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| <b>CMS Manual System</b>                     | <b>Department of Health &amp; Human Services (DHHS)</b>   |
| <b>Pub 100-04 Medicare Claims Processing</b> | <b>Centers for Medicare &amp; Medicaid Services (CMS)</b> |
| <b>Transmittal 1325</b>                      | <b>Date: AUGUST 29, 2007</b>                              |
|  | <b>Change Request 5680</b>                                |

**NOTE: This Transmittal is being re-communicated December 7, 2007 to correct Business Requirements 5680.5 and 5680.16.1. The Transmittal number, issue date and all other information remain the same.**

**Subject: Testing and Implementation of 2008 Ambulatory Surgical Center (ASC) Payment System Changes**

**I. SUMMARY OF CHANGES:** This CR provides the background, policy, and contractor instructions to test and implement the 2008 revised ASC payment system.

**New / Revised Material**

**Effective Date: January 1, 2008**

**Implementation Date: January 7, 2008**

*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

| <b>R/N/D</b> | <b>CHAPTER/SECTION/SUBSECTION/TITLE</b>                                  |
|--------------|--|
| <b>R</b>     | 1/30.3.1/Mandatory Assignment on Carrier Claims                          |
| <b>R</b>     | 4/120/General Rules for Reporting Outpatient Hospital Services           |
| <b>R</b>     | 4/180.1/General Rules  |
| <b>R</b>     | 14/Table Of Contents   |
| <b>R</b>     | 14/10/General  |
| <b>R</b>     | 14/10.1/Definition of Ambulatory Surgical Center (ASC)                   |
| <b>R</b>     | 14/10.2/Ambulatory Surgical Center Services on ASC List                  |
| <b>R</b>     | 14/10.3/Services Furnished in ASCs                                       |
| <b>R</b>     | 14/10.4/Coverage of Services in ASCs Which Are Not ASC Facility Services |
| <b>R</b>     | 14/20/List of Covered Ambulatory Surgical Center Procedures              |
| <b>R</b>     | 14/20.1/Nature and Applicability of ASC List                             |

|          |  |
|----------|--|
| <b>R</b> | 14/20.2/Types of Services Included on the List   |
| <b>R</b> | 14/30/Rate-Setting Policies  |
| <b>R</b> | 14/30.1/Where to Obtain Current Rates and List of Covered Services   |
| <b>R</b> | 14/40/Payment for Ambulatory Surgery   |
| <b>R</b> | 14/40.1/Payment to Ambulatory Surgical Centers for Non-ASC Services  |
| <b>R</b> | 14/40.2/Wage Adjustment of Base Payment Rates  |
| <b>R</b> | 14/40.3/Payment for Intraocular Lens (IOL)   |
| <b>R</b> | 14/40.4/Payment for Terminated Procedures  |
| <b>R</b> | 14/40.5/Payment for Multiple Procedures  |
| <b>R</b> | 14/40.6/Payment for Extracorporeal Shock Wave Lithotripsy (ESWL)   |
| <b>N</b> | 14/40.7/Offset for Payment for Pass-Through Devices Beginning January 1, 2008                                    |
| <b>N</b> | 14/40.8/Payment When a Device is Furnished With No Cost or With Full or Partial Credit Beginning January 1, 2008 |
| <b>N</b> | 14/40.9/Payment for Presbyopia Correcting IOLs (P-C IOLs) and Astigmatism Correcting IOLs (A-C IOLs)             |
| <b>R</b> | 14/50/ASC Procedures for Completing the Form CMS-1500  |
| <b>R</b> | 14/60/Medicare Summary Notices (MSN), Claim Adjustment Reason Codes, Remittance Advice Remark Codes (RAs)        |
| <b>N</b> | 14/60.1/Applicable Messages for NTIOLs   |
| <b>N</b> | 14/60.2/Applicable Messages for ASC 2008 Payment Changes Effective January 1, 2008                               |
| <b>R</b> | 18/60.1.1/Deductible and Coinsurance   |
| <b>R</b> | 19/20/Carrier and FI Designation   |
| <b>R</b> | 19/40.2.1/Provider Enrollment with FI - Ambulatory Surgical Services   |
| <b>N</b> | 19/80.9/Carrier Claims Processing and Payment Policy for ASC Claims  |
| <b>R</b> | 19/100.3.3/FI - Social Admissions  |
| <b>R</b> | 19/100.6/FI - Ambulatory Surgical Center (ASC) - Medicare Part B - Payment Policy                                |
| <b>R</b> | 19/100.6.1/FI - ASC - Medicare Part B - Claims Processing  |
| <b>R</b> | 19/100.8/FI - CAH Swing-bed - Medicare Part A - Payment Policy   |
| <b>R</b> | 19/100.8.2/FI - CAH Swing-bed - Inpatient Ancillary Claims - Medicare Part B - Payment Policy                    |
| <b>R</b> | 19/100.10.1/FI - Vaccines and Vaccine Administration - Claims Processing   |
| <b>R</b> | 19/100.11/FI - Physical Therapy, Occupational Therapy, Speech-Language   |

|          |  |
|----------|--|
|          | Pathology and Diagnostic Audiology Services - Payment Policy   |
| <b>R</b> | 19/100.11.1/FI - Physical Therapy, Occupational Therapy, Speech-Language Pathology and Diagnostic Audiology Services - Claims Processing |
| <b>R</b> | 26/10.7/Type of Service (TOS)  |

**III. FUNDING:**

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

**IV. ATTACHMENTS:**

**Business Requirements**

**Manual Instruction**

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

# Attachment – One-Time Notification

|             |                   |                       |                      |
|-------------|-------------------|-----------------------|----------------------|
| Pub. 100-04 | Transmittal: 1325 | Date: August 29, 2007 | Change Request: 5680 |
|-------------|-------------------|-----------------------|----------------------|

**NOTE: This Transmittal is being re-communicated December 7, 2007 to correct Business Requirements 5680.5 and 5680.16.1. The Transmittal number, issue date and all other information remain the same.**

**SUBJECT: Testing and Implementation of 2008 Ambulatory Surgical Center (ASC) Payment System Changes**

**Effective Date: January 1, 2008**

**Implementation Date: January 7, 2008**

## I. GENERAL INFORMATION

**A. Background:** Section 626 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) requires implementation of a new ASC payment system not later than January 1, 2008. In part, this section requires that ASCs be paid the lesser of the actual charge or ASC fee schedule payment rates. Final ASC payment rates cannot be established until after publication of the CY 2008 outpatient prospective payment system (OPPS) final rule; therefore, the final list of ASC payable Healthcare Common Procedure Coding System (HCPCS) codes for 2008 and their corresponding payment rates will not be available until November 2007. Consequently, this transmittal includes an attachment of the file layout and a test file, which contractors can use to develop and test their systems.

The final file of HCPCS codes and payment rates, with the exception of drugs and biologicals, will be available for download in November 2007. The final file for drugs and biologicals will be available for download in mid- to late- December 2007. The phase 2 testing and implementation instruction will provide contractors with the final file names. The Centers for Medicare and Medicaid Services (CMS) will notify contractors by e-mail when these files are available for them to download. This transmittal includes payment file retrieval instructions for contractors via the CMS Mainframe Telecommunications System that can be used to access specific payment files on or after the specified retrieval date provided in CMS's notification. CMS' Division of Data Systems will release the files listed below in the business requirements.

The ASC payment amounts will be released shortly after publication of the ASC final rule in the Federal Register in November. A link to this rule will be available on the CMS Web site at:

<http://www.cms.hhs.gov/center/asc.asp>

There is a separate mainframe data file (file name "ASCFS") for testing purposes that reflects the type of changes contractors should expect in the final ASC list of payable codes. Contractor files should be updated with the final "additions", "deletions", and "complete" data files, which will be available around November 2007. These changes shall not be publicized until after the publication of the American Medical Association's 2008 Common Procedural Terminology (CPT-4) codes which usually occurs by the first of November.

Transmittal 1245, CR 5572, issued May 18, 2007, provided contractors with the design and analyses instructions for the 2008 revised ASC payment system.

**B. Policy:** Effective for dates of service on or after January 1, 2008, Medicare will implement a revised ASC payment system. The components and policies of the revised system are explained in Transmittal 1245.

In addition to the revised payment system instructions explained in Transmittal 1245, contractors will pay ASCs a reduced amount for certain procedures when the ASC receives a partial credit for more than 20 percent of the cost of the device. For certain procedure codes that include payment for a device, ASCs will be required to include an FC modifier on the procedure code to report that the ASC received a partial credit for more than 20 percent of the cost of the device. The design and analysis requirements will be explained in a future CR. For those procedure codes where the FC modifier may be applicable, CMS will provide contractors with a price for the procedure code both with and without the FC modifier. The FC modifier pricing determination is performed prior to the application of the multiple procedure pricing reductions.

**NOTE:** Revisions to §20, 100.8 and 100.8.2 in chapter 19 of Pub.100-04, Medicare Claims Processing Manual, are included with this CR. There are no policy changes attached to these sections. However, changes to chapter 19 should be reviewed in their entirety since changes were made to other sections of the chapter specifically for this CR.

Included in this CR are revisions to the Claims Processing Manual, Pub. 100-04, chapter 1, sec.30; chapter 18, sec. 60; chapter 4, sec. 120 and sec. 180.1; chapter 14, chapter 26, sec. 10; and chapter 19 (various sections). Also included in this CR are changes to the Benefit Policy Manual, Pub.100-02, chapter 15, sec. 260. Contractors shall implement these manual revisions.

**II. BUSINESS REQUIREMENTS TABLE**

Use “Shall” to denote a mandatory requirement

| Number   | Requirement   | Responsibility (place an “X” in each applicable column) |                                |        |                            |                  |                  |                              |             |             |  |
|----------|---|---|--------------------------------|--------|----------------------------|------------------|------------------|------------------------------|-------------|-------------|--|
|          |   | A<br>/<br>B<br><br>M<br>A<br>C                          | D<br>M<br>E<br><br>M<br>A<br>C | F<br>I | C<br>A<br>R<br>I<br>E<br>R | D<br>M<br>R<br>C | R<br>H<br>I      | Shared-System<br>Maintainers |             |             |  |
|          |   |   |                                |        |                            |                  | F<br>I<br>S<br>S | M<br>C<br>S                  | V<br>M<br>S | C<br>W<br>F |  |
| 5680.1   | Contractors shall download from the CMS mainframe the file <a href="mailto:MU00.@BF12390.ASC.CY08.FS.V1101">MU00.@BF12390.ASC.CY08.FS.V1101</a><br><br>Note: Wage related information reflects the CBSA values.<br><br><b>Date of retrieval will be provided in a separate email communication from CMS</b> | X   |                                |        | X                          |                  |                  |                              | X           |             |  |
| 5680.2   | Contractors and shared systems maintainers shall use the ASCFS file fields and values to properly process ASC claims submitted for dates of service on or after January 01, 2008.   | X   |                                |        | X                          |                  |                  |                              | X           |             |  |
| 5680.2.1 | Contractors shall assign ASCs to their applicable CBSA payment locality using an Excel spreadsheet crosswalking MSAs to CBSAs developed by CMS.   | X   |                                |        | X                          |                  |                  |                              |             |             |  |

| Number   | Requirement  | Responsibility (place an "X" in each applicable column) |                                |        |                                 |                       |                  |                              |             |             |             |       |
|----------|--|---|--------------------------------|--------|---------------------------------|-----------------------|------------------|------------------------------|-------------|-------------|-------------|-------|
|          |  | A<br>/<br>B<br><br>M<br>A<br>C                          | D<br>M<br>E<br><br>M<br>A<br>C | F<br>I | C<br>A<br>R<br>R<br>I<br>E<br>R | D<br>M<br>E<br>R<br>C | R<br>H<br>H<br>I | Shared-System<br>Maintainers |             |             |             | OTHER |
|          |  |   |                                |        |                                 |                       |                  | F<br>I<br>S<br>S             | M<br>C<br>S | V<br>M<br>S | C<br>W<br>F |       |
|          | File name:<br>MU00.@AAA2390.ASC.FY08.XWALK.#07<br>0119 ( <b>File is available for immediate<br/>download</b> ).  |   |                                |        |                                 |                       |                  |                              |             |             |             |       |
| 5680.2.2 | Shared Systems shall allow users to link ASC providers to their applicable CBSA payment locality.  |   |                                |        |                                 |                       |                  |                              | X           |             |             |       |
| 5680.2.3 | The shared system shall be modified to price ASC services based on the lower of the submitted charge or the ASCFS payment rate for ASC facility services performed on or after January 01, 2008.   |   |                                |        |                                 |                       |                  |                              | X           |             |             |       |
| 5680.3   | Shared systems shall no longer rely on the SG modifier to assign TOS F for services performed in an ASC setting (for dates of service on or after January 01, 2008).<br><br><b>NOTE:</b> The SG modifier is used to assign TOS F for dates of service prior to January 01, 2008. |   |                                |        |                                 |                       |                  |                              | X           |             |             |       |
| 5680.3.1 | Shared system shall assign type of service code <u>F</u> to codes billed by specialty 49 for Place of Service 24 for dates of service on or after January 1, 2008.   |   |                                |        |                                 |                       |                  |                              | X           |             |             |       |
| 5680.3.2 | Contractors and CWF shall ignore the SG modifier if billed by ASCs for dates of service on or after January 01, 2008.  | X   |                                |        | X                               |                       |                  |                              |             |             | X           |       |
| 5680.4   | Shared systems shall not allow facility payments to be made to specialties other than ASCs (specialty 49) for ASC approved surgical procedures (i.e., procedure indicator S) that are furnished in an ASC setting [POS 24].  |   |                                |        |                                 |                       |                  |                              | X           |             |             |       |
| 5680.5   | Contractors deny services not included on the ASC facility payment files (ASCFS and ASC DRUG files) when billed by ASCs (specialty 49). Use remittance reason code 8, remark code N95 and MSN 26.4.  | X   |                                |        | X                               |                       |                  |                              |             |             |             |       |
| 5680.6   | Contractors shall download from the CMS mainframe the file<br><a href="#">MU00.@BF12390.ASC.CY08.DRUG.V1101</a><br><br><b>NOTE:</b> These code payment rates are unadjusted and are not subject to wage index  | X   |                                |        | X                               |                       |                  |                              | X           |             |             |       |

| Number   | Requirement   | Responsibility (place an "X" in each applicable column) |                                |        |                                 |                       |                  |                           |             |             |             |       |
|----------|---|---|--------------------------------|--------|---------------------------------|-----------------------|------------------|---------------------------|-------------|-------------|-------------|-------|
|          |   | A<br>/<br>B<br><br>M<br>A<br>C                          | D<br>M<br>E<br><br>M<br>A<br>C | F<br>I | C<br>A<br>R<br>R<br>I<br>E<br>R | D<br>M<br>E<br>R<br>C | R<br>H<br>H<br>I | Shared-System Maintainers |             |             |             | OTHER |
|          |   |   |                                |        |                                 |                       |                  | F<br>I<br>S<br>S          | M<br>C<br>S | V<br>M<br>S | C<br>W<br>F |       |
|          | calculations.<br><br><b>Date of retrieval will be provided in a separate email communication from CMS.</b>  |   |                                |        |                                 |                       |                  |                           |             |             |             |       |
| 5680.6.1 | Contractors and shared system maintainers shall use the "ASC DRUG" file fields and values and properly process ASC drug claims.   | X   |                                |        | X                               |                       |                  |                           | X           |             |             |       |
| 5680.7   | Contractors and shared systems shall ensure that both the "ASCFS" and "ASC DRUG" files interface properly.  | X   |                                |        | X                               |                       |                  |                           | X           |             |             |       |
| 5680.7.1 | Contractors shall accept a subset of HCPCS "C" codes used to pay ASCs for certain drugs, devices and procedures.<br><br><b>NOTE:</b> The subset of HCPCS C codes are included in the ASCFS file.  | X   |                                |        | X                               |                       |                  |                           |             |             |             |       |
| 5680.8   | Contractors shall accept the expanded list of ASC billable codes with TOS F (i.e., codes that are on the ASCFS and ASC Drug files) for dates of service on or after January 01, 2008.   | X   |                                |        | X                               |                       |                  |                           |             |             |             |       |
| 5680.9   | Contractors and shared systems shall cutback the payment for certain ASC procedures when billed in conjunction with certain pass through devices by the same provider for the same date of service. The ASC code pair record layout is attached.  | X   |                                |        | X                               |                       |                  |                           | X           |             |             |       |
| 5680.9.1 | Contractors shall download from the CMS mainframe the file <a href="mailto:MU00.@BF12390.ASC.CY08.CPAIR.V1101">MU00.@BF12390.ASC.CY08.CPAIR.V1101</a><br><br><b>NOTE:</b> The payment offset amount represents the percent that the specific procedure payment rate should be reduced when a specific ASC device/procedure code pair appear on a claim. The percent reduction should be applied to the wage adjusted CBSA procedure payment rate. For example 63 percent would be displayed in the code pair table as 06300.<br><br><b>Date of retrieval will be provided in a separate email communication from CMS.</b> | X   |                                |        | X                               |                       |                  |                           | X           |             |             |       |
| 5680.9.2 | Contractors should check the claim for each code pair in the look-up table in the order   | X   |                                |        | X                               |                       |                  |                           | X           |             |             |       |

| Number    | Requirement  | Responsibility (place an "X" in each applicable column) |                                |        |                                 |                       |                  |                              |             |             |             |       |
|-----------|--|---|--------------------------------|--------|---------------------------------|-----------------------|------------------|------------------------------|-------------|-------------|-------------|-------|
|           |  | A<br>/<br>B<br><br>M<br>A<br>C                          | D<br>M<br>E<br><br>M<br>A<br>C | F<br>I | C<br>A<br>R<br>R<br>I<br>E<br>R | D<br>M<br>E<br>R<br>C | R<br>H<br>H<br>I | Shared-System<br>Maintainers |             |             |             | OTHER |
|           |  |   |                                |        |                                 |                       |                  | F<br>I<br>S<br>S             | M<br>C<br>S | V<br>M<br>S | C<br>W<br>F |       |
|           | they are listed in the look-up table. If one pass through device could pair with multiple procedures on the look-up table, the contractor should apply the cutback to the first code pair it identifies by going through the look-up table sequentially. If there is more than 1 unit of a code pair on the claim, the contractor should take an offset for each code pair (without using the same unit of a pass through device or procedure in more than one code pair). |   |                                |        |                                 |                       |                  |                              |             |             |             |       |
| 5680.10   | Contractors shall make an ASC facility payment for pass-through devices furnished in conjunction with a Medicare approved ASC surgical procedure.  | X   |                                |        | X                               |                       |                  |                              | X           |             |             |       |
| 5680.10.1 | Contractors shall price Pass-through devices based on acquisition cost or invoice.   | X   |                                |        | X                               |                       |                  |                              |             |             |             |       |
| 5680.10.2 | If pass-through devices are not billed or are not processed on the same claim as an approved ASC surgical procedure, contractors shall check history for an approved ASC surgical procedure on the same date by the billing ASC provider.  | X   |                                |        | X                               |                       |                  |                              | X           |             |             |       |
| 5680.10.3 | If there is no approved ASC surgical procedure on the same date for the billing ASC in history, contractors shall return pass-through device claims/line items as unprocessable using Reason Code 16, Remark Code MA109 and, at contractor discretion, remark code M16 may also be generated.  | X   |                                |        | X                               |                       |                  |                              |             |             |             |       |
| 5680.11   | Contractors shall pay ASCs for approved ASC procedures included in ASCFS.  | X   |                                |        | X                               |                       |                  |                              | X           |             |             |       |
| 5680.11.1 | Contractors shall deny ancillary services on the ASCFS (i.e., radiology technical component) billed by specialties other than specialty 49 provided in an ASC setting (POS 24) using Reason Code 171, Remark Code M97, (M16 optional) and MSN message 16.2.  | X   |                                |        | X                               |                       |                  |                              |             |             |             |       |
| 5680.11.2 | Contractors shall pay ASCs reduced amounts for HCPCS submitted with the FB modifier. The reduced rates will be included on the ASC files furnished by CMS.   | X   |                                |        | X                               |                       |                  |                              | X           |             |             |       |
| 5680.11.3 | Contractors shall perform the FB modifier pricing determination prior to the application   | X   |                                |        | X                               |                       |                  |                              | X           |             |             |       |



| Number    | Requirement   | Responsibility (place an "X" in each applicable column) |                                |        |                                 |                       |             |                              |             |             |             |       |
|-----------|---|---|--------------------------------|--------|---------------------------------|-----------------------|-------------|------------------------------|-------------|-------------|-------------|-------|
|           |   | A<br>/<br>B<br><br>M<br>A<br>C                          | D<br>M<br>E<br><br>M<br>A<br>C | F<br>I | C<br>A<br>R<br>R<br>I<br>E<br>R | D<br>M<br>E<br>R<br>C | R<br>H<br>I | Shared-System<br>Maintainers |             |             |             | OTHER |
|           |   |   |                                |        |                                 |                       |             | F<br>I<br>S<br>S             | M<br>C<br>S | V<br>M<br>S | C<br>W<br>F |       |
|           | of the multiple procedure pricing reductions.   |   |                                |        |                                 |                       |             |                              |             |             |             |       |
| 5680.11.4 | Contractors shall pay ASCs reduced amounts for HCPCS submitted with the FC modifier. The reduced rates will be included on the ASC files furnished by CMS.  | X   |                                |        | X                               |                       |             |                              | X           |             |             |       |
| 5680.11.5 | Contractors shall perform the FC modifier pricing determination prior to the application of the multiple procedure pricing reductions.  | X   |                                |        | X                               |                       |             |                              | X           |             |             |       |
| 5680.12   | Contractors shall continue to pay ASC claims for surgical procedures with modifier 73 (discontinued outpatient procedure prior to administration of anesthesia) and modifier 74 (discontinued outpatient procedure after administration of anesthesia). | X   |                                |        | X                               |                       |             |                              |             |             |             |       |
| 5680.12.1 | Contractors shall apply a 50% allowed charge reduction for those ASC surgical procedures billed with modifier 73.   | X   |                                |        | X                               |                       |             |                              | X           |             |             |       |
| 5680.12.2 | The Shared System shall ensure that multiple procedure reductions do not apply to approved ASC services billed with modifier 73.  |   |                                |        |                                 |                       |             |                              | X           |             |             |       |
| 5680.13   | Contractors shall apply a 50% reduction for approved procedures billed with modifier 52.  | X   |                                |        | X                               |                       |             |                              | X           |             |             |       |
| 5680.13.1 | The Shared System shall ensure that multiple procedure reductions do not apply to approved ASC surgical services billed with modifier 52.   |   |                                |        |                                 |                       |             |                              | X           |             |             |       |
| 5680.14   | Contractors and shared systems shall apply 50% multiple surgery procedure payment reductions. HCPCS codes subject to the payment reduction policy are identified on the ASCFS file provided by CMS.   | X   |                                |        | X                               |                       |             |                              | X           |             |             |       |
| 5680.14.1 | Contractors and shared systems shall use the lower of the submitted charge or the ASCFS amount in determining the ranking of procedures for multiple surgery reductions.  | X   |                                |        | X                               |                       |             |                              | X           |             |             |       |
| 5680.14.2 | Contractors and shared systems shall use the lower of the submitted charge or ASCFS amount in applying the multiple surgery pricing reduction.  | X   |                                |        | X                               |                       |             |                              | X           |             |             |       |
| 5680.14.3 | The Shared System shall apply modifier 51 to procedures that are subject to the multiple procedure reductions.  |   |                                |        |                                 |                       |             |                              | X           |             |             |       |
| 5680.15   | Contractors shall continue to pay for "contractor priced" items (e.g., corneal tissue   | X   |                                |        | X                               |                       |             |                              | X           |             |             |       |

| Number    | Requirement  | Responsibility (place an "X" in each applicable column) |                                |        |                                 |                       |                  |                              |             |             |             |       |
|-----------|--|---|--------------------------------|--------|---------------------------------|-----------------------|------------------|------------------------------|-------------|-------------|-------------|-------|
|           |  | A<br>/<br>B<br><br>M<br>A<br>C                          | D<br>M<br>E<br><br>M<br>A<br>C | F<br>I | C<br>A<br>R<br>R<br>I<br>E<br>R | D<br>M<br>E<br>R<br>C | R<br>H<br>H<br>I | Shared-System<br>Maintainers |             |             |             | OTHER |
|           |  |   |                                |        |                                 |                       |                  | F<br>I<br>S<br>S             | M<br>C<br>S | V<br>M<br>S | C<br>W<br>F |       |
|           | acquisition) for which Medicare does not provide a payment amount using existing ASC pricing methodologies and payment policies.   |   |                                |        |                                 |                       |                  |                              |             |             |             |       |
| 5680.16   | Contractors shall no longer pay ASCs separately for implantable devices previously paid under the DMEPOS fee schedule for dates of service on or after January 1, 2008.  | X   |                                |        | X                               |                       |                  |                              | X           |             |             |       |
| 5680.16.1 | Contractors should deny separately billed implantable devices using Reason Code 97, and Remark Codes M15 and MA109 (M16 optional) and MSN message 16.32. If there is a related, approved surgical procedure for the billing ASC for the same date of service, also include MSN message 16.8.<br><br><b>NOTE:</b> Only pass-through devices may be paid separately. All other device payments are included in the procedure payment rate. | X   |                                |        | X                               |                       |                  |                              |             |             |             |       |
| 5680.17   | Contractors shall make payment for separately billable brachytherapy sources furnished by ASCs when furnished in conjunction with a Medicare approved ASC surgical procedure.  | X   |                                |        | X                               |                       |                  |                              | X           |             |             |       |
| 5680.17.1 | If brachytherapy sources are not billed or are not processed on the same claim as the related surgical procedure, contractors shall check history for an approved ASC surgical procedure performed on the same date by the billing ASC provider.   | X   |                                |        | X                               |                       |                  |                              | X           |             |             |       |
| 5680.17.2 | Contractors shall price brachytherapy sources based on acquisition cost or invoice if the code is on the ASCFS and has a carrier priced indicator.   | X   |                                |        | X                               |                       |                  |                              |             |             |             |       |
| 5680.17.3 | If there is no approved ASC surgical procedure on the same date for the billing ASC in history, contractors shall return the brachytherapy sources claims as unprocessable using Reason Code 16, Remark Code MA109 and, at contractor discretion, remark code M16 may also be generated.   | X   |                                |        | X                               |                       |                  |                              |             |             |             |       |
| 5680.18   | Contractors shall pay ASCs for ancillary services included in the ASCFS file when furnished in conjunction with a Medicare   | X   |                                |        | X                               |                       |                  |                              | X           |             |             |       |

| Number      | Requirement  | Responsibility (place an "X" in each applicable column) |                                |        |                                 |                       |                  |                              |             |             |             |       |
|-------------|--|---|--------------------------------|--------|---------------------------------|-----------------------|------------------|------------------------------|-------------|-------------|-------------|-------|
|             |  | A<br>/<br>B<br><br>M<br>A<br>C                          | D<br>M<br>E<br><br>M<br>A<br>C | F<br>I | C<br>A<br>R<br>R<br>I<br>E<br>R | D<br>M<br>E<br>R<br>C | R<br>H<br>H<br>I | Shared-System<br>Maintainers |             |             |             | OTHER |
|             |  |   |                                |        |                                 |                       |                  | F<br>I<br>S<br>S             | M<br>C<br>S | V<br>M<br>S | C<br>W<br>F |       |
|             | approved ASC surgical procedures.  |   |                                |        |                                 |                       |                  |                              |             |             |             |       |
| 5680.18.1   | When ancillary services are not billed or processed on the same claim as the related surgical procedure, contractors shall check history for an approved ASC surgical procedure on the same date for the billing ASC.  | X   |                                |        | X                               |                       |                  |                              | X           |             |             |       |
| 5680.18.2   | If there's no approved ASC surgical procedure in history, contractors shall return as unprocessable ASCFS ancillary services billed by ASCs using Reason Code 16, Remark Code MA109 and, at contractor discretion, remark code M16 may also be generated.  | X   |                                |        | X                               |                       |                  |                              |             |             |             |       |
| 5680.19     | Contractors shall pay ASCs for drugs billed under HCPCS C9399 (unclassified drug or biological).   | X   |                                |        | X                               |                       |                  |                              | X           |             |             |       |
| 5680.19.1   | Contractors shall determine the approved charge for code C9399 based on 95% of the AWP.  | X   |                                |        | X                               |                       |                  |                              |             |             |             |       |
| 5680.19.2   | Contractors shall use published drug compendia, to establish AWP for pricing drugs billed via HCPCS code C9399.  | X   |                                |        | X                               |                       |                  |                              |             |             |             |       |
| 5680.19.2.1 | Contractors shall use invoice for pricing drugs billed via HCPCS C9399 only if the drug AWP does not appear in the current published drug compendia.   | X   |                                |        | X                               |                       |                  |                              |             |             |             |       |
| 5680.19.3   | When any drug code on the ASC Drug File including C9399 is not billed or processed on the same claim as the ASC approved surgical procedure, contractors shall check history for an approved ASC surgical procedure on the same date for the billing ASC.  | X   |                                |        | X                               |                       |                  |                              | X           |             |             |       |
| 5680.19.4   | If there is no approved ASC surgical procedure on the same date for the billing ASC in history, contractors shall return as unprocessable any drug code on the ASC Drug file including C9399 using Reason Code 16, Remark Code MA109 and, at contractor discretion, remark code M16 may also be generated. | X   |                                |        | X                               |                       |                  |                              |             |             |             |       |
| 5680.20     | Contractors shall pay 80 percent of the approved charge for ASC services (except for screening colonoscopies and flexible sigmoidoscopies). The approved charge is the   | X   |                                |        | X                               |                       |                  |                              | X           |             |             |       |

| Number    | Requirement  | Responsibility (place an "X" in each applicable column) |                                |        |                                 |                       |                  |                           |             |             |             |                  |
|-----------|--|---|--------------------------------|--------|---------------------------------|-----------------------|------------------|---------------------------|-------------|-------------|-------------|------------------|
|           |  | A<br>/<br>B<br><br>M<br>A<br>C                          | D<br>M<br>E<br><br>M<br>A<br>C | F<br>I | C<br>A<br>R<br>R<br>I<br>E<br>R | D<br>M<br>E<br>R<br>C | R<br>H<br>H<br>I | Shared-System Maintainers |             |             |             | OTHER            |
|           |  |   |                                |        |                                 |                       |                  | F<br>I<br>S<br>S          | M<br>C<br>S | V<br>M<br>S | C<br>W<br>F |                  |
|           | lesser of the submitted charge or the Medicare defined wage adjusted payment rate.   |   |                                |        |                                 |                       |                  |                           |             |             |             |                  |
| 5680.21   | Contractors shall continue to pay 75 percent of the approved charge for screening colonoscopies and flexible sigmoidoscopies performed in ASCs.<br><br><b>NOTE:</b> This change is being implemented in July 2007 via CR 5387, Transmittal 1160.   | X   |                                |        | X                               |                       |                  |                           |             | X           |             |                  |
| 5680.21.1 | Contractors shall apply 25% coinsurance for G0104.   | X   |                                |        | X                               |                       |                  |                           |             | X           |             |                  |
| 5680.22   | Contractors shall do system maintenance to apply an end date of December 31, 2007 to the \$150 IOL logic that currently exists.<br><br><b>NOTE:</b> The hard coded system logic that excludes the \$150 for IOLs for multiple surgery reduction <u>will not</u> apply effective for dates of services on or after January 1, 2008. | X   |                                |        | X                               |                       |                  |                           |             |             |             |                  |
| 5680.23   | The IHS designated carrier shall process IHS ASC claims (1500 and/or 837P) for dates of service on or after January 01, 2008.  |   |                                |        |                                 |                       |                  |                           |             |             |             | IHS carrier      |
| 5680.24   | Effective with dates of service on or after January 1, 2008, contractors shall return to provider (RTP) claims submitted on type of bill 83X.  |   |                                | X      |                                 |                       |                  |                           |             |             |             | IHS Intermediary |

### III. PROVIDER EDUCATION TABLE

| Number  | Requirement   | Responsibility (place an "X" in each applicable column) |                                |        |                                 |                       |                  |                           |             |             |             |             |
|---------|---|---|--------------------------------|--------|---------------------------------|-----------------------|------------------|---------------------------|-------------|-------------|-------------|-------------|
|         |   | A<br>/<br>B<br><br>M<br>A<br>C                          | D<br>M<br>E<br><br>M<br>A<br>C | F<br>I | C<br>A<br>R<br>R<br>I<br>E<br>R | D<br>M<br>E<br>R<br>C | R<br>H<br>H<br>I | Shared-System Maintainers |             |             |             | OTHER       |
|         |   |   |                                |        |                                 |                       |                  | F<br>I<br>S<br>S          | M<br>C<br>S | V<br>M<br>S | C<br>W<br>F |             |
| 5680.25 | After this CR is no longer sensitive or controversial, a provider education article related to this instruction will be available at <a href="http://www.cms.hhs.gov/MLNMattersArticles/">http://www.cms.hhs.gov/MLNMattersArticles/</a> shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv.<br><br>Contractors shall post this article, or a direct link to this article, on their Web site and |   |                                | X      | X                               |                       |                  |                           |             | X           |             | IHS Carrier |

| Number | Requirement  | Responsibility (place an "X" in each applicable column) |                                |        |                                 |                       |                  |                           |             |             |             |       |
|--------|--|---|--------------------------------|--------|---------------------------------|-----------------------|------------------|---------------------------|-------------|-------------|-------------|-------|
|        |  | A<br>/<br>B<br><br>M<br>A<br>C                          | D<br>M<br>E<br><br>M<br>A<br>C | F<br>I | C<br>A<br>R<br>R<br>I<br>E<br>R | D<br>M<br>E<br>R<br>C | R<br>H<br>H<br>I | Shared-System Maintainers |             |             |             | OTHER |
|        |  |   |                                |        |                                 |                       |                  | F<br>I<br>S<br>S          | M<br>C<br>S | V<br>M<br>S | C<br>W<br>F |       |
|        | include information about it in a listserv message within 1 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. |   |                                |        |                                 |                       |                  |                           |             |             |             |       |

**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: |
|--------------------------|--|
|                          |  |

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

The ASC file record layouts are attached.

**V. CONTACTS**

**Pre-Implementation Contact(s):**

ASC Payment Policy: Chuck Braver at [chuck.braver@cms.hhs.gov](mailto:chuck.braver@cms.hhs.gov) or 410-786-6719

Carrier/ AB MAC Claims Processing Issues: William Stojak at [william.stojak@cms.hhs.gov](mailto:william.stojak@cms.hhs.gov) or 410-786-6984 or Yvette Cousar at [yvette.cousar@cms.hhs.gov](mailto:yvette.cousar@cms.hhs.gov) or 410-786-6986.

FI/AB MAC claims processing issues: Susan Guerin at [susan.guerin@cms.hhs.gov](mailto:susan.guerin@cms.hhs.gov) or 410-786-6138

**Post-Implementation Contact(s):** Appropriate Regional Office

**VI. FUNDING**

**A. For Fiscal Intermediaries, Carriers, and the Durable Medical Equipment Regional Carrier (DMERC), use only one of the following statements:**

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

**B. For Medicare Administrative Contractors (MAC), use the following statement:**

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). 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.

3 Attachments

# ASCFS Record Layout

(for 1/1/2008 update)

| <u>Field Name</u>                         | <u>Positions</u> | <u>Length</u>           |  |
|---|------------------|-------------------------|--|
| <b>HCPCS</b>                              | 1-5              | 5                       | ASC Procedures and Devices<br>NOTE: The ASC FS File will contain a record for each HCPCS/CBSA  |
| Filler (Space)                            | 6                | 1                       |  |
| <b>Modifier</b>                           | 7-8              | 2                       |  |
| Filler (Space)                            | 9-11             | 3                       |  |
| <b>ASC Group</b>                          | 12-16            | 5                       |  |
| Filler (Space)                            | 17               | 1                       |  |
| <b>CBSA</b>                               | 18-22            | 5                       |  |
| Filler (Space)                            | 23               | 1                       |  |
| <b>Wage Index</b>                         | 24-28            | 9v9999 (9.9999)         |  |
| Filler (Space)                            | 29-33            | 5                       |  |
| <b>Procedure Indicator</b>                | 34               | 1                       | S—Surgical Procedure<br>A—Ancillary Service<br>C—Carrier Priced  |
| Filler (Space)                            | 35               | 1                       |  |
| <b>Coinsurance 25% Indicator</b>          | 36               | 1                       | Y—Yes    N—No  |
| Filler (Space)                            | 37               | 1                       |  |
| <b>Multi-Procedure Discount Indicator</b> | 38               | 1                       | 0--Surgical Procedure for which multi adjustment does not apply<br>1--Surgical Procedure for which multiple payment adjustments can apply<br>9—Concept of multiple procedure adjustment does not apply |
| Filler (Space)                            | 39               | 1                       |  |
| <b>FB Mod Reduced Price</b>               | 40-46            | 9(5)v99 (\$\$\$\$\$.cc) | Field is zero filled when FB/FC Modifier Field has value of “N”  |

|                       |        |                         |   |
|-----------------------|--------|-------------------------|---|
| Filler (Space)        | 47     | 1                       |   |
| <b>Price</b>          | 48-54  | 9(5)v99 (\$\$\$\$\$.cc) | Field is zero filled for carrier priced codes                   |
| Filler (Space)        | 55     | 1                       |   |
| <b>FC Mod</b>         | 56-62  | 9(5)v99 (\$\$\$\$\$.cc) | Field is zero filled when FB/FC Modifier Field has value of "N" |
| Filler (Space)        | 63     | 1                       |   |
| <b>Group Price</b>    | 64-70  | 9(5)v99 (\$\$\$\$\$.cc) |   |
| Filler (Space)        | 71     | 1                       |   |
| <b>FB/FC Modifier</b> | 72     | 1                       | Y—Yes N—No  |
| Filler (Space)        | 73     | 1                       |   |
| <b>Year (Update)</b>  | 74-81  | 8                       | YYYYMMDD—Effective date of prices                               |
| Filler (Space)        | 82-110 | 29                      |   |



# ASC Drug Record Layout

(for 1/1/2008 update)

| <u>Field Name</u>                | <u>Positions</u> | <u>Length</u>           |   |
|----------------------------------|------------------|-------------------------|---|
| <b>HCPCS</b>                     | 1-5              | 5                       |   |
| Filler (Space)                   | 6                | 1                       |   |
| <b>Modifier</b>                  | 7-8              | 2                       |   |
| Filler (Space)                   | 9                | 1                       |   |
| <b>ASC Drug Status Indicator</b> | 10               | 1                       | A—Drug Fee Provided<br>C—Carrier Priced code  |
| Filler (Space)                   | 11               | 1                       |   |
| <b>Drug Price</b>                | 12-18            | 9(5)v99 (\$\$\$\$\$.cc) | Field is zero-filled for carrier priced codes |
| Filler (Space)                   | 19               | 1                       |   |
| <b>Year (Update)</b>             | 20-27            | 8                       | YYYYMMDD—Effective date of prices             |
| Filler (Space)                   | 28-50            | 23                      |   |

# ASC Code Pair Record Layout

(for 1/1/2008 update)

| <u>Field Name</u>                   | <u>Positions</u> | <u>Length</u>  |
|-------------------------------------|------------------|--|
| <b>Device HCPCS</b>                 | 1-5              | 5  |
| Filler (Space)                      | 6                | 1  |
| <b>Device HCPCS Modifier</b>        | 7-8              | 2  |
| Filler (Space)                      | 9                | 1  |
| <b>ASC Procedure HCPCS</b>          | 10-14            | 5  |
| Filler (Space)                      | 15               | 1  |
| <b>ASC Procedure HCPCS Modifier</b> | 16-17            | 2  |
| Filler (Space)                      | 18               | 1  |
| <b>Procedure Percent Multiplier</b> | 19-23            | 9v9(4) (9.9999)<br><i>For example 63 percent would be displayed<br/>as 06300</i> |
| Filler (Space)                      | 24-26            | 3  |
| <b>Year (Update)</b>                | 27-34            | 8      YYYYMMDD—Effective date of<br>prices                                      |
| Filler (Space)                      | 35-60            | 26   |

### 30.3.1 - Mandatory Assignment on Carrier Claims

*(Rev.1325; Issued: 08-29-07; Effective: 01-01-08; Implementation: 01-07-08)*

The following practitioners who provide services under the Medicare program are required to accept assignment for all Medicare claims for their services. This means that they must accept the Medicare allowed amount as payment in full for their practitioner services. The beneficiary's liability is limited to any applicable deductible plus the 20 percent coinsurance.

Assignment is mandated for the following claims:

- Clinical diagnostic laboratory services and physician lab services;
- Physician services to individuals dually entitled to Medicare and Medicaid;

Services of physician assistants, nurse practitioners, clinical nurse specialists, nurse midwives, certified registered nurse anesthetists, clinical psychologists, clinical social workers, registered dietitians/nutritionists, anesthesiologist assistants, and mass immunization roster billers.

**NOTE:** The provider type Mass Immunization Roster Biller can only bill for influenza and pneumococcal vaccinations and administrations. These services are **not** subject to the deductible or the 20 percent coinsurance.

- Ambulatory surgical center services; (No deductible and 25% coinsurance for colorectal cancer screening colonoscopies {G0105 and G0121} *and effective for dates of service on or after January 1, 2008, G0104 also applies*);
- Home dialysis supplies and equipment paid under Method II;
- Drugs and biologicals; and,
- Ambulance services

When these claims are inadvertently submitted as unassigned, carriers process them as assigned.

Note that, unlike physicians, practitioners, or suppliers bound by a participation agreement, practitioners/entities providing the services/supplies identified above are required to accept assignment only with respect to these services/supplies (unless they have signed participation agreements which blanket the full range of their services).

The carrier system must be able to identify (and update) the codes for those services subject to the assignment mandate.

For the practitioner services of physicians and independently practicing physical and occupational therapists, the acceptance of assignment is not mandatory. Nor is the

acceptance of assignment mandatory for the suppliers of radiology services or diagnostic tests. However, these practitioners and suppliers may nevertheless voluntarily agree to participate to take advantage of the higher payment rate, in which case the participation status makes assignment mandatory for the term of the agreement. Such an agreement is known as the Medicare Participating Physician or Supplier Agreement. (See §30.3.12.2 Carrier Participation Agreement.) Physicians, practitioners, and suppliers who sign this agreement to participate are agreeing to accept assignment on all Medicare claims. The Medicare Participation Agreement and general instructions are on the CMS Web site.

## **120 - General Rules for Reporting Outpatient Hospital Services** *(Rev.1325; Issued: 08-29-07; Effective: 01-01-08; Implementation: 01-07-08)*

Hospitals use the ANSI X12N 837 I or the hardcopy Form CMS-1450 UB-04 to bill for covered outpatient services (type of bill 13X or 83X, and 85X). See:

- Medicare Benefit Policy Manual, Chapter 6, for definition of an outpatient;
- Medicare Claims Processing Manual, Chapter 3, “Inpatient Part A Hospital Billing,” for outpatient services treated as inpatient services; and
- Medicare Claims Processing Manual, Chapter 25, for general instructions for completing the ANSI X12N 837 I or the hardcopy Form CMS-1450 UB-04.

The HCPCS code is used to describe services where payment is under the Hospital OPPS or where payment is under a fee schedule or other outpatient payment methodology. Line item dates of service are reported for every line where a HCPCS code is required under OPPS. For providers paid via OPPS, FIs return to provider (RTP) bills where a line item date of service is not entered for each HCPCS code reported, or if the line item dates of service reported are outside of the statement-covers period. This includes those claims where the “from and through” dates are equal.

***NOTE:** Effective for dates of service on or after January 1, 2008, the FI no longer processes claims on TOB 83X for ASCs. All IHS ASC providers must submit their claims to the designated carrier.*

### **180.1 - General Rules**

*(Rev.1325; Issued: 08-29-07; Effective: 01-01-08; Implementation: 01-07-08)*

Hospitals subject to OPPS are required, beginning with claims with dates of service on or after August 1, 2000, to report in Form Locator 6 “Statement Covers Period From Date” the earliest date that services were rendered. As a result, preoperative laboratory services will always have a line item date of service within the “from and through” dates on the claim.

Indian Health Service hospitals continue to bill for surgeries utilizing bill type 83X. For other hospitals outpatient surgery subject to the ASC payment limit with dates of service prior to August 1, 2000, is reported on bill type 83X, and surgeries performed August 1, 2000 and later are reported with bill type 13X.

***NOTE:** Effective for dates of service on or after January 1, 2008, the FI no longer processes claims on TOB 83X for ASCs. All IHS ASC providers must submit their claims to the designated carrier.*

# Medicare Claims Processing Manual

## Chapter 14 - Ambulatory Surgical Centers

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- 40.2 - *Wage* Adjustment of Base Payment Rates
- 40.7 - *Payment for Pass-Through Devices Beginning January 1, 2008*
- 40.8 - *Payment When a Device is Furnished With No Cost or With Full or Partial Credit Beginning January 1, 2008*
- 40.9 - *Payment for Presbyopia Correcting IOLs (P-C IOLs) and Astigmatism Correcting IOLs (A-C IOLs)*
- 60 - Medicare Summary Notices (MSN) *Claim Adjustment Reason Codes, Remittance Advice Remark Codes (RAs)*
  - 60.1 - *Applicable messages for NTIOLs*
  - 60.2 - *Applicable Messages for ASC 2008 Payment Changes Effective January 1, 2008*

## 10 - General

*(Rev.1325; Issued: 08-29-07; Effective: 01-01-08; Implementation: 01-07-08)*

*Prior to January 1, 2008, payment is made under Part B for certain surgical procedures that are furnished in ASCs and are approved for being furnished in an ASC. These procedures are those that generally do not exceed 90 minutes in length and do not require more than 4 hours recovery or convalescent time. Prior to January 1, 2008, Medicare does not pay an ASC for those procedures that require more than an ASC level of care, or for minor procedures that are normally performed in a physician's office.*

*Prior to January 1, 2008, the CMS publishes updates to the list of procedures for which an ASC may be paid each year. The complete list of procedures is available on the CMS Web site at: <http://www.cms.hhs.gov/ascpayment/>. These files include applicable codes, payment groups, and payment amounts for each ASC group before adjustments for regional wage variations. Applicable wage indices are also published via change requests.*

*Beginning January 1, 2008, payment is made to ASCs under Part B for all surgical procedures except those that CMS determines may pose a significant safety risk to beneficiaries or that are expected to require an overnight stay when furnished in an ASC. Beginning January 1, 2008, payment is made to ASCs under Part B for certain ancillary services such as certain drugs and biologicals, pass through devices, brachytherapy sources, and radiology procedures. Beginning January 1, 2008, Medicare does not pay an ASC for procedures that are excluded from the list of covered surgical procedures or covered ancillary services. Medicare continues to pay ASCs for new technology intraocular lenses and corneal tissue acquisition as it did prior to January 1, 2008.*

*Beginning January 1, 2008, the CMS publishes updates to the list of procedures for which an ASC may be paid each year. In addition, CMS publishes quarterly updates to the lists of covered surgical procedures and covered ancillary services to establish payment indicators and payment rates for newly created Level II HCPCS and Category III CPT codes. The complete lists of ASC covered surgical procedures and ASC covered ancillary services, the applicable payment indicators, payment rates for each covered surgical procedure and ancillary service before adjustments for regional wage variations, the wage adjusted payment rates, and wage indices are available on the CMS Web site at: <http://www.cms.hhs.gov/ascpayment/>.*

*To be paid under this provision, a facility must be certified as meeting the requirements for an ASC and must enter into a written agreement with CMS. The certification process is described in the State Operations Manual.*

ASCs must accept Medicare's payment for such procedures as payment in full for the facility service with respect to those services defined as ASC facility services. The physician and anesthesiologist may bill and be paid for the professional component of the service also.

Certain other services may be performed in an ASC facility, billed by the appropriate certified provider/supplier, or in certain cases by the ASC facility itself, and paid outside of the facility rate.

### **10.1 - Definition of Ambulatory Surgical Center (ASC)**

*(Rev.1325; Issued: 08-29-07; Effective: 01-01-08; Implementation: 01-07-08)*

An ASC for Medicare purposes is a distinct entity that operates exclusively for the purpose of furnishing outpatient surgical services to patients. The ASC must enter into a “participating provider” agreement with CMS. An ASC is either independent (i.e., not a part of a provider of services or any other facility), or operated by a hospital (i.e., under the common ownership, licensure or control of a hospital). If an ASC is the latter type, it has the option either of being covered under Medicare as an ASC, or of continuing to be covered as a hospital-affiliated outpatient surgery department as such entities were covered prior to the enactment of ASC legislation on December 5, 1980. To be covered as an ASC operated by a hospital, a facility:

- Elects to do so, and continues to be so covered unless CMS determines there is good cause to do otherwise;
- Is a separately identifiable entity, physically, administratively, and financially independent and distinct from other operations of the hospital with costs for the ASC treated as a non-reimbursable cost center on the hospital’s cost report;
- Meets all the requirements with regard to health and safety, and agrees to the assignment, coverage and payment rules applied to independent ASCs; and
- Is surveyed and approved as complying with the conditions for coverage for ASCs in [42 CFR 416.40-49](#).

Related survey requirements are published in the State Operations Manual.

If a facility meets the above requirements, it bills the carrier on Form CMS-1500 or the related electronic data set and is paid the ASC payment amount.

If a hospital based facility decides not to become a certified ASC it bills the fiscal intermediary (FI) on Form CMS-1450 or the related EDI data set and is subject to hospital outpatient billing and payment rules. It is also subject to hospital outpatient certification and participation requirements.

*Certain IHS and Tribal hospitals may elect to enroll and be paid as a certified ASC. See Pub. 100-04, chapter 19 for more information.*



## 10.2 - Ambulatory Surgical Center Services on ASC List

*(Rev.1325; Issued: 08-29-07; Effective: 01-01-08; Implementation: 01-07-08)*

*Covered* ASC services are those surgical procedures that are identified by CMS on an annually updated ASC listing. Some *surgical procedures* covered by Medicare are not on the *ASC list of covered surgical procedures*. These may be billed by the rendering provider as Part B services but not as ASC services.

*Under the ASC payment system, Medicare will make facility payments to ASCs only for the specific ASC covered surgical procedures on the ASC list of covered surgical procedures. In addition, Medicare will make separate payment to ASCs for certain covered ancillary services that are provided integral to a covered ASC surgical procedure.* All other non-ASC services such as physician services, prosthetic devices, may be covered and separately billable under Medicare Part B. The Medicare definition of covered *ASC* facility services *for a covered surgical procedure* includes services that would be covered if furnished on an inpatient or outpatient basis in connection with a covered surgical procedure. This includes operating and recovery rooms, patient preparation areas, waiting rooms, and other areas used by the patient or offered for use to patients needing surgical procedures. It includes all services and procedures *provided* in connection with covered *surgical* procedures furnished by nurses, technical personnel and others involved in patient care. These do not include physician services, or medical and other health services for which payment may be made under other Medicare provisions (e.g., services of an independent laboratory located on the same site as the ASC, prosthetic devices other than intraocular lenses (IOLs), anesthetist *professional* services, *non-implantable* DME).

*ASC services for which payment is included in the ASC payment for a covered surgical procedure under [42CFR416.65](#) include, but are not limited to-*

*(a) Included facility services:*

*(1) Nursing, technician, and related services;*

*(2) Use of the facility where the surgical procedures are performed;*

*(3) Any laboratory testing performed under a Clinical Laboratory Improvement Amendments of 1988 (CLIA) certificate of waiver;*

*(4) Drugs and biologicals for which separate payment is not allowed under the hospital outpatient prospective payment system (OPPS);*

*(5) Medical and surgical supplies not on pass-through status under Subpart G of [Part 419](#) of 42 CFR;*

*(6) Equipment;*

- (7) *Surgical dressings;*
- (8) *Implanted prosthetic devices, including intraocular lenses (IOLs), and related accessories and supplies not on pass-through status under Subpart G of [Part 419](#) of 42 CFR;*
- (9) *Implanted DME and related accessories and supplies not on pass-through status under Subpart G of [Part 419](#) of 42 CFR;*
- (10) *Splints and casts and related devices;*
- (11) *Radiology services for which separate payment is not allowed under the OPSS, and other diagnostic tests or interpretive services that are integral to a surgical procedure;*
- (12) *Administrative, recordkeeping and housekeeping items and services;*
- (13) *Materials, including supplies and equipment for the administration and monitoring of anesthesia; and*
- (14) *Supervision of the services of an anesthetist by the operating surgeon.*

*Under the revised ASC payment system, the above items and services fall within the scope of ASC facility services, and payment for them is packaged into the ASC payment for the covered surgical procedure. There is a payment adjustment for insertion of an IOL approved as belonging to a class of NTIOLs, for the 5-year period of time established for that class, as set forth at [42CFR416.200](#).*

*Covered ancillary items and services that are integral to a covered surgical procedure, as defined in [42CFR416.61](#), and for which separate payment to the ASC is allowed include:*

*(b) Covered ancillary services*

- (1) *Brachytherapy sources;*
- (2) *Certain implantable items that have pass-through status under the OPSS;*
- (3) *Certain items and services that CMS designates as contractor-priced, including, but not limited to, the procurement of corneal tissue;*
- (4) *Certain drugs and biologicals for which separate payment is allowed under the OPSS;*
- (5) *Certain radiology services for which separate payment is allowed under the OPSS.*

Where a separate charge is made the carrier must determine whether the item or service falls into the categories described in the following section. If the item or service falls into one of those categories, payment is made following the applicable rules for such items and services found elsewhere in this chapter. If the item or service does not fall into one of the categories described, the claim is denied.

Examples of covered ASC facility services include:

- Nursing services, services of technical personnel, and other related services;
- The use by the patient of the ASC facilities;
- Drugs, biologicals, surgical dressings, supplies, splints, casts, appliances, and equipment;
- Diagnostic or therapeutic items and services;
- Administrative, recordkeeping, and housekeeping items and services;
- Blood, blood plasma, platelets, etc., except for those to which the blood deductible applies;
- Materials for anesthesia; and
- Intraocular lenses (IOLs) except for new technology IOLs (NTIOLs) (refer to [42 CFR 416.180-200](#)).

### ***Definitions of ASC Facility Services:***

#### **Nursing Services, Services of Technical Personnel, and Other Related Services**

These include all services in connection with covered procedures furnished by nurses and technical personnel who are employees of the ASC. In addition to the nursing staff, this category includes orderlies, technical personnel, and others involved in patient care.

#### **Use by the Patient of the ASC Facilities**

This category includes operating and recovery rooms, patient preparation areas, waiting rooms, and other areas used by the patient or offered for use by the patient's relatives in connection with surgical services.

#### **Drugs, Biologicals, Surgical Dressings, Supplies, Splints, Casts, Appliances, and Equipment**

This category includes all supplies and equipment commonly furnished by the ASC in connection with surgical procedures. See the following paragraphs for certain exceptions. Drugs and biologicals are limited to those which cannot be self-administered. See the Medicare Benefit Policy Manual, Chapter 15, §50.2, for a description of how to determine whether drugs can be self-administered.

Under Part B, coverage for surgical dressings is limited to primary dressings, i.e., therapeutic and protective coverings applied directly to lesions on the skin or on openings to the skin required as the result of surgical procedures. (Items such as Ace bandages, elastic stockings and support hose, Spence boots and other foot coverings, leotards, knee supports, surgical leggings, gauntlets and pressure garments for the arms and hands are used as secondary coverings and therefore are not covered as surgical dressings.) Although surgical dressings usually are covered as “incident to” a physician’s service in a physician’s office setting, in the ASC setting, such dressings are included in the facility’s services.

However, surgical dressings may be reapplied later by others, including the patient or a member of his family. When surgical dressings are obtained by the patient on a physician’s order from a supplier, e.g., a drugstore, the surgical dressing is covered under Part B. The same policy applies in the case of dressings obtained by the patient on a physician’s order following surgery in an ASC; the dressings are covered and paid as a Part B service by the DMERC.

Similarly, “other supplies, splints, and casts” include only those furnished by the ASC at the time of the surgery. Additional covered supplies and materials furnished later are generally furnished as “incident to” a physician’s service, not as an ASC facility service. The term “supplies” includes those required for both the patient and ASC personnel, e.g., gowns, masks, drapes, hoses, and scalpels, whether disposable or reusable. These are included in the rate for the service (HCPCS code).

*Beginning January 1, 2008, the ASC facility payment for drugs and biologicals includes those drugs and biologicals that are not usually self-administered and that are considered to be packaged into the payment for the surgical procedure under the OPPS. Also, beginning January 1, 2008, Medicare makes separate payment to ASCs for drugs and biologicals that are furnished integral to an ASC covered surgical procedure and that are separately payable under the OPPS.*

### **Diagnostic or Therapeutic Items and Services**

These are items and services furnished by ASC staff in connection with covered surgical procedures. Many ASCs perform diagnostic tests prior to surgery that are generally included in the facility charges, such as urinalysis, blood hemoglobin, hematocrit levels, etc. To the extent that such simple tests are included in the ASC facility charges, they are considered facility services. However, under the Medicare program, diagnostic tests are not covered in laboratories independent of a physician’s office, rural health clinic, or hospital unless the laboratories meet the regulatory requirements for the conditions for coverage of services of independent laboratories. (See [42CFR416.49](#)) Therefore, diagnostic tests performed by the ASC other than those generally included in the facility’s charge are not covered under Part B and are not to be billed as diagnostic tests. If the ASC has its laboratory certified, the laboratory itself may bill for the tests performed.

The ASC may make arrangements with an independent laboratory or other laboratory, such as a hospital laboratory, to perform diagnostic tests it requires prior to surgery. In general, however, the necessary laboratory tests are done outside the ASC prior to scheduling of surgery, since the test results often determine whether the beneficiary should have the surgery done on an outpatient basis in the first place.

### **Administrative, Recordkeeping and Housekeeping Items and Services**

These include the general administrative functions necessary to run the facility e.g., scheduling, cleaning, utilities, and rent.

### **Blood, Blood Plasma, Platelets, etc., Except Those to Which Blood Deductible Applies**

While covered procedures are limited to those not expected to result in extensive loss of blood, in some cases, blood or blood products are required. Usually the blood deductible results in no expenses for blood or blood products being included under this provision. However, where there is a need for blood or blood products beyond the deductible, they are considered ASC facility services and no separate charge is permitted to the beneficiary or the program.

### **Materials for Anesthesia**

These include the anesthetic itself, and any materials, whether disposable or re-usable, necessary for its administration.

### **Intraocular Lenses (IOLs) and New Technology IOLs (NTIOLs)**

The ASC facility services include IOLs (effective for services furnished on or after March 12, 1990), and NTIOLs (effective for services furnished on or after May 18, 2000), approved by the Food and Drug Administration (FDA) for insertion during or subsequent to cataract surgery.

FDA has classified IOLs into the following categories, any of which are included:

1. Anterior chamber angle fixation lenses;
2. Iris fixation lenses;
3. Irido-capsular fixation lenses; and
4. Posterior chamber lenses.
  
5. NTIOL Category 1 (as defined in "Federal Register" Notice, VOL 65, dated May 3, 2000). Note: This category expired May 18, 2005

6. NTIOL Category 2 (as defined in “Federal Register” Notice, VOL 65, dated May 3, 2000). Note: This category expired May 18, 2005

7. NTIOL Category 3 (as defined in Federal Register Notice, 71 FR 4586, dated January 27, 2006): This category will expire on February 26, 2011.

Note that while generally no separate charges for intraocular lenses (IOLs) are allowed, approved NTIOLS may be billed separately in addition to the facility rate. (See [§40.3](#).)

### **10.3 - Services Furnished in ASCs**

*(Rev.1325; Issued: 08-29-07; Effective: 01-01-08; Implementation: 01-07-08)*

A single payment is made to an ASC, which includes all “facility services” furnished by the ASC in connection with a covered procedure. However, a number of items and services covered under Medicare may be furnished in an ASC which are not considered facility services, and which the ASC payment does not include. These non-ASC services are covered and paid for under the applicable provisions of Part B. In addition, the ASC may be part of a medical complex that includes other entities, such as an independent laboratory, supplier of durable medical equipment, or a physician’s office, which are covered as separate entities under Part B. In general, an item or service provided in a separate part of the complex is not considered an ASC service, except as defined above.

#### **Examples of payment and billing for items or services that are not ASC facility services**

| <b>Items not included in the ASC facility rate</b>  | <b>Who may receive payment</b>  | <b>Submit bills to:</b> |
|---|---|-------------------------|
| Physicians’ services  | Physician   | Carrier                 |
| The purchase or rental of non-implantable durable medical equipment (DME) to ASC patients for use in their homes. | Supplier- An ASC can be a supplier of DME if it has a supplier number from the National Supplier Clearinghouse.                         | DMERC                   |
| Implantable DME and accessories   | ASC   | Carrier                 |
| Non-implantable prosthetic devices  | Supplier. An ASC can be a supplier of non-implantable prosthetics if it has a supplier number from the National Supplier Clearinghouse. | DMERC                   |
| Implantable prosthetic devices except intraocular lenses (IOLs and NTIOLs), and accessories                       | ASC   | Carrier                 |

| <b>Items not included in the ASC facility rate</b> | <b>Who may receive payment</b>                                       | <b>Submit bills to:</b>  |
|--|--|--|
| Ambulance services                                 | Certified Ambulance supplier   | Carrier  |
| Leg, arm, back and neck braces                     | Supplier   | DMERC  |
| Artificial legs, arms, and eyes                    | Supplier   | DMERC  |
| Services furnished by an independent laboratory    | Certified lab. ASCs can receive lab certification and a CLIA number. | Carrier  |
| Procedures NOT on the ASC list                     | Physician  | Physician bills Carrier for procedure and any implantable prosthetics/DME using the ASC as the place of service. See Pub. 100-04, Chapter 12, section 20.4 |

**Examples of payment and billing for items or services that are ASC facility services beginning January 1, 2008**

| <i>Items included in the ASC facility rate beginning January 1, 2008</i>                           | <i>Who may receive payment beginning January 1, 2008</i> | <i>Submit bills to:</i> |
|--|--|-------------------------|
| <i>Implantable DME and accessories</i>   | <i>ASC</i>   | <i>Carrier</i>          |
| <i>Implantable prosthetic devices except intraocular lenses (IOLs and NTIOLs), and accessories</i> | <i>ASC</i>   | <i>Carrier</i>          |

**10.4 - Coverage of Services in ASCs Which Are Not ASC Facility Services**

***(Rev.1325; Issued: 08-29-07; Effective: 01-01-08; Implementation: 01-07-08)***

**Physicians' Services** - This category includes most covered services performed in ASCs which are not considered ASC facility services. *Physicians who furnish services in ASCs may bill for and receive separate payment under Part B.* Physicians' services include the services of anesthesiologists administering or supervising the administration of anesthesia to *beneficiaries in ASCs* and the *beneficiaries'* recovery from the anesthesia. The term physicians' services also includes any routine pre- or post- operative services, such as office visits, consultations, diagnostic tests, removal of stitches, changing of dressings, and other services which the individual physician usually includes in the fee for a given surgical procedure.

***Implantable Durable Medical Equipment (DME)*** - If the ASC furnishes items of implantable DME to patients, the ASC bills *and receives payment from the local carrier for the surgical procedure and the implantable device*. When the surgical procedure is not on the ASC list, the physician bills the carrier for both the surgical procedure and the implanted device, coding the ASC as the place of service on the bill (See Pub. 100-04, Chapter 12, section 20.4).

***Non-implantable Durable Medical Equipment*** - *If the ASC furnishes items of non-implantable DME to beneficiaries, it is treated as a DME supplier, and all the rules and conditions ordinarily applicable to DME are applicable, including obtaining a supplier number and billing the DME MAC where applicable.*

**Prosthetic Devices** – An ASC may bill and receive separate payment for prosthetic devices, other than intraocular lenses (IOLs) that are implanted, inserted, or otherwise applied by surgical procedures on the ASC list of approved procedures. The ASC bills the local Carrier and receives payment according to the DMEPOS fee schedule. However, an intraocular lens (IOL) inserted during or subsequent to cataract surgery in an ASC is included in the facility payment rate.

If the ASC furnishes other non-implantable prosthetic devices to *beneficiaries*, the ASC is treated as a supplier, and all the rules and conditions ordinarily applicable to suppliers are applicable, including obtaining a supplier number and billing the DMERC where applicable.

**Ambulance Services** - If the ASC furnishes ambulance services, the facility may obtain approval as an ambulance supplier to bill covered ambulance services.

**Leg, Arm, Back and Neck Braces** - These items of equipment, like prosthetic devices, are covered under Part B, but are not included in the ASC facility payment amount. If the ASC furnishes these to *beneficiaries*, it is treated as a supplier, and all the rules and conditions ordinarily applicable to suppliers are applicable, including obtaining a supplier number and billing the DMERC where applicable.

**Artificial Legs, Arms and Eyes** - Like prosthetic devices and braces, this equipment is not considered part of an ASC facility service and so is not included in the ASC facility payment rate. If the ASC furnishes these items to *beneficiaries*, it is treated as a supplier, and all the rules and conditions ordinarily applicable to suppliers are applicable, including obtaining a supplier number and billing the DMERC where applicable.

**Services of Independent Laboratory** - As noted in [§10.2](#), only a very limited number and type of diagnostic tests are considered ASC facility services and these are included in the ASC facility payment rate. In most cases, diagnostic tests performed directly by an ASC are not considered ASC facility services *and* are not covered under Medicare. [Section 1861\(s\)](#) of the *Act* limits coverage of diagnostic lab tests in facilities other than physicians' offices, rural health clinics or hospitals to facilities that meet the statutory definition of an independent laboratory. *In order to bill for diagnostic tests as a*



*laboratory, an ASC's laboratory must be CLIA certified and enrolled with the carrier as a laboratory and the certified clinical laboratory must bill for the services provided to the beneficiary in the ASC.* Otherwise, the ASC makes arrangements with a covered laboratory or laboratories for laboratory services, as provided in [42 CFR 416.49](#).

## **20 - List of Covered Ambulatory Surgical Center Procedures**

***(Rev.1325; Issued: 08-29-07; Effective: 01-01-08; Implementation: 01-07-08)***

*The complete lists of ASC covered surgical procedures and ASC covered ancillary services, the applicable payment indicators, payment rates for each covered surgical procedure and ancillary service before adjustments for regional wage variations, the wage adjusted payment rates, and wage indices are available on the CMS Web site at: <http://www.cms.hhs.gov/ascpayment/>.*

### **20.1 - Nature and Applicability of ASC List**

***(Rev.1325; Issued: 08-29-07; Effective: 01-01-08; Implementation: 01-07-08)***

The *ASC* list of covered procedures merely indicates procedures which are covered and paid for if performed in the ASC setting. It does not require *the covered surgical* procedures to be performed *only in ASCs*. The *decision regarding the most appropriate care setting for a given surgical procedure is made by the physician based on the beneficiary's individual clinical needs and preferences*. Also, all the general coverage rules *requiring that any procedure be reasonable and necessary for the beneficiary* are applicable to ASC services in the same manner as all other covered services.

### **20.2 - Types of Services Included on the List**

***(Rev.1325; Issued: 08-29-07; Effective: 01-01-08; Implementation: 01-07-08)***

The Medicare approved procedures are all considered "surgical procedures" for purposes of ASC coverage, regardless of the use of the procedure. For example, many of the "oscopy" procedures listed - bronchoscopy, laryngoscopy, etc., may be employed for either diagnostic or therapeutic purposes, or even both at the same time, such as when the "oscopy" permits both detection and removal of a polyp. Those procedures are considered "surgical procedures" within the context of the ASC provision. Also, surgical procedures are commonly thought of as those involving an incision of some type, whether done with a scalpel or (more recently) a laser, followed by removal or repair of an organ or other tissue. In recent years, the development of fiber optics technology, together with new surgical instruments using that technology, has resulted in surgical procedures that, while invasive and manipulative, do not require incisions. Instead, the procedures are performed without an incision through various body openings. Those procedures, some of which include the "oscopy" procedures mentioned above, are also considered surgical procedures for purposes of the ASC provision, and several are included in the list of covered procedures.

*The ASC list of covered surgical procedures is comprised of surgical procedures that CMS determines do not pose a significant safety risk and are not expected to require an overnight stay following the surgical procedure.*

*Surgical procedures are defined as Category I CPT codes within the surgical range of CPT codes, 10000 through 69999. Also considered to be included within that code range are Level II HCPCS and Category III CPT codes that crosswalk to or are clinically similar to the Category I CPT codes in the range.*

*The surgical codes that are included on the ASC list of covered surgical procedures are those that have been determined to pose no significant safety risk to Medicare beneficiaries when furnished in ASCs and that are not expected to require active medical monitoring at midnight of the day on which the surgical procedure is performed (overnight stay).*

*Procedures that are included on the inpatient list used under Medicare's hospital outpatient prospective payment system and procedures that can only be reported by using an unlisted Category I CPT code are deemed to pose significant safety risk to beneficiaries in ASCs and are not eligible for designation and coverage as covered surgical procedures.*

### **30 - Rate-Setting Policies**

***(Rev.1325; Issued: 08-29-07; Effective: 01-01-08; Implementation: 01-07-08)***

Generally, there are two primary elements in the total cost of performing a surgical procedure:

- The cost of the physician's professional services for the performing the procedure; and
- The cost of services furnished by the facility where the procedure is performed (for example, surgical supplies and equipment and nursing services).

*For ASC covered surgical procedures, the professional fee is paid to the physician; the facility fee is paid to the ASC.*

*Prior to the revised ASC payment system implemented January 1, 2008, the ASC payment rate is a standard overhead amount based on CMS's estimate of a fair fee and the costs incurred by the ASCs providing the procedure. To estimate this cost, the CMS surveyed audit costs incurred by a sample of ASCs. There is an annual adjustment for inflation based on the percentage increase in the consumer price index for urban consumers in years when the ASC payment rates are not updated by a survey or otherwise. Over a number of years, there have been statutory requirements reducing or eliminating the inflation adjustment on a year by year basis. For example, the statute requires that the CPI adjustment factor be zero percent in FY 2005, the last quarter of CY 2005, and each CY from 2006 through 2009.*

*Beginning January 1, 2008, Medicare will implement a revised ASC payment system. The revised ASC payment system includes the following features:*

*ASC facility payment rates for most services are based on a percentage of the hospital outpatient prospective payment system (OPPS) rates. There is annual adjustment of the payment rates for inflation based on the CPI-U. The update for inflation begins with the CY 2010 ASC payment rates when the statutory requirement for a zero update no longer applies.*

*In general, the Medicare program pays ASCs 80 percent of the lesser of the actual charge or the ASC facility payment rate for the covered services performed. The beneficiary pays 20 percent of the lesser of the submitted charge or the ASC facility payment rate for the covered services performed. An exception to this is screening sigmoidoscopy and screening colonoscopy where Medicare pays 75 percent and the beneficiary pays 25 percent.*

*Beginning with the implementation of the 2008 revised payment system, the labor related adjustments to the ASC payment rates are based on the Core-Based Statistical Area (CBSA) methodology. Payment rates will be adjusted using the hospital inpatient prospective payment system (IPPS) pre-reclassification wage index values associated with the June 2003 OMB geographic localities. The adjustment for geographic wage variation will be made based on a 50 percent labor related share.*

*Detailed information on both the OPPS and ASC payment methodologies is available in the hospital outpatient and ASC final rules.*

### **30.1 - Where to Obtain Current Rates and List of Covered Services** **(Rev.1325; Issued: 08-29-07; Effective: 01-01-08; Implementation: 01-07-08)**

The CMS performs the functions and calculations described above and publishes a list of procedures for which an ASC may be paid each year, including intra-year updates as needed, via Medicare *contractor* instructions. This includes applicable codes, payment groups, and payment amounts for each ASC group before adjustments for regional wage variations. Applicable wage indices that must be used to adjust payment for regional wage variations are also published via *contractor* instructions.

Regulations pertaining to Medicare rates for ASC facility services are contained in Part 416 of the Code of Federal Regulations, ([42 CFR 416](#).)

ASC facility services are subject to the usual Medicare Part B deductible and coinsurance requirements.

The ASC facility fees are based on a prospectively determined rate that CMS estimates will approximate the costs incurred by ASCs generally in providing covered facility

services. HCPCS *for* procedures covered *in* the ASC are *compiled* into 9 groups *with* a *separate* rate set for each group. The number of such groups may change in subsequent CMS *contractor* instructions dealing with ASC facility fees. CMS informs carriers and intermediaries of new rates in a one time instruction whenever rate changes occur.

*Beginning January 1 2008, CMS will update payment rates and payable procedure codes on a calendar year basis. Payable drugs and pass-through devices will be updated on a quarterly basis. The ASC payment rates result in several hundred separate pricer groups, with each group having a unique payment amount based on the unadjusted ASC payment rate. Also, CMS will calculate and make available to the claims processing contractors CBSA-specific wage adjusted payment rates for each of the ASC payable codes. The complete lists of ASC covered surgical procedures and ASC covered ancillary services, the applicable payment indicators, payment rates for each covered surgical procedure and ancillary service before adjustments for regional wage variations, the wage adjusted payment rates, and wage indices are available on the CMS Web site at: <http://www.cms.hhs.gov/ascpayment/> and available to contractors on the CMS mainframe.*

#### **40 - Payment for Ambulatory Surgery**

***(Rev.1325; Issued: 08-29-07; Effective: 01-01-08; Implementation: 01-07-08)***

*Prior to January 1 2008, the ASC payment rate is a standard overhead amount based on CMS's estimate of a fair fee and the costs incurred by the ASCs providing the procedure. The HCPCS procedures for services covered by the ASC are grouped into 9 groups and a rate is set for each group. In CY 2007, the ASC payment rates for each ASC covered procedure is based on the payment rates for the 9 groups, but capped at the OPPS payment rate for the procedure.*

*Beginning January 1, 2008, with implementation of the revised ASC payment system, the payment rates for most covered ASC surgical procedures and covered ancillary services are established prospectively based on a percentage of the OPPS payment rates. For more information on where to locate these prospective payment rates, see §30.1.1. There are a small number of covered ancillary services that are contractor-priced. These include pass-through devices and brachytherapy sources, which are contractor-priced based on acquisition cost or invoice. Drugs and biologicals for which product-specific HCPCS codes do not exist and are billed by ASCs using code C9399 (unclassified drug or biological), are also contractor-priced at 95% of the average wholesale price (AWP).*

*Under the revised ASC payment system effective January 1, 2008, Medicare makes separate payment to ASCs for corneal tissue acquisition (which is billed using V2785). Contractors pay for corneal tissue acquisition based on acquisition cost or invoice. In addition, contractors make payment adjustments for new technology intraocular lenses (NTIOLs). The NTIOL payment adjustment is an unadjusted payment subject to beneficiary coinsurance but not subject to the wage index adjustments.*

*Beginning January 1, 2008, Medicare payment for implantable durable medical equipment is included in the payment for the covered surgical procedure. The ASC facility payment for the surgical procedure is a bundled payment, which now includes the payment for these implantable items previously paid separately under the DMEPOS fee schedule. The one exception to this is pass-through devices which are paid separately.*

*Beginning January 1, 2008, covered ancillary items and services, such as pass-through devices, brachytherapy sources, separately payable drugs and biologicals, and radiology procedures, should be billed on the same claim as the related ASC surgical procedure(s). If an ASC bills for an ancillary service(s) separately (i.e., not on the same claim as the related surgical procedure) or a claim is split so that the ancillary service and related ASC surgical service(s) are on separate claims, the contractors will check claims history to determine if there is an approved surgical procedure for the same beneficiary, same provider, and same date. If there is no approved ASC surgical procedure on the same claim or in history for the same date, the ancillary service(s) shall be returned as unprocessable.*

#### **40.1 - Payment to Ambulatory Surgical Centers for Non-ASC Services** *(Rev.1325; Issued: 08-29-07; Effective: 01-01-08; Implementation: 01-07-08)*

ASCs may furnish and be paid under other parts of Medicare Part B for certain services that are not considered ASC facility services. The usual Part B coverage and payment rules apply to such services. *For more information, see §10.3.*

#### **40.2 - Wage Adjustment of Base Payment Rates** *(Rev.1325; Issued: 08-29-07; Effective: 01-01-08; Implementation: 01-07-08)*

The payment rates established for the groups of ASC procedures (see §30) are standard base rates that have been adjusted to remove the effects of regional wage variations. When carriers process claims for ASC facility services, they adjust the base rates to reflect the wage index value applicable to the area in which the ASC is located. The Medicare payment for ASC facility services is equal to 80 percent of the wage-adjusted standard payment rate. Beneficiaries are responsible for a 20 percent coinsurance payment for ASC facility services once their deductible is satisfied. The exception is for colorectal cancer screening colonoscopies (G0105 and G0121). Effective for these services performed on or after January 1, 2007, there is no deductible and a 25 percent coinsurance payment applies. Use Medicare Summary Notice (MSN) 61.41, "You pay 25% of the Medicare-approved amount for this service."

The wage index includes the wage and salary levels of certain health care professionals in both urban and nonurban locations, compared to a national norm of 1.0. Areas with above average wage levels have index numbers greater than 1.0, while areas with below average wage levels have index numbers below 1.0.

Each *Metropolitan Statistical Area (MSA)* within a State has a separate index, and there is one index for all rural areas within a State.

Also, each group's payment rate has a labor and a nonlabor component, and only the labor component is adjusted for the wage index.

Carriers must adjust ASC payment rates by following these steps. Carriers round calculations to the fourth decimal place at each step.

1. Separate each group's payment rate into its labor (.3445) and nonlabor (.6555) components. To determine the payment rate that is subject to the labor adjustment for Group 6 and Group 8, first subtract the IOL allowance from each group's composite payment rate. (This is because IOLs are not subject to adjustment for labor costs, therefore the IOL allowance must be subtracted from the composite payment rate before applying the wage index adjustment, and then added back in the calculation as described in step 5).

2. Identify the appropriate wage index value for the ASC's location.

3. Multiply the labor component (payment rate multiplied by .3445 - Step 1) by the appropriate wage index value.

4. Add the adjusted labor component (Step 3) to the nonlabor component (payment rate multiplied by .6555 - Step 1) to determine the total adjusted payment rate.

5. For Groups 6 and 8, add the IOL allowance to the total adjusted payment rate (Step 4) to determine the total adjusted composite rate for the procedures in these groups.

This provides the ASC payment rate for the ASC. Round the final amount to the nearest *cent*.

Note that coinsurance (and deductible if applicable) is deducted from the payment amount.

### **EXAMPLE 1:**

This example shows how to determine payment for an ASC with a wage index value of 1.0985 for a procedure in payment group 4 (\$612). The labor related portion is 34.45 percent and the nonlabor related portion is 65.55 percent.

Use the steps illustrated in Example 1 to adjust payment rates for groups whose payment rate does not include an allowance for an IOL.

### **Wage Adjusted Rate**

$$\begin{aligned} &= ((\$612 \times .3445) \times 1.0985) + (\$612 \times 0.6555) \\ &= (\$210.834 \times 1.0985) + \$401.166 \\ &= \$231.6011 + \$401.166 \end{aligned}$$

$$= \$632.77$$

**Final Payment**

$$= \$632.77 \times .80$$

$$= \$506.22$$

**EXAMPLE 2:**

The following shows how to determine payment to an ASC for services furnished in January 2002 with a wage index value of 1.0714, for each of the procedures in Group 8 (\$949). Use the steps in this example to calculate payment amounts for each of the procedures in Group 6 as well. Subtract \$150 (the IOL allowance) from the composite payment rate (\$949 for Group 8 and \$806 for Group 6) before adjusting for wage variation.

**Wage Adjusted Rate**

$$= [(\$949 - \$150) \times 0.3445] \times 1.0714 + [(\$949 - \$150) \times 0.6555]$$

$$= [(\$799 \times 0.3445) \times 1.0714] + (\$799 \times 0.6555)$$

$$= (\$275.2555 \times 1.0714) + \$523.7445$$

$$= \$294.9087 + \$523.7445$$

$$= \$818.6532$$

**Composite Adjusted Rate**

$$= \$818.6532 + \$150$$

$$= \$968.65$$

**Final Payment**

$$= \$968.65 \times .80$$

$$= \$774.92$$

*For dates of service on or after January 1, 2008, the ASC payment rates will be geographically wage adjusted based on the wage index for the CBSA. Beginning January 1, 2008, CMS calculates and makes available to the contractors CBSA-specific ASC facility payment rates. The IPPS pre-reclassification wage index values for urban and rural areas are used by CMS in the calculation of the ASC wage adjusted payment rates. With the implementation of the ASC revised payment system, the labor related portion of the payment rate is now 50 percent and the remaining non-labor related portion is 50 percent.*

*An example of how CMS calculates a wage adjusted payment rate and how the contractors calculate the final Medicare payment rate excluding coinsurance is provided below.*

**EXAMPLE:**

*This example shows how CMS would determine the wage adjusted payment rate for CBSA with a wage index value of 1.0504 for a procedure with a national unadjusted payment rate of \$900. The labor related portion is 50 percent and the nonlabor related portion is 50 percent.*

**Wage Adjusted Payment Rate**

$$\begin{aligned} &= ((\$900 \times .5) \times 1.0504) + (\$900 \times 0.5) \\ &= (\$450.00 \times 1.0504) + \$450.00 \\ &= \$472.68 + \$450.00 \\ &= \$922.68 \end{aligned}$$

**Medicare Program Payment (Excluding Beneficiary Coinsurance)**

$$\begin{aligned} &= \$922.68 \times .80 \\ &= \$738.14 \end{aligned}$$

**40.3 - Payment for Intraocular Lens (IOL)**

*(Rev.1325; Issued: 08-29-07; Effective: 01-01-08; Implementation: 01-07-08)*

Payment for facility services furnished by an ASC for IOL insertion during or subsequent to cataract surgery includes an allowance for the lens. The procedures that include insertion of an IOL are:

Payment Group 6: CPT-4 Codes 66985 and 66986

Payment Group 8: CPT-4 Codes 66982, 66983 and 66984

Do not pay physicians or suppliers for an IOL furnished to a beneficiary in an ASC after July 1, 1988. Deny separate claims for IOLs furnished to ASC patients beginning March 12, 1990. Also, effective March 12, 1990, procedures 66983 and 66984 are treated as single procedures for payment purposes.

Refer to [42 CFR 416.185](#) for discussion of New Technology Intraocular Lenses (NTIOLs). While the carrier claims processing systems allow no separate charges for conventional intraocular lenses (IOLs), the cost of the IOL is bundled into the ASC facility fee, NTIOLs may be billed separately in addition to the facility fee. Medicare pays an additional \$50 on the following NTIOLs Q1001 (Category 1, Model AMO Array Multifocal lens) and Q1002 (Category 2, Model Elastic Ultraviolet-Absorbing Silicone Posterior Chamber Lens) when billed for dates of service from May 18, 2000 through May 18, 2005. However, effective for dates of service on and after May 19, 2005,



Medicare will no longer reimburse the additional \$50 and these two codes will be invalid for Medicare.

Effective for dates of service on and after February 27, 2006, through February 26, 2011, Medicare will pay an additional \$50 for NTIOL [Category 3(Reduced Spherical Aberration), Model Advanced Medical Optics (AMO) Tecnis® IOL model numbers Z9000, Z9001, and ZA9003]. HCPCS code Q1003 has been created to bill for the additional \$50. Q1003 shall be billed on the same claim as the surgical insertion procedure.

Any subsequent IOLs recognized by CMS as having the same characteristics as the first IOL recognized by CMS for a payment adjustment (those of reduced spherical aberration) will receive the same adjustment for the remainder of the 5-year period established by the first recognized IOL. Contractors and providers will be aware that HCPCS Q1003, along with one of the approved procedure codes (66982, 66983, 66984, 66985, 66986) are to be used on all NTIOL Category 3 claims associated with reduced spherical aberration from February 27, 2006, through February 26, 2011. See: [http://www.cms.hhs.gov/ASCPayment/05\\_NTIOs.asp](http://www.cms.hhs.gov/ASCPayment/05_NTIOs.asp). Additionally, contractors may obtain information on Medicare-approved NTIOs at: <http://www.cms.hhs.gov/center/coverage.asp>.

### **Medicare Summary Notice (MSN) and Claims Adjustment Reason Codes**

Carriers shall return as unprocessable any claims for NTIOs containing Q1003 alone or with a code other than one of the above listed procedure codes. Use the following messages for these returned claims:

- Claim Adjustment Reason Code 16 - Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remark codes whenever appropriate.
- RA Remark Code M67 - Missing/Incomplete/Invalid other procedure codes.
- RA Remark Code MA130 - Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.

Carriers shall deny payment for Q1003 if services are furnished in a facility other than a Medicare-approved ASC. Use the following messages when denying these claims:

- MSN 16.2 - This service cannot be paid when provided in this location/facility.
- Claims Adjustment Reason Code 58 - Payment adjusted because treatment was deemed by the payer to have been rendered in an inappropriate or invalid place of service.

Carriers shall deny payment for Q1003 if **billed** by an entity other than a Medicare-approved ASC. Use the following messages when denying these claims:

- MSN 33.1 - The ambulatory surgical center must bill for this service.
- Claim Adjustment Reason Code 170 - Payment is denied when performed/billed by this type of provider.

Carriers shall deny payment for Q1003 if submitted for payment past the discontinued date (after the 5-year period, or after February 26, 2011). Use the following messages when denying these claims:

- MSN 21.11 - This service was not covered by Medicare at the time you received it.

Claim Adjustment Reason Code 27 - Expenses incurred after coverage terminated.

*Beginning January 1, 2008, the Medicare payment for the IOL is included in the Medicare payment for the associated surgical procedure. Consequently, no separate payment for the IOL will be made, except for a new technology IOL as discussed under §40.3.1. If an ASC bills for a new technology IOL that is provided in association with a covered ASC procedure, the contractor will make a separate payment adjustment of \$50 for the new technology IOL. The payment for the new technology IOL is subject to beneficiary coinsurance but is not wage adjusted. The hard coded system logic that excludes the \$150 for IOLs for multiple surgery reduction will not apply effective for dates of services on or after January 1, 2008.*

*Contractors shall do system maintenance to apply an end date of December 31, 2007 to the \$150 IOL logic that currently exists.*

#### **40.4 - Payment for Terminated Procedures**

***(Rev.1325; Issued: 08-29-07; Effective: 01-01-08; Implementation: 01-07-08)***

The following criteria determine the appropriate ASC facility payment for a scheduled surgical procedure that is terminated due to medical complications which increase the surgical risk to the patient. Carriers may pay a different rate percentage in certain situations where documentation supports such action.

A. Carriers deny payment when an ASC submits a claim for a procedure that is terminated either for nonmedical or medical reasons before the ASC has expended substantial resources. For example, payment is denied if scheduled surgery is canceled or postponed because the patient on intake complains of a cold or flu.

B. Carriers pay 50 percent of the rate if a surgical procedure is terminated due to the onset of medical complications after the patient has been prepared for surgery and taken to the operating room but before anesthesia has been induced (use modifier 73).

For example, 50 percent is paid if the patient develops an allergic reaction to a drug administered by the ASC prior to surgery or if, upon injection of a retrobulbar block, the patient experiences a retrobulbar hemorrhage which prevents continuation of the procedure. Although some supplies and resources are expended, they are not consumed to the same extent had anesthesia been fully induced and the surgery completed. Carriers may pay a different percentage of the rate if, in an individual case, documentation supports such action. *Facilities* use a 73 modifier to indicate that the procedure terminated prior to induction of anesthesia.

C. Carriers make full payment of the facility rate if a medical complication arises which causes the procedure to be terminated after inducement of the anesthetic agent (use modifier -74). For example, carriers make full payment if, after anesthesia has been accomplished and the surgeon has made a preliminary incision, the patient's blood pressure increases suddenly and the surgery is terminated to avoid increasing surgical risk to the patient. In this case, the resources of the facility are consumed in essentially the same manner and to the same extent as they would have been had the surgery been completed. Facilities use a 74 modifier to indicate that the procedure terminated after inducement of anesthetic agent.

D. *Prior to January 1, 2008*, carriers deduct the allowance for an unused IOL prior to calculating payment for a terminated IOL insertion procedure.

An ASC claim for payment for terminated surgery must be accompanied by an operative report that specifies the following:

- Reason for termination of surgery;
- Services actually performed;
- Supplies actually provided;
- Services not performed that would have been performed if surgery had not been terminated;
- Supplies not provided that would have been provided if the surgery had not been terminated;
- Time actually spent in each stage, e.g., pre-operative, operative, and post-operative;
- Time that would have been spent in each of these stages if the surgery had not been terminated; and
- *HCPCS* code for procedure had the surgery been performed.

*E. Beginning January 1, 2008, payment for the IOL is included in payment for the surgical procedure to implant the lens.*

*F. Beginning January 1, 2008, contractors apply a 50 percent payment reduction for discontinued radiology procedures and other procedures that do not require anesthesia. Facilities use the -52 modifier to indicate the discontinuance of these applicable procedures.*

*G. Beginning January 1, 2008, ASC surgical services billed with the -52 or- 73 modifier are not subject to the multiple procedure discount.*

#### **40.5 - Payment for Multiple Procedures**

*(Rev.1325; Issued: 08-29-07; Effective: 01-01-08; Implementation: 01-07-08)*

Each surgical procedure has its own CPT-4 code. When more than one surgical procedure is performed in the same operative session, special payment rules apply even if the services have the same CPT-4 code number.

When the ASC performs multiple *surgical* procedures in the same operative session *that are subject to the multiple procedure discount, contractors* base the ASC facility payment *rate*, plus 50 percent of the applicable wage adjusted *payment* rate(s) for the *other* ASC covered *surgical* procedures *subject to the multiple procedure discount that are* furnished in the same session. For example, if a Group 1, a Group 2, and a Group 3 procedure are all performed in the same operative session, base the ASC payment on 100 percent of the wage adjusted Group 3 rate plus 50 percent of the wage adjusted Group 1 rate, plus 50 percent of the wage adjusted Group 2 rate. If more than one procedure in the same payment group is performed, pay the full wage adjusted rate for one of the procedures and 50 percent of the wage adjusted rate for the remaining procedure(s).

In both of these examples, final payment is subject to the usual copayment and deductible provisions.

If CPT-4 codes 66985 or 66986, Group 6 procedures, are performed in the same operative session that a Group 7 procedure is performed, apply the 50 percent multiple procedure reduction to the wage adjusted portion of the Group 6 rate (i.e., the Group 6 payment amount minus the amount of the IOL add-on). Pay the full IOL allowance amount.

A procedure performed bilaterally in one operative session is reported as two procedures. Therefore, treat payment for a procedure performed bilaterally the same as payment for multiple procedures. For example, if sinusotomy, maxillary (antrotomy); intranasal (CPT-4 code 31020) is performed bilaterally in one operative session, report it as CPT-4 code 31020 performed two times. Calculate payment for bilateral procedures by multiplying the appropriate wage adjusted payment amount by 150 percent.

*The multiple procedure payment reduction is the last pricing routine applied to applicable ASC procedure codes. In determining the ranking of procedures for application of the multiple procedure reduction, contractors shall use the lower of the billed charge or the ASC payment amount. The ASC surgical services billed with modifier -73 and -52 shall not be subjected to further pricing reductions. (i.e., the multiple procedure price reduction rules will not apply). Payment for an ASC surgical procedure billed with modifier -74 may be subject to the multiple procedure discount if that surgical procedure is subject to the multiple procedure discount.*

**40.6- Payment for Extracorporeal Shock Wave Lithotripsy (ESWL)**  
*(Rev.1325; Issued: 08-29-07; Effective: 01-01-08; Implementation: 01-07-08)*

A ninth ASC payment group was established in a “Federal Register” notice (56 FR 67666) published December 31, 1991. The ninth payment group amount (\$1,150) was assigned to only one procedure, CPT code 50590, extracorporeal shock wave lithotripsy (ESWL). However, a court order issued March 12, 1992, has stayed the Group 9 payment rate until the Secretary publishes all information relevant to the setting of the ESWL rate, receives comments, and publishes a subsequent final notice. This has not yet been completed.

In a previous instruction (Medicare Carrier’s Manual Transmittal 1435), CMS advised carriers to make payment to ASCs for ESWL services furnished after January 29, 1992, and through the date when the ASC received notice from the carrier of the court order staying the Group 9 payment rate. This was a temporary measure to avoid penalizing ASCs that furnished ESWL services in accordance with the December 31, 1991, “Federal Register” notice and that could not have been expected to know that the March 12, 1992, court order set aside the ESWL provisions of that notice. Carriers do not make Medicare payment for ESWL as an ASC procedure when such services were furnished after the date that the carrier advised an ASC of the court order.

However carriers are instructed to retain all ASC claims for ESWL with a service date after January 29, 1992, and before the date when they were notified about the court order. It may be necessary to retrieve these claims for further action at some later date.

*Beginning January 1, 2008 with the revised ASC payment system, contractors may pay for any of the ESWL services that are included on the ASC list of covered surgical procedures.*

**40.7 - Offset for Payment for Pass-Through Devices Beginning January 1, 2008**  
*(Rev.1325; Issued: 08-29-07; Effective: 01-01-08; Implementation: 01-07-08)*

*Under the revised payment system, there can be situations where contractors must reduce (cut back) the approved payment amount for specifically identified procedures when provided in conjunction with a specific pass-through device. This reduction would only be applicable when services for specific pairs of codes are provided on the same day by the same provider.*

*Code pairs subject to this policy would be updated on a quarterly basis. CMS will inform contractors of the code pairs and the percent reduction taken from the procedure payment rate through a “look-up” table.*

#### ***40.8 - Payment When a Device is Furnished With No Cost or With Full or Partial Credit Beginning January 1, 2008***

***(Rev.1325; Issued: 08-29-07; Effective: 01-01-08; Implementation: 01-07-08)***

*Contractors pay ASCs a reduced amount for certain specified procedures when a device is furnished without cost or for which either a partial or full credit is received (e.g., device recall). For specified procedure codes that include payment for a device, ASCs are required to include an FB modifier on the procedure code when a device is furnished without cost or for which full credit is received. If the ASC receives a partial credit for the device, the ASC is required to include the FC modifier on the procedure code. A single procedure code should not be submitted with both an FB and an FC modifier. The pricing determination related to the FB and FC modifiers is performed prior to the application of the multiple procedure pricing reductions.*

#### ***40.9 - Payment for Presbyopia Correcting IOLs (P-C IOLs) and Astigmatism Correcting IOLs (A-C IOLs)***

***(Rev.1325; Issued: 08-29-07; Effective: 01-01-08; Implementation: 01-07-08)***

*CMS payment policies and recognition of P-C IOLs and A-C IOLs are contained in Transmittal 636 (CR3927) and Transmittal 1228 (CR5527) respectively. A current list of CMS recognized P-C IOL and A-C IOL lenses are available on the CMS Web site at: <http://www.cms.hhs.gov/center/asc.asp>*

#### **50 - ASC Procedures for Completing the Form CMS-1500**

***(Rev.1325; Issued: 08-29-07; Effective: 01-01-08; Implementation: 01-07-08)***

The Place of Service (POS) code is 24 for procedures performed in an ASC.

*Prior to January 1, 2008, type of Service (TOS) code is "F" (ASC Facility Usage for Surgical Services) is appropriate when modifier SG appears on an ASC claim. Otherwise TOS "2" (surgery) for professional services rendered in an ASC is appropriate.*

*Beginning January 1, 2008, ASCs no longer are required to include the SG modifier on facility claims in Medicare. The contractors shall assign TOS code "F" to codes billed by specialty 49 for Place of Service 24.*

Modifier - TC is required unless the code definition is for the technical component only.

#### **60 - Medicare Summary Notices (MSN), *Claim Adjustment Reason Codes, Remittance Advice Remark Codes (RAs)***

***(Rev.1325; Issued: 08-29-07; Effective: 01-01-08; Implementation: 01-07-08)***

## **60.1 - Applicable Messages for NTIOLs**

**(Rev.1325; Issued: 08-29-07; Effective: 01-01-08; Implementation: 01-07-08)**

*Carriers shall return as unprocessable any claims for NTIOLs containing Q1003 alone or with a code other than one of the procedure codes listed in 40.5.2. Use the following messages for these returned claims:*

- *Claim Adjustment Reason Code 16 - Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remark codes whenever appropriate.*
- *RA Remark Code M67 - Missing/Incomplete/Invalid other procedure codes.*
- *RA Remark Code MA130 - Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.*

*Carriers shall deny payment for Q1003 if services are furnished in a facility other than a Medicare-approved ASC. Use the following messages when denying these claims:*

- *MSN 16.2 - This service cannot be paid when provided in this location/facility.*
- *Claims Adjustment Reason Code 58 - Payment adjusted because treatment was deemed by the payer to have been rendered in an inappropriate or invalid place of service.*

*Carriers shall deny payment for Q1003 if billed by an entity other than a Medicare-approved ASC. Use the following messages when denying these claims:*

- *MSN 33.1 - The ambulatory surgical center must bill for this service.*
- *Claim Adjustment Reason Code 170 - Payment is denied when performed/billed by this type of provider.*

*Carriers shall deny payment for Q1003 if submitted for payment past the discontinued date (after the 5-year period, or after February 26, 2011). Use the following messages when denying these claims:*

- *MSN 21.11 - This service was not covered by Medicare at the time you received it.*
- *Claim Adjustment Reason Code 27 - Expenses incurred after coverage terminated.*

## ***60.2 - Applicable Messages for ASC 2008 Payment Changes Effective January 1, 2008***

***(Rev.1325; Issued: 08-29-07; Effective: 01-01-08; Implementation: 01-07-08)***

*Contractors shall deny services not included on the ASC facility payment files (ASCFS and ASC DRUG files) when billed by ASCs (specialty 49) using the following messages:*

- Claim Adjustment Reason Code 8 - The procedure code is inconsistent with the provider type/specialty.*
- RA Remark Code N95 - This provider type/provider specialty may not bill this service.*
- MSN 26.4 - This service is not covered when performed by this provider.*

*If there is no approved ASC surgical procedure on the same date for the billing ASC in history, contractors shall return pass-through device claims/line items, brachytherapy claims/line items, drug code (including C9399) claims/line items, and any other ancillary service claims/line items such as radiology procedure claim/line items on the ASCFS list or ASCDRUG list as unprocessable using the following messages:*

- Claim Adjustment Reason Code 16 - Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remark codes whenever appropriate.*
- RA Remark Code MA 109 - Claim processed in accordance with ambulatory surgical guidelines.*
- RA Remark Code M16 - Please see our Web site, mailings or bulletins for more details concerning this policy/procedure/decision (at contractor discretion).*

*Contractors shall deny all ancillary services (i.e., radiology technical component) on the ASCFS list billed by specialties other than specialty 49 provided in an ASC setting (POS 24) using the following messages:*

- MSN 16.2 - This service cannot be paid when provided in this location/facility.*
- Claim Adjustment Reason Code 171 - Payment is denied when performed/billed by this type of provider in this type of facility.*
- RA Remark Code M97 - Not paid to practitioner when provided to patient in this place of service. Payment included in the reimbursement issued the facility.*



- *RA Remark Code M16 - Please see our Web site, mailings or bulletins for more details concerning this policy/procedure/decision (at contractor discretion).*

*Contractors shall deny separately billed implantable devices using the following messages:*

- *MSN 16.32 – Medicare does not pay separately for this service.*
- *RA Remark Code M97 - Not paid to practitioner when provided to patient in this place of service. Payment included in the reimbursement issued the facility.*
- *RA Remark Code M15 - Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed;*
- *RA Remark Code MA 109 - Claim processed in accordance with ambulatory surgical guidelines.*
- *RA Remark Code M16 - Please see our Web site, mailings or bulletins for more details concerning this policy/procedure/decision.(contractor discretion)*

*If there is a related, approved surgical procedure for the billing ASC for the same date of service, also include the following message:*

- *MSN 16.8 - Payment is included in another service received on the same day.*

### **60.1.1 – Deductible and Coinsurance**

*(Rev.1325; Issued: 08-29-07; Effective: 01-01-08; Implementation: 01-07-08)*

There is no deductible and no coinsurance or copayment for the fecal occult blood tests (G0107 and G0328). Prior to January 1, 2007 deductible and coinsurance apply to other colorectal procedures (G0104, G0105, G0106, G0120, and G0121). After January 1, 2007, the deductible is waived for those tests.

**NOTE:** A 25 percent coinsurance applies for all colorectal cancer screening colonoscopies (G0105 and G0121) performed in ASCs and non-OPPS hospitals effective for services performed on or after January 1, 2007. The 25 percent coinsurance was implemented in the OPPS PRICER for OPPS hospitals effective for services performed on or after January 1, 1999.

A 25 percent coinsurance also applies for colorectal cancer screening sigmoidoscopies (G0104) performed in non-OPPS hospitals effective for services performed on or after January 1, 2007. *Beginning January 1, 2008, colorectal cancer screening sigmoidoscopies (G0104) are payable in ASCs, and a 25 percent coinsurance applies.* The 25 percent coinsurance for colorectal cancer screening sigmoidoscopies was implemented in OPPS PRICER for OPPS hospitals effective for services performed on or after January 1, 1999.

# Medicare Claims Processing Manual

## Chapter 19 – Indian Health Services

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### **20 - Carrier and FI Designation**

*(Rev.1325; Issued: 08-29-07; Effective: 01-01-08; Implementation: 01-07-08)*

The designated carrier and FI enroll IHS operated facilities, process IHS institutional claims, IHS physician and practitioner claims for IHS or tribally owned facilities and hospitals. The designated carrier may also enroll tribally operated facilities and process the practitioner claims for these facilities, if the tribally operated facility chooses. All intermediaries and carriers were notified of this selection.

Should other intermediaries and carriers receive misdirected enrollment requests or paper claims for IHS physicians or practitioners, they shall forward them to the designated carrier. However, the carriers that have tribally operated practitioners currently enrolled with them may continue to service these practitioners. In addition, for all tribally operated facilities, including Federally Qualified Health Centers (FQHCs) providing non-FQHC services, IHS physicians and practitioners may enroll with and submit bills to their local carriers, if they choose. Carriers shall service these tribally operated facilities and their practitioners in accordance with their normal procedures. However, IHS operated facilities may only enroll with and submit bills to the designated carrier. Tribally owned and operated facilities, while having a choice to bill their local carrier or the designated carrier, are prohibited from billing both entities.

See Chapter 1, §10.1.9 of Pub. 100-04, Medicare Claims Processing Manual, for more information on misdirected claims.

### **40.2.1 - Provider Enrollment with FI - Ambulatory Surgical Services**

*(Rev.1325; Issued: 08-29-07; Effective: 01-01-08; Implementation: 01-07-08)*

*For dates of service prior to January 1, 2008, IHS providers that want to bill for surgeries on the ambulatory surgical center (ASC) list and receive the ASC rate must contact their designated FI. IHS providers are certified by one of several national accrediting organizations recognized by the Centers for Medicare and Medicaid Services (CMS) and meet the conditions for performing ASC procedures.*

*The IHS hospital outpatient departments are not certified as separate ASC entities. The ASC indication merely means that CMS approved them to bill for ASC services and be paid based on the ASC rates for services on the ASC list. In order to bill for ASC services, the hospital outpatient department must meet the conditions of participation for hospitals defined in [42 CFR, Part 482](#).*

*Authority for Medicare to pay IHS hospital outpatient departments using the freestanding ASC rates was incorporated into Public Health Service regulations on December 27, 1989. The first IHS hospital requested to bill separately for ASC procedures at the appropriate ASC group payment amounts in March 1987. HCFA (now CMS) approved payment of the ASC group payment amounts for dates of service on or after October 1, 1987. Previously, the hospital was reimbursed for ASC procedures at the Office of Management and Budget (OMB) negotiated all inclusive rate (AIR) for outpatient hospital services. The rationale for approving this request was that the hospital was already JCAHO certified, encompassing the ability to perform outpatient surgical procedures, and that acute care hospitals providing surgical inpatient or outpatient services can perform any surgical procedures within their capacity and capability.*

*For dates of service prior to January 1, 2008, in order for IHS providers to bill for ASC procedures and receive payment based on the ASC rates published in the **Federal Register**, the designated FI must update the IHS/ASC cert indicator on the provider file to 'Y'. A 'Y' in this field indicates that the IHS provider or ASC is certified under IHS and their claims should be processed through ASC Pricer, ensuring the IHS provider is paid based on the ASC price rather than the AIR. Reimbursement is made based on the AIR until the FI updates the IHS/ASC cert indicator to a 'Y'.*

See §§100.6 and 100.6.1 of this chapter for information on the payment policy and claims processing for ASC services.

***NOTE:*** *Effective for dates of service on or after January 1, 2008, the FI no longer processes claims for IHS ASCs. All IHS ASC providers, including hospital outpatient departments requesting payment based on freestanding ASC rates and ASCs affiliated with a hospital but operating as a distinct entity for the purpose of performing outpatient surgical services must enroll with and submit their claims to the designated carrier.*

**80.9 - Carrier Claims Processing and Payment Policy for ASC Claims**  
*(Rev.1325; Issued: 08-29-07; Effective: 01-01-08; Implementation: 01-07-08)*

*Effective for services on or after January 1, 2008, the designated IHS carrier shall accept and pay for claims submitted by IHS and tribal hospitals that elect to enroll as ASC facilities. See Pub. 100-04, Medicare Claims Processing Manual, Chapter 14, for information on ASC claims processing. See Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, for information on ASC payment policy.*

**100.3.3 - FI - Social Admissions**

*(Rev.1325; Issued: 08-29-07; Effective: 01-01-08; Implementation: 01-07-08)*

Social admissions for patient and family convenience are not covered by Medicare. They are not billable to Medicare by IHS providers (including CAHs) on either TOB 11X (hospital inpatient) or 12X (hospital inpatient Part B). For admissions before surgery, only the scheduled surgery and related services may be billed on TOB 83X (ambulatory surgical center) if the surgery is performed on an outpatient basis and on TOB 11X if the surgery is performed on an inpatient basis. When placing a patient in a room for social reasons after discharge from an inpatient stay this portion of inpatient care may not be billed to Medicare. Medicare disallows payment for inpatient Medicare Part B ancillary services during a social admission stay when there is another bill from a different facility for an outpatient service. A TOB 12X from the admitting facility with a 13X (hospital outpatient) TOB from another hospital, a 72X (hospital based or freestanding renal dialysis center) TOB from a renal dialysis facility (RDF) or an 83X TOB from an ASC would create an inappropriate duplicate payment. Consequently, CWF will send an unsolicited response to the designated FI on receipt of the 13X, 72X or 83X bill.

See Chapter 4, §240.2 of Pub. 100-04, Medicare Claims Processing Manual, for more information on social admissions.

***NOTE:** Effective for dates of service on or after January 1, 2008, the FI no longer processes claims for IHS ASCs (TOB 83X). All IHS ASC providers must submit their claims to the carrier.*

**100.6 - FI - Ambulatory Surgical Center (ASC) - Medicare Part B - Payment Policy**

*(Rev.1325; Issued: 08-29-07; Effective: 01-01-08; Implementation: 01-07-08)*

Qualified IHS providers are reimbursed at the ASC rates published in the **Federal Register**. Medicare Part B deductible and coinsurance amounts apply to ASC services, but are waived by the IHS.

See §40.2.1 of this chapter for information on enrolling with the designated FI to receive payment for ASC services based on the ASC rates.

***NOTE:** Effective for dates of service on or after January 1, 2008, the FI no longer processes claims for IHS ASCs. All IHS ASC providers must submit their claims to the carrier.*

### **100.6.1 - FI - ASC - Medicare Part B - Claims Processing**

***(Rev.1325; Issued: 08-29-07; Effective: 01-01-08; Implementation: 01-07-08)***

Charges are reported under revenue code 0360 (operating room services) or 0490 (ambulatory surgical care) on TOB 83X (ambulatory surgical center). ASC surgeries are identified with CPT codes 10000-69979 only. One bill is required for all services provided on the day a surgical procedure is performed.

\*Exception: Revenue code 0276 (intraocular lenses) and charges may be reported separately to report the intraocular lens for cataract surgeries.

The attending/operating UPINs are required in Form Locators 82 and 83 (A-B) on all 83X TOBs.

If all surgeries performed are not on the ASC list published in the **Federal Register** they should not be reported as surgeries, but rather as clinic visits with TOB 13X and revenue code 0510 (clinic).

If an admission occurs within 1 day of the ASC services, those charges must be included on the inpatient claim, if the principal diagnosis for admission and those outpatient services are the same.

The MSN is suppressed.

***NOTE:** Effective for dates of service on or after January 1, 2008, the FI no longer processes claims for IHS ASCs. All IHS ASC providers must submit their claims to the carrier.*

### **100.8 - FI - CAH Swing-bed - Medicare Part A - Payment Policy**

***(Rev.1325; Issued: 08-29-07; Effective: 01-01-08; Implementation: 01-07-08)***

The IHS CAH swing-bed services are paid *101 per cent of* an all inclusive facility specific per diem rate. Medicare Part A coinsurance is applied to IHS CAH swing-bed inpatient bills, but is waived by the IHS.

#### **100.8.2 - FI - CAH Swing-bed - Inpatient Ancillary Claims - Medicare Part B - Payment Policy**

***(Rev.1325; Issued: 08-29-07; Effective: 01-01-08; Implementation: 01-07-08)***

The IHS CAHs are paid for covered inpatient Medicare Part B ancillary services based upon 101 percent of an all inclusive facility specific per *diem* rate that is established on a yearly basis from prior year cost report information. Medicare Part B deductible and

coinsurance amounts are applied to inpatient Medicare Part B ancillary services, but are waived by the IHS.

### **100.10.1 - FI - Vaccines and Vaccine Administration - Claims Processing**

*(Rev.1325; Issued: 08-29-07; Effective: 01-01-08; Implementation: 01-07-08)*

These vaccines are reported on TOB 12X, 13X, 83X, or 85X along with the appropriate revenue codes and HCPCS codes as found in billing instructions in Chapter 18, §10.2 of Pub. 100-04, Medicare Claims Processing Manual.

No clinic visit shall be billed if vaccine and its administration are the only service received. Vaccines and their administration may be billed with or without a clinic visit.

The MSN is suppressed.

*NOTE: Effective for dates of service on or after January 1, 2008, the FI no longer processes claims for IHS ASCs (TOB 83X). All IHS ASC providers must submit their claims to the carrier.*

### **100.11 - FI - Physical Therapy, Occupational Therapy, Speech-Language Pathology and Diagnostic Audiology Services - Payment Policy**

*(Rev.1325; Issued: 08-29-07; Effective: 01-01-08; Implementation: 01-07-08)*

Effective January 1, 2006, IHS providers are paid separately from the AIR for physical therapy, OT, speech-language pathology and diagnostic audiology services. Payment for services to IHS providers on TOB 12X, 13X or 83X is made based on the MPFS. Payment for services to IHS CAHs on TOB 85X is made based on reasonable cost.

The Medicare Part B deductible and coinsurance apply to therapy services and diagnostic audiology services, but are waived by the IHS.

*NOTE: Effective for dates of service on or after January 1, 2008, the FI no longer processes claims for IHS ASCs (TOB 83X). All IHS ASC providers must submit their claims to the carrier.*

### **100.11.1 - FI - Physical Therapy, Occupational Therapy, Speech-Language Pathology and Diagnostic Audiology Services - Claims Processing**

*(Rev.1325; Issued: 08-29-07; Effective: 01-01-08; Implementation: 01-07-08)*

Therapy services and diagnostic audiology services are reported on TOB 12X, 13X, 83X or 85X using the appropriate revenue code and HCPCS codes.

No clinic visit shall be billed if a therapy service or a diagnostic audiology service is the only service received. These services may be billed with or without a clinic visit.

The MSN is suppressed.

**NOTE:** *Effective for dates of service on or after January 1, 2008, the FI no longer processes claims for IHS ASCs (TOB 83X). All IHS ASC providers must submit their claims to the carrier.*



## 10.7 - Type of Service (TOS)

*(Rev.1325; Issued: 08-29-07; Effective: 01-01-08; Implementation: 01-07-08)*

Medicare carriers must use the following table to assign the proper TOS. Some procedures may have more than one applicable TOS. For claims received on or after April 3, 1995, CWF will produce alerts on codes with incorrect TOS designations. Effective July 3, 1995, CWF is rejecting codes with incorrect TOS designations.

The only exceptions to this table are:

- Surgical services billed with the ASC facility service modifier SG must be reported as TOS F. The indicator F does not appear on the TOS table because its use is dependent upon the use of the SG modifier. *Effective for services on or after January 1, 2008, the SG modifier is no longer applicable for Medicare services. ASC Providers should discontinue applying the SG modifier on ASC facility claims.*
- Surgical services billed with an assistant-at-surgery modifier (80-82, AS,) must be reported with TOS 8. The 8 indicator does not appear on the TOS table because its use is dependent upon the use of the appropriate modifier. (See Pub. 100-04, Medicare Claims Processing Manual, Chapter 12, "Physician/Practitioner Billing," for instructions on when assistant-at-surgery is allowable.)
- Psychiatric treatment services that are subject to the outpatient mental health treatment limitation should be reported with TOS T.
- TOS H appears in the list of descriptors. However, it does not appear in the table. In CWF, "H" is used only as an indicator for hospice. The carrier should not submit TOS H to CWF at this time.
- For outpatient services, when transfusion medicine code appears on a claim that also contains a blood product, the service is paid under reasonable charge at 80%, coinsurance and deductible apply. When transfusion medicine codes are paid under the clinical laboratory fee schedule pay at 100%, coinsurance and deductible do not apply.

**NOTE:** For injection codes with more than one possible TOS designation, use the following guidelines when assigning the TOS:

When the choice is L or 1,

- Use TOS L when the drug is used related to ESRD; or
- Use TOS 1 when the drug is not related to ESRD and is administered in the office.

When the choice is G or 1:

- Use TOS G when the drug is an immunosuppressive drug; or
- Use TOS 1 when the drug is used for other than immunosuppression.

When the choice is P or 1,

- Use TOS P if the drug is administered through durable medical equipment (DME); or
- Use TOS 1 if the drug is administered in the office.

The place of service or diagnosis may be considered when determining the appropriate TOS. The descriptors for each of the TOS codes listed in the following table are:

#### Type of Service Indicators

|   |                                 |
|---|---------------------------------|
| 0 | Whole Blood                     |
| 1 | Medical Care                    |
| 2 | Surgery                         |
| 3 | Consultation                    |
| 4 | Diagnostic Radiology            |
| 5 | Diagnostic Laboratory           |
| 6 | Therapeutic Radiology           |
| 7 | Anesthesia                      |
| 8 | Assistant at Surgery            |
| 9 | Other Medical Items or Services |
| A | Used DME                        |
| B | High Risk Screening Mammography |
| C | Low Risk Screening Mammography  |
| D | Ambulance                       |

- E Enteral/Parenteral Nutrients/Supplies
- F Ambulatory Surgical Center (Facility Usage for Surgical Services)
- G Immunosuppressive Drugs
- H Hospice
- J Diabetic Shoes
- K Hearing Items and Services
- L ESRD Supplies
- M Monthly Capitation Payment for Dialysis
- N Kidney Donor
- P Lump Sum Purchase of DME, Prosthetics, Orthotics
- Q Vision Items or Services
- R Rental of DME
- S Surgical Dressings or Other Medical Supplies
- T Outpatient Mental Health Treatment Limitation
- U Occupational Therapy
- V Pneumococcal/Flu Vaccine
- W Physical Therapy

HCPCS RANGE and Applicable Type of Service (TOS) Code

| First Code | Last Code | TOS     |
|------------|-----------|---------|
| A0021      | A0999     | D       |
| A4206      | A4213     | S       |
| A4214      | A4214     | P       |
| A4215      | A4215     | L, S    |
| A4216      | A4218     | 1, P, L |

| First Code | Last Code | TOS     |
|------------|-----------|---------|
| A4220      | A4236     | P       |
| A4244      | A4247     | S, L    |
| A4248      | A4248     | L       |
| A4250      | A4250     | 9       |
| A4253      | A4253     | P       |
| A4254      | A4254     | A, P, R |
| A4255      | A4259     | P       |
| A4260      | A4270     | 9       |
| A4280      | A4280     | P       |
| A4281      | A4290     | 9       |
| A4300      | A4301     | S       |
| A4305      | A4306     | 9       |
| A4310      | A4359     | P       |
| A4360      | A4360     | 9       |
| A4361      | A4434     | P       |
| A4450      | A4452     | P, L, S |
| A4454      | A4455     | P       |
| A4458      | A4458     | 9       |
| A4460      | A4463     | S       |
| A4464      | A4464     | P       |
| A4465      | A4465     | 9       |
| A4470      | A4510     | P       |
| A4520      | A4554     | 9       |
| A4556      | A4572     | P       |

| First Code | Last Code | TOS     |
|------------|-----------|---------|
| A4575      | A4590     | 9       |
| A4595      | A4605     | P       |
| A4606      | A4606     | 9       |
| A4608      | A4613     | P       |
| A4614      | A4614     | 9       |
| A4615      | A4617     | P       |
| A4618      | A4618     | A, P, R |
| A4619      | A4626     | P       |
| A4627      | A4627     | 9       |
| A4628      | A4628     | A, P, R |
| A4629      | A4629     | P       |
| A4630      | A4633     | A, P, R |
| A4634      | A4634     | 9       |
| A4635      | A4637     | A, P, R |
| A4638      | A4638     | P       |
| A4639      | A4640     | A, P, R |
| A4641      | A4647     | 4       |
| A4649      | A4649     | 9       |
| A4650      | A4931     | L       |
| A4932      | A4932     | 9       |
| A5051      | A5200     | P       |
| A5500      | A5513     | J       |
| A6000      | A6000     | P       |
| A6010      | A6024     | S       |

| First Code | Last Code | TOS     |
|------------|-----------|---------|
| A6025      | A6025     | 9       |
| A6154      | A6215     | S       |
| A6216      | A6216     | S, L    |
| A6217      | A6248     | S       |
| A6250      | A6250     | S, L    |
| A6251      | A6259     | S       |
| A6260      | A6260     | S, L    |
| A6261      | A6266     | S       |
| A6402      | A6402     | S, L    |
| A6403      | A6512     | S       |
| A6513      | A6530     | P       |
| A6531      | A6532     | P, S    |
| A6533      | A6551     | P       |
| A7000      | A7002     | A, P, R |
| A7003      | A7004     | P       |
| A7005      | A7006     | A, P, R |
| A7007      | A7008     | P       |
| A7009      | A7009     | A, P, R |
| A7010      | A7011     | P       |
| A7012      | A7012     | A, P, R |
| A7013      | A7013     | P       |
| A7014      | A7017     | A, P, R |
| A7018      | A7020     | P       |
| A7025      | A7039     | A, P, R |

| First Code | Last Code | TOS     |
|------------|-----------|---------|
| A7040      | A7043     | P       |
| A7044      | A7045     | A, P, R |
| A7046      | A7527     | P       |
| A8000      | A8004     | A, P, R |
| A9150      | A9280     | 9       |
| A9281      | A9281     | A, P, R |
| A9282      | A9300     | 9       |
| A9500      | A9516     | 4       |
| A9517      | A9517     | 6       |
| A9518      | A9522     | 4       |
| A9523      | A9523     | 6       |
| A9524      | A9529     | 4       |
| A9530      | A9530     | 6       |
| A9531      | A9531     | 4       |
| A9532      | A9532     | 6       |
| A9533      | A9533     | 4       |
| A9534      | A9534     | 6       |
| A9535      | A9542     | 4       |
| A9543      | A9543     | 6       |
| A9544      | A9544     | 4       |
| A9545      | A9545     | 6       |
| A9546      | A9562     | 4       |
| A9563      | A9564     | 6       |
| A9565      | A9568     | 4       |

| First Code | Last Code | TOS     |
|------------|-----------|---------|
| A9600      | A9605     | 6       |
| A9698      | A9698     | 4       |
| A9699      | A9699     | 6       |
| A9700      | A9999     | 9       |
| B4034      | B5200     | E       |
| B9000      | B9006     | A, P, R |
| B9998      | B9999     | E       |
| C1000      | C1008     | 9, S    |
| C1009      | C1009     | 9       |
| C1010      | C1011     | 0       |
| C1012      | C1014     | 9       |
| C1015      | C1018     | 0       |
| C1019      | C1019     | 9       |
| C1020      | C1021     | 0       |
| C1022      | C1022     | 9       |
| C1024      | C1043     | 9, S    |
| C1045      | C1045     | 4       |
| C1047      | C1048     | 9, S    |
| C1050      | C1050     | 9       |
| C1051      | C1057     | 9, S    |
| C1058      | C1058     | 4       |
| C1059      | C1059     | 9       |
| C1060      | C1063     | 9, S    |
| C1064      | C1066     | 4       |



| First Code | Last Code | TOS  |
|------------|-----------|------|
| C1067      | C1078     | 9, S |
| C1079      | C1080     | 4    |
| C1081      | C1081     | 6    |
| C1082      | C1082     | 4    |
| C1083      | C1083     | 6    |
| C1084      | C1086     | 1, P |
| C1087      | C1087     | 4    |
| C1088      | C1088     | 9    |
| C1089      | C1099     | 4    |
| C1100      | C1121     | 9, S |
| C1122      | C1122     | 4    |
| C1123      | C1154     | 9, S |
| C1155      | C1155     | 9    |
| C1156      | C1163     | 9, S |
| C1164      | C1164     | 9    |
| C1166      | C1167     | 1, P |
| C1170      | C1177     | 9, S |
| C1178      | C1178     | 1, P |
| C1179      | C1184     | 9, S |
| C1188      | C1202     | 4    |
| C1203      | C1203     | 9    |
| C1205      | C1205     | 4    |
| C1207      | C1300     | 9    |
| C1302      | C1304     | 9, S |

| First Code | Last Code | TOS  |
|------------|-----------|------|
| C1305      | C1305     | 9    |
| C1306      | C1324     | 9, S |
| C1325      | C1325     | 4    |
| C1326      | C1337     | 9, S |
| C1348      | C1350     | 4    |
| C1351      | C1359     | 9, S |
| C1360      | C1360     | 9    |
| C1361      | C1773     | 9, S |
| C1774      | C1774     | 9    |
| C1775      | C1775     | 4    |
| C1776      | C1799     | 9, S |
| C1800      | C1806     | 4    |
| C1810      | C2631     | 9, S |
| C2632      | C2632     | 9    |
| C2633      | C2633     | 9, S |
| C2634      | C2636     | 9    |
| C2637      | C2637     | 4    |
| C2676      | C8891     | 9, S |
| C8900      | C8920     | 4    |
| C9000      | C9010     | 1    |
| C9011      | C9011     | 9, S |
| C9012      | C9020     | 1    |
| C9100      | C9103     | 4    |
| C9104      | C9106     | 1    |

| First Code | Last Code | TOS  |
|------------|-----------|------|
| C9107      | C9107     | 9, S |
| C9108      | C9109     | 9    |
| C9110      | C9110     | 9, S |
| C9111      | C9119     | 9    |
| C9120      | C9121     | 1, P |
| C9123      | C9123     | 9, S |
| C9126      | C9126     | 9    |
| C9127      | C9127     | 1    |
| C9128      | C9211     | 9    |
| C9212      | C9212     | 9, G |
| C9213      | C9215     | 1    |
| C9218      | C9218     | 9    |
| C9219      | C9219     | 9, G |
| C9220      | C9222     | 9    |
| C9223      | C9223     | 1, P |
| C9224      | C9226     | 9    |
| C9400      | C9400     | 4    |
| C9401      | C9401     | 6    |
| C9402      | C9405     | 4    |
| C9410      | C9411     | 1, P |
| C9413      | C9434     | 1    |
| C9435      | C9437     | 9    |
| C9438      | C9438     | 1, G |
| C9439      | C9503     | 9    |

| First Code | Last Code    | TOS  |
|------------|--------------|------|
| C9701      | C9701        | 9, S |
| C9703      | C9703        | 9    |
| C9704      | C9704        | 2    |
| C9708      | C9708        | 4    |
| C9711      | C9711        | 9    |
| C9713      | C9713        | 2    |
| C9714      | C9715        | 6    |
| C9716      | C9717        | 2    |
| C9718      | C9721        | 1    |
| C9722      | C9723        | 4    |
| C9724      | C9724        | 2    |
| C9725      | C9725        | 6    |
| D0120      | D0180        | 1    |
| D0210      | <b>D0363</b> | 4    |
| D0415      | D0999        | 5    |
| D1110      | D1351        | 1    |
| D1510      | D1525        | 9    |
| D1550      | D2710        | 1    |
| D2712      | D2712        | 9    |
| D2720      | D2792        | 1    |
| D2794      | D2794        | 9    |
| D2799      | D2910        | 1    |
| D2915      | D2915        | 9    |
| D2920      | D2933        | 1    |

| First Code | Last Code | TOS |
|------------|-----------|-----|
| D2934      | D2934     | 9   |
| D2940      | D2970     | 1   |
| D2971      | D2975     | 9   |
| D2980      | D3120     | 1   |
| D3220      | D3221     | 2   |
| D3230      | D3348     | 1   |
| D3351      | D3920     | 2   |
| D3950      | D3999     | 1   |
| D4210      | D4276     | 2   |
| D4320      | D4999     | 1   |
| D5110      | D5281     | 9   |
| D5410      | D5761     | 1   |
| D5810      | D5999     | 9   |
| D6010      | D6050     | 2   |
| D6053      | D6079     | 9   |
| D6080      | D6080     | 2   |
| D6090      | D6999     | 9   |
| D7110      | D7282     | 2   |
| D7283      | D7283     | 9   |
| D7285      | D7999     | 2   |
| D8010      | D9110     | 1   |
| D9120      | D9120     | 2   |
| D9210      | D9248     | 7   |
| D9310      | D9310     | 3   |

| First Code | Last Code | TOS        |
|------------|-----------|------------|
| D9410      | D9450     | 1          |
| D9610      | D9630     | 9          |
| D9910      | D9999     | 1          |
| E0100      | E0144     | A, P, R    |
| E0145      | E0146     | R          |
| E0147      | E0164     | A, P, R    |
| E0165      | E0166     | R          |
| E0167      | E0168     | A, P, R    |
| E0169      | E0169     | R          |
| E0170      | E0179     | A, P, R    |
| E0180      | E0182     | R          |
| E0184      | E0185     | A, P, R    |
| E0186      | E0187     | R          |
| E0188      | E0189     | A, P, R    |
| E0190      | E0190     | 9          |
| E0191      | E0192     | A, P, R    |
| E0193      | E0196     | R          |
| E0197      | E0200     | A, P, R    |
| E0202      | E0202     | R          |
| E0203      | E0203     | 9          |
| E0205      | E0205     | A, P, R    |
| E0210      | E0210     | A, P, R, L |
| E0215      | E0230     | A, P, R    |
| E0231      | E0231     | R          |

| First Code | Last Code | TOS     |
|------------|-----------|---------|
| E0232      | E0232     | P       |
| E0235      | E0236     | R       |
| E0238      | E0239     | A, P, R |
| E0240      | E0240     | 9       |
| E0241      | E0249     | A, P, R |
| E0250      | E0270     | R       |
| E0271      | E0276     | A, P, R |
| E0277      | E0277     | R       |
| E0280      | E0280     | A, P, R |
| E0290      | E0298     | R       |
| E0300      | E0300     | A, P, R |
| E0301      | E0305     | R       |
| E0310      | E0326     | A, P, R |
| E0350      | E0352     | 9       |
| E0370      | E0373     | A, P, R |
| E0424      | E0440     | R       |
| E0441      | E0444     | P       |
| E0445      | E0445     | 9       |
| E0450      | E0455     | R       |
| E0457      | E0457     | A, P, R |
| E0459      | E0480     | R       |
| E0481      | E0481     | A, P, R |
| E0482      | E0483     | R       |
| E0484      | E0484     | A, P, R |

| First Code | Last Code | TOS     |
|------------|-----------|---------|
| E0485      | E0486     | P       |
| E0500      | E0550     | R       |
| E0555      | E0555     | P, R    |
| E0560      | E0562     | A, P, R |
| E0565      | E0570     | R       |
| E0571      | E0574     | A, P, R |
| E0575      | E0575     | R       |
| E0580      | E0580     | P, R    |
| E0585      | E0585     | R       |
| E0590      | E0590     | 9       |
| E0600      | E0601     | R       |
| E0602      | E0604     | 9       |
| E0605      | E0605     | A, P, R |
| E0606      | E0606     | R       |
| E0607      | E0607     | A, P, R |
| E0608      | E0608     | R       |
| E0609      | E0615     | A, P, R |
| E0616      | E0616     | 9       |
| E0617      | E0617     | 9, R    |
| E0618      | E0619     | R       |
| E0620      | E0629     | A, P, R |
| E0630      | E0636     | R       |
| E0637      | E0638     | A, P, R |
| E0639      | E0640     | 9       |



| First Code | Last Code | TOS        |
|------------|-----------|------------|
| E0641      | E0673     | A, P, R    |
| E0675      | E0675     | R          |
| E0676      | E0740     | A, P, R    |
| E0744      | E0745     | R          |
| E0746      | E0748     | A, P, R    |
| E0749      | E0749     | 9          |
| E0751      | E0754     | P          |
| E0755      | E0755     | A, P, R    |
| E0756      | E0759     | P          |
| E0760      | E0760     | A, P, R    |
| E0761      | E0761     | 9          |
| E0762      | E0764     | A, P, R    |
| E0765      | E0765     | A, P       |
| E0769      | E0769     | 9          |
| E0776      | E0776     | A, P, R, E |
| E0779      | E0780     | A, P, R    |
| E0781      | E0781     | 9, R       |
| E0782      | E0783     | A, P, R    |
| E0784      | E0784     | R          |
| E0785      | E0785     | P          |
| E0786      | E0786     | 9          |
| E0791      | E0791     | R          |
| E0830      | E0830     | P          |
| E0840      | E0840     | A, P, R    |

| First Code | Last Code | TOS     |
|------------|-----------|---------|
| E0849      | E0849     | A, P, R |
| E0850      | E0900     | A, P, R |
| E0910      | E0941     | R       |
| E0942      | E0945     | A, P, R |
| E0946      | E0946     | R       |
| E0947      | E0957     | A, P, R |
| E0958      | E0958     | R       |
| E0959      | E0967     | A, P, R |
| E0968      | E0968     | R       |
| E0969      | E0982     | A, P, R |
| E0983      | E0983     | R       |
| E0984      | E1030     | A, P, R |
| E1031      | E1060     | R       |
| E1065      | E1069     | A, P, R |
| E1070      | E1160     | R       |
| E1161      | E1161     | A, P, R |
| E1170      | E1200     | R       |
| E1210      | E1213     | A, P, R |
| E1220      | E1220     | P       |
| E1221      | E1225     | R       |
| E1226      | E1227     | A, P, R |
| E1228      | E1228     | R       |
| E1229      | E1239     | A, P, R |
| E1240      | E1295     | R       |

| First Code | Last Code | TOS     |
|------------|-----------|---------|
| E1296      | E1310     | A, P, R |
| E1340      | E1340     | 9       |
| E1353      | E1355     | R       |
| E1372      | E1372     | A, P, R |
| E1375      | E1392     | R       |
| E1399      | E1399     | A, P, R |
| E1400      | E1406     | R       |
| E1500      | E1699     | L       |
| E1700      | E1700     | A, P, R |
| E1701      | E1702     | P       |
| E1800      | E1801     | P, R    |
| E1802      | E1802     | R       |
| E1805      | E1840     | P, R    |
| E1841      | E1841     | R       |
| E1900      | E1902     | A, P, R |
| E2000      | E2000     | R       |
| E2100      | E2101     | A, P, R |
| E2120      | E2120     | R       |
| E2201      | E2399     | A, P, R |
| E2402      | E2402     | R       |
| E2500      | E2621     | A, P, R |
| E8000      | E8002     | 9       |
| G0001      | G0001     | 5       |
| G0002      | G0002     | 2       |

| First Code | Last Code | TOS  |
|------------|-----------|------|
| G0004      | G0007     | 5    |
| G0008      | G0009     | V    |
| G0010      | G0010     | 1    |
| G0015      | G0016     | 5    |
| G0022      | G0024     | 1    |
| G0025      | G0025     | S    |
| G0026      | G0027     | 5    |
| G0030      | G0050     | 4    |
| G0101      | G0102     | 1    |
| G0103      | G0103     | 5    |
| G0104      | G0105     | 2    |
| G0106      | G0106     | 4    |
| G0107      | G0107     | 5    |
| G0108      | G0113     | 1    |
| G0114      | G0114     | 3    |
| G0115      | G0116     | T, 1 |
| G0117      | G0118     | Q    |
| G0120      | G0120     | 4    |
| G0121      | G0121     | 2    |
| G0122      | G0122     | 4    |
| G0123      | G0124     | 5    |
| G0125      | G0126     | 4    |
| G0127      | G0127     | 2    |
| G0128      | G0128     | 1    |

| First Code | Last Code | TOS     |
|------------|-----------|---------|
| G0129      | G0129     | U       |
| G0130      | G0132     | 4       |
| G0141      | G0148     | 5       |
| G0151      | G0156     | 1       |
| G0159      | G0160     | 2       |
| G0161      | G0161     | 6       |
| G0163      | G0165     | 4       |
| G0166      | G0168     | 1       |
| G0169      | G0169     | W, 1    |
| G0170      | G0171     | 2       |
| G0172      | G0172     | U       |
| G0173      | G0174     | 2       |
| G0175      | G0175     | 1       |
| G0176      | G0177     | U       |
| G0178      | G0178     | 6       |
| G0179      | G0182     | 1       |
| G0184      | G0187     | 2       |
| G0188      | G0188     | 4       |
| G0190      | G0203     | 1       |
| G0204      | G0234     | 4       |
| G0235      | G0235     | 1       |
| G0236      | G0236     | 4       |
| G0237      | G0239     | 1, U, W |
| G0240      | G0240     | 1       |

| First Code | Last Code | TOS     |
|------------|-----------|---------|
| G0241      | G0243     | 2       |
| G0244      | G0247     | 1       |
| G0248      | G0249     | 5       |
| G0250      | G0250     | 1       |
| G0251      | G0255     | 4       |
| G0256      | G0256     | 2       |
| G0257      | G0259     | 1       |
| G0260      | G0260     | F       |
| G0261      | G0261     | 2       |
| G0262      | G0262     | 4       |
| G0263      | G0264     | 1       |
| G0265      | G0267     | 5       |
| G0268      | G0268     | 2       |
| G0269      | G0272     | 1       |
| G0273      | G0274     | 6       |
| G0275      | G0278     | 2       |
| G0279      | G0283     | 1, U, W |
| G0288      | G0288     | 4       |
| G0289      | G0291     | 2       |
| G0292      | G0292     | 1       |
| G0293      | G0294     | 2       |
| G0295      | G0295     | 1, U, W |
| G0296      | G0296     | 4       |
| G0297      | G0300     | 2       |

| First Code | Last Code | TOS     |
|------------|-----------|---------|
| G0301      | G0305     | 1       |
| G0306      | G0307     | 5       |
| G0308      | G0323     | M       |
| G0324      | G0327     | 1       |
| G0328      | G0328     | 5       |
| G0329      | G0329     | 1, U, W |
| G0332      | G0332     | 1       |
| G0336      | G0336     | 4       |
| G0337      | G0340     | 1       |
| G0341      | G0343     | 2       |
| G0344      | G0363     | 1       |
| G0364      | G0364     | 2       |
| G0365      | G0368     | 5       |
| G0369      | G0371     | 9       |
| G0372      | G0372     | 1       |
| G0373      | G0374     | 9       |
| G0375      | G0376     | 9       |
| G0377      | G0384     | 1       |
| G0389      | G0389     | 4       |
| G0390      | G0390     | 1       |
| G0392      | G0393     | 2       |
| G0394      | G0394     | 5       |
| G3001      | G9139     | 1       |
| H0001      | H2037     | 9       |

| First Code | Last Code | TOS     |
|------------|-----------|---------|
| J0120      | J0210     | P, 1    |
| J0215      | J0215     | 1, G    |
| J0256      | J0256     | 1, P    |
| J0270      | J0275     | 1       |
| J0278      | J0476     | 1, P    |
| J0480      | J0480     | 1, G    |
| J0500      | J0594     | 1, P    |
| J0595      | J0595     | 1       |
| J0600      | J0880     | 1, P    |
| J0881      | J0882     | 1, L    |
| J0885      | J0885     | 9       |
| J0886      | J0886     | 1, L    |
| J0894      | J1642     | 1, P    |
| J1644      | J1644     | P, 1, L |
| J1645      | J1670     | P, 1    |
| J1675      | J1675     | 1, G    |
| J1700      | J1820     | 1, P    |
| J1825      | J1830     | 1       |
| J1835      | J2916     | P, 1    |
| J2920      | J2930     | G, 1    |
| J2940      | J3395     | P, 1    |
| J3396      | J3396     | 9       |
| J3400      | J7199     | 1, P    |
| J7300      | J7306     | 9       |



| First Code | Last Code | TOS     |
|------------|-----------|---------|
| J7308      | J7308     | 1       |
| J7310      | J7310     | 9       |
| J7311      | J7311     | Q       |
| J7315      | J7320     | 1       |
| J7330      | J7330     | P, 1    |
| J7340      | J7346     | 1       |
| J7350      | J7350     | 1, S    |
| J7500      | J7599     | G, 1    |
| J7607      | J8499     | P, 1    |
| J8501      | J8501     | G, 1    |
| J8510      | J8521     | P, 1    |
| J8530      | J8530     | 1, G, P |
| J8540      | J8540     | 1       |
| J8560      | J8560     | 1, P    |
| J8565      | J8565     | 9       |
| J8597      | J8597     | 1       |
| J8600      | J8600     | P, 1    |
| J8610      | J8610     | P, G, 1 |
| J8650      | J8650     | 1,G     |
| J8700      | J9212     | P, 1    |
| J9213      | J9216     | G       |
| J9217      | J9999     | P, 1    |
| K0001      | K0004     | R       |
| K0005      | K0005     | A, P, R |

| First Code | Last Code | TOS     |
|------------|-----------|---------|
| K0006      | K0007     | R       |
| K0008      | K0008     | P       |
| K0009      | K0012     | A, P, R |
| K0013      | K0013     | P       |
| K0014      | K0100     | A, P, R |
| K0101      | K0101     | R       |
| K0102      | K0108     | A, P, R |
| K0109      | K0113     | P       |
| K0114      | K0116     | A, P, R |
| K0119      | K0123     | G       |
| K0137      | K0169     | P       |
| K0170      | K0171     | A, P, R |
| K0172      | K0173     | P       |
| K0174      | K0174     | A, P, R |
| K0175      | K0176     | P       |
| K0177      | K0177     | A, P, R |
| K0178      | K0178     | P       |
| K0179      | K0181     | A, P, R |
| K0182      | K0182     | P       |
| K0183      | K0192     | A, P, R |
| K0193      | K0195     | R       |
| K0268      | K0270     | A, P, R |
| K0277      | K0283     | P       |
| K0284      | K0284     | A, P, R |

| First Code | Last Code | TOS     |
|------------|-----------|---------|
| K0400      | K0400     | P       |
| K0401      | K0401     | J       |
| K0407      | K0411     | P       |
| K0412      | K0412     | G       |
| K0415      | K0416     | 1       |
| K0417      | K0417     | A, P, R |
| K0418      | K0418     | G       |
| K0419      | K0451     | P       |
| K0452      | K0452     | A, P, R |
| K0455      | K0456     | R       |
| K0457      | K0459     | A, P, R |
| K0460      | K0461     | P, R    |
| K0462      | K0462     | 9       |
| K0501      | K0501     | R       |
| K0503      | K0529     | P       |
| K0530      | K0531     | A, P, R |
| K0532      | K0534     | R       |
| K0535      | K0537     | S       |
| K0538      | K0538     | R       |
| K0539      | K0540     | P       |
| K0541      | K0547     | A, P, R |
| K0548      | K0548     | 1, P    |
| K0549      | K0550     | R       |
| K0551      | K0551     | A, P, R |

| First Code | Last Code | TOS     |
|------------|-----------|---------|
| K0552      | K0597     | P       |
| K0600      | K0608     | A, P, R |
| K0609      | K0609     | P       |
| K0610      | K0614     | L       |
| K0615      | K0617     | A, P, R |
| K0618      | K0619     | P       |
| K0620      | K0626     | S       |
| K0627      | K0627     | A, P, R |
| K0628      | K0629     | J       |
| K0630      | K0649     | P       |
| K0650      | K0669     | A, P, R |
| K0670      | K0670     | P       |
| K0671      | K0730     | R       |
| K0731      | K0732     | P       |
| K0733      | K0737     | A, P, R |
| K0738      | K0739     | P, R    |
| K0740      | K0899     | A, P, R |
| L0100      | L3963     | P       |
| L3964      | L3966     | A, P, R |
| L3967      | L3967     | P       |
| L3968      | L3970     | A, P, R |
| L3971      | L3971     | P       |
| L3972      | L3972     | A, P, R |
| L3973      | L3973     | P       |

| First Code | Last Code | TOS     |
|------------|-----------|---------|
| L3974      | L3974     | A, P, R |
| L3975      | L8100     | P       |
| L8110      | L8120     | P, S    |
| L8130      | L9900     | P       |
| M0064      | M0300     | 1       |
| M0301      | M0301     | 2       |
| M0302      | P7001     | 5       |
| P9010      | P9011     | 0       |
| P9012      | P9012     | 9       |
| P9016      | P9016     | 0       |
| P9017      | P9020     | 9       |
| P9021      | P9022     | 0       |
| P9023      | P9037     | 9       |
| P9038      | P9040     | 0       |
| P9041      | P9050     | 9       |
| P9051      | P9051     | 0       |
| P9052      | P9053     | 9       |
| P9054      | P9054     | 0       |
| P9055      | P9055     | 9       |
| P9056      | P9058     | 0       |
| P9059      | P9060     | 9       |
| P9603      | P9615     | 5       |
| Q0034      | Q0034     | 1       |
| Q0035      | Q0035     | 5       |

| First Code | Last Code | TOS  |
|------------|-----------|------|
| Q0068      | Q0068     | 9    |
| Q0081      | Q0081     | 1    |
| Q0082      | Q0082     | 9    |
| Q0083      | Q0085     | 1    |
| Q0086      | Q0086     | 9    |
| Q0091      | Q0091     | 1    |
| Q0092      | Q0092     | 4    |
| Q0111      | Q0115     | 5    |
| Q0132      | Q0136     | 9    |
| Q0137      | Q0137     | 1, L |
| Q0144      | Q0144     | 1    |
| Q0156      | Q0161     | P, 1 |
| Q0163      | Q0181     | 1    |
| Q0182      | Q0185     | S    |
| Q0186      | Q0186     | 1    |
| Q0187      | Q0187     | P, 1 |
| Q0188      | Q0188     | 9    |
| Q0480      | Q0505     | P    |
| Q0510      | Q0514     | 9    |
| Q0515      | Q0515     | 1, P |
| Q1001      | Q1005     | F    |
| Q2001      | Q2018     | 1, P |
| Q2019      | Q2019     | 1, G |
| Q2020      | Q2022     | 1, P |

| First Code | Last Code | TOS  |
|------------|-----------|------|
| Q3000      | Q3000     | 4    |
| Q3001      | Q3001     | 1    |
| Q3002      | Q3012     | 4    |
| Q3013      | Q3014     | 9    |
| Q3017      | Q3020     | D    |
| Q3025      | Q3030     | P, 1 |
| Q3031      | Q3031     | 5    |
| Q4001      | Q4051     | S    |
| Q4052      | Q4053     | 1, P |
| Q4054      | Q4055     | 1, L |
| Q4075      | Q4077     | P, 1 |
| Q4078      | Q4078     | 4    |
| Q4079      | Q4080     | 1, P |
| Q4081      | Q4082     | L, 1 |
| Q4083      | Q4086     | 1    |
| Q5001      | Q9940     | L,1  |
| Q9941      | Q9944     | 1, P |
| Q9945      | Q9964     | 4    |
| R0070      | R0075     | 4    |
| R0076      | R0076     | 5    |
| S0009      | S0011     | P, 1 |
| S0012      | S0012     | 1    |
| S0014      | S0087     | P, 1 |
| S0088      | S0088     | 9    |

| First Code | Last Code | TOS  |
|------------|-----------|------|
| S0090      | S0090     | P, 1 |
| S0091      | S0093     | 9    |
| S0096      | S0098     | 1, P |
| S0104      | S0104     | 1    |
| S0106      | S0108     | 9    |
| S0112      | S0112     | 1    |
| S0114      | S0118     | 9    |
| S0122      | S0132     | 1, P |
| S0133      | S0133     | 9    |
| S0135      | S0135     | 1, P |
| S0136      | S0168     | 9    |
| S0170      | S0170     | 1, P |
| S0171      | S0178     | 9    |
| S0179      | S0179     | 1, P |
| S0181      | S0187     | 9    |
| S0189      | S0189     | 1, P |
| S0190      | S0201     | 9    |
| S0206      | S0206     | 2    |
| S0207      | S0207     | 9    |
| S0208      | S0215     | D    |
| S0220      | S0400     | 9    |
| S0500      | S0592     | Q    |
| S0595      | S0800     | 9    |
| S0810      | S0810     | 2, 9 |



| First Code | Last Code | TOS     |
|------------|-----------|---------|
| S0812      | S0812     | Q       |
| S0820      | S0830     | 9       |
| S1001      | S1002     | P       |
| S1015      | S1016     | 9       |
| S1025      | S1025     | 1       |
| S1030      | S1030     | P, R    |
| S1031      | S1031     | A, P, R |
| S1040      | S1040     | P       |
| S2050      | S2053     | 2, 9    |
| S2054      | S2061     | 9       |
| S2065      | S2065     | 2       |
| S2068      | S2109     | 9       |
| S2112      | S2112     | 2       |
| S2113      | S2371     | 9       |
| S2400      | S2404     | 2       |
| S2405      | S2405     | 9       |
| S2409      | S2409     | 2       |
| S2411      | S3708     | 9       |
| S3818      | S3819     | 5       |
| S3820      | S4980     | 9       |
| S4981      | S4981     | 2       |
| S4989      | S8001     | 9       |
| S8002      | S8003     | 1       |
| S8004      | S8035     | 9       |

| First Code | Last Code | TOS  |
|------------|-----------|------|
| S8037      | S8037     | 4    |
| S8040      | S8210     | 9    |
| S8260      | S8260     | P    |
| S8262      | S8270     | 9    |
| S8300      | S8300     | S    |
| S8301      | S8434     | 9    |
| S8450      | S8452     | P    |
| S8460      | S8470     | 9    |
| S8490      | S8490     | S    |
| S8940      | S9528     | 9    |
| S9529      | S9529     | 5    |
| S9533      | S9590     | 9    |
| S9800      | S9800     | 1    |
| S9802      | T1014     | 9    |
| T1015      | T1015     | 1    |
| T1016      | T5999     | 9    |
| V2020      | V2615     | Q    |
| V2623      | V2629     | P    |
| V2630      | V2799     | Q    |
| V5008      | V5299     | K    |
| V5336      | V5336     | 1    |
| V5362      | V5364     | 1, W |
| 00100      | 00103     | 7    |
| 00104      | 00104     | T, 7 |

| First Code | Last Code | TOS     |
|------------|-----------|---------|
| 00120      | 00860     | 7       |
| 00862      | 00862     | N, 7    |
| 00864      | 01999     | 7       |
| 10021      | 11012     | 2       |
| 11040      | 11044     | 2, U, W |
| 11055      | 20975     | 2       |
| 20979      | 20979     | 6       |
| 20982      | 29085     | 2       |
| 29086      | 29590     | 2, U, W |
| 29700      | 36410     | 2       |
| 36415      | 36415     | 5       |
| 36416      | 36416     | 1       |
| 36420      | 36510     | 2       |
| 36511      | 36516     | 1       |
| 36520      | 38200     | 2       |
| 38204      | 38204     | 1       |
| 38205      | 38206     | 2       |
| 38207      | 38209     | 1       |
| 38210      | 38210     | 2       |
| 38211      | 38215     | 5       |
| 38220      | 38241     | 2       |
| 38242      | 38242     | 2       |
| 38300      | 50290     | 2       |
| 50300      | 50320     | N       |

| First Code | Last Code | TOS     |
|------------|-----------|---------|
| 50323      | 50546     | 2       |
| 50547      | 50547     | N       |
| 50548      | 55845     | 2       |
| 55859      | 55859     | 6       |
| 55860      | 62230     | 2       |
| 62252      | 62252     | 1       |
| 62256      | 64530     | 2       |
| 64550      | 64550     | 2, U, W |
| 64553      | 69990     | 2       |
| 70010      | 75893     | 4       |
| 75894      | 75896     | 6       |
| 75898      | 75898     | 4       |
| 75900      | 75954     | 6       |
| 75956      | 75959     | 4       |
| 75960      | 75968     | 6       |
| 75970      | 75970     | 4       |
| 75978      | 75989     | 6       |
| 75992      | 76082     | 4       |
| 76083      | 76085     | 1       |
| 76086      | 76091     | 4       |
| 76092      | 76092     | B, C, 1 |
| 76093      | 76934     | 4       |
| 76936      | 76936     | 6       |
| 76937      | 76937     | 4       |

| First Code | Last Code | TOS |
|------------|-----------|-----|
| 76938      | 76938     | 6   |
| 76940      | 76940     | 4   |
| 76941      | 76942     | 6   |
| 76945      | 76945     | 4   |
| 76946      | 76965     | 6   |
| 76970      | 77051     | 4   |
| 77052      | 77052     | 1   |
| 77053      | 77056     | 4   |
| 77057      | 77057     | 1   |
| 77058      | 77084     | 4   |
| 77261      | 77370     | 6   |
| 77371      | 77373     | 4   |
| 77399      | 77799     | 6   |
| 78000      | 78264     | 4   |
| 78267      | 78268     | 5   |
| 78270      | 78999     | 4   |
| 79000      | 79001     | 6   |
| 79005      | 79005     | 4   |
| 79030      | 79100     | 6   |
| 79101      | 79101     | 4   |
| 79200      | 79440     | 6   |
| 79445      | 79445     | 4   |
| 79900      | 79999     | 6   |
| 80048      | 80440     | 5   |

| First Code | Last Code | TOS     |
|------------|-----------|---------|
| 80500      | 80502     | 3       |
| 81000      | 88319     | 5       |
| 88321      | 88332     | 3       |
| 88333      | 89399     | 5       |
| 90281      | 90649     | 1       |
| 90655      | 90655     | V       |
| 90656      | 90660     | V       |
| 90665      | 90665     | 1       |
| 90669      | 90669     | V       |
| 90675      | 90727     | 1       |
| 90732      | 90732     | V       |
| 90733      | 90802     | 1       |
| 90804      | 90899     | T, 1    |
| 90901      | 90911     | U, W, 1 |
| 90918      | 90921     | M       |
| 90922      | 90999     | 1       |
| 91000      | 91033     | 5       |
| 91034      | 91040     | 1       |
| 91052      | 91065     | 5       |
| 91100      | 91105     | 2       |
| 91110      | 91111     | 4       |
| 91120      | 91120     | 1       |
| 91122      | 91122     | 5       |
| 91123      | 91123     | 1       |

| First Code | Last Code | TOS     |
|------------|-----------|---------|
| 91132      | 91133     | 5       |
| 91299      | 91299     | 2       |
| 92002      | 92014     | 1       |
| 92015      | 92015     | Q       |
| 92018      | 92020     | 1       |
| 92025      | 92025     | 5       |
| 92060      | 92060     | 1       |
| 92065      | 92396     | Q       |
| 92499      | 92504     | 1       |
| 92506      | 92508     | W, 1, U |
| 92510      | 92510     | K, U, W |
| 92511      | 92520     | 1       |
| 92525      | 92526     | U, W, 1 |
| 92531      | 92548     | 1       |
| 92551      | 92596     | K       |
| 92597      | 92598     | W, 1    |
| 92599      | 92616     | 1       |
| 92617      | 92617     | 2       |
| 92620      | 92633     | 1       |
| 92640      | 92640     | 9       |
| 92700      | 92971     | 1       |
| 92973      | 92977     | 2       |
| 92978      | 92979     | 4       |
| 92980      | 92998     | 2       |

| First Code | Last Code | TOS     |
|------------|-----------|---------|
| 93000      | 93350     | 5       |
| 93501      | 93545     | 2       |
| 93555      | 93556     | 4       |
| 93561      | 93662     | 2       |
| 93668      | 93668     | 9       |
| 93701      | 93744     | 5       |
| 93745      | 93745     | 1       |
| 93760      | 93888     | 5       |
| 93890      | 93893     | 6       |
| 93922      | 93990     | 5       |
| 94002      | 94005     | 1       |
| 94010      | 94450     | 5       |
| 94452      | 94610     | 1       |
| 94620      | 94621     | 5       |
| 94640      | 94668     | 1       |
| 94680      | 94772     | 5       |
| 94774      | 94774     | 1       |
| 94775      | 94776     | 9       |
| 94777      | 94777     | 1       |
| 94779      | 94799     | 5       |
| 95004      | 95251     | 1       |
| 95805      | 95830     | 5       |
| 95831      | 95852     | U, W, 5 |
| 95857      | 95870     | W, 5    |



| First Code | Last Code | TOS     |
|------------|-----------|---------|
| 95872      | 95927     | 5       |
| 95928      | 95929     | 1       |
| 95930      | 95930     | Q       |
| 95933      | 95962     | 5       |
| 95965      | 95967     | 4       |
| 95970      | 95975     | 5       |
| 95978      | 95991     | 1       |
| 95999      | 95999     | 5       |
| 96000      | 96003     | 1, W    |
| 96004      | 96004     | 1       |
| 96020      | 96020     | 4       |
| 96040      | 96103     | 1       |
| 96105      | 96115     | U, W, 5 |
| 96116      | 96120     | 5       |
| 96150      | 96155     | 9       |
| 96400      | 96567     | 1       |
| 96570      | 96571     | 2       |
| 96900      | 96913     | 1       |
| 96920      | 96922     | 2       |
| 96999      | 96999     | 1       |
| 97001      | 97546     | 1, U, W |
| 97597      | 97598     | 1       |
| 97601      | 97602     | 1, U, W |
| 97605      | 97606     | 1       |

| First Code | Last Code | TOS     |
|------------|-----------|---------|
| 97703      | 97799     | 1, U, W |
| 97802      | 98962     | 1       |
| 99000      | 99002     | 9       |
| 99024      | 99060     | 1       |
| 99070      | 99071     | 9       |
| 99075      | 99091     | 1       |
| 99100      | 99150     | 7       |
| 99170      | 99170     | 5       |
| 99172      | 99173     | Q       |
| 99175      | 99239     | 1       |
| 99241      | 99275     | 3       |
| 99281      | 99440     | 1       |
| 99450      | 99456     | 9       |
| 99499      | 99539     | 1       |
| 99551      | 99569     | 9       |
| 99600      | 99600     | 1       |
| 99601      | 99602     | 9       |
| 0001T      | 0002T     | 2       |
| 0003T      | 0003T     | 9       |
| 0005T      | 0009T     | 2       |
| 0010T      | 0010T     | 5       |
| 0012T      | 0020T     | 2       |
| 0021T      | 0021T     | 1       |
| 0023T      | 0023T     | 5       |

| First Code | Last Code | TOS |
|------------|-----------|-----|
| 0024T      | 0024T     | 2   |
| 0025T      | 0026T     | 9   |
| 0027T      | 0027T     | 2   |
| 0028T      | 0028T     | 4   |
| 0029T      | 0029T     | 9   |
| 0030T      | 0031T     | 5   |
| 0032T      | 0039T     | 2   |
| 0040T      | 0040T     | 4   |
| 0041T      | 0041T     | 5   |
| 0042T      | 0043T     | 4   |
| 0044T      | 0045T     | 9   |
| 0046T      | 0057T     | 2   |
| 0058T      | 0060T     | 5   |
| 0061T      | 0063T     | 2   |
| 0064T      | 0064T     | 5   |
| 0065T      | 0065T     | 1   |
| 0066T      | 0066T     | 2   |
| 0067T      | 0070T     | 4   |
| 0071T      | 0072T     | 2   |
| 0073T      | 0073T     | 4   |
| 0074T      | 0074T     | 1   |
| 0075T      | 0076T     | 6   |
| 0077T      | 0081T     | 2   |
| 0082T      | 0083T     | 6   |

| First Code | Last Code | TOS |
|------------|-----------|-----|
| 0084T      | 0084T     | 1   |
| 0085T      | 0085T     | 5   |
| 0086T      | 0086T     | 1   |
| 0087T      | 0087T     | 5   |
| 0088T      | 0088T     | 6   |
| 0089T      | 0089T     | 9   |
| 0090T      | 0102T     | 2   |
| 0103T      | 0110T     | 9   |
| 0111T      | 0111T     | 5   |
| 0115T      | 0117T     | 9   |
| 0120T      | 0126T     | 2   |
| 0130T      | 0133T     | 9   |
| 0135T      | 0137T     | 2   |
| 0140T      | 0140T     | 9   |
| 0141T      | 0143T     | 2   |
| 0144T      | 0154T     | 4   |
| 0155T      | 0158T     | 2   |
| 0159T      | 0159T     | 4   |
| 0160T      | 0161T     | 6   |
| 0162T      | 0162T     | 9   |
| 0163T      | 0173T     | 2   |
| 0174T      | 0175T     | 4   |
| 0176T      | 0177T     | 2   |
| 0001F      | 0500F     | 1   |

| First Code | Last Code | TOS |
|------------|-----------|-----|
| 0501F      | 0501F     | 9   |
| 0502F      | 6005F     | 1   |