

Outpatient Facility Coding Alert

Reader Question: Know What Supplies, Services Fall Under the ASC Global Payment

Question: Are we allowed to charge the patient for extra catheter supplies that we send the patient home with?

Nevada Subscriber

Answer: According to the Medicare Learning Network (MLN) Fact Sheet, "Medicare makes a single payment to ASCs for covered surgical procedures, including ASC facility services furnished in connection with the covered procedure."

Included in this payment are the following:

- "Nursing services, services furnished by technical personnel, and other related services;
- "Drugs and biologicals for which separate payment is not made under the OPSS, surgical dressings, supplies, splints, casts, appliances, and equipment;
- "Administrative, recordkeeping, and housekeeping items and services;
- "Blood, blood plasma, and platelets, with the exception of those to which the blood deductible, applies;
- "Materials for anesthesia;
- "Intraocular lenses;
- "Implantable devices, with the exception of those devices with pass-through status under the OPSS and;
- "Radiology services for which payment is packaged under the OPSS."

In this example, you may consider the catheter equipment as surgical "supplies" and therefore include them in the global ambulatory surgery center (ASC) payment.

Note: In a freestanding ASC, when billing on a CMS-1500, you should not typically charge the patient for any services the physician renders outside of the surgical procedure. In a hospital-based ASC, which you typically bill on the UB-04, non-routine sterile surgical supplies may be included in the surgical procedure or separately reported under revenue code 0272.