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January 2019 Update of the Ambulatory Surgical Center (ASC) Payment System

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This article was revised on January 16, 2019, to correct Table 2. The ASC PI for C9752, C9754 and C9755 should have been J8 (not G2). All other information is unchanged.

PROVIDER TYPE AFFECTED

This MLN Matters Article is intended for Ambulatory Surgical Centers (ASCs) billing Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

CR 11108 informs MACs about updates to the ASC payment system for Calendar Year (CY) 2019. Be sure your billing staffs are aware of these changes.

BACKGROUND

CR 11108 describes changes to and billing instructions for various payment policies implemented in the January 2019 ASC payment system update. As appropriate, this notification also includes updates to the Healthcare Common Procedure Coding System (HCPCS).

Included are CY 2019 payment rates for separately payable drugs and biologicals, including descriptors for newly created Level II HCPCS codes for drugs and biologicals (ASC DRUG files), and the CY 2019 ASC payment rates for covered surgical and ancillary services (ASCFS file). The CY2019 ASC Code pair file is also included in CR 11108

ASC payment rates under the ASC payment system are generally established using payment rate information in the hospital Outpatient Prospective Payment System (OPPS) or the Medicare Physician Fee Schedule (MPFS). The payment files associated with CR 11108 reflect the most recent changes to the CY 2019 OPPS and CY 2019 MPFS payments.

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KEY POINTS OF CR 11108

New Device Pass-Through Categories

Section 1833(t)(6)(B) of the Social Security Act (the Act) requires that, under the OPPS, categories of devices be eligible for transitional pass-through payments for at least 2, but not more than 3 years. Section 1833(t)(6)(B)(ii)(IV) of the Act requires that the Centers for Medicare & Medicaid Services (CMS) create additional categories for transitional pass-through payment of new medical devices not described by existing or previously existing categories of devices. This policy was implemented in the 2008 revised ASC payment system. Therefore, additional payments may be made to the ASC for covered ancillary services, including certain implantable devices with pass-through status under the OPPS.

Effective January 1, 2019, one new device pass-through category has been created; HCPCS code C1823, as described in Table 1.

Device Offset from Payment:

Section 1833(t)(6)(D)(ii) of the Act requires CMS, under the OPPS, to deduct from pass-through payments for devices an amount that reflects the portion of the Ambulatory Payment Classification (APC) payment amount. This policy was implemented in the 2008 revised ASC payment system. CMS has determined that a portion of the APC payment amount associated with the cost of HCPCS C1823 is reflected in APC 5464 (Level 4 Neurostimulator and Related Procedures). The C1823 device should always be billed with Current Procedural Terminology (CPT) Code 0424T (Insertion or replacement of neurostimulator system for treatment of central sleep apnea; complete system (transvenous placement of right or left stimulation lead, sensing lead, implantable pulse generator)), which is assigned to APC 5464 for CY 2019. The device offset from payment represents a deduction from pass-through payments for the device in category C1823. The descriptors and ASC payment indicator for C1823 is in table 1

Table 1. – New Device Pass-Through Code Effective January 1, 2019

HCPCS Code	Short Descriptor	Long Descriptor	ASC PI
C1823	Gen, neuro, trans sen/stim	Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads	J7

New Separately Payable Procedure Codes Effective January 1, 2019

Effective January 1, 2019, new HCPCS codes C9752, C9754, and C9755 are created as described in Table 2 below. Also, for CY 2019, we revised our definition of “surgery” in the ASC

payment system to account for certain “surgery-like” procedures that are assigned codes outside the Current Procedural Terminology (CPT) surgical range. As discussed in the CY 2019 OPPS/ASC final rule, CMS added separately payable cardiac catheterization procedures to the ASC covered procedures list. These codes are also included in table 2. Refer to ASC Addendum AA (see https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/11_Addenda_Updates.html) for the ASC payment rate for these codes effective January 1, 2019.

Table 2. – New Separately Payable Procedure Codes Effective January 1, 2019

HCPCS Code	Short Descriptor	Long Descriptor	ASC PI
C9752	Intraosseous des lumb/sacrum	Destruction of intraosseous basivertebral nerve, first two vertebral bodies, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum	J8
C9754	Perc AV fistula, any site	Creation of arteriovenous fistula, percutaneous; direct, any site, including all imaging and radiologic supervision and interpretation, when performed and secondary procedures to redirect blood flow (e.g., transluminal balloon angioplasty, coil embolization, when performed)	J8
C9755	RF magnetic-guided AV fistula	Creation of arteriovenous fistula, percutaneous using magnetic-guided arterial and venous catheters and radiofrequency energy, including flow-directing procedures (e.g., vascular coil embolization with radiologic supervision and interpretation, when performed) and fistulogram(s), angiography, venography, and/or ultrasound, with radiologic supervision and interpretation, when performed	J8
93451	Right heart cath	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	G2
93452	Left hrt cath w/ventrclgrphy	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	G2
93453	R&l hrt cath w/ventriclgrphy	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	G2

HCPCS Code	Short Descriptor	Long Descriptor	ASC PI
93454	Coronary artery angio s&i	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	G2
93455	Coronary art/grft angio s&i	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography	G2
93456	R hrt coronary artery angio	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	G2
93457	R hrt art/grft angio	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	G2
93458	L hrt artery/ventricle angio	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	G2
93459	L hrt art/grft angio	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	G2

HCPCS Code	Short Descriptor	Long Descriptor	ASC PI
93460	R&l hrt art/ventricle angio	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	G2
93461	R&l hrt art/ventricle angio	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	G2

Device Intensive Procedures

Effective January 1, 2019, the OPPS modified the device-intensive criteria to lower the device offset percentage threshold from greater than 40 percent to greater than 30 percent and to allow procedures that involve single-use devices, regardless of whether or not they remain in the body after the conclusion of the procedure, to qualify as device-intensive procedures. Refer to section IV.B (Device-Intensive Procedures) of the CY 2019 OPPS/ASC final rule that was published in the Federal Register on November 21, 2018 for more information on this policy. This policy is also implemented in the ASC payment system. Accordingly, effective January 1, 2019, all new procedures requiring the insertion of an implantable medical device will be assigned a default device offset percentage of at least 31 percent (previously at least 41 percent), and thereby assigned device intensive status, until claims data are available. In certain rare instances, CMS may temporarily assign a higher offset percentage if warranted by additional information.

MAC Use Only Effective January 1, 2019

HCPCS C1890 and both its short and long descriptors are included in table 3. Additional information and requirements will be issued in a future CR release.

Table 3. Device Intensive Procedures that are Performed without a Device Effective January 1, 2019

HCPCS Code	Short Descriptor	Long Descriptor	ASC PI
C1890	No device w/dev-intensive px	No implantable/insertable device used with device-intensive procedures	J7

Drugs, Biologicals, and Radiopharmaceuticals

a. New CY 2019 HCPCS Codes and Dosage Descriptors for Certain Drugs, Biologicals, and Radiopharmaceuticals

For CY 2019, several new HCPCS codes are created for reporting drugs and biologicals in the ASC payment system, where there have not previously been specific codes available. These new codes are listed in Table 4.

Table 4. — New CY 2019 HCPCS Codes Effective for Certain Drugs, Biologicals, and Radiopharmaceuticals

CY 2019 HCPCS Code	CY2019 Short Descriptor	CY 2019 Long Descriptor	CY 2019 SI
C9035	Injection, aristada initio	Injection, aripiprazole lauroxil (aristada initio), 1 mg	K2
C9036	Injection, patisiran	Injection, patisiran, 0.1 mg	K2
C9037	Injection, risperidone	Injection, risperidone (perseris), 0.5 mg	K2
C9038	Inj mogamulizumab-kpkc	Injection, mogamulizumab-kpkc, 1 mg	K2
C9039	Injection, plazomicin	Injection, plazomicin, 5 mg	K2
C9407	Iodine i-131 iobenguane, dx	Iodine i-131 iobenguane, diagnostic, 1 millicurie	K2
J0584	Injection, burosumab-twza 1m	Injection, burosumab-twza 1 mg	K2

CY 2019 HCPCS Code	CY2019 Short Descriptor	CY 2019 Long Descriptor	CY 2019 SI
J0841	Inj crotalidae im f(ab')2 eq	Injection, crotalidae immune f(ab')2 (equine), 120 mg	K2
J1746	Inj., ibalizumab-uiyk, 10 mg	Injection, ibalizumab-uiyk, 10 mg	K2
J2186	Inj., meropenem, vaborbactam	Injection, meropenem and vaborbactam, 10mg/10mg (20mg)	K2
J3397	Inj., vestronidase alfa-vjbk	Injection, vestronidase alfa-vjbk, 1 mg	K2
J7177	Inj., fibryga, 1 mg	Injection, human fibrinogen concentrate (fibryga), 1 mg	K2
J7329	Inj, trivisc 1 mg	Hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg	K2
J9044	Inj, bortezomib, nos, 0.1 mg	Injection, bortezomib, not otherwise specified, 0.1 mg	K2
Q4195	Puraply 1 sq cm	Puraply, per square centimeter	K2
Q4196	Puraply am 1 sq cm	Puraply am, per square centimeter	K2
Q5111	Injection, udenyca 0.5 mg	Injection, Pegfilgrastim-cbqv, biosimilar, (udenyca), 0.5 mg	K2

b. Other Changes to CY 2019 HCPCS and CPT Codes for Certain Drugs, Biologicals, and Radiopharmaceuticals

Many HCPCS and CPT codes for drugs, biologicals, and radiopharmaceuticals have undergone changes in their HCPCS and CPT code descriptors that will be effective in CY 2019. In addition, several temporary HCPCS C-codes have been deleted effective December 31, 2018 and replaced with permanent HCPCS codes effective in CY 2019. ASCs should pay close attention to accurate billing for units of service consistent with the dosages contained in the long descriptors of the active CY 2019 HCPCS and CPT codes.

Table 5, notes those drugs, biologicals, and radiopharmaceuticals that have undergone changes in their HCPCS/CPT code, their long descriptor, or both. Each product's CY 2018

HCPCS/CPT code and long descriptor are noted in the two left hand columns and the CY 2019 HCPCS/CPT code and long descriptor are noted in the adjacent right hand columns.

Table 5. – Other CY 2019 HCPCS and CPT Code Changes for Certain Drugs, Biologicals, and Radiopharmaceuticals

CY 2018 HCPCS Code	CY 2018 Long Descriptor	CY 2019 HCPCS Code	CY 2019 Long Descriptor
C9463	Injection, aprepitant, 1 mg	J0185	Injection, aprepitant, 1 mg
C9466	Injection, benralizumab, 1 mg	J0517	Injection, benralizumab, 1 mg
C9014	Injection, cerliponase alfa, 1 mg	J0567	Injection, cerliponase alfa, 1 mg
C9015	Injection, c-1 esterase inhibitor (human), (haegarda), 10 units	J0599	Injection, c-1 esterase inhibitor (human), (haegarda), 10 units
C9034	Injection, dexamethasone 9%, intraocular, 1 mcg	J1095	Injection, dexamethasone 9 percent, intraocular, 1 microgram
C9493	Injection, edaravone, 1 mg	J1301	Injection, edaravone, 1 mg
C9033	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg
C9029	Injection, guselkumab, 1 mg	J1628	Injection, guselkumab, 1 mg
C9497	Loxapine, inhalation powder, 10 mg	J2062	Loxapine for inhalation, 1 mg
C9464	Injection, rolapitant, 0.5 mg	J2797	Injection, rolapitant, 0.5 mg
Q9993	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	J3304	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg
C9016	Injection, triptorelin, extended-release, 3.75 mg	J3316	Injection, triptorelin, extended-release, 3.75 mg

CY 2018 HCPCS Code	CY 2018 Long Descriptor	CY 2019 HCPCS Code	CY 2019 Long Descriptor
C9032	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes
Q9995	Injection, emicizumab-kxwh, 0.5 mg	J7170	Injection, emicizumab-kxwh, 0.5 mg
C9468	Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebinyn), 1 iu	J7203	Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebinyn), 1 iu
C9465	Hyaluronan or derivative, durolane, for intra-articular injection, per dose	J7318	Hyaluronan or derivative, durolane, for intra-articular injection, 1 mg
C9030	Injection, copanlisib, 1 mg	J9057	Injection, copanlisib, 1 mg
C9024	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine
C9492	Injection, durvalumab, 10 mg	J9173	Injection, durvalumab, 10 mg
C9028	Injection, inotuzumab ozogamicin, 0.1 mg	J9229	Injection, inotuzumab ozogamicin, 0.1 mg
C9467	Injection, rituximab and hyaluronidase, 10 mg	J9311	Injection, rituximab 10 mg and hyaluronidase
J9310	Injection, rituximab, 100 mg	J9312	Injection, rituximab, 10 mg

c. Drugs and Biologicals with Payments Based on Average Sales Price (ASP) Effective January 1, 2019

For CY 2019, payment for nonpass-through drugs, biologicals and therapeutic radiopharmaceuticals continues to be made at a single rate of ASP + 6 percent, which provides payment for both the acquisition cost and pharmacy overhead costs associated with the drug,

biological or therapeutic radiopharmaceutical. Also, in CY 2019, a single payment of ASP + 6 percent continues to be made for pass-through drugs, biologicals and radiopharmaceuticals is made to provide payment for both the acquisition cost and pharmacy overhead costs of these pass-through items. Payments for drugs and biologicals based on ASPs will be updated on a quarterly basis as later quarter ASP submissions become available. Effective January 1, 2019, payment rates for many drugs and biologicals have changed from the values published in the CY 2019 OPPS/ASC final rule with comment period as a result of the new ASP calculations based on sales price submissions from the third quarter of CY 2018. In cases where adjustments to payment rates are necessary, CMS is not publishing the updated payment rates in CR11108. However, all ASC payable drugs and biologicals effective January 1, 2019, including those that were updated as a result of the new ASP calculations, are available in the January 2019 ASC Addendum BB at http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/11_Addenda_Updates.html.

d. Drugs and Biologicals Based on ASP Methods with Restated Payment Rates

Some drugs and biologicals based on ASP methods may have payment rates that are corrected retroactively. These retroactive corrections typically occur on a quarterly basis. The list of drugs and biologicals with corrected payments rates will be accessible on the first date of the quarter at http://cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/index.html. Suppliers who think they may have gotten an incorrect payment for drugs and biologicals impacted by these corrections may request MAC adjustment of the previously processed claims.

e. Biosimilar Payment Policy

Effective January 1, 2019, the payment rate for biosimilars approved for payment in the ASC payment system will be the same as the payment rate in the OPPS and physician office setting, calculated as the average sales price (ASP) of the biosimilar(s) described by the HCPCS code + 6 percent of the ASP of the reference product. Payment will be made at the single ASP + 6 percent rate.

f. Payment of Drugs, Biologicals, and Radiopharmaceuticals If ASP Data Are Not Available

As in the OPPS, effective January 1, 2019, in the ASC payment setting, CMS will pay separately payable drugs and biological products that do not have pass-through payment status at Wholesale Acquisition Cost (WAC) + 3 percent instead of WAC + 6 percent, in cases where WAC-based payment applies.

g. Drugs and Biologicals with a Change in Status Indicator

HCPCS code Q2049, has a change in status indicator from “Y5” to “K2”, effective January 1, 2019, since we have pricing information for this drug code.

h. **New Biosimilar HCPCS Code Effective October 1, 2018**

HCPCS code Q5110, listed in table 6, is a biosimilar with the trade name Nivestym that will be paid separately in the ASC payment system. The code will be included in the ASC payment system with an effective date retroactive to October 1, 2018, per CR 10834, which states that HCPCS code is payable for Medicare for claims with a date of service on or after October 1, 2018.

Table 6. – New Biosimilar HCPCS Code Effective October 1, 2018

HCPCS Code	Short Descriptor	Long Descriptor	ASC PI	Effective Date
Q5110	Nivestym	Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram	K2	10/01/2018

Skin Substitute Procedure Edits

The payment for skin substitute products that do not qualify for hospital OPPS pass-through status are packaged into the OPPS payment for the associated skin substitute application procedure. This policy is also implemented in the ASC payment system. The skin substitute products are divided into two groups: 1) high cost skin substitute products and 2) low cost skin substitute products for packaging purposes. High cost skin substitute products should only be used in combination with the performance of one of the skin application procedures described by CPT codes 15271-15278. Low cost skin substitute products should only be used in combination with the performance of one of the skin application procedures described by HCPCS code C5271-C5278. All OPPS pass-through skin substitute products (ASC PI=K2) should be billed in combination with one of the skin application procedures described by CPT code 15271-15278. Table 7 lists the skin substitute products and their assignment as either a high cost or a low cost skin substitute product, when applicable. Note that ASCs should not separately bill for packaged skin substitutes (ASC PI=N1) since packaged codes are not reportable under the ASC payment system.

Table 7.—Skin Substitute Assignments to High Cost and Low Cost Groups for CY 2019

CY 2019 HCPCS Code	CY 2019 Short Descriptor	ASC PI	CY 2018 High/Low Assignment	CY 2019 High/Low Assignment
C9363	Integra meshed bil wound mat	N1	High	High

CY 2019 HCPCS Code	CY 2019 Short Descriptor	ASC PI	CY 2018 High/Low Assignment	CY 2019 High/Low Assignment
Q4100	Skin substitute, nos	N1	Low	Low
Q4101	Apligraf	N1	High	High
Q4102	Oasis wound matrix	N1	Low	Low
Q4103	Oasis burn matrix	N1	High	High*
Q4104	Integra bmwd	N1	High	High
Q4105	Integra drt or omnigraft	N1	High	High*
Q4106	Dermagraft	N1	High	High
Q4107	Graftjacket	N1	High	High
Q4108	Integra matrix	N1	High	High
Q4110	Primatrix	N1	High	High*
Q4111	Gammagraft	N1	Low	Low
Q4115	Alloskin	N1	Low	Low
Q4116	Alloderm	N1	High	High
Q4117	Hyalomatrix	N1	Low	Low
Q4121	Theraskin	N1	High	High*
Q4122	Dermacell	N1	High	High
Q4123	Alloskin	N1	High	High
Q4124	Oasis tri-layer wound matrix	N1	Low	Low
Q4126	Memoderm/derma/tranz/integup	N1	High	High*
Q4127	Talymed	N1	High	High

CY 2019 HCPCS Code	CY 2019 Short Descriptor	ASC PI	CY 2018 High/Low Assignment	CY 2019 High/Low Assignment
Q4128	Flexhd/allopatchhd/matrixhd	N1	High	High
Q4132	Grafix core, grafixpl core	N1	High	High
Q4133	Grafix stravix prime pl sqcm	N1	High	High
Q4134	Hmatrix	N1	Low	Low
Q4135	Mediskin	N1	Low	Low
Q4136	Ezderm	N1	Low	Low
Q4137	Amnioexcel biodexcel, 1 sq cm	N1	High	High
Q4138	Biodfence dryflex, 1cm	N1	High	High
Q4140	Biodfence 1cm	N1	High	High
Q4141	Alloskin ac, 1cm	N1	High	High*
Q4143	Repriza, 1cm	N1	High	High
Q4146	Tensix, 1cm	N1	High	High
Q4147	Architect ecm px fx 1 sq cm	N1	High	High*
Q4148	Neox neox rt or clarix cord	N1	High	High
Q4150	Allowrap ds or dry 1 sq cm	N1	High	High
Q4151	Amnioband, guardian 1 sq cm	N1	High	High
Q4152	Dermapure 1 square cm	N1	High	High
Q4153	Dermavest, plurivest sq cm	N1	High	High
Q4154	Biovance 1 square cm	N1	High	High
Q4156	Neox 100 or clarix 100	N1	High	High

CY 2019 HCPCS Code	CY 2019 Short Descriptor	ASC PI	CY 2018 High/Low Assignment	CY 2019 High/Low Assignment
Q4157	Revitalon 1 square cm	N1	High	High*
Q4158	Kerecis omega3, per sq cm	N1	High	High*
Q4159	Affinity1 square cm	N1	High	High
Q4160	Nushield 1 square cm	N1	High	High
Q4161	Bio-connekt per square cm	N1	High	High
Q4163	Woundex, bioskin, per sq cm	N1	High	High
Q4164	Helicoll, per square cm	N1	High	High*
Q4165	Keramatrix, per square cm	N1	Low	Low
Q4166	Cytal, per square centimeter	N1	Low	Low
Q4167	Truskin, per sq centimeter	N1	Low	Low
Q4169	Artacent wound, per sq cm	N1	High	High*
Q4170	Cygnus, per sq cm	N1	Low	Low
Q4173	Palingen or palingen xplus	N1	High	High
Q4175	Miroderm	N1	High	High
Q4176	Neopatch, per sq centimeter	N1	Low	Low
Q4178	Floweramniopatch, per sq cm	N1	High	High
Q4179	Flowerderm, per sq cm	N1	Low	Low
Q4180	Revita, per sq cm	N1	High	High
Q4181	Amnio wound, per square cm	N1	High	High*
Q4182	Transcyte, per sq centimeter	N1	Low	Low

CY 2019 HCPCS Code	CY 2019 Short Descriptor	ASC PI	CY 2018 High/Low Assignment	CY 2019 High/Low Assignment
Q4183	Surgigraft, 1 sq cm	N1	Low	Low
Q4184	Cellesta, 1 sq cm	N1	Low	Low
Q4186	Epifix 1 sq cm	N1	High	High
Q4187	Epicord 1 sq cm	N1	High	High
Q4188	Amnioarmor 1 sq cm	N1	Low	Low
Q4190	Artacent ac 1 sq cm	N1	Low	Low
Q4191	Restorigin 1 sq cm	N1	Low	Low
Q4193	Coll-e-derm 1 sq cm	N1	Low	Low
Q4194	Novachor 1 sq cm	N1	Low	Low
Q4195+	Puraply 1 sq cm	K2	High	High
Q4196+	Puraply am 1 sq cm	K2	High	High
Q4197	Puraply xt 1 sq cm	N1	High	High
Q4198	Genesis amnio membrane 1sqcm	N1	Low	Low
Q4200	Skin te 1 sq cm	N1	Low	Low
Q4201	Matrion 1 sq cm	N1	Low	Low
Q4203	Derma-gide, 1 sq cm	N1	Low	Low
Q4204	Xwrap 1 sq cm	N1	Low	Low

* These products do not exceed either the MUC or PDC threshold for CY 2019, but are assigned to the high cost group because they were assigned to the high cost group in CY 2018.

+ OPPS Pass-through payment status in CY 2019.

CY 2019 ASC Wage Index

In the CY2019 OPPS/ASC final rule with comment period, CMS informed readers that generally, the Office of Management and Budget (OMB) issues major revisions to statistical areas every 10 years, based on the results of the decennial census. However, OMB occasionally issues minor updates and revisions to statistical areas in the years between the decennial censuses. On August 15, 2017, OMB issued OMB Bulletin No. 17–01, which provides updates to and supersedes OMB Bulletin No. 15–01 that was issued on July 15, 2015. In OMB Bulletin No. 17–01, OMB announced that one Micropolitan Statistical Area now qualifies as a Metropolitan Statistical Area. Please refer to page 59074 of the CY2019 OPPS/ASC final rule for more details. OMB Bulletin No. 17–01 made the following change that is relevant to the ASC wage index: The new urban Core Based Statistical Area (CBSA) is as follows:

- Twin Falls, Idaho (CBSA 46300). This CBSA is comprised of the principal city of Twin Falls, Idaho in Jerome County, Idaho and Twin Falls County, Idaho.

The final CY2019 ASC wage indices are included in Attachment B of CR11108.

Coverage Determinations

The fact that a drug, device, procedure or service is assigned a HCPCS code and a payment rate under the ASC payment system does not imply coverage by the Medicare program, but indicates only how the product, procedure, or service may be paid if covered by the program. Medicare Administrative Contractors (MACs) determine whether a drug, device, procedure, or other service meets all program requirements for coverage. For example, MACs determine that it is reasonable and necessary to treat the beneficiary's condition and whether it is excluded from payment.

ADDITIONAL INFORMATION

The official instruction, CR11108, issued to your MAC regarding this change is available at https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R4191CP.pdf.

If you have questions, your MACs may have more information. Find their website at http://go.cms.gov/MAC-website-list.

DOCUMENT HISTORY

Date of Change	Description
January 16, 2019	This article was revised to correct Table 2. The ASC PI for C9752, C9754 and C9755 should have been J8 (not G2).
December 31, 2018	Initial article released.