

# Ambulatory Surgery Center

Reimbursement Policy ID: RPC.0036.2100

Recent review date: 02/2025

Next review date: 10/2026

*AmeriHealth Caritas Louisiana 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 Louisiana 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*

*To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.*

## 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

ASCs are reimbursed a flat fee per service. The minimum reimbursement is in accordance with the four payment groups specified in the Louisiana Medicaid Ambulatory Surgical Center (Non-Hospital) Fee Schedule. The flat fee reimbursement is for facility charges only, which covers all operative functions associated with the performance of a medically necessary surgery while the enrollee is in the center including the following:

- Admission.
- Patient history and physical,
- Laboratory tests.
- Operating room staffing,
- Recovery room charges; and
- All supplies related to the surgical care of the enrollee and discharge.

The flat fee excludes reimbursements for professional services (e.g., the provider performing the surgery, dentists, anesthesiologists, radiologists, or osteopaths). For those surgical procedures not included in the payment groupings, the minimum reimbursement is the flat fee for the service specified on the Louisiana Medicaid Ambulatory Surgical Centers (Non-Hospital) Fee Schedule. Only one procedure code may be reimbursed per outpatient surgical session.

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. International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and associated publications and services.
- III. Healthcare Common Procedure Coding System (HCPCS).
- IV. The National Correct Coding Initiative (NCCI).
- V. <https://www.amerhealthcaritasla.com/pdf/provider/resources/manual/handbook.pdf>.

## Attachments

N/A

## Associated Policies

N/A

## Policy History

06/2025	Minor updates to formatting and syntax
02/2025	Reimbursement Policy Committee Approval
11/2024	Annual review <ul style="list-style-type: none"> <li>Updated to biennial policy</li> <li>No major changes</li> </ul>
04/2024	Revised preamble
03/2024	Reimbursement Policy Committee Approval
08/2023	Removal of policy implemented by AmeriHealth Caritas Louisiana from Policy History section
01/2023	Template revised Preamble revised <ul style="list-style-type: none"> <li>Applicable Claim Types table removed</li> <li>Coding section renamed to Reimbursement Guidelines</li> <li>Associated Policies section added</li> </ul>
	Precedes Act 319