

Outpatient Facility Coding Alert

Reimbursement Update: Update Your Systems To Handle OPPS, ASC Changes That Take Effect July 1, 2017

2 drugs get pass-through status.

Attention HOPDs and ASCs: It's time to read up on mid-year payment changes that could affect your facility for the remainder of 2017. Below are some highlights. For more detailed explanations, be sure to check out the MLN Matters articles in the links at the end of this article.

Three new HCPCS codes are getting separately payable status in both HOPD and ASC settings. They are:

- **C9745** (Nasal endoscopy, surgical; balloon dilation of eustachian tube)
- **C9746** (Transperineal implantation of permanent adjustable balloon continence device, with cystourethroscopy, when performed and/or fluoroscopy, when performed)
- **C9747** (Ablation of prostate, transrectal, high intensity focused ultrasound [HIFU] including imaging guidance)

Two drugs are getting pass-through status, which means that reimbursement for them is comparable to physician office setting- reimbursement.

- C9489 (Injection, nusinersen, 0.1 mg)
- C9490 (Injection, bezlotoxumab, 10 mg)

There are three new HCPCS codes for drugs:

- **Q9984** Levonorgestrel-releasing intrauterine contraceptive system (Kyleena), 19.5 mg
- **Q9985** Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg
- **Q9986** Injection, hydroxyprogesterone caproate (Makena), 10 mg

Of the above drugs, the only drug relevant to ASC settings is Q9986 (Makena), a drug administered to lower the risk of pre-term births.

As is customary, the mid-year updates pull the trigger on payment for flu vaccines in both settings (90682) for July 1, 2017 ☐ to get ready for the 2017-2018 flu season.

On the OPPS front, CMS has added 10 Category III CPT® codes that the AMA released in January 2017. Six of the codes pertain to optical imaging services (0469T ☐ 0474T) and four pertain to fetal magnetic cardiac signals (0475T-0478T).

As a reminder, Category III codes are assigned for new technologies, and they're kind of like waiting rooms for official CPT® codes. Category III codes have no RVUs; their payment is based on individual payer policies.

To read the MLN Matters article about updated ASC payments, go to:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM10138.pdf>.

To read the MLN Matters article about updated OPPS payments, go to:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM10122.pdf>.

