

Ambulatory Surgery Center

Reimbursement Policy ID: RPC.0036.2100

Recent review date: 04/2024

Next review date: 01/2025

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.

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).

Multiple surgery reduction is paid at 100% of the fee schedule for the primary procedure and 50% for each additional procedure. Multiple payment for a single bilateral procedure in one day is 150% of the payment group rate. It is billed on line one of the claims using modifier 50.

Standard coding conventions apply when assigning modifiers.

Prior authorization is required for an ASC procedure. A claim for a service considered non-covered by AmeriHealth Caritas Louisiana 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. 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.amerihhealthcaritasla.com/pdf/provider/resources/manual/handbook.pdf>

Attachments

N/A

Associated Policies

RPC.0033.2100 Multiple Procedure Payment Reduction

Policy History

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 <ul style="list-style-type: none"> • Preamble revised

	<ul style="list-style-type: none">• Applicable Claim Types table removed• Coding section renamed to Reimbursement Guidelines• Associated Policies section added
	Precedes Act 319