

Ambulatory Surgical Center Quality Reporting (ASCQR) Program

QUALITY DATA CODES (QDCs): FACT SHEET

Submitting QDCs for Quality Reporting:

- QDCs can be Current Procedural Terminology (CPT®) Category II or Level II G-codes. The current QDCs for submission of Ambulatory Surgical Center Quality Reporting (ASCQR) Program data are G-codes. QDCs can be submitted either electronically or on a Centers for Medicare & Medicaid Services (CMS) Form-1500 version 02/12 paper claim.
- ASCs may be utilizing a UB-04 for commercial payers; however, a CMS Form-1500 version 02/12 paper claim or electronic form must be used for reporting of QDCs for the ASCQR Program.
- Enter QDCs on the CMS Form-1500 version 02/12 in box 24D or corresponding electronic data field.
- All QDCs for an encounter must be reported on the same claim for the same beneficiary for the same date of service (DOS). Should a claim require more than one CMS Form-1500 version 02/12, such as on the seventh or thirteenth line-item, these line-items will automatically go onto another claim. Each claim must contain a billable line-item charge and the appropriate QDC in order to receive appropriate credit for the ASCQR Program requirement.
- QDCs must be submitted with a line-item charge; the submitted field cannot be blank. A charge of “0” (the numeral zero) can be used, or if a billing system cannot accept a zero line-item charge, a nominal charge of one cent can be used to populate this field. The beneficiary will not be responsible for this charge.
- Claims without some dollar charge, i.e., a total charge of zero or one cent, will be rejected by the Medicare Administrative Contractor (MAC).
- A diagnosis pointer code in box 24E is required; otherwise, the claim will be rejected by the MAC.
- The rendering provider ID in box 24J must be the facility National Provider Identifier (NPI). If a physician NPI is used, the G-codes will be dropped and will not be submitted to the ASCQR Program.

Remittance Advice/Explanation of Benefits (RA/EOB):

- The RA/EOB remark code N620 is your indication that the ASCQR Program QDCs were received into the National Claims History Warehouse.
- A billable charge located above the QDC with the corresponding and appropriate remark code must be on the RA in order to receive full credit and be applied for the program requirement.
- The QDC will appear as denied by Medicare on the RA/EOB; however, the code will be accurately tracked in the National Claims History for analysis as long as the QDC is affiliated with a charge that has received payment by Medicare as evidenced on the RA.
- The N620 code reads: “This procedure code is for reporting/information purposes only.”

For more information, please see the following examples.



Example 1:

- Procedure – Colonoscopy Through Stoma (Procedure) Code – 44388
- ICD 10 Code – Z12.11 Encounter for Screening for Malignant Neoplasm Of Colon
- Patient is transferred for 24-hour observation, creating a reportable incident (G8914: Hospital/Transfer Admission)

In this instance, you must use four G-codes because G8907 (No Reportable Events) is not applicable since the patient has to be transferred.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD 9d,		22. RESUBMISSION CODE		ORIGINAL REF. NO.		
E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____												23. PRIOR AUTHORIZATION NUMBER				
24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES			E. DIAGNOSIS POINTER	F. \$ CHARGES		G. DAYS OR UNITS	H. RPTD Part	I. QUAL.	J. RENDERING PROVIDER ID. #	
MM	DD	YY	MM	DD	YY		CPT/HCPCS	MODIFIER								
01	26	18	01	26	18	24	44388		1	895.50	1			NPI	Facility	
01	26	18	01	26	18		G8909		1	0.00				NPI	Facility	
01	26	18	01	26	18		G8911		1	0.00				NPI	Facility	
01	26	18	01	26	18		G8913		1	0.00				NPI	Facility	
01	26	18	01	26	18		G8914		1	0.00				NPI	Facility	
01	26	18	01	26	18									NPI		
25. FEDERAL TAX ID. NUMBER				SSN EIN		26. PATIENT'S ACCOUNT NO.			27. ACCEPT ASSIGNMENT?		28. TOTAL CHARGE		29. AMOUNT PAID		30. Rsvd for NUCC Use	
									YES NO		\$		\$			
31. SIGNATURE OF PHYSICIAN OR SUPPLIER						32. SERVICE FACILITY LOCATION INFORMATION						33. BILLING PROVIDER INFO & PH # ()				
INCLUDING DEGREES OR CREDENTIALS																
(I certify that the statements on the reverse apply to this bill and are made a part thereof.)																
SIGNED		DATE		a. NPI		b. NPI		a. NPI		b. NPI						

PHYSICIAN OR SUPPLIER INFORMATION

Example 2:

- Procedure – Colonoscopy Through Stoma (Procedure) Code – 44388
- ICD 10 Code – Z12.11 Encounter for Screening for Malignant Neoplasm Of Colon

There was no reportable incident for ASC-1 through ASC-4, so you may use G8907.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD 10d.		22. RESUBMISSION CODE		ORIGINAL REF. NO.											
A. Z12.11										B. _____		C. _____		D. _____											
E. _____										F. _____		G. _____		H. _____											
I. _____										J. _____		K. _____		L. _____											
24. A. DATE(S) OF SERVICE From To										B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS		E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. ICD 10d. Qual.		I. RENDERING PROVIDER ID. #	
1										01 26 18 01 26 18 24		44388		1		1450 50		1		NPI		Facility			
2										01 26 18 01 26 18		G8907		1		0 0				NPI		Facility			
3																				NPI					
4																				NPI					
5																				NPI					
6																				NPI					
25. FEDERAL TAX ID. NUMBER				SSN EIN		26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT? (If gov. debt, use back)		28. TOTAL CHARGE		29. AMOUNT PAID		30. Rsvd for NUCC Use									
										<input type="checkbox"/> YES <input type="checkbox"/> NO		\$		\$											
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)						32. SERVICE FACILITY LOCATION INFORMATION						33. BILLING PROVIDER INFO & PH # ()													
SIGNED						DATE						a. NPI		b. NPI											

Additional Resources:

- **ASC ListServe**
Notifications about ASC Quality Reporting (ASCQR) Program developments and educational opportunities
www.qualitynet.org/dcs/ContentServer?pagename=QnetPublic/ListServe/Register
- **ASC section of QualityNet**
Source for quality reporting news, resources, and data reporting tools and applications
www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772497737
- **ASCQR Program Support Contractor**
Comprehensive guidance for quality reporting and program updates
www.qualityreportingcenter.com
- **CMS ASC Center**
Links to important documents and other sites for billing and coding assistance
www.cms.gov/Center/Provider-Type/Ambulatory-Surgical-Centers-ASC-Center.html?redirect=/center/asc.asp

If you have any questions, please email us at ogrsupport@hsag.com or call us toll-free at 866.800.8756 from 7 a.m. to 6 p.m. ET.