



MLN Matters



Information for Medicare Fee-for-Service Health Care Professionals

Related Change Request (CR) #: 3905

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Related CR Release Date: June 17, 2005

Related CR Transmittal #: 584

Effective Date: July 1, 2005

Implementation Date: July 5, 2005

Update of Healthcare Common Procedure Coding System (HCPCS) Codes and File Names, Descriptions, and Instructions for Retrieving the 2005 Ambulatory Surgical Center (ASC) HCPCS Additions, Deletions, and Master Listing

Note: This article was revised to contain Web addresses that conform to the new CMS website and to show they are now MLN Matters articles. All other information remains the same.

Provider Types Affected

ASCs providing services to Medicare beneficiaries and billing Medicare carriers or Fiscal Intermediaries (FIs) for those services

Provider Action Needed

Be aware of the ASC HCPCS codes that are being added to and deleted from the ASC list, effective July 1, 2005.

Background

The Centers for Medicare & Medicaid Services (CMS) is updating the ASC HCPCS codes list to reflect the Medicare-approved ASC procedures added to and deleted from the ASC list, as outlined in an interim final rule in the May 4, 2005 Federal Register (70 CFR 23690). (The interim rule is available at <http://www.cms.hhs.gov/ASCPayment/downloads/1478-ifc.pdf> on the CMS website.)

The following codes are being added to the ASC list, effective for services performed on or after July 1, 2005:

HCPCS Code	Short Descriptor	ASC Payment Group	ASC Payment Rate
15001	Skin graft add-on	1	\$333.00
15836	Excise excessive skin tissue	3	\$510.00
15839	Excise excessive skin tissue	3	\$510.00
19296	Place po breast cath for rad	9	\$1339.00

Disclaimer

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HCCPS Code	Short Descriptor	ASC Payment Group	ASC Payment Rate
19298	Place breast rad tube/caths	1	\$333.00
21120	Reconstruction of chin	7	\$995.00
21125	Augmentation, lower jaw bone	7	\$995.00
28108	Removal of toe lesions	2	\$446.00
29873	Knee arthroscopy/surgery	3	\$510.00
30220	Insert nasal septal button	3	\$510.00
31545	Remove vc lesion w/scope	4	\$630.00
31546	Remove vc lesion scope/graft	4	\$630.00
31603	Incision of windpipe	1	\$333.00
31636	Bronchoscopy, bronch stents	2	\$446.00
31637	Bronchoscopy, stent add-on	1	\$333.00
31638	Bronchoscopy, revise stent	2	\$446.00
33212	Insertion of pulse generator	3	\$510.00
33213	Insertion of pulse generator	3	\$510.00
33233	Removal of pacemaker system	2	\$446.00
36475	Endovenous rf, 1 st vein	3	\$510.00
36476	Endovenous rf, vein add-on	3	\$510.00
36478	Endovenous laser, 1 st vein	3	\$510.00
36479	Endovenous laser vein add-on	3	\$510.00
36834	Repair AV aneurysm	3	\$510.00
37500	Endoscopy ligate perf veins	3	\$510.00
42665	Ligation of salivary duct	7	\$995.00
43237	Endoscopic us exam, esoph	2	\$446.00
43238	Upper gi endoscopy w/us fn bx	2	\$446.00
44397	Colonoscopy w/stent	1	\$333.00
45327	Proctosigmoidoscopy w/stent	1	\$333.00
45341	Sigmoidoscopy w/ultrasound	1	\$333.00
45342	Sigmoidoscopy w/us guide bx	1	\$333.00
45345	Sigmoidoscopy w/stent	1	\$333.00
45387	Colonoscopy w/stent	1	\$333.00
45391	Colonoscopy w/endoscope us	2	\$446.00
45392	Colonoscopy w/endoscopic fnb	2	\$446.00
46230	Removal of anal tags	1	\$333.00
46706	Repr of ana fistula w/glue	1	\$333.00
46947	Hemorrhoidopexy by stapling	3	\$510.00
49419	Insrt abdom cath for chemotx	1	\$333.00
51992	Laparo sling operation	5	\$717.00
52301	Cystoscopy and treatment	3	\$510.00
52402	Cystourethro cut ejacul duct	3	\$510.00
55873	Cryoablate prostate	9	\$1339.00

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HCPSC Code	Short Descriptor	ASC Payment Group	ASC Payment Rate
57155	Insert uteri tandems/ovoids	2	\$446.00
57288	Repair bladder defect	5	\$717.00
58346	Insert heyman uteri capsule	2	\$446.00
58565	Hysteroscopy, sterilization	4	\$630.00
58970	Retrieval of oocyte	1	\$333.00
58974	Transfer of embryo	1	\$333.00
58976	Transfer of embryo	1	\$333.00
62264	Epidural lysis on single day	1	\$333.00
64517	N block inj, hypogastric plexus	2	\$446.00
64561	Implant neuroelectrodes	3	\$510.00
64581	Implant neuroelectrodes	3	\$510.00
64681	Injection treatment of nerve	2	\$446.00
65780	Ocular reconst, transplant	5	\$717.00
65781	Ocular reconst, transplant	5	\$717.00
65782	Ocular reconst, transplant	5	\$717.00
65820	Relieve inner eye pressure	1	\$333.00
66711	Ciliary endoscopic ablation	2	\$446.00
67343	Release eye tissue	7	\$995.00
67445	Explr/decompress eye socket	5	\$717.00
67570	Decompress optic nerve	4	\$630.00
67912	Correction eyelid w/implant	3	\$510.00
68371	Harvest eye tissue, allograft	2	\$446.00

The following HCPSC codes are being deleted from the ASC list, effective July 1, 2005:

HCPSC Code	Short Descriptor
21440	Treat dental ridge fracture
23600	Treat humerus fracture
23620	Treat humerus fracture
53850	Prostatic microwave thermotx
69725	Release facial nerve

The complete list of Medicare-approved ASC HCPSC codes, including the codes being added to and deleted from the ASC list effective July 1, 2005, in the interim rule at <http://www.cms.hhs.gov/ASCPayment/downloads/1478-ifc.pdf> on the CMS website.

Additional Information

For complete details, please see the official instruction issued to your carrier/FI regarding this change. That instruction may be viewed by going to <http://www.cms.hhs.gov/transmittals/downloads/R584CP.pdf> on the CMS website.

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If you have any questions, please contact your Medicare carrier/FI at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

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