

CMS Guidance Document	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Executive Guidance Number 0190	Date: January 4, 2008
Planned Web Site Address http://www.cms.hhs.gov/manuals/	Release planned:12/18/08

PROGRAM AREA: Claims Processing

SUBJECT: Additional Payable “C” Drug Codes for January 1, 2008 in ASCs

APPLIES TO: Ambulatory Surgical Centers

I. SUMMARY OF DOCUMENT: Contractors shall modify the necessary systems to accept these additional HCPCS codes and ensure that when these HCPCS codes are processed and paid using the same payment and claims processing policies issued by CMS for the 2008 revision to the ASC payment system

II. CHANGES IN POLICY INSTRUCTIONS: (If not applicable, indicate N/A)

STATUS: R=REVISED, N=NEW, D=DELETED.

Status	CHAPTER/SECTION/SUBSECTION/TITLE
N	17/20.5.9/Annual Update of AWP Payment Allowance Limit for Vaccines

III. CLEARANCES:

Clearance & Point of Contact (POC)	Name/Telephone/Component
Senior Official Clearance	Liz Richter/(410) 786-4164/CMM
Agency POC	Chuck Braver/(410) 786-6719/CMM/HAPG/DOC

IV. TYPE (Check appropriate boxes for type of guidance)

	Audit Guide
X	Change Request
	HPMS
	Joint Signature Memorandum/Technical Director Letter
	Manual Transmittal/Non-Change Request
	State Medicaid Director Letters
	Other

V. STATUTORY OR REGULATORY AUTHORITY: N/A

Attachment – One-Time Notification

Pub. 100-04	Transmittal:	Date:	Change Request: 5885
-------------	--------------	-------	----------------------

SUBJECT: Additional Payable “C” Drug Codes for January 1, 2008 in ASCs

Effective Date: January 1, 2008

Implementation Date: 7 days from date of issuance

I. GENERAL INFORMATION

- A. Background:** A final list of ASC payable HCPCS for January 1, 2008 was released in the recently issued ASC final rule, CMS-1392-FC, on display in the Federal Register November 1, 2007. However, there are four additional “C” codes recognized as payable in the ASC by CMS that were approved too late in the process to be included in the Federal Register’s final rule issuance. These “C” codes, also, were not annotated as ASC payable codes in the 2008 HCPCS file release.
- B. Policy:** Contractors shall modify the necessary systems to accept these additional HCPCS codes and ensure that when these HCPCS codes are submitted by ASCs for payment, that they will be processed and paid using the same payment and claims processing policies issued by CMS for the 2008 revision to the ASC payment system. Contractors shall also make available to ASCs both a list of all HCPCS that are payable in ASCs for 2008, including these additional HCPCS, as well as the wage adjusted payment rates of these HCPCS, for those ASCs in their jurisdiction. These “C” codes will be included on the final version ASC DRUG file released by CMS.

II. BUSINESS REQUIREMENTS TABLE

Use “Shall” to denote a mandatory requirement

Number	Requirement	Responsibility (place an “X” in each applicable column)									
		A / B M A C	D M E M A C	F I I E R	C A R I E R	R H H I	Shared-System Maintainers				OTH ER
							F I S S	M C S	V M S	C W F	
5885.1	Contractors shall add the following drug codes to their procedure code files effective January 1, 2008: C9237 Inj, lanreotide acetate C9240 Injection, ixabepilone C9354 Veritas collagen matrix, cm2 C9355 Neuromatrix nerve cuff, cm	X			X					X	

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				OTH ER
							F I S S	M C S	V M S	C W F	
5885.1.1	Contractors shall accept these codes when billed by ASC (specialty 49).	X			X			X			
5885.2	Contractors shall make January 2008 ASCFS fee data for their ASC payment localities available on their Web sites.	X			X						
5885.3	Contractors should make all national ASC DRUG rates available on their web sites via a link to ASC DRUG rates on the CMS Web site.	X			X						
5885.4	Contractors need not search their files to either retract payment for claims already paid or to retroactively pay claims. However, contractors shall adjust claims brought to their attention.	X			X						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				OTH ER
							F I S S	M C S	V M S	C W F	
5885.5	<p>A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv.</p> <p>Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.</p>	X			X						

IV. SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements, use the box below:

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
5885.1	The type of service for these C codes shall be “F” when billed to Part B carriers and A/B MACs by specialty 49 (ASCs) for place of service 24.
5885.1	Pricing for all four C codes will be included on the ASC DRUG file provided by CMS in December 2007

B. For all other recommendations and supporting information, use this space:

V. CONTACTS

Pre-Implementation Contact(s): Chuck Braver (payment policy) at chuck.braver@cms.hhs.gov , 410-786-6719; William Stojak (claims processing) at william.stojak@cms.hhs.gov , 410-786-6984

Post-Implementation Contact(s): Appropriate regional office

VI. FUNDING

A. For Fiscal Intermediaries, Carriers, and the Durable Medical Equipment Regional Carrier (DMERC):

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

B. For Medicare Administrative Contractors (MAC):

The Medicare Administrative Contractor (MAC) is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as changes to the MAC Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts specified 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.