PROGRESSIVE SURGICAL eSupport
POWERED BY VMG HEALTH

VMG HEALTH



Top 5 ASC Coding and Reimbursement Challenges

October 30, 2026

Today's **Speakers:**



Nancy Stephens

ASC Growth and Optimization
ASC Business Operations
Revenue Cycle Management
ASC Software Implementation

Kirk Mack, COMT, COE, CPC, CPMA

Coding & Documentation Audits
Compliance Training & Education
Investigation, Audit, & Appeals Response
Provider Benchmarking & Risk Assessment
Reimbursement Consulting & Analytics
Due Diligence

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Today's**Agenda**

1. Drugs – documentation, reimbursement, & audits
2. Corneal tissue challenges
3. Collecting for upgrades cataract surgery
4. Coding and NCCI bundles/edits (cat III codes)
5. Chart note requests
6. Questions

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Separately reported drugs

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ASC Separately Reported / Payable Drug *(common)*

Drug	J – Code description dose	Units	ASP *(Q4 2026)*	Total pmt
Omidria	**J1097** - Phenylephrine 10.16 mg/mL and ketorolac 2.88 mg/mL ophthalmic irrigation solution, **1 mL**	4	$96.06/unit	$ 384.24
Dextenza	**J1096** - Dexamethasone, lacrimal ophthalmic insert, **0.1 mg**	4	$87.90/unit	$ 351.60
Durysta	**J7351** - Injection, bimatoprost, intracameral implant, **1 microgram**	10	$213.80	$ 2,138.00
Ozurdex	**J7312** - Injection, dexamethasone, intravitreal implant, **0.1 mg**	7	$202.42	$ 1,416.94
iDose	**J7355** - Injection, travoprost, intracameral implant, **1 microgram**	75	$196.80	$14,760.00

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Source | https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-payment-rates-addenda

ASC Separately Reported / Payable Drug

Documentation Standards

- Physician orders
- Dose, route, frequency
- Invoice/evidence of purchase
- Diagnosis
- Operative report
- Documentation of both used and/or wasted



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Source | https://med.noridianmedicare.com/web/jfb/topics/documentation-requirements/drug-administration

Medicare FFS Medical Review

3 Connected Layers of Scrutiny

OIG Work Plan Identifies Risk: E/M Services on Same Day as Minor Surgery With No Modifier 25

National oversight priority that can inform CMS medical-review focus

Targeted Probe and Educate (TPE) – MAC-led

- **Cataract Extraction (66984, 66982)**
- Complex Cataract + Stent (66989)
- YAG capsulotomy (66821)
- Complex RD repair (67113)
- Skin Lesions (11440-11446)
- Drugs (J2278, J0178, J0585)
- E/M Services (99204, 99213, 99214, 99215)
- Modifier -25
- Botox (in office)

Supplemental Medical Review Contractor (SMRC) – National Review

Noridian Healthcare Solutions serves as CMS's current SMRC

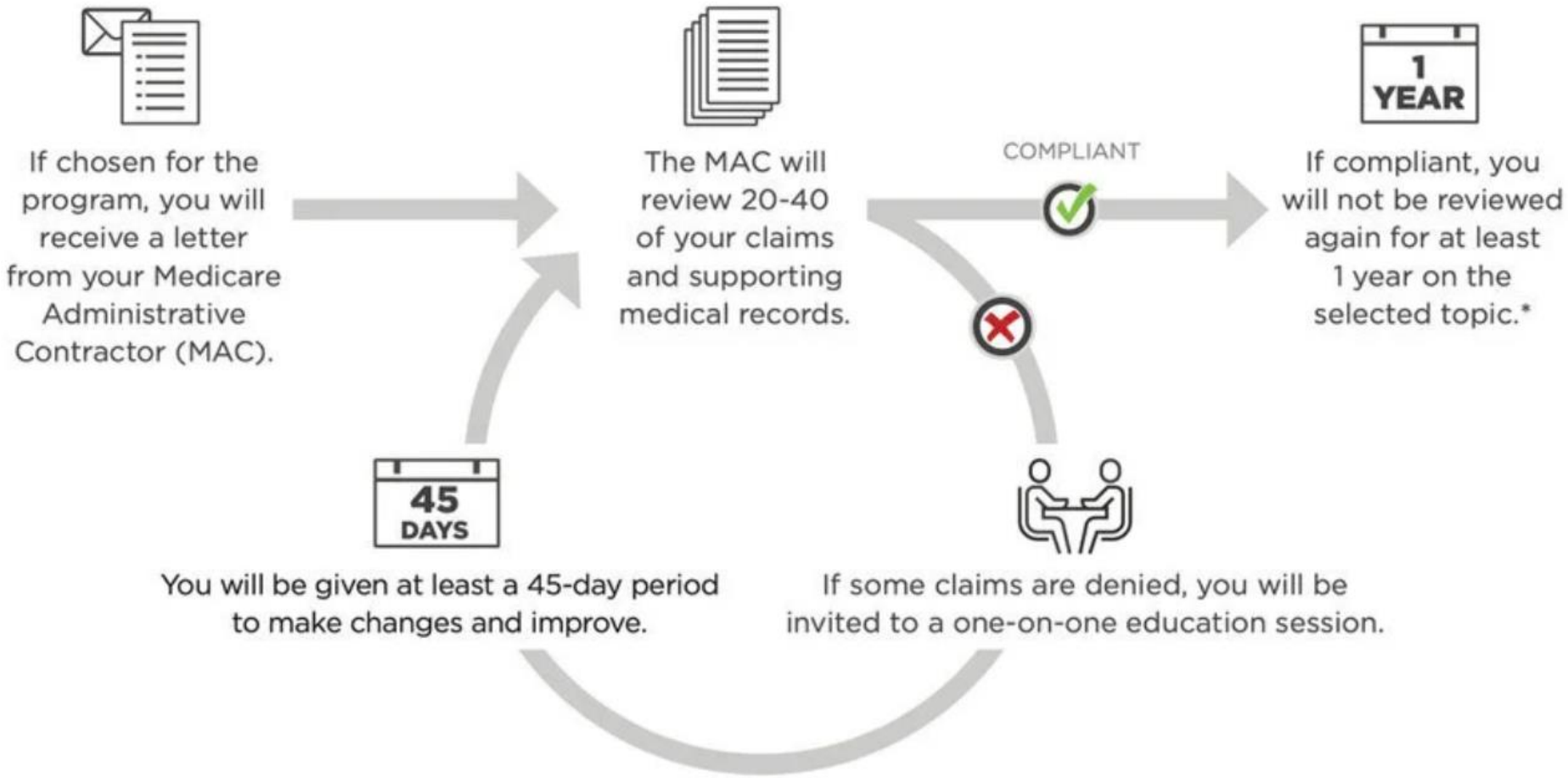
- Botulinum Toxins in the office setting
- OIG E/M Optometry Services in Nursing Facilities Notification of Medical Review
- OIG E/M Modifier -25 with eye injections (Completed March 2026)
- Cataract surgery (completed)
- Ophthalmology injections (completed)

NOTE: If you receive a TPE request ***do not ignore it***

Source |
1. https://noridiansmrc.com/current-projects/
2. https://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00184111
3. https://www.cgsmedicare.com/partb/mr/activity_log.html
4. https://palmettogba.com/jmb/did/btpod0a22i
5. https://www.ngsmedicare.com/web/ngs/targeted-probe-and-educate-topics?selectedArticleId=9471838&lob=96664&state=96736&rgion=93624
6. https://oig.hhs.gov/reports/work-plan/browse-work-plan-projects/evaluation-and-management-services-on-same-day-as-minor-surgery-with-no-modifier-25

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TPE Process | How does it work?

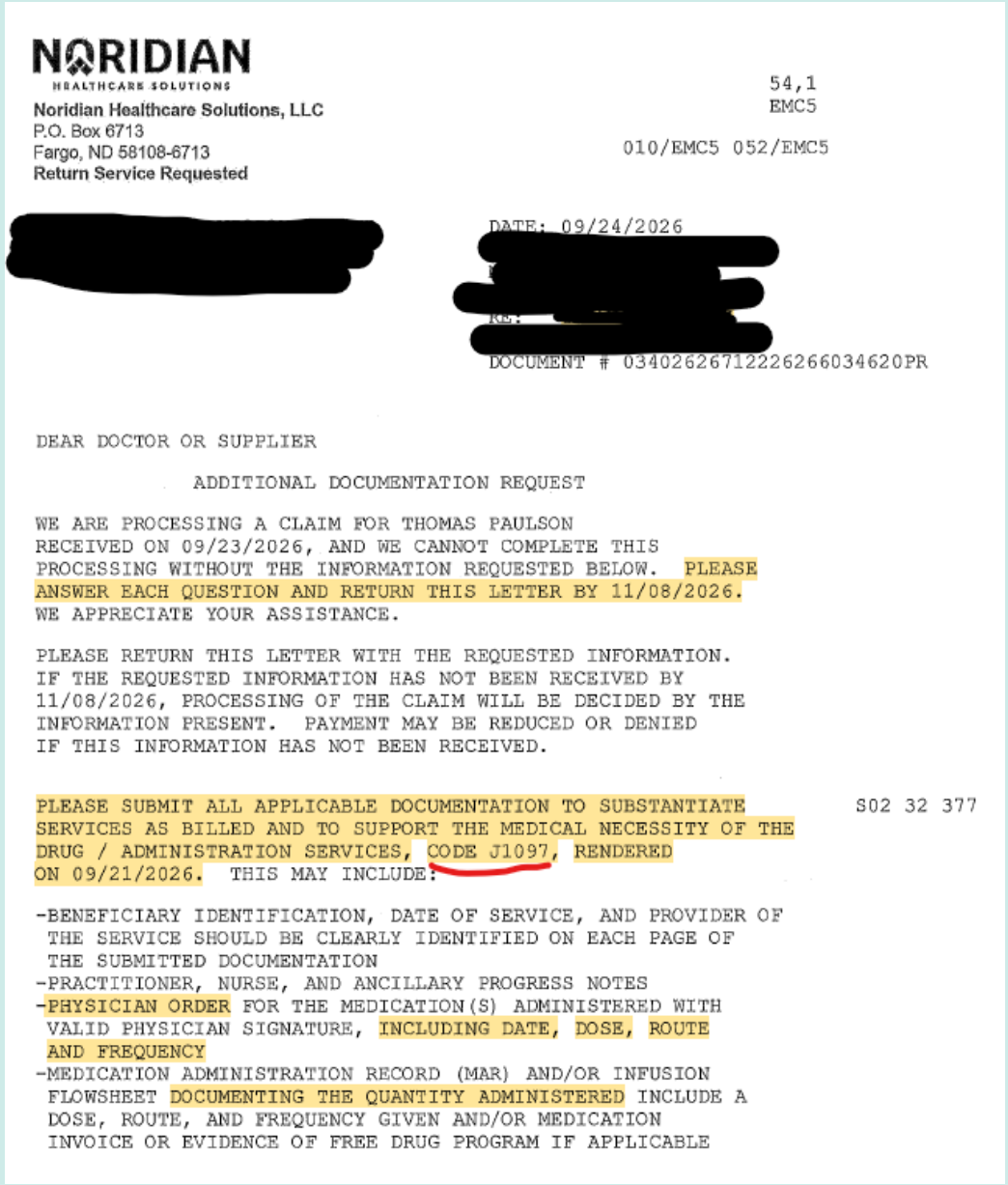


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Source | https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/Targeted-Probe-and-EducateTPE

TPE Request

J1097 - Omidria



NORIDIAN
HEALTHCARE SOLUTIONS

Noridian Healthcare Solutions, LLC
P.O. Box 6713
Fargo, ND 58108-6713
Return Service Requested

54,1
EMC5

010/EMC5 052/EMC5

[redacted]

DATE: 09/24/2026

[redacted]

DOCUMENT # 03402626712226266034620PR

DEAR DOCTOR OR SUPPLIER

ADDITIONAL DOCUMENTATION REQUEST

WE ARE PROCESSING A CLAIM FOR THOMAS PAULSON
RECEIVED ON 09/23/2026, AND WE CANNOT COMPLETE THIS
PROCESSING WITHOUT THE INFORMATION REQUESTED BELOW. PLEASE
ANSWER EACH QUESTION AND RETURN THIS LETTER BY 11/08/2026.
WE APPRECIATE YOUR ASSISTANCE.

PLEASE RETURN THIS LETTER WITH THE REQUESTED INFORMATION.
IF THE REQUESTED INFORMATION HAS NOT BEEN RECEIVED BY
11/08/2026, PROCESSING OF THE CLAIM WILL BE DECIDED BY THE
INFORMATION PRESENT. PAYMENT MAY BE REDUCED OR DENIED
IF THIS INFORMATION HAS NOT BEEN RECEIVED.

S02 32 377

PLEASE SUBMIT ALL APPLICABLE DOCUMENTATION TO SUBSTANTIATE
SERVICES AS BILLED AND TO SUPPORT THE MEDICAL NECESSITY OF THE
DRUG / ADMINISTRATION SERVICES, CODE J1097, RENDERED
ON 09/21/2026. THIS MAY INCLUDE:

-BENEFICIARY IDENTIFICATION, DATE OF SERVICE, AND PROVIDER OF
THE SERVICE SHOULD BE CLEARLY IDENTIFIED ON EACH PAGE OF
THE SUBMITTED DOCUMENTATION
-PRACTITIONER, NURSE, AND ANCILLARY PROGRESS NOTES
-PHYSICIAN ORDER FOR THE MEDICATION(S) ADMINISTERED WITH
VALID PHYSICIAN SIGNATURE, INCLUDING DATE, DOSE, ROUTE
AND FREQUENCY
-MEDICATION ADMINISTRATION RECORD (MAR) AND/OR INFUSION
FLOWSHEET DOCUMENTING THE QUANTITY ADMINISTERED INCLUDE A
DOSE, ROUTE, AND FREQUENCY GIVEN AND/OR MEDICATION
INVOICE OR EVIDENCE OF FREE DRUG PROGRAM IF APPLICABLE

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TPE Request

J1097 - Omidria

Phaco:
No Phaco documented.

MAR:

Medication Name	Dose	Unit	Schedule	Administer	Frequency	Lot	Initials	Expiration Date
1% Preservative-Free Lidocaine 1cc	1	Units	one time	OD	1		[redacted] 02:10 PM	
BSS	1	gtt		OD	1		[redacted] 02:10 PM	
Dexamethasone 1%/Moxifloxacin 0.5%/Ketorolac 0.4%				OD	1		[redacted] 02:16 PM	
Duovisc	1	Units	one time	OD	1		[redacted] 02:10 PM	
Omidria (ketorolac tromethamine 4.24 mg/ml (ketorolac 2.88 MG/ML)) / phenylephrine HCl 12.4 mg/ml (phenylephrine 10.16 MG/ML) Concentrate for Ophthalmic Irrigation Solution				OD	1		[redacted] 02:10 PM	
							[redacted]	

1. Permit for: **CATARACT EXTRACTION WITH INSERTION OF AN ARTIFICIAL LENS IMPLANT AND INSERTION OF GLAUCOMA STENTS**
   - ☐ **Left**
   - ☑ **Right**
2. Vital signs upon admission to the ASC
3. Anesthesia Plan:
_x_with MAC __without MAC
_____ Local; local anesthetic injection
____x_____ Topical; local anesthetic drops
_____ Regional; retrobulbar or peribulbar block
Medications:
   - ☑ 1.Start IV as needed
   - ☐ 2. IV Fluids: 0.9% Normal Saline at 25 ml/hr.
   - ☑ Proparacaine 0.5% one drop prior to dilation
4. Upon arrival, dilate the operative eye with 2 drops of the following pledget mixture:
Tropicamide 1% ophthalmic drops
Cyclopentolate 1% ophthalmic drops
Phenylephrine 2.5% ophthalmic drops

5. MKO Melt Dose Pack per Anesthesia.
   - ☐ Zofran 4mg IV once now for nausea.
6. Proparacaine 0.5% one drop as needed every five minutes up to three total doses for ophthalmic discomfort
7. Phenylephrine 10% one drop every five minutes as needed up to a total of three doses for poor dilation.
8. Obtain urine HCG upon admission if female patient of childbearing age and has not had a tubal ligation or hysterectomy or fill out a pregnancy refusal form. Notify surgeon/CRNA of results.
9. Perform blood sugar on admission for all Insulin Dependent Diabetics. If blood sugar <70 mg/dl or >300 mg/dl notify surgeon/CRNA

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TPE Request

J1097 - Omidria

Procedure Note:
After appropriate preoperative consent was obtained, the patient was brought to the operating room and prepped and draped in the usual sterile fashion. Attention was then turned to the operative eye where a lid speculum was inserted. A drop of Tetracaine and a drop of 5% Betadine was administered. A paracentesis was made and intraocular lidocaine was instilled. Viscoelastic was instilled and a clear corneal wound was created. Capsulorrhexis was completed and hydrodissection was achieved. The lens was removed with phacoemulsification, and the remaining cortical material was removed with irrigation and aspiration. The capsular bag was filled with viscoelastic and an intraocular lens was inserted. At this point the operating microscope was brought into position and viscoelastic was inserted into the anterior chamber. A modified Swan-Jacob gonioscopy lens was placed on the eye using viscoelastic as a coupling agent. The injector was inserted into the anterior chamber through the clear cornea incision, making sure to avoid the wound lip. Under direct gonioscopic visualization, the injector tip was advanced into the trabecular meshwork and the leading trocar tip was placed through the center of the trabecular meshwork pigment band. A small amount of blood reflux was noted. With the injector tip firmly within Schlemm canal the trigger was depressed making sure to hold the tip in Schlemm canal. This process was repeated a **second and third** time to ensure the proper placement of **three** stents was achieved. The injector was carefully removed from the eye. Viscoelastic was used for adequate visualization and inspection of the eye stents. A small amount of blood reflux was noted at the time confirming proper placement. Once proper position of the **Stents** was assured, irrigation and aspiration of the remaining viscoelastic was performed. The wounds were hydrated and found to be watertight. An injection of Dexamethasone, Moxifloxacin, and Ketorolac was injected into the anterior chamber. A flush of 5% Betadine were given. Omidria (Phenylephrine and Ketorolac 1%/0.3%) was added to the BSS solution and instilled throughout the procedure. The patient was transferred to the PACU in stable condition and considered ready for discharge.

Tissue to Pathology: None

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Corneal Tissue

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Corneal Transplant Procedure and Supply

What is V2785?

V2785	Processing, preserving and transporting corneal tissue
65710	Keratoplasty (corneal transplant); anterior lamellar
65730	Keratoplasty (corneal transplant); penetrating (except in aphakia or pseudophakia)
65750	Keratoplasty (corneal transplant); penetrating (in aphakia)
65755	Keratoplasty (corneal transplant); penetrating (in pseudophakia)
65756	Keratoplasty (corneal transplant); endothelial

CONSIDERATIONS

- **Eyebank invoice**
- **Full thickness cornea**
- **Endothelial pre-cut tissue**

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Source | *CPT 2026*

Corneal Transplant Procedure and Supply

Medicare

"Under the revised ASC payment system effective January 1, 2008, Medicare makes separate payment to ASCs for corneal tissue acquisition (which is billed using V2785). Contractors pay for corneal tissue acquisition based on acquisition cost or invoice." The Healthcare Common Procedure Coding System (HCPCS) Level II Professional Edition defines V2785 as "Processing, preserving and transporting corneal tissue."

MCPM Chapter 12§40 Payment for Ambulatory Surgery

What if the Medicare patient is in a skilled nursing facility (SNF)?

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Source |
1. https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c14.pdf
2. https://www.cms.gov/medicare/payment/prospective-payment-systems/skilled-nursing-facility-snf

Corneal Tissue Reimbursement I Current Models

1

Pre-2008 ASC Groupers

Separate tissue payment

2

APC or ASC Grouper Rates

Tissue included in procedure payment

3

APC or ASC Grouper Rates

Certain CPTs carved out with more favorable rates

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Cornea Tissue Reimbursement

What are my options if reimbursement is less than the cost of the tissue?

- Yell at/blame the surgeon
- Appeal and hope the payer aligns to Medicare
- Review your contract
- Renegotiate with payer – list all the advantages to payer and patient
- Ask the eye bank for a discount
- Charge the patient the difference

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Cornea Tissue Reimbursement

What are my options if reimbursement is less than the cost of the tissue?

Yell at/blame the surgeon	*Not a good idea*
Appeal and hope the payer aligns to Medicare	*YES*
Review your contract	*YES*
Renegotiate with payer – list all the advantages to payer and patient	*YES*
Ask the eye bank for a discount	*Maybe*
Charge the patient the difference	*NO!!*

***Bundled/low pay does not shift to patient responsibility**

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Cornea Tissue Reimbursement I Non-Medicare

Review your contract.

- Know the Medicare billing rules well - explain why you are seeking a Medicare-based contract.
- Equip yourself with information if you are forced to consider a “carve out” contract.
- Know your case costs for each type of keratoplasty (low, average, and high).
- Negotiate a price escalation clause into your contract to address inflation or technological advances. (Endothelial transplants such as DSAEK and DMEK were not being performed in ASCs when some contracts were initially negotiated, and corneal tissue preparation costs were not as high).
- Be persistent (this may take months…..)

If this fails, what are the options?

- **Discontinue**
- **Send to HOPD**

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Source |
1. https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c14.pdf
2. https://www.cms.gov/medicare/payment/prospective-payment-systems/skilled-nursing-facility-snf

Collecting For Cataract Surgery Upgrades

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Refractive IOLs (Astigmatic/Presbyopia Correcting)

History:

1. 2003 – Ruling 05-01:
   Presbyopia correcting IOLs.
2. 2007 – Ruling CMS-1536-R:
   Astigmatism correcting IOLs
3. Allowed beneficiaries to request an upgrade
4. ASC charge for "*insertion of the IOL is considered partially covered*"
5. CMS approved IOL list:
   https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/downloads/pciol-aciol.pdf

Questions/Issues:

- Who should collect for the upgrade?
- What is the ASC charging for and how much can the ASC charge?
- How do we handle the "partially covered" aspect?
- What about the femto-laser costs?
- Do we need an ABN or waiver?

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Source |
1. https://www.cms.gov/Regulations-and-Guidance/Guidance/Rulings/downloads/cmsr0501.pdf
2. https://www.cms.gov/regulations-and-guidance/guidance/rulings/downloads/cms1536r.pdf
3. https://www.cms.gov/medicare/medicare-fee-for-service-payment/ascpayment/downloads/cms-pc-ac-iol-laser-guidance.pdf

Refractive IOLs (and Femto Laser)

Who should collect for the upgrade fee?

The beneficiary is responsible for payment of that portion of the facility charge that exceeds the facility charge for insertion of a conventional IOL following cataract surgery.

In addition, the beneficiary is responsible for the payment of facility charges for resources required for fitting and vision acuity testing of a presbyopia-correcting IOL that exceeds the facility charges for resources furnished for a conventional IOL following cataract surgery.

***ASC should collect directly from the patient to avoid any potential for AKS violation.**

Do we need an ABN/Waiver?

- Yes and No?!?!?
- CMS MLN 907165 Vision Services: voluntary
- AAO – “not required” due to statute

Best Practices:

- Use an ABN or Waiver to reduce confusion
- Clearly differentiate covered from non-covered services
- Defending against “buyer’s remorse” without ABN/waiver is difficult without a signed notification. (he said/she said)
- Difficult concept for patients to process

Source |
1. https://www.cms.gov/Regulations-and-Guidance/Guidance/Rulings/downloads/cmsr0501.pdf
2. https://www.cms.gov/regulations-and-guidance/guidance/rulings/downloads/cms1536r.pdf
3. https://www.cms.gov/medicare/medicare-fee-for-service-payment/ascpayment/downloads/cms-pc-ac-iol-laser-guidance.pdf
4. https://www.cms.gov/medicare/payment/fee-schedules/dmepos/dmepos-fee-schedule/dme26-d
5. https://www.aao.org/practice-management/news-detail/compliance-concerns-when-collecting-premium-iols?utm_source=chatgpt.com

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Refractive IOLs (and Femto Laser)

How much can the ASC charge?

- IOL is partially covered
- Determine value of covered portion (3 options)
  - $150 (pre-2008 methodology)
  - V2632 - $145.73 (Oct 2026 DMEPOS)
  - Avg monofocal IOL acquisition cost
- Modest/justifiable mark up on the implant

Option 1

ASC's cost for premium IOL:	$1,200
Less std IOL (V2632):	- $ 146
	$1,054
Reasonable handling fee:	+$ 50
Total patient charge:	$1,104

Option 2

ASC's cost for premium IOL:	$1,200
Avg IOL acquisition cost:	- $ 90
	$1,110
Reasonable handling fee:	$ 50
Total patient charge:	$1,160

Source |
1. https://www.cms.gov/Regulations-and-Guidance/Guidance/Rulings/downloads/cmsr0501.pdf
2. https://www.cms.gov/regulations-and-guidance/guidance/rulings/downloads/cms1536r.pdf
3. https://www.cms.gov/medicare/medicare-fee-for-service-payment/ascpayment/downloads/cms-pc-ac-iol-laser-guidance.pdf
4. https://www.cms.gov/medicare/payment/fee-schedules/dmepos/dmepos-fee-schedule/dme26-d
5. https://www.aao.org/practice-management/news-detail/compliance-concerns-when-collecting-premium-iols?utm_source=chatgpt.com

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Refractive IOLs (and Femto Laser)

What about the femto laser costs?

Medicare coverage and payment for cataract surgery is the same irrespective of whether the surgery is performed using conventional surgical techniques or a bladeless, computer controlled laser. Under either method, Medicare will cover and pay for the cataract removal and insertion of a conventional intraocular lens.

The use of radial keratotomy and/or keratoplasty for the purpose of refractive error compensation is considered a substitute or alternative to eyeglasses or contact lenses, which are specifically excluded by §1862(a)(7) of the Act (NCD 80.7)

Observations

- Additional Patient Charge for femto laser
  - Femto laser used in conjunction with an upgrade IOL to address presbyopia or astigmatism
  - Femto laser to treat astigmatism (AK, LRI) regardless of the IOL
- Using femto laser “alone” without addressing upgrade IOL or astigmatism correction does not support an additional charge

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Source | 1. https://www.cms.gov/medicare/medicare-fee-for-service-payment/ascpayment/downloads/cms-pc-ac-iol-laser-guidance.pdf
2 https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=72&ver=1

NCCI Edits & Category III

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NCCI Edits

CMS developed the National Correct Coding Initiative (NCCI) program to prevent inappropriate payment of services that should not be reported together.

Each edit table contains edits which are pairs of HCPCS/CPT codes that in general should not be reported together.

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Source | https://www.cms.gov/files/document/01-chapter1-ncci-medicare-policy-manual-2026-final.pdf

NCCI Edits

Cataract extraction with anterior vitrectomy

CHAPTER VIII SURGERY:

ENDOCRINE, NERVOUS, EYE AND OCULAR ADNEXA, AND AUDITORY SYSTEMS

…the minimal vitreous loss occurring during routine cataract extraction does not represent a vitrectomy and is not separately reportable.

If an iridectomy or vitrectomy that is separate and distinct from the cataract extraction is performed for an unrelated reason at the same patient encounter, the iridectomy and/or vitrectomy may be reported separately with an NCCI PTP associated modifier.

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Column1/Column2 Edits				
Column 1	Column 2	*=in existence prior to 1996	Effective Date	Deletion Date *=no data
66984	67005	*	19960101	*
66984	67010		19961001	*

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Source | https://www.cms.gov/files/document/08-chapter8-ncci-medicare-policy-manual-2026-final.pdf

NCCI Edits

Blepharoplasty with ptosis surgery

CHAPTER VIII SURGERY:

ENDOCRINE, NERVOUS, EYE AND OCULAR ADNEXA, AND AUDITORY SYSTEMS

CMS payment policy does not allow separate payment for a medically necessary blepharoptosis procedure (CPT codes 67901-67908) and medically necessary blepharoplasty procedure (CPT codes 15822, 15823) on an ipsilateral upper eyelid. The NCCI program contains PTP edits that bundle blepharoplasty procedure CPT codes 15822-15823 into blepharoptosis procedure CPT codes 67901-67908.

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Column1/Column2 Edits

Column 1	Column 2	*=in existence prior to 1996	Effective Date	Deletion Date *=no data
67904	15822		20090401	*
67904	15822		20001001	20090331
67904	15823		20090401	*
67904	15823	*	19960101	19960101

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Source | https://www.cms.gov/files/document/08-chapter8-ncci-medicare-policy-manual-2026-final.pdf

Modifiers 59, XE, XP, XS & XU

-59 - Distinct Procedural Service: Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day.

XE —"Separate encounter, a service that is distinct because it occurred during a separate encounter." Only use XE to describe separate encounters on the same DOS.

XP —"Separate practitioner, a service that is distinct because it was performed by a different practitioner."

XS —"Separate structure, a service that is distinct because it was performed on a separate organ/structure."

XU —"Unusual non-overlapping service, the use of a service that is distinct because it does not overlap usual components of the main service."

***This should be rare!**
(fellow eye is the unicorn)

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Source | *https://www.cms.gov/files/document/mln1783722-proper-use-modifiers-59-xe-xp-xs-xu.pdf*

Category III Codes

Category III CPT codes are a set of temporary codes for emerging technology, services, and procedures. These codes are intended to be used to track the usage of these services, and the data collected may be used to substantiate widespread usage in the Food and Drug Administration (FDA) approval process.

ASC Rates are published:
https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-payment-rates-addenda

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Source | *https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-payment-rates-addenda*

Category III Codes

Addendum AA -- ASC Covered Surgical Procedures for CY 2026
(Including Surgical Procedures for Which Payment is Packaged)

CPT codes and descriptions only are copyright 2025 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2025 American Dental Association. All Rights Reserved.

HCPCS Code		Short Descriptor	Subject to Multiple Procedure Discounting	October 2026 Payment Indicator	October 2026 Payment Weight	October 2026 Payment Rate
0095T		Rmvl artific disc addl crvcl	N	N1		
0098T		Rev artific disc addl	N	N1		
0101T		Esw musculoskel sys nos	Y	R2	2.4065	$135.54
0102T		Esw phy anes lat hmrl epcndl	Y	G2	29.2047	$1,644.87
0164T		Remove lumb artif disc addl	N	N1		
0165T		Revise lumb artif disc addl	N	N1		
0184T		Exc rectal tumor endoscopic	Y	G2	50.0600	$2,819.48
0200T		Perq sacral augmt unilat inj	Y	J8	83.7955	$4,719.53
0201T		Perq sacral augmt bilat inj	Y	G2	65.6144	$3,695.53
0202T		Post vert arthrplst 1 lumbar	Y	J8	184.9137	$10,414.71
0213T		Njx paravert w/us cer/thor	Y	R2	8.6202	$485.51
0214T		Njx paravert w/us cer/thor	N	N1		
0215T		Njx paravert w/us cer/thor	N	N1		
0216T		Njx paravert w/us lumb/sac	Y	R2	8.6202	$485.51
0217T		Njx paravert w/us lumb/sac	N	N1		
0218T		Njx paravert w/us lumb/sac	N	N1		
0219T		Plmt post facet implt cerv	Y	J8	190.8554	$10,749.36
0220T		Plmt post facet implt thor	Y	J8	168.5659	$9,493.97
0221T		Plmt post facet implt lumb	Y	J8	83.1343	$4,682.29
0222T		Plmt post facet implt addl	N	N1		
0232T		Njx platelet plasma	N	N1		
0238T		Trluml perip athrc iliac art	Y	J8	245.7610	$13,841.75
0253T		Insert aqueous drain device	Y	J8	55.1257	$3,104.79
0263T		Im b1 mrw cel ther cmpl	N	G2	42.4336	$2,389.95
0264T		Im b1 mrw cel ther xcl hrvst	N	G2	42.4336	$2,389.95
0265T		Im b1 mrw cel ther hrvst onl	N	G2	42.4336	$2,389.95
0274T		Prq lamot/lam dcmpr crv/thrc	Y	G2	65.6144	$3,695.53

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Source | https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-payment-rates-addenda

Requests for Medical Records

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Targeted Probe and Educate (TPE)

TPE Process:

1. Notice from MAC RE: identified issue
2. 20-40 claims identified and requested pre-payment
3. 30-45 days to submit (extension?)
4. Results
    a. Pass – 1 year stay
    b. Fail – Demand education (TPE)
        i. 45 days repeat
        ii. Possible 3 rounds
5. Fail 3 rounds – refer to MAC, UPIC, etc

Questions/Issues:

- Draft detailed cover letter explaining the situation
- Review medical record
- Submit requested
- Use sources/references (e.g., prescribing information, FDA approval, etc.)
- Make it easy for the CMS reviewer to understand and locate the necessary documents

Source |
1. https://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00184111
2. https://www.cgsmedicare.com/partb/mr/activity_log.html
3. https://palmettogba.com/jmb/did/btpod0a22i
4. https://www.ngsmedicare.com/web/ngs/targeted-probe-and-educate-topics?selectedArticleId=9471838&lob=96664&state=96736&rgion=93624
5. https://www.cms.gov/files/document/updated-tpe-qas.pdf
6. https://www.cms.gov/research-statistics-data-and-systems/monitoring-programs/medicare-ffs-compliance-programs/medical-

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Medical Records Request

1. Review the request to determine who sent the request and the basis for request
2. Confirm submission deadline
3. Gather the necessary documentation
   - Work with the surgeon’s office (e.g., medical necessity)
4. Draft a cover letter to help the reviewer navigate
5. Ask for an extension if needed



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Tips for a Successful Response

Build a strong case.

- Treat each request individually
- Draft a cover letter
- Include an acronym/abbreviations list
- Use screenshots/ highlight details
- Label each exhibit
- Each chart is organized similarly
- Tie it all together
- Make copies



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What to Avoid

- No abbreviation list
- Verbiage not corresponding to the payer's guideline verbiage
- "See attached chart notes" instead of helpful verbiage
- Not providing quality copies, especially of tests
- Not labeling documentation for the payer



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Summary / Key Takeaways

- Don’t overlook drug documentation
- Review corneal tissue contracts
- Review current premium IOL process
  - Establish defendable fees
  - Look at charges for femto
  - Review/Revise ABNS to state why the patient is responsible
- Avoid breaking claim edits with -59 & -X modifiers
- Do not ignore or under-value a documentation request
  - Submit a detailed packet with cover letter



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Additional questions?
Would you like to learn more?

Let's dive deeper. Contact us today!

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CONTACT US:

(800)-832-0609

kirk.mack@vmghealth.com
nancy.stephens@vmghealth.com
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Thank you.

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eSupport > Business Ops > Medicare Fee Schedule

2026 ASC Medicare Fee Schedule – Q4

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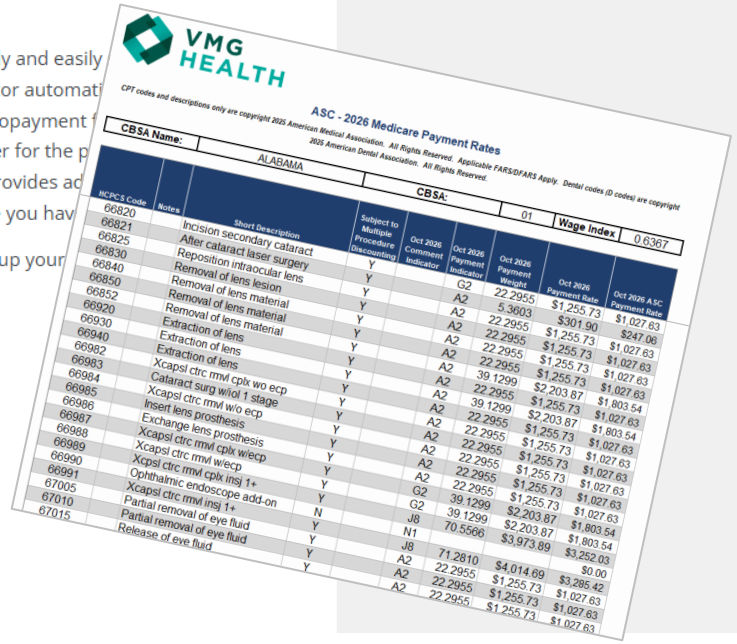
HOME ESUPPORT ▾ EDUCATION ▾ FORUM ACCOUNT ▾ HELP ▾

A number of variables determine your specific Medicare payment rates for procedures on the ASC-payable list. The average rate update highlighted in the proposed and final payment rules is an average across all covered procedures; individual procedures may increase or decrease by differing amounts.

The ASC Consulting team at VMG Health has worked to provide this tool that clearly and easily
payment rates for ASC-payable procedures. By selecting your location, the calculator automat
wage index and calculates the total payment, Medicare payment and beneficiary copayment
will update this tool as new rates are released by CMS, most notably in the summer for the p
and in the fall for the final payment rule. New calculators are also posted if CMS provides ad
payment rates at other times. So be sure to check back here periodically to ensure you hav

This calculator shows your national and local payment rates for 2026. Simply look up your
easy-to-use chart and type it into the calculator and the calculator does the rest.

- 2026 ASC Medicare Fee Schedule - Q4
- 2026 ASC Medicare Fee Schedule - Q3
- 2026 ASC Medicare Fee Schedule - Q2
- 2026 ASC Medicare Fee Schedule - Q1


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ASC - 2026 Medicare Payment Rates

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CBSA Name: ALABAMA CBSA: 01 Wage Index 0.6367

HCPCS Code	Notes	Short Description	Subject to Multiple Procedure Discounting	Oct 2026 Comment Indicator	Oct 2026 Payment Indicator	Oct 2026 Payment Weight	Oct 2026 Payment Rate	Oct 2026 ASC Payment Rate
66820		Incision secondary cataract	Y		G2	22.2955	$1,255.73	$1,027.63
66821		After cataract laser surgery	Y		A2	5.3603	$301.90	$247.06
66825		Reposition intraocular lens	Y		A2	22.2955	$1,255.73	$1,027.63
66830		Removal of lens lesion	Y		A2	22.2955	$1,255.73	$1,027.63
66840		Removal of lens material	Y		A2	22.2955	$1,255.73	$1,027.63
66850		Removal of lens material	Y		A2	22.2955	$1,255.73	$1,027.63
66852		Removal of lens material	Y		A2	39.1299	$2,203.87	$1,803.54
66920		Extraction of lens	Y		A2	22.2955	$1,255.73	$1,027.63
66930		Extraction of lens	Y		A2	22.2955	$1,255.73	$1,027.63
66940		Extraction of lens	Y		A2	22.2955	$1,255.73	$1,027.63
66982		Xcapsl ctrc rmvl cplx wo ecp	Y		A2	39.1299	$2,203.87	$1,803.54
66983		Cataract surg w/iol 1 stage	Y		A2	22.2955	$1,255.73	$1,027.63
66984		Xcapsl ctrc rmvl w/o ecp	Y		A2	39.1299	$2,203.87	$1,803.54
66985		Insert lens prosthesis	Y		A2	22.2955	$1,255.73	$1,027.63
66986		Exchange lens prosthesis	Y		A2	22.2955	$1,255.73	$1,027.63
66987		Xcapsl ctrc rmvl cplx w/ecp	Y		A2	22.2955	$1,255.73	$1,027.63
66988		Xcapsl ctrc rmvl w/ecp	Y		A2	22.2955	$1,255.73	$1,027.63
66989		Xcapsl ctrc rmvl cplx insj 1+	Y		A2	22.2955	$1,255.73	$1,027.63
66990		Ophthalmic endoscope add-on	Y		G2	39.1299	$2,203.87	$1,803.54
66991		Xcapsl ctrc rmvl insj 1+	N		G2	39.1299	$2,203.87	$1,803.54
67005		Partial removal of eye fluid	Y		J8	70.5566	$3,973.89	$3,252.03
67010		Partial removal of eye fluid	Y		N1			$0.00
67015		Release of eye fluid	Y		J8	71.2810	$4,014.69	$3,285.42
					A2	22.2955	$1,255.73	$1,027.63
					A2	22.2955	$1,255.73	$1,027.63
					A2	22.2955	$1,255.73	$1,027.63

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CE Credit

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CASC	1 AEU



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Allow up to 2 weeks to process your certificates



Any questions regarding CE Credit, contact Customer Support

support-asc@vmghealth.com

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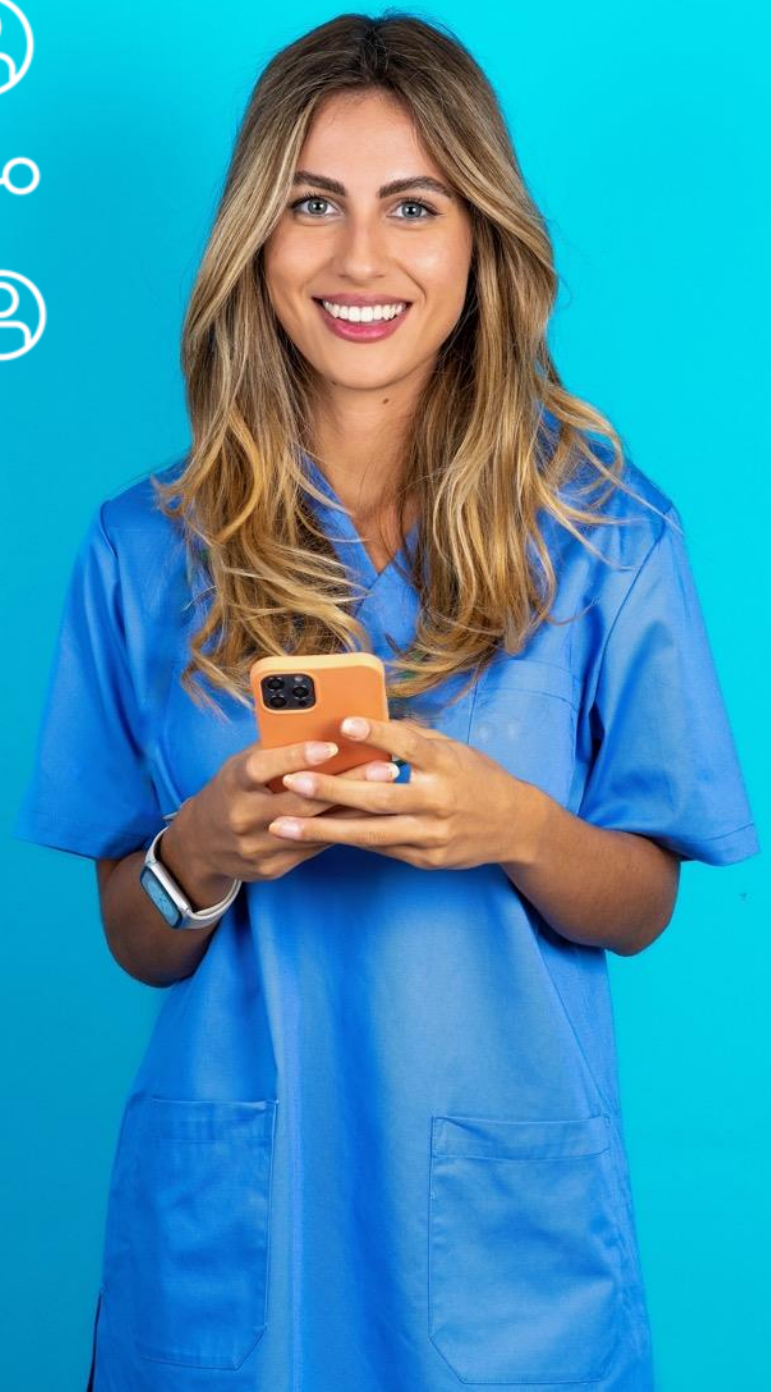
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DATE		CE	WEBINAR TOPIC	SPEAKER
NOV 23	20		**Staying Ahead of the Surveyor: Key Findings and Focus Areas for 2026**	**Lisa Nagle, RN** *VMG Health*
DEC 18	60	RN, CASC	**A Guide to ASC Risk Assessments**	**Debra Stinchcomb, MBA, BSN, RN, CASC** *VMG Health*
JAN 11	20		**2027 ASC Quality Reporting Update**	**Gina Throneberry** *ASC Association*

Registration opens each month on vmghealth.com

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