

AMBULATORY SURGICAL CENTER (“ASC”) HOW TO CALCULATE REIMBURSEMENT RATES

1. How do I calculate the facility reimbursement rate for ASCs?

The reimbursement rate for ASCs is calculated by multiplying the CMS Reimbursement rate (MRR) by 125% as follows:

$$MRA = MRR \times 1.25$$

2. Where do I find the CMS Reimbursement amount?

The CMS Reimbursement amount is the value assigned by CMS to each CPT/HCPCS code of the procedure that is performed at the ASC. If you want to download the entire locality for 2008 in PDF format from the Trailblazer Health website, follow these steps:

1. Go to Trailblazer Health website (www.trailblazerhealth.com).
2. Click on “Fee Schedules.”
3. Click on “ASC Fee Schedules.”
4. Confirm “Year” (2008), “State” (MD), “Region” (Baltimore City), enter a single “HCPCS” or “CPT” code and then click “Search.”
5. Select the option to “Download Entire Locality for 2008 in PDF format.”

H99RPPS5	TRAILBLAZER HEALTH ENTERPRISES-MARYLAN				JAN. 30, 2008			
	ASC FEE SCHEDULE DISCLOSURE				PAGE 1			
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HCPCS	MOD	PROC IND	AMOUNT	FC MOD AMOUNT	FB MOD AMOUNT	HCPCS	MOD	PROC IND	AMOUNT	FC MOD AMOUNT	FB MOD AMOUNT
A9527		C	0.00	0.00	0.00	G0260		S	324.93	0.00	0.00
C1716		C	0.00	0.00	0.00	G0339		A	2,571.41	0.00	0.00
C1717		C	0.00	0.00	0.00	G0340		A	1,878.41	0.00	0.00
C1719		C	0.00	0.00	0.00	G0364		S	5.75	0.00	0.00
C1821		C	0.00	0.00	0.00	G0392		S	1,483.87	0.00	0.00
C2616		C	0.00	0.00	0.00	G0393		S	1,483.87	0.00	0.00
C2634		C	0.00	0.00	0.00	L8690		C	0.00	0.00	0.00
C2635		C	0.00	0.00	0.00	Q1003		A	50.00	0.00	0.00
C2636		C	0.00	0.00	0.00	V2785		C	0.00	0.00	0.00
C2638		C	0.00	0.00	0.00	0016T		S	172.26	0.00	0.00
C2639		C	0.00	0.00	0.00	0017T		S	172.26	0.00	0.00
C2640		C	0.00	0.00	0.00	0027T		S	752.37	0.00	0.00
C2641		C	0.00	0.00	0.00	0046T		S	671.03	0.00	0.00
C2642		C	0.00	0.00	0.00	0047T		S	671.03	0.00	0.00
C2643		C	0.00	0.00	0.00	0062T		S	1,216.60	0.00	0.00
C2698		C	0.00	0.00	0.00	0063T		S	1,216.60	0.00	0.00
C2699		C	0.00	0.00	0.00	0067T	TC	A	125.49	0.00	0.00
C8900		A	259.87	0.00	0.00	0071T		A	2,571.41	0.00	0.00
C8901		A	224.79	0.00	0.00	0072T		A	2,571.41	0.00	0.00
C8902		A	343.70	0.00	0.00	0073T		A	227.48	0.00	0.00
C8903		A	259.87	0.00	0.00	0084T		S	83.68	0.00	0.00
C8904		A	224.79	0.00	0.00	0088T		S	680.56	0.00	0.00
C8905		A	343.70	0.00	0.00	0099T		S	673.99	0.00	0.00
C8906		A	259.87	0.00	0.00	0100T		S	1,550.76	0.00	0.00
C8907		A	224.79	0.00	0.00	0101T		S	1,216.60	0.00	0.00
C8908		A	343.70	0.00	0.00	0102T		S	1,216.60	0.00	0.00

OR

You may obtain a PDF of the Maryland ASC Facility Fee Table with modifiers from our web page.

See sample below:

Ambulatory Surgical Center Facility Fees
Maryland Workers' Compensation Commission Medical Fee Guide 03/24/08

CPT/HCPCS	MOD	PROC IND	AMOUNT	FC MOD AMOUNT	FB MOD AMOUNT	MD WCC RATE
10021		S	\$ 46.25	\$ -	\$ -	\$57.81
10022		S	\$ 180.34	\$ -	\$ -	\$225.43
10040		S	\$ 33.05	\$ -	\$ -	\$41.31
10060		S	\$ 52.15	\$ -	\$ -	\$65.19
10061		S	\$ 58.62	\$ -	\$ -	\$73.28
10080		S	\$ 58.62	\$ -	\$ -	\$73.28
10081		S	\$ 144.93	\$ -	\$ -	\$181.16
10120		S	\$ 58.62	\$ -	\$ -	\$73.28

3. What are the elements on the ASC Fee Schedule?

The ASC Fee Schedule contains the following elements:

HCPCS is the HCPCS or CPT code along with the technical component modifier when applicable.

Procedure Indicators are S (surgical procedure); A (ancillary service); C (carrier priced).

Amount is the CMS price for ASC services without modifier FB or FC.

FC MOD Amount refers to an item where partial credit was received for replaced device.

FB MOD Amount refers to an item provided without cost to provider, supplier or practitioner, or full credit received for replaced device (e.g., covered under warranty, replaced due to defect, free samples).

4. Sample Calculation:

$$\text{MRA} = \text{MRR} \times 125\%$$

For CPT 10040 (acne surgery)

$$\text{MRA} = 33.05 \times 1.25$$

$$\text{MRA} = \$41.31$$

5. For more information on ASCs:

Go to the Medicare website: www.cms.hhs.gov/center/asc.asp and click on 2008 Revised ASC Payment System Questions & Answers (updated 03/10/08).

