

Outpatient Facility Coding Alert

Reader Question: Need ASC Coverage Resources? Look Here

Question: I might be transferring to our hospital's ASC location and want to learn more about coding in that setting. How can I find out which procedures our surgeons perform are covered by Medicare when performed in an ASC?

South Carolina Subscriber

Answer: Medicare posts the lists of allowed procedures Ambulatory Surgical Center (ASC) payment at www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/ASC-Regulations-and-Notices.html. Remember that Medicare pays the physician services separate from the ASC services.

Addendum AA shows the surgical procedures Medicare will pay the ASC for when performed in the ASC setting. For instance, you'll find breast lesion excision on the list: 19120 (Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19300), open, male or female, 1 or more lesions).

Addendum BB includes ancillary services the ASC will be reimbursed for. Ancillary refers to non-surgical procedures, such as 75822 (Venography, extremity, bilateral, radiological supervision and interpretation).

You'll also find quarterly updates at www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/11_Addenda_Updates.html.