

## FEDERATED AMBULATORY SURGERY ASSOCIATION

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FOR IMMEDIATE RELEASE March 27, 2003

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## **FASA Applauds CMS Additions of Procedures to the ASC List**

A final rule that will be published in tomorrow's Federal Register will add 288 procedures to the list of procedures that Medicare reimburses when provided in ambulatory surgery centers (ASCs). FASA is analyzing the list but it appears that several significant procedures are being added, including endoscopic wrist carpal tunnel repair and arthroscopic rotator cuff repair.

FASA has worked since 1995 to get the ASC list expanded. Following about 100 visits to Members of Congress by attendees of FASA's Legislative Seminar last year, several Members of Congress inquired about the delay in updating the list. In response CMS Administrator Scully committed that the list would be updated early in 2003.

FASA's President William H. Beeson, MD of Beeson Aesthetic Surgery Institute in Carmel, IN says, "The addition of these procedures to the list of those Medicare reimburses in an ASC is a step towards giving Medicare beneficiaries the same access to ambulatory surgery centers (ASCs) that the rest of the population enjoys."

Beeson says, "Much remains to be done for Medicare beneficiaries to have access to ASC services equal to that of the rest of the population. The procedures being added today are primarily those that were proposed in 1998. Meaning that Medicare is already four years behind the private sector." Due to the delay in updating the list, Medicare beneficiaries do not have access to procedures like, laparoscopic gall bladder removal, removal of corneal epithelium and repair of mouth lesions that private patients frequently have in ASCs.

CMS is required by law to update the list of approved procedures every two years. The majority of the newly-added procedures were proposed to be added to the list in June 1998. Medicare rules establish requirements that procedures must meet to be added to the ASC list. These include surgical procedures with an expected duration of less than or equal to 90 minutes and required recovery time of less than four hours.

To continue the progress made with this update, FASA will soon present CMS with a list of recommended codes to add to the list at the next possible opportunity. FASA's Executive Director Bryant says, "If CMS doesn't immediately start the process of proposing new codes be added to the list, there is no way that the next regularly scheduled update can occur in 2005, as required by law. FASA plans to work with CMS to attempt to get regular updates for the ASC

industry as the law requires." In fact FASA and twenty-four other groups, including American Medical Association (AMA), Medical Group Management Association (MGMA), and American College of Surgeons (ACS) sent a letter to CMS Administrator Tom Scully recommending that CMS place the highest priority on finalizing the list changes it proposed in 1998. Already FASA members have suggested 119 additional codes to be added to the ASC list.

Bryant adds, "Everyone benefits when procedures appropriate to the ASC list are added as rapidly as possible. Medicare beneficiaries have access to procedures in an ASC offering them cost savings and a convenient and safe environment. And the government saves money. There is simply no reason that updates don't occur regularly and we hope to work to see that they do."

Currently there are 2,306 procedures on the ASC list. When procedures on the ASC list are performed in an ASC, Medicare pays the ASC a "facility fee" to cover the costs of the operating room, staff and supplies. National rates range from \$333 to \$1,339. The physician performing the surgery and the anesthesiologist are also eligible for Medicare reimbursement. There is no prohibition on providing services not on the ASC list, however the ASC would receive no Medicare reimbursement. The physician and anesthesiologist would still be paid by Medicare for their services, however.

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