Ambulatory Surgery Center

Reimbursement Policy ID: RPC.0036.7100

Recent review date: 01/2025

Next review date: 10/2026

AmeriHealth Caritas Delaware 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 Delaware 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. When more than one surgical procedure is furnished in a single operative session, payment is based on the full rate for the procedure with the highest prospectively determined rate, and one half of the prospectively determined rate for each of the other covered 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 is required for an ASC procedure. A claim for a service considered non-covered by AmeriHealth Caritas Delaware 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) and associated publications and services.
II. Healthcare Common Procedure Coding System (HCPCS).
III. Centers for Medicare and Medicaid Services (CMS).
IV. The National Correct Coding Initiative (NCCI).
V. Delaware Medicaid Ambulatory Surgery Fee Schedule

Attachments

N/A

Associated Policies

RPC.0033.7100 Multiple Procedure Payment Reduction

RPC.0006.7100 Bilateral Procedure

Policy History

01/2025	Reimbursement Policy Committee Approval
11/2024	Annual review • Updated to biennial policy • No major changes
04/2024	Revised preamble
02/2024	Reimbursement Policy Committee Approval

08/2023	Removal of policy Implemented by AmeriHealth Caritas Delaware 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