

Part B Insider (Multispecialty) Coding Alert

In other news ... • Need a quick primer on how to appropriately report your ambulatory surgical center (ASC) services? CMS provides a lot of information in a new brief factsheet about ASC billing.

The document, which was updated in January, outlines the requirements that a facility must meet to qualify as an ASC. In addition, you'll find resources that help you determine the 2009 payment rates for ASCs, as well as a formula that shows you exactly how ASC payments are determined.

One of the most useful features of the document is a chart that includes examples of items and services that are not included in ASC payments for covered procedures.

For instance, physicians' payments are not included in the ASC fee, and neither are lab services. These should be separately billed to the appropriate carrier.

DME items such as neck braces and prosthetic devices should be billed to the appropriate supplier.

To read the complete ASC Fact Sheet, visit the CMS Web site at www.cms.hhs.gov/MLNProducts/downloads/AmbSurgCtrFeepymtfactsht508-09.pdf.