



# Ambulatory Surgery Center

Reimbursement Policy ID: RPC.0036.72AC

Recent review date: 09/2024

Next review date: 09/2025

*AmeriHealth Caritas Pennsylvania Community HealthChoices reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas Pennsylvania Community HealthChoices may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.*

*In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.*

*This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.*

## Policy Overview

This policy addresses the allowable facility services and reimbursement of those services in an ambulatory surgery center (ASC).

## Exceptions

N/A

## Reimbursement Guidelines

Based on the Pennsylvania Medicaid (PAMA) program, ASCs are reimbursed a flat fee per service. In order to be eligible for the flat fee reimbursement from the surgical fee schedule, revenue codes for Ambulatory Surgery (0490), Anesthesia (0370-0379), and Recovery room (0710-0719) must each be reported as 1 (one) unit on a single claim and the same date of service. All services provided to the same member on the same date of service must be reported on the same claim. Multiple procedures, including procedures performed bilaterally, should be reported on separate claim lines with applicable anatomical modifier. (See Bilateral Surgery policy RPC.72AC)

Procedures performed in an ASC GI lab or Cardiac Cath lab should be reported using revenue codes 0750 and 0481 respectively. Claims for these procedures do not need to be reported with anesthesia or recovery room services to be eligible for reimbursement per the surgical fee schedule.

When two or more compensable procedures are performed during the same ASC stay, the services relating to the procedure carrying the highest payment shall be paid in full with no allowance for additional procedures.

The fee paid to the facility shall include but is not limited to:

- Nursing, technician and related services.
- Use of the facility.
- Drugs, biologicals, surgical dressings, supplies, splints, casts and appliances and equipment directly related to the provision of surgical services.
- Administrative, recordkeeping and housekeeping items and services.
- Materials for anesthesia.

Prior authorization may be required for an ASC procedure. A claim for a service considered non-covered by AmeriHealth Caritas Pennsylvania will be denied payment.

Claims for ambulatory surgery procedures or services must be submitted with Place of Service 24 for reimbursement.

**Definitions**

**Ambulatory surgery center (ASC)**

A certified ambulatory surgery center (ASC) may be either hospital-operated or independent. If hospital-operated, the ASC must be a separately identified entity, physically and administratively distinct from other inpatient operations of the hospital. In cases where hospitalization after surgery is warranted, the ASC must be able to provide immediate transfer to a hospital.

**Edit Sources**

- I. Current Procedural Terminology (CPT).
- II. Healthcare Common Procedure Coding System (HCPCS).
- III. Centers for Medicare and Medicaid Services (CMS).
- IV. The National Correct Coding Initiative (NCCI).
- V. [https://www.pacodeandbulletin.gov/secure/pacode/data/055/chapter1126/055\\_1126.pdf](https://www.pacodeandbulletin.gov/secure/pacode/data/055/chapter1126/055_1126.pdf)
- VI. Pennsylvania Medical Assistance (PAMA) Fee Schedule(s).

**Attachments**

N/A

**Associated Policies**

N/A

**Policy History**

|         |   |
|---------|---|
| 09/2024 | Reimbursement Policy Committee Approval |
| 04/2024 | Revised preamble                        |

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|---------|---|
| 08/2023 | Removal of policy implemented by AmeriHealth Caritas Pennsylvania Community HealthChoices from Policy History section   |
| 01/2023 | Template Revised <ul style="list-style-type: none"> <li>• Revised preamble</li> <li>• Removal of Applicable Claim Types table</li> <li>• Coding section renamed to Reimbursement Guidelines</li> <li>• Added Associated Policies section</li> </ul> |