



The following presentation is for educational purposes only and is not a substitute for the statute and Division rules.



Rule 134.402 – Ambulatory Surgical Center Fee Guideline

Five Scenarios to Illustrate Application of Ambulatory Surgical Center Fee Guideline



Texas Workers' Compensation Ambulatory Surgical Center Fee Guideline

Rule 134.402

Applicable September 1, 2008



The CPT codes used in this section of this presentation are used to illustrate mathematical calculations and not medical practice or procedure.



Rule 134.402 – Ambulatory Surgical Center Fee Guideline

Non-Device Intensive Procedures



Rule 134.402 – Ambulatory Surgical Center Fee Guideline

Example 1

**Non-Device Intensive Procedures
No implantables were used**



Rule 134.402 – Ambulatory Surgical Center Fee Guideline

- 1. What is the ASC facility reimbursement for CPT code 25515 performed in Abilene, Texas, on or after September 1, 2008, when no implantables were used?**



ASC Facility Fee Guideline	ASC reimbursement when implantables were not used or when separate reimbursement for implantables <u>IS NOT</u> sought by ASC or surgical implant provider.	ASC reimbursement when separate reimbursement for implantables <u>IS</u> sought by the ASC or surgical implant provider
Non-Device Intensive Procedure	235% of Medicare's geographically adjusted fully implemented rate.	153% of Medicare's geographically adjusted fully implemented rate, plus calculated reimbursement for implantables.
Device Intensive Procedure	235% of service portion of Medicare's geographically adjusted fully implemented rate, plus Medicare device portion.	235% of service portion of Medicare's geographically adjusted fully implemented rate, plus calculated reimbursement for implantables.



Rule 134.402 – Ambulatory Surgical Center Fee Guideline

First, determine the national **fully-implemented reimbursement** for CPT Code 25515 on ASC payment Addendum AA.

July 2008 ASC Approved HCPCS Codes and Payment Rates after Passage of Medicare 1 Patients and Providers Act – Effective July 1, 2008

Addendum AA – ASC Covered Surgical Procedures for July 2008 (Including Surgical Procedures for Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Payment Indicator	CY 2007 ASC Payment Rate	July 2008 Fully Implemented Payment Weight	July 2008 Fully Implemented Payment	July 2008 First Transition Year Payment	*Indicat Chan
901	25491	Reinforce ulna	Y	A2	\$510.00	42.985	\$1,779.62	\$827.41
902	25492	Reinforce radius and ulna	Y	A2	\$510.00	42.985	\$1,779.62	\$827.41
903	25500	Treat fracture of radius	Y	P2		1.7682	\$73.21	\$73.21
904	25505	Treat fracture of radius	Y	A2	\$103.62	1.7682	\$73.21	\$96.02
905	25515	Treat fracture of radius	Y	A2	\$510.00	41.1091	\$1,701.96	\$807.99
906	25520	Treat fracture of radius	Y	A2	\$103.62	1.7682	\$73.21	\$96.02
907	25525	Treat fracture of radius	Y	A2	\$630.00	41.1091	\$1,701.96	\$897.99
908	25526	Treat fracture of radius	Y	A2	\$717.00	41.1091	\$1,701.96	\$963.24
909	25530	Treat fracture of ulna	Y	P2		1.7682	\$73.21	\$73.21
910	25535	Treat fracture of ulna	Y	A2	\$103.62	1.7682	\$73.21	\$96.02
911	25545	Treat fracture of ulna	Y	A2	\$510.00	41.1091	\$1,701.96	\$807.99
912	25560	Treat fracture radius & ulna	Y	P2		1.7682	\$73.21	\$73.21
913	25565	Treat fracture radius & ulna	Y	A2	\$103.62	1.7682	\$73.21	\$96.02
914	25574	Treat fracture radius & ulna	Y	A2	\$510.00	59.2233	\$2,451.90	\$995.48
915	25575	Treat fracture radius/ulna	Y	A2	\$510.00	59.2233	\$2,451.90	\$995.48
916	25600	Treat fracture radius/ulna	Y	P2		1.7682	\$73.21	\$73.21
917	25605	Treat fracture radius/ulna	Y	A2	\$103.62	1.7682	\$73.21	\$96.02



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- The Medicare national reimbursement for CPT code 25515 is \$1,701.96.
- Next, determine the statistical area number for Abilene, Texas, using OMB chart at <http://www.whitehouse.gov/omb/bulletins/fy2008/b08-01.pdf>.



EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
WASHINGTON, D.C. 20503

THE DIRECTOR

November 20, 2007

OMB BULLETIN NO. 08 - 01

TO THE HEADS OF EXECUTIVE DEPARTMENTS AND ESTABLISHMENTS

SUBJECT: Update of Statistical Area Definitions and Guidance on Their Uses

- Purpose:** This bulletin, which includes an attachment and an appendix, updates and supersedes OMB Bulletin No. 07-01, issued on December 18, 2006. The attachment to the bulletin provides the detailed information on the update of statistical areas since that time. The bulletin also provides guidance to Federal agencies that use the definitions of these statistical areas for program administrative and fund allocation purposes.
- Background:** Pursuant to 44 U.S.C. 3504(e)(3) and 31 U.S.C. 1104(d) and Executive Order No. 10253 (June 11, 1951), the Office of Management and Budget (OMB) defines Metropolitan Statistical Areas, Micropolitan Statistical Areas, Combined Statistical Areas, and New England City and Town Areas for use in Federal statistical activities. These areas, as well as principal cities, are updated annually to reflect changes in population estimates.
- Update of Statistical Areas:** This bulletin provides the definitions of all Metropolitan

542 Union City-Martin, TN-KY (part) Combined Statistical Area

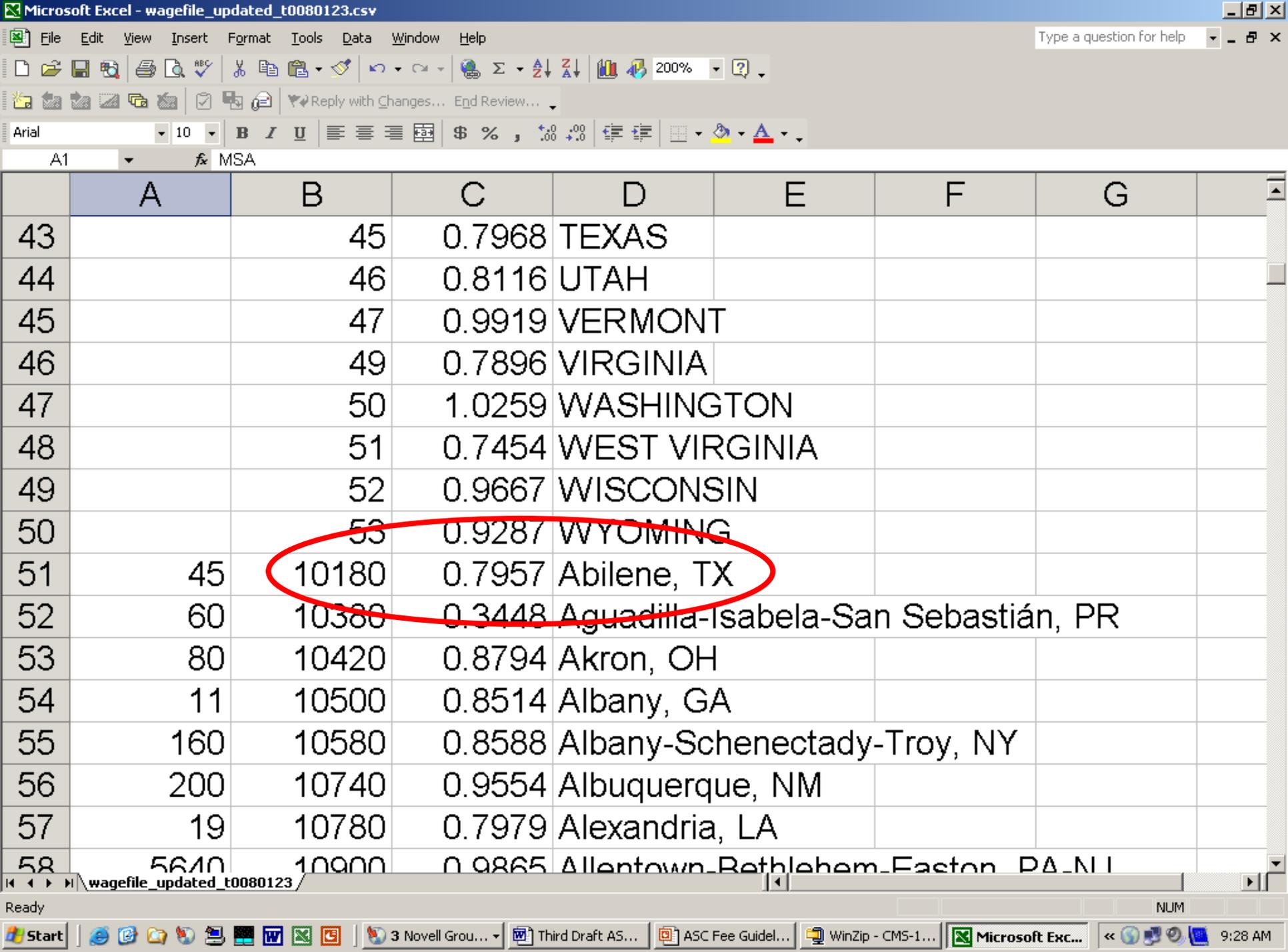
Texas

10180	Abilene, TX	Metropolitan Statistical Area
10860	Alice, TX	Micropolitan Statistical Area
11100	Amarillo, TX	Metropolitan Statistical Area
11380	Andrews, TX	Micropolitan Statistical Area
11980	Athens, TX	Micropolitan Statistical Area
12420	Austin-Round Rock, TX	Metropolitan Statistical Area
13060	Bay City, TX	Micropolitan Statistical Area
13140	Beaumont-Port Arthur, TX	Metropolitan Statistical Area
13300	Beeville, TX	Micropolitan Statistical Area
13700	Big Spring, TX	Micropolitan Statistical Area
14300	Bonham, TX	Micropolitan Statistical Area
14420	Borger, TX	Micropolitan Statistical Area
14780	Brenham, TX	Micropolitan Statistical Area
15180	Brownsville-Harlingen, TX	Metropolitan Statistical Area
154	Brownsville-Harlingen-Raymondville, TX	Combined Statistical Area
15220	Brownwood, TX	Micropolitan Statistical Area
17780	College Station-Bryan, TX	Metropolitan Statistical Area
18580	Corpus Christi, TX	Metropolitan Statistical Area
204	Corpus Christi-Kingsville, TX	Combined Statistical Area
18620	Corsicana, TX	Micropolitan Statistical Area
206	Dallas-Fort Worth, TX	Combined Statistical Area
19100	Dallas-Fort Worth-Arlington, TX	Metropolitan Statistical Area
19124	Dallas-Plano-Irving, TX	Metropolitan Division
23104	Fort Worth-Arlington, TX	Metropolitan Division
19620	Del Rio, TX	Micropolitan Statistical Area
20300	Dumas, TX	Micropolitan Statistical Area
20580	Eagle Pass, TX	Micropolitan Statistical Area
20900	El Campo, TX	Micropolitan Statistical Area
21340	El Paso, TX	Metropolitan Statistical Area
23240	Fredericksburg, TX	Micropolitan Statistical Area
23620	Gainesville, TX	Micropolitan Statistical Area
24180	Granbury, TX	Micropolitan Statistical Area
25820	Hereford, TX	Micropolitan Statistical Area
288	Houston-Baytown-Huntsville, TX	Combined Statistical Area
26420	Houston-Sugar Land-Baytown, TX	Metropolitan Statistical Area
26660	Huntsville, TX	Micropolitan Statistical Area
27380	Jacksonville, TX	Micropolitan Statistical Area
28500	Kerrville, TX	Micropolitan Statistical Area



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- The statistical area number for Abilene, Texas is 10180.
- Use the CMS wage index associated with statistical area 10180.
- Search CMS website for CMS-1392 pre class wage index for ASC.



	A	B	C	D	E	F	G
43		45	0.7968	TEXAS			
44		46	0.8116	UTAH			
45		47	0.9919	VERMONT			
46		49	0.7896	VIRGINIA			
47		50	1.0259	WASHINGTON			
48		51	0.7454	WEST VIRGINIA			
49		52	0.9667	WISCONSIN			
50		53	0.9287	WYOMING			
51	45	10180	0.7957	Abilene, TX			
52	60	10380	0.3448	Aguadilla-Isabela-San Sebastián, PR			
53	80	10420	0.8794	Akron, OH			
54	11	10500	0.8514	Albany, GA			
55	160	10580	0.8588	Albany-Schenectady-Troy, NY			
56	200	10740	0.9554	Albuquerque, NM			
57	19	10780	0.7979	Alexandria, LA			
58	5610	10900	0.9865	Allentown-Bethlehem-Easton, PA-NJ			



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- The CMS wage index for Abilene, Texas, is 0.7957.
- The CMS wage index is applied to half of the national reimbursement amount.

(Federal Register / Vol. 72, No. 227 / Tuesday, November 27, 2007 / Rules and Regulations 66833)



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Geographic adjustment calculations are as follows:

1. $\$1,701.96 / 2 = \850.98
2. $\$850.98 \times 0.7957 = \677.12
3. $\$850.98 + \$677.12 = \$1,528.10$



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**The geographically adjusted CMS
reimbursement for CPT code
25515 in Abilene, Texas, is
\$1,528.10.**



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- Multiply CMS reimbursement for the procedure in Abilene, Texas, by the Division payment adjustment factor of 235% (2.35).

\$1,528.10

x 2.35

\$3,591.04



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- 1. What is the ASC facility reimbursement for CPT code 25515 performed in Abilene, Texas, on or after September 1, 2008, when no implantables were used?**

\$3,591.04



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Example 2

Non-Device Intensive Procedures
Implantables were used but
reimbursement is inclusive



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2. What is the ASC facility reimbursement for CPT code 25515 performed in Abilene, Texas, on or after September 1, 2008, when implantables were used but separate reimbursement is not requested?



<p>ASC Facility Fee Guideline</p>	<p>ASC reimbursement when implantables were not used or when separate reimbursement for implantables <u>IS NOT</u> sought by ASC or surgical implant provider.</p>	<p>ASC reimbursement when separate reimbursement for implantables <u>IS</u> sought by the ASC or surgical implant provider</p>
<p>Non-Device Intensive Procedure</p>	<p>235% of Medicare's geographically adjusted fully implemented rate.</p>	<p>153% of Medicare's geographically adjusted fully implemented rate, plus calculated reimbursement for implantables.</p>
<p>Device Intensive Procedure</p>	<p>235% of service portion of Medicare's geographically adjusted fully implemented rate, plus Medicare device portion.</p>	<p>235% of service portion of Medicare's geographically adjusted fully implemented rate, plus calculated reimbursement for implantables.</p>



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2. What is the ASC facility reimbursement for CPT code 25515 performed in Abilene, Texas, on or after September 1, 2008, when implantables were used but separate reimbursement for the implantables is not requested?

The reimbursement is exactly the same as in example 1, **\$3,591.04**.

In this scenario, reimbursement for the implantables is included in the Medicare reimbursement calculation.



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Example 3

**Non-Device Intensive Procedures
Implantables were used and separate
reimbursement is requested**



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- 3. What is the ASC facility reimbursement for CPT code 25515 performed in Abilene, Texas, on or after September 1, 2008, when implantables were used and separate reimbursement for the implantables is requested?**

The certified cost of the implantables is \$300.



<p>ASC Facility Fee Guideline</p>	<p>ASC reimbursement when implantables were not used or when separate reimbursement for implantables <u>IS NOT</u> sought by ASC or surgical implant provider.</p>	<p>ASC reimbursement when separate reimbursement for implantables <u>IS</u> sought by the ASC or surgical implant provider</p>
<p>Non-Device Intensive Procedure</p>	<p>235% of Medicare's geographically adjusted fully implemented rate.</p>	<p>153% of Medicare's geographically adjusted fully implemented rate, <u>plus</u> calculated reimbursement for implantables.</p>
<p>Device Intensive Procedure</p>	<p>235% of service portion of Medicare's geographically adjusted fully implemented rate, plus Medicare device portion.</p>	<p>235% of service portion of Medicare's geographically adjusted fully implemented rate, plus calculated reimbursement for implantables.</p>



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- **Begin with the geographically adjusted CMS reimbursement for the surgical service.**
- **Multiply the geographically adjusted reimbursement by the Division payment adjustment factor of 153% (1.53).**
- **Add calculated separate reimbursement for implantables.**



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- **Geographically adjusted CMS reimbursement equals \$1,528.10.**
- **Multiply by 153% (1.53)**
- **$\$1,528.10 \times 1.53 = \$2,337.99$**



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- **Calculated separate reimbursement for implantables**
- **$\$300.00 \times .10 = \30.00**
- **$\$300.00 + \$30.00 = \$330.00$**



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- Add geographically adjusted CMS reimbursement and calculated separate reimbursement for implantables:

$$\begin{array}{r} \$2,337.99 \\ + \quad 330.00 \\ \hline \$2,667.99 \end{array}$$



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3. What is the ASC facility reimbursement for CPT code 25515 performed in Abilene, Texas, on or after September 1, 2008, when implantables were used and separate reimbursement for the implantables is requested?

The certified cost of the implantables is \$300.

\$2,667.99



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Device Intensive Procedures



Rule 134.402 – Ambulatory Surgical Center Fee Guideline

Example 4

**Device Intensive Procedures
Reimbursement for Implantables Is Inclusive**



Rule 134.402 – Ambulatory Surgical Center Fee Guideline

- 4. What is the ASC facility reimbursement for CPT code 64553 performed in Abilene, Texas, on or after September 1, 2008, when implantables were used but separate reimbursement is not requested?**



<p>ASC Facility Fee Guideline</p>	<p>ASC reimbursement when implantables were not used or when separate reimbursement for implantables <u>IS NOT</u> sought by ASC or surgical implant provider.</p>	<p>ASC reimbursement when separate reimbursement for implantables <u>IS</u> sought by the ASC or surgical implant provider.</p>
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<p>Device Intensive Procedure</p>	<p><u>235% of service portion of Medicare's geographically adjusted fully implemented rate, plus Medicare device portion.</u></p>	<p>235% of service portion of Medicare's geographically adjusted fully implemented rate, plus calculated reimbursement for implantables.</p>



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**Determine the geographically adjusted
ASC reimbursement for the procedure.**

**The geographically adjusted
reimbursement for the procedure is:**

\$11,766.41

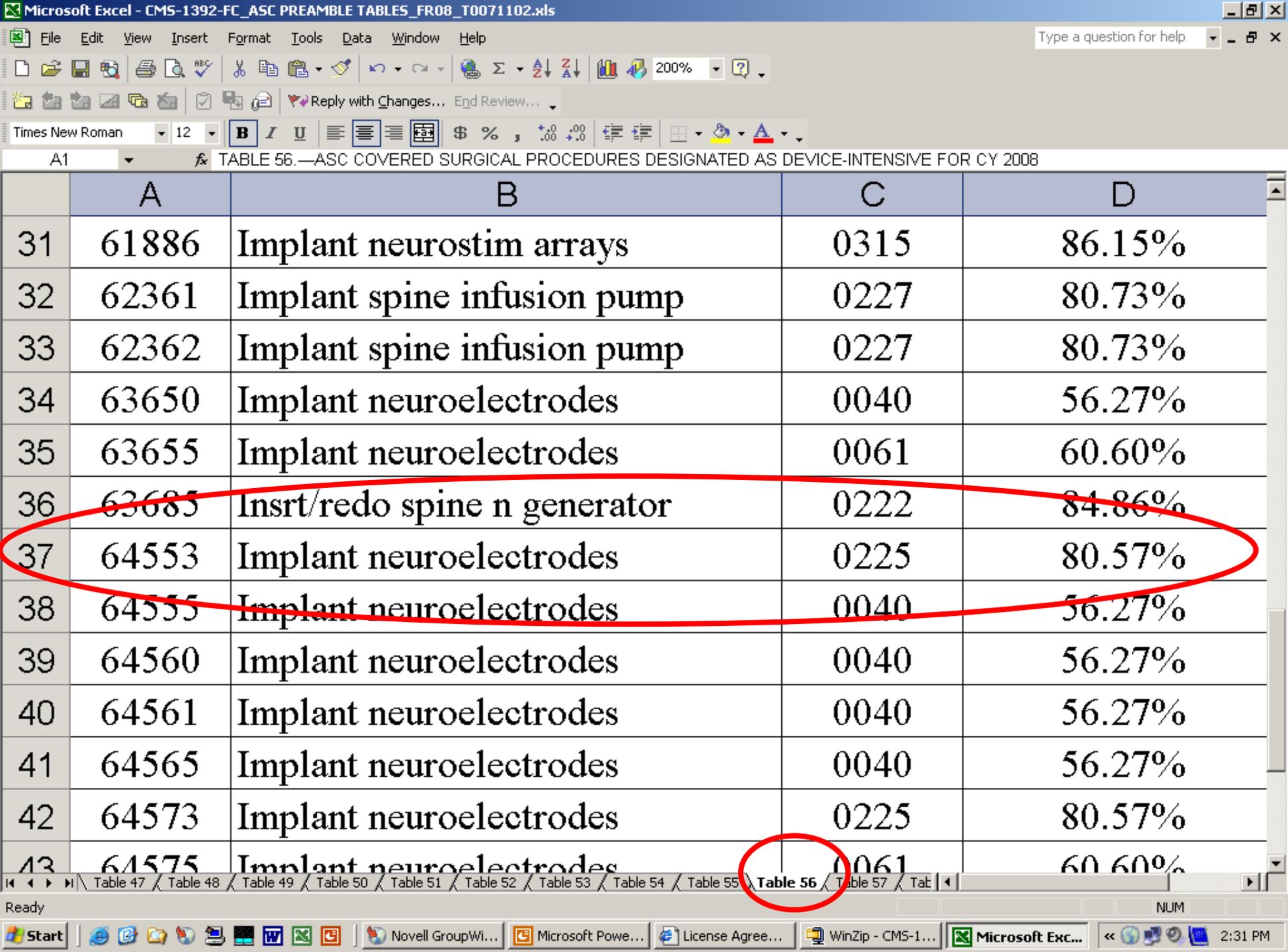


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The reimbursement for a device intensive procedure must be calculated in two steps:

- Device portion**
- Service portion**

See Table 56 for “device offset” amount (percentage) to determine the device portion.



	A	B	C	D
31	61886	Implant neurostim arrays	0315	86.15%
32	62361	Implant spine infusion pump	0227	80.73%
33	62362	Implant spine infusion pump	0227	80.73%
34	63650	Implant neuroelectrodes	0040	56.27%
35	63655	Implant neuroelectrodes	0061	60.60%
36	63685	Insrt/redo spine n generator	0222	84.86%
37	64553	Implant neuroelectrodes	0225	80.57%
38	64555	Implant neuroelectrodes	0040	56.27%
39	64560	Implant neuroelectrodes	0040	56.27%
40	64561	Implant neuroelectrodes	0040	56.27%
41	64565	Implant neuroelectrodes	0040	56.27%
42	64573	Implant neuroelectrodes	0225	80.57%
43	64575	Implant neuroelectrodes	0061	60.60%



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**Go to Addendum B for National
Hospital Outpatient Prospective
Payment System reimbursement.**

- Hospital Outpatient PPS
 - » Overview
 - » Device, Radiolabeled Product, and Procedure Edits
 - » Revenue Code to Cost Center Crosswalk
 - » Pass-Through Payment Status and New Technology Ambulatory Payment Classification (APC)
 - » OPPS Guidance
 - » Program Transmittals
 - » Hospital Outpatient Program Memoranda
 - » Hospital Outpatient Regulations and Notices
 - » **Addendum A and Addendum B Updates**
 - » Hospital Outpatient PPS Transmittals

Addendum A and Addendum B Updates FEED

Updates of Addendum A and B are posted quarterly to the OPPS website. These agenda are a "snapshot" of HCPCS codes and their status indicators, APC groups, and OPPS payment rates, that are in effect at the beginning of each quarter. The quarterly updates of Addendum A and Addendum B reflect the OPPS Pricer changes that are part of the quarterly OPPS recurring update notification transmittals.

Select From The Following Options:

- Show all items
- Show only (select one or more options):
 - Show only items whose last modified date is within the past
 - Show only items whose Year is
 - Show only items containing the following word

Show Items

There are **56** items in this list.

Sort by:

[View Results in Excel](#)

Release Date ▲ ▼	Subject ▲ ▼	Year ▲ ▼
January 2008	Addendum B	2008

- and New Technology Ambulatory Payment Classification (APC)
- » OPPS Guidance
- » Program Transmittals
- » Hospital Outpatient Program Memoranda
- » Hospital Outpatient Regulations and Notices
- **Addendum A and Addendum B Updates**
- » Hospital Outpatient PPS Transmittals

Show all items
 Show only (select one or more options):

- Show only items whose last modified date is within the past
- Show only items whose Year is
- Show only items containing the following word

There are 56 items in this list.

Sort by:

[View Results in Excel](#)

Release Date ▲ ▼	Subject ▲ ▼	Year ▲ ▼
January 2008	Addendum B	2008
January 2008	OPPS Update CR5912	2008
April 2008	Addendum A	2008
April 2008	Addendum B	2008
January 2008	Addendum A	2008
July 2008	Addendum A	2008
July 2008	Addendum B	2008
July 2008	OPPS Update CR6094	2008
January 2008	Addendum A	2008
January 2008	Addendum B	2008

File Edit View Insert Format Tools Data Window Help

Type a question for help

100%

Reply with Changes... End Review...

10 B I U

A	B	C	D	E	F	G	H	I	J	K	L	M	N
HCPCS Code	Short Descriptor	CI	SI	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment					
64530	N block ini. celiac pelus		T	0207	7.0546	449.34		89.87					
64550	Apply neurostimulator		A										
64553	Implant neuroelectrodes		S	0225	220.7642	14061.35		2812.27					
64555	Implant neuroelectrodes		S	0040	63.7866	4062.82		812.56					
64560	Implant neuroelectrodes		S	0040	63.7866	4062.82		812.56					
64561	Implant neuroelectrodes		S	0040	63.7866	4062.82		812.56					
64565	Implant neuroelectrodes		S	0040	63.7866	4062.82		812.56					
64573	Implant neuroelectrodes		S	0225	220.7642	14061.35		2812.27					
64575	Implant neuroelectrodes		S	0061	82.8597	5277.67		1055.53					
64577	Implant neuroelectrodes		S	0061	82.8597	5277.67		1055.53					
64580	Implant neuroelectrodes		S	0061	82.8597	5277.67		1055.53					
64581	Implant neuroelectrodes		S	0061	82.8597	5277.67		1055.53					
64585	Revise/remove neuroelectrode		T	0687	22.4734	1431.42	438.47	286.28					
64590	Insrt/redo pn/gastr stimul	CH	S	0039	186.4739	11877.27		2375.45					
64595	Revise/rmv pn/gastr stimul		T	0688	34.4166	2192.13	874.57	438.43					
64600	Injection treatment of nerve		T	0203	14.4879	922.79	240.33	184.56					
64605	Injection treatment of nerve		T	0203	14.4879	922.79	240.33	184.56					
64610	Injection treatment of nerve		T	0203	14.4879	922.79	240.33	184.56					
64612	Destroy nerve, face muscle		T	0204	2.3213	147.85	40.13	29.57					
64613	Destroy nerve, neck muscle		T	0204	2.3213	147.85	40.13	29.57					
64614	Destroy nerve, extrem musc		T	0204	2.3213	147.85	40.13	29.57					
64620	Injection treatment of nerve	CH	T	0207	7.0546	449.34		89.87					
64622	Destr paravertebrl nerve l/s		T	0203	14.4879	922.79	240.33	184.56					
64623	Destr paravertebral n add-on		T	0207	7.0546	449.34		89.87					
64626	Destr paravertebrl nerve c/t		T	0203	14.4879	922.79	240.33	184.56					
64627	Destr paravertebral n add-on	CH	T	0204	2.3213	147.85	40.13	29.57					
64630	Injection treatment of nerve	CH	T	0207	7.0546	449.34		89.87					
64640	Injection treatment of nerve	CH	T	0207	7.0546	449.34		89.87					
64650	Chemodenerv eccrine glands		T	0204	2.3213	147.85	40.13	29.57					



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\$14,061.35

x .8057

\$11,329.23

The device portion of the geographically adjusted ASC reimbursement for the procedure is:

\$ 11,329.23



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Once the device portion of the total reimbursement is calculated, determine the service portion.

$$\begin{array}{r} \$11,766.41 \\ -11,329.21 \\ \hline \$ 437.20 \end{array}$$

The CMS service portion of the geographically adjusted ASC reimbursement for the procedure is:

$$\mathbf{\$ 437.20}$$



Rule 134.402 – Ambulatory Surgical Center Fee Guideline

Continuing the calculation

Device portion: \$ 11,329.23

Service portion: \$ 437.20

Note: DWC ASC Reimbursement is 235% (2.35) of service portion plus device portion (2.35 x service + device).



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Putting the Pieces Together

DWC reimbursement for service portion:	\$ 1,027.42
Reimbursement for device portion:	<u>+ 11,329.23</u>
Total Reimbursement	\$12,356.65



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- 3. What is the ASC facility reimbursement for CPT code 64553 performed in Abilene, Texas, on or after September 1, 2008, when implantables were used but separate reimbursement is not requested?**

\$12,356.65



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Example 5

Device Intensive Procedures

**Separate Reimbursement for Implantables
Is Requested**



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- 5. What is the ASC facility reimbursement for CPT code 64553 performed in Abilene, Texas, on or after September 1, 2008, when implantables were used and separate reimbursement is requested?**

The certified cost of the implantables used in this surgical service is \$10,500.00.



<p>ASC Facility Fee Guideline</p>	<p>ASC reimbursement when implantables were not used or when separate reimbursement for implantables <u>IS NOT</u> sought by ASC or surgical implant provider.</p>	<p>ASC reimbursement when separate reimbursement for implantables <u>IS</u> sought by the ASC or surgical implant provider.</p>
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<p>Device Intensive Procedure</p>	<p><u>235% of service portion</u> of Medicare's geographically adjusted fully implemented rate, <u>plus</u> Medicare <u>device portion</u>.</p>	<p>235% of service portion of Medicare's geographically adjusted fully implemented rate, plus calculated reimbursement for implantables.</p>



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From the previous example, we know that the CMS service portion of the geographically adjusted ASC reimbursement for the procedure is:

\$ 437.20



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Calculated DWC Reimbursement for service portion

$$\begin{aligned} \text{Service portion:} &= \$ 437.20 \\ &\quad \times \underline{2.35} \\ &\quad \quad \quad \$1,027.42 \end{aligned}$$



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Calculated separate reimbursement for implantables

- **$\$10,500 \times .10 = \$1,050$**
- **$\$10,500 + \$1,000^* = \$11,500$**

*\$1,000 is less than 10% of \$10,500



Rule 134.402 – Ambulatory Surgical Center Fee Guideline

Putting the Pieces Together

DWC reimbursement for service portion:	\$ 1,027.42
Reimbursement for device portion:	<u>+11,500.00</u>
Total Reimbursement	\$ 12,527.42



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5. What is the ASC facility reimbursement for CPT code 64553 performed in Abilene, Texas, on or after September 1, 2008, when implantables were used and separate reimbursement is requested?

The certified cost of the implantables used in this surgical service is \$10,500.00.

\$12,527.42



THANK YOU!