Ambulatory Surgery Center

Reimbursement Policy ID: RPC.0036.72KF

Recent review date: 03/2024

Next review date: 01/2025

Keystone First 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. Keystone First 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

ASC's are reimbursed a flat fee per service. 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.

A claim for a service considered non-covered by Keystone First Community HealthChoices 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. An ASC may not provide a surgical procedure on a Medicare patient when, before surgery, an overnight hospital stay is anticipated. 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) and associated publications and services.
II. International Classification of Diseases,10th Revision, Clinical Modification (ICD-10-CM).
III. Healthcare Common Procedure Coding System (HCPCS).
IV. Centers for Medicare and Medicaid Services (CMS).
V. The National Correct Coding Initiative (NCCI).
VI. https://www.pacodeandbulletin.gov/secure/pacode/data/055/chapter1126/055_1126.pdf

Attachments

N/A

Associated Policies

RPC.0033.72KF Multiple Procedure Payment Reduction

Policy History

04/2024	Revised preamble
03/2024	Reimbursement Policy Committee Approval
08/2023	Removal of policy implemented by Keystone First Community HealthChoices from Policy History section
01/2023	Template revised • Preamble revised • Applicable Claim Types table removed • Coding section renamed to Reimbursement Guidelines • Associated Policies section added