

## Outpatient Facility Coding Alert

### Coding Update: Don't Miss These Reinstated Drugs on the ASC-Payable List

Sometimes systems "go beserk," so make sure you're prepared.

The latest Addendum BB from CMS, released April 1, 2017, has reinstated three drugs as eligible for payment separate from the ASC procedure being billed, noted **Amy C. Pritchett, BSHA, CPC, CPC-I, CANPC, CASCC, CEDC, CASCC, CRC, CCS, CDMP, CPM, ICDCT-CM, ICDCT-PCS, CMRS, C-AHI**, who spoke at the American Academy of Professional Coders' recent Healthcon. The drugs are:

- J1130 (Injection, diclofenac sodium, 0.5 mg),
- J1566 (Injection, immune globulin, intravenous, lyophilized [eg, powder], not otherwise specified, 500 mg), and
- J9207 (Injection, ixabepilone, 1 mg).

Sometimes, when CMS reinstates previously deleted drugs, "systems go berserk," Pritchett remarked, so remember to update yours.

**Background:** On a quarterly basis, CMS revises and releases ASC Addenda, which list codes for covered services, short descriptors, and payment rates. These addenda appear in January, April, July and October and you can download them from CMS's ASC payment site:

[https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/11\\_Addenda\\_Updates.html](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/11_Addenda_Updates.html). Addendum BB lists radiology and other ancillary services that Medicare will cover separately from the surgical procedure—as long as the item or service is "integral to an ASC covered surgical procedure" (in CMS's verbiage). Refer also to the CMS ASC quarterly transmittal updates:

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2017Downloads/R3726CP.pdf>.