



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

MLN Matters Number: MM11694 **Revised**

Related Change Request (CR) Number: 11694

Related CR Release Date: **April 13, 2020**

Effective Date: April 1, 2020

Related CR Transmittal Number: **R10046CP**

Implementation Date: April 6, 2020

Note: We revised this article on April 14, 2020, due to a revised Change Request (CR) 11694 that added information on Q4206 to the policy section of the CR (page 6 in this article). All other information remains the same.

### PROVIDER TYPES AFFECTED

This MLN Matters Article is for physicians, providers, and suppliers billing Medicare Administrative Contractors (MACs) for services subject to the Ambulatory Surgical Center (ASC) Payment System and provided to Medicare beneficiaries.

### PROVIDER ACTION NEEDED

CR 11694 describes changes to and billing instructions for various payment policies implemented in the April 2020 ASC payment system update. This notification also includes updates to the Healthcare Common Procedure Coding System (HCPCS). Make sure your billing staffs are aware of these updates.

### BACKGROUND

CR 11694 contains 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 due to CR 11694. The changes are as follows:

#### 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.

**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	Inj. pegfilgrastim-bmez	Injection, pegfilgrastim-bmez, biosimilar, (Ziextenzo) 0.5 mg	K2

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

For CY 2020, payment for non-pass-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, are available 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](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 their MAC to adjust 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 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)
- 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, CMS expects 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 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](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/11_Addenda_Updates).

**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

CY 2020 HCPCS Code	CY 2020 Short Descriptor	ASC PI
78813	Pet image full body	Z2
78814	Pet image w/ct lmtd	Z2
78815	Pet image w/ct skull-thigh	Z2
78816	Pet image w/ct full body	Z2
78832	Rp loclzz tum spect w/ct 2	Z2

The two diagnostic radiopharmaceutical HCPCS, their descriptors, and the ASCPI are included in Table 3.

**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

Suppliers who think they may have received an incorrect payment for the procedures impacted by these corrections may request MAC 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 PI is being corrected from Y5 to K2 for both of these codes effective on the date that each of these HCPCS entered the market. These two codes, short and long descriptors, ASCPIs, and effective dates are in table 4.

**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

MACs will search claims history and reprocess claims, as appropriate, that include these codes within 45 days of the implementation date of CR 11694.

**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.

**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	\$17,091.57
C2634	Brachytx, non-str, ha, i-125	\$181.91

HCPCS Code	Short Descriptor	Corrected CY2020 Payment Rate
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

Suppliers who think they may have received an incorrect payment for the codes impacted by these corrections may request MAC 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. 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.

## ADDITIONAL INFORMATION

The official instruction, CR 11694, issued to your MAC regarding this change is available at <https://www.cms.gov/files/document/r10046cp.pdf>.

If you have questions, your MACs may have more information. Find their website at <http://go.cms.gov/MAC-website-list>.

## DOCUMENT HISTORY

Date of Change	Description
April 14, 2020	We revised this article, due to a revised CR 11694 that added information on Q4206 to the policy section of the CR (page 6 in this article).
March 13, 2020	Initial article released.

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