

Coding Policy Policy and Procedure		
SUBJECT: Coding Policy 74.0 ASC Payment System	DEPARTMENT: Health Care Services	
ORIGINAL EFFECTIVE DATE: 08/08	DATE(S) REVIEWED/REVISED: 10/08-01/14, 01/15, 01/16, 01/17, 01/18, 01/19, 01/20, 03/21, 01/22	
APPROVED BY: Coding Policy Review Committee	NUMBER: MC 74.0	PAGE: 1 of 2

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayn Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

ASC Free-Standing Facilities
All Lines of Business

POLICY:

Ambulatory Surgery Center (ASC) services may be reimbursed per contract based on the Centers for Medicare and Medicaid Services (CMS) ASC Payment System.

PROCEDURE:

ASC services for which reimbursement is included in the ASC payment for a covered surgical procedure include, but are not limited to:

- Nursing, technician, and related services
- Use of facility where surgical procedures are performed
- Any laboratory testing performed under a Clinical Laboratory Improvement Amendments of 1988 (CLIA) certificate of waiver
- Drugs and biologicals for which separate payment is not allowed under the CMS OPPS
- Medical and surgical supplies not on pass-through status under CMS OPPS
- Equipment
- Surgical dressings
- Implanted prosthetic devices, including intraocular lenses, and related accessories and supplies not on pass-through status through under CMS OPPS
- Implanted DME and related accessories not on pass-through under the CMS OPPS
- Splints and casts and related devices
- Radiology services for which separate payment is not allowed under the CMS OPPS and other diagnostic tests or interpretive services that are integral to a surgical procedure
- Administrative, recordkeeping, and housekeeping items and services
- Materials, including supplies and equipment for the administration and monitoring of anesthesia
- Supervision of services of an anesthesiologist by the operating surgeon.
- Neurostimulators and related devices
- Infusion Supplies (e.g., ambulatory infusion pump, implantable programmable or non-programmable infusion pumps, and implantable programmable infusion pump replacement.

Multiple surgery guidelines will be applied; 100% for the primary procedure, 50% for all subsequent procedures. See Coding Policy 06.0 (Multiple Procedure Reductions).

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Surgical procedures not on CMS ASC list will be reviewed and added as an eligible service as appropriate. No default rates will apply.

Separate reimbursement will be allowed for ancillary services provided integral to a covered ASC surgical procedure. Covered ancillary services include the following:

- Brachytherapy sources
- Certain implantable items with pass-through status under the CMS Outpatient Prospective Payment System (OPPS).
- Certain items and services that CMS designates as contractor-priced, including, but not limited to, the procurement of corneal tissue
- Certain drugs and biologicals for which separate payment is allowed under the CMS OPPS
- Certain radiology services for which separate payment is allowed under the CMS OPPS

Surgical procedures under the ASC payment system, including Category I and Category III CPT and Level II HCPCS codes, will be reimbursed based on CMS packaged payment indicators. CMS ASC payment indicators that are valid on the date of service will be used.