rates.html>

Suppliers who think they may have received an incorrect payment for drugs and biologicals impacted by these corrections may request contractor adjustment of the previously processed claims.

2. January 2020 ASC Corrections

a. Radiopharmaceutical Payment Extension for Vizamyl and Neuraceq and Associated Procedure Payment (APP) Rate Changes

The Further Consolidated Appropriations Act of 2020 recently signed into law provides that, for a drug or biological furnished in the context of a clinical study on diagnostic imaging tests approved under a coverage with evidence development determination whose period of pass-through status under this paragraph concluded on December 31, 2018, and for which payment under this subsection was packaged into a payment for a covered Outpatient Department (OPD) service (or group of services) furnished beginning January 1, 2019, such pass-through status shall be extended for a 9-month period beginning on January 1, 2020, through September 30, 2020.

There are two diagnostic radiopharmaceuticals covered by this provision: Q9982 (Flutemetamol F18, diagnostic, per study dose, up to 5 millicuries) [Trade Name: Vizamyl] and Q9983 (Florbetaben F18, diagnostic, per study dose, up to 8.1 millicuries) [Trade Name: Neuraceq]. These two diagnostic radiopharmaceuticals will have OPPS pass-through status reinstated effective January 1, 2020.

ASCs that administered these radiopharmaceuticals associated with the clinical trial, with dates of service beginning January 1, 2020 may submit claims as appropriate. However, we would expect limited, if any, claims for these radiopharmaceuticals by ASCs as the clinical study is not surgical in nature, and all entities are required to be approved to participate in this clinical study.

As stated above, the two diagnostic radiopharmaceuticals had previously been packaged. They were packaged into APC 5594 in the OPPS payment system. These radiopharmaceutical codes were also previously packaged in the ASC payment system. Effective January 1, 2020, these codes have been unpackaged from the 11 procedure codes in OPPS APC 5594. As a result of unpackaging, the payment rates for the corresponding 11 ASC procedure codes in table 2 below has changed slightly. The new procedure payment rates are included in the April 2020 quarterly update addenda, which is accessible on the CMS website at:

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/11_Addenda_Updates

The two diagnostic radiopharmaceutical HCPCS, their descriptors, and the ASCPI are included in table 3 (see Attachment A: Policy Section Tables).

Suppliers who think they may have received an incorrect payment for the procedures impacted by these corrections may request contractor adjustment of the previously processed claims.

b. ASCPI Correction for Q5114 and Q5115.

Q5114 and Q5115 entered the market after the publication of the OPPS/ASC final rule and were not included in the January 2020 update to the ASC system. Q5114 entered the market and was separately payable effective November 29, 2019. Q5115 entered the market and was separately payable effective November 11, 2019. Therefore, the ASC payment indicator is being corrected from Y5 to K2 for both of these codes effective on the date that each of these HCPCS entered the market. The HCPCS codes, short and long descriptors, ASCPIs, and

effective dates are listed in table 4 (see Attachment A: Policy Section Tables).

Contractors shall search claims history and reprocess claims, as appropriate, that include these codes.

c. Payment Correction for A9590.

HCPCS A9590 was included in the January 2020 update to the ASC Payment System change request and the ASCPI file, with an ASCPI= K2. However, this HCPCS code was not included on the January 2020 ASC Drug file and was therefore contractor priced. This code is being added to the ASC drug file effective January 2020 with a payment rate.

Suppliers who think they may have received an incorrect payment may request contractor adjustment of the previously processed claims.

d. Payment Correction for Certain Brachytherapy HCPCS Codes Retroactively Effective January 1, 2020.

A number of brachytherapy sources HCPCS code payment rates for January 2020, reflected an incorrect CY2020 payment amount in the January update ASCFS file. The payment rates have been corrected and are retroactive to January 1, 2020. The brachytherapy codes, short descriptor, and corrected payment rates are listed in table 5 (see Attachment A: Policy Section Tables).

Suppliers who think they may have received an incorrect payment for the codes impacted by these corrections may request contractor adjustment of the previously processed claims.

3. Correction for HCPCS Q4206

HCPCS Q4206 (Fluid flow or fluid GF, 1 cc) is a packaged service (ASCPI=N1) and is currently recognized in the ASC payment system ASCPI file effective January 1, 2020. However, this code became effective October 1, 2019 in the ASC payment system as a packaged code. In the July 2020 CR, CMS intends to correct this oversight and add Q4206 to the ASCPI file retroactively effective October 1, 2019. ASCs are reminded not to bill packaged codes.

4. Coverage Determinations

The fact that a drug, device, procedure or service is assigned a HCPCS code and a payment rate under the ASC payment system does not imply coverage by the Medicare program, but indicates only how the product, procedure, or service may be paid if covered by the program. Medicare Administrative Contractors (MACs) determine whether a drug, device, procedure, or other service meets all program requirements for coverage. For example, MACs determine that it is reasonable and necessary to treat the beneficiary's condition and whether it is excluded from payment.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								Other
		A/B MAC			D M E M A C	Shared- System Maintainers				
		A	B	H H H		F I S S	M C S	V M S	C W F	
11694.1	Contractors shall download the revised January 2020 ASC Fee Schedule (FS) from the CMS mainframe. FILENAME: MU00.@BF12390.ASC.CY20.FS.JANB.V0302 NOTE: The revised January 2020 ASCFS is a full replacement update file. NOTE: Date of retrieval will be provided in a separate email communication from CMS.		X							VDC
11694.2	Medicare contractors shall download and install the April 2020 ASC DRUG file. FILENAME: MU00.@BF12390.ASC.CY20.DRUG.APRA.V0316 NOTE: Date of retrieval will be provided in a separate email communication from CMS.		X							VDC
11694.3	Medicare contractors shall download and install the April 2020 ASC Payment Indicator (PI) file. FILENAME: MU00.@BF12390.ASC.CY20.PI.APRA.V0309 NOTE: Date of retrieval will be provided in a separate email communication from CMS.		X							VDC
11694.4	Contractors and Common Working File (CWF) shall add Type of Service (TOS) F, as appropriate, for HCPCS included in attachment A, tables 1, effective for services April 1, 2020 and later payable in the ASC setting.		X						X	

Number	Requirement	Responsibility								Other
		A/B MAC			D M E M A C	Shared- System Maintainers				
		A	B	H H H		F I S S	M C S	V M S	C W F	
11694.5	The contractors and CWF shall add TOS F, as appropriate, for HCPCS included in attachment A, tables 3, effective for services January 1, 2020 and later payable in the ASC setting.		X						X	
11694.6	The contractors and CWF shall add TOS F, as appropriate, for HCPCS Q5114, effective for services November 29, 2019 and later payable in the ASC setting. NOTE: refer to table 4, attachment A.		X						X	
11694.7	The contractors and CWF shall add TOS F, as appropriate, for HCPCS Q5115, effective for services November 11, 2019 and later payable in the ASC setting. NOTE: refer to table 4, attachment A.		X						X	
11694.8	If released by CMS, Medicare contractors shall download and install the revised January 2020 ASC DRUG file. FILENAME: MU00.@BF12390.ASC.CY20.DRUG.JANB.V0316 NOTE: The revised ASC Drug file is a full replacement file. NOTE: Date of retrieval will be provided in a separate email communication from CMS.		X							VDC
11694.8.1	Medicare contractors shall adjust as appropriate claims brought to their attention that: 1) Have dates of service January 1, 2020- March 31, 2020 and ;		X							

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	2) Were originally processed prior to the installation of the revised January 2020 ASC DRUG File.									
11694.9	If released by CMS, Medicare contractors shall download and install the revised October 2019 ASC DRUG file. FILENAME: MU00.@BF12390.ASC.CY19.DRUG.OCTB.V0316 NOTE: The revised ASC Drug file is a full replacement file. NOTE: Date of retrieval will be provided in a separate email communication from CMS.		X						VDC	
11694.9.1	Medicare contractors shall adjust as appropriate claims brought to their attention that: 1) Have dates of service October 1, 2019- December 31, 2019 and ; 2) Were originally processed prior to the installation of the revised October 2019 ASC DRUG File.		X							
11694.10	If released by CMS, Medicare contractors shall download and install the revised July 2019 ASC DRUG file. FILENAME: MU00.@BF12390.ASC.CY19.DRUG.JULD.V0316 NOTE: The revised ASC Drug file is a full replacement file. NOTE: Date of retrieval will be provided in a		X						VDC	

Number	Requirement	Responsibility								Other
		A/B MAC			D M E M A C	Shared- System Maintainers				
		A	B	H H H		F I S S	M C S	V M S	C W F	
	separate email communication from CMS.									
11694.10.1	Medicare contractors shall adjust as appropriate claims brought to their attention that: 1) Have dates of service July 1, 2019- October 31, 2019 and ; 2) Were originally processed prior to the installation of the revised July 2019 ASC DRUG File.		X							
11694.11	If released by CMS, Medicare contractors shall download and install the revised April 2019 ASC DRUG file. FILENAME: MU00.@BF12390.ASC.CY19.DRUG.APRD.V0316 NOTE: The revised ASC Drug file is a full replacement file. NOTE: Date of retrieval will be provided in a separate email communication from CMS.		X						VDC	
11694.11.1	Medicare contractors shall adjust as appropriate claims brought to their attention that: 1) Have dates of service April 1, 2019- June 30, 2019 and ; 2) Were originally processed prior to the installation of the revised April 2019 ASC DRUG File.		X							

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
11694.12	Medicare contractors shall search claims history for Q5114 and Q5115, and reprocess claims submissions, as appropriate, within 45 business days of the implementation date of this change request.		X							
11694.13	Contractors shall make corrected January 2020 ASCFS fee data for their ASC payment localities available on their websites.		X							
11694.14	Contractors shall notify CMS of successful receipt via e-mail to price_file_receipt@cms.hhs.gov stating the name of the file received, (e.g., CLAB, ASP, etc.) and the entity for which it was received (i.e., include states, carrier numbers, quarter, and if Part A, Part B, or both).		X						VDC	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H		
11694.15	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the “MLN Matters” listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.		X			

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
1, 3, 4	Attachment A: POLICY SECTION TABLES

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Chuck Braver, 410-786-6719 or chuck.braver@cms.hhs.gov (ASC Payment Policy), Yvette Cousar, 410-786-2160 or yvette.cousar@cms.hhs.gov (B MAC Claims Processing Issues)

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 1

Attachment A – Tables for the Policy Section

Table 1. – New HCPCS Codes and Dosage Descriptors for Certain Drugs and Biologicals Effective April 1, 2020

CY 2020 HCPCS Code	CY 2020 Short Descriptor	CY 2020 Long Descriptor	ASC PI
C9053	Inj, crizanlizumab-tmca	Injection, crizanlizumab-tmca, 1 mg	K2
C9056	Injection, givosiran	Injection, givosiran, 0.5 mg	K2
C9057	Inj cetirizine hydrochloride	Injection, cetirizine hydrochloride, 1 mg	K2
C9058	Injection,pegfilgrastim-bmez	Injection, pegfilgrastim-bmez, biosimilar, (Ziextenzo) 0.5 mg	K2

Table 2. – Procedure Payment Rate Changes Associated with Radiopharmaceutical payment extension for Vizamyl and Neuraceq Effective January 1, 2020

CY 2020 HCPCS Code	CY 2020 Short Descriptor	ASC PI
78429	Myocrd img pet 1 std w/ct	Z2
78430	Myocrd img pet rst/strs w/ct	Z2
78491	Myocrd img pet 1std rst/strs	Z2
78492	Myocrd img pet mlt rst&strs	Z2
78608	Brain imaging (pet)	Z2
78812	Pet image skull-thigh	Z2
78813	Pet image full body	Z2
78814	Pet image w/ct lmted	Z2
78815	Pet image w/ct skull-thigh	Z2
78816	Pet image w/ct full body	Z2
78832	Rp loclzj tum spect w/ct 2	Z2

Table 3. — Radiopharmaceutical Payment Extension for Vizamyl and Neuraceq

CY 2020 HCPCS Code	CY 2020 Short Descriptor	ASC PI
Q9982	Flutemetamol f18 diagnostic	K2
Q9983	Florbetaben f18 diagnostic	K2

Table 4. — ASCPI Correction for Q5114 and Q5115

HCPCS Code	Short Descriptor	Long Descriptor	ASC PI	Effective Date
Q5114	Inj ogivri 10 mg	Injection, trastuzumab-dkst, biosimilar, (ogivri), 10 mg	K2	11/29/2019
Q5115	Inj truxima 10 mg	Injection, rituximab-abbs, biosimilar, (truxima), 10 mg	K2	11/11/2019

Table 5. — Payment Correction for Certain Brachytherapy HCPCS Codes Retroactively Effective January 1, 2020.

HCPCS Code	Short Descriptor	Corrected CY2020 Payment Rate
A9527	Iodine i-125 sodium iodide	\$31.27
C1716	Brachytx, non-str, gold-198	\$116.46
C1717	Brachytx, non-str,hdr ir-192	\$322.02
C1719	Brachytx, ns, non-hdrir-192	\$62.97
C2616	Brachytx, non-str,yttrium-90	\$17091.57
C2634	Brachytx, non-str, ha, i-125	\$181.91
C2635	Brachytx, non-str, ha, p-103	\$56.38
C2638	Brachytx, stranded, i-125	\$34.55

C2639	Brachytx, non-stranded,i-125	\$35.64
C2640	Brachytx, stranded, p-103	\$83.60
C2642	Brachytx, stranded, c-131	\$76.71
C2643	Brachytx, non-stranded,c-131	\$95.72
C2698	Brachytx, stranded, nos	\$34.55
C2699	Brachytx, non-stranded, nos	\$35.64