

## Chapter 12

# Ambulatory Surgical Services

Ambulatory surgical services include the non-professional or facility services provided in a freestanding Ambulatory Surgical Center (ASC).

**Ambulatory Surgical Center:** A facility licensed and certified as an outpatient surgical center to provide surgical procedures which do not require overnight inpatient hospital care.

**Facility Services:** Items and services provided by an ASC in connection with a covered surgical diagnostic procedure.

## Eligible Providers

A freestanding ASC that has met the requirements of an ASC.

## Eligible Members

All PrimeWest Health members are eligible.

## Covered Services

Services rendered in an ASC are subject to all applicable PrimeWest Health coverage rules including medical necessity, request for authorization, consent, and second medical opinion.

The following services and supplies are covered as ASC services and included in the PrimeWest Health ambulatory surgery procedure payment. These services and supplies may not be billed separately:

- Use of facility: operating and recovery rooms, patient preparation areas, waiting rooms, all other areas used by the patient, or offered for use by persons accompanying the patient.
- Nursing and technician services rendered by employees of the ASC (e.g., nurses, technicians, orderlies).
- Drugs, biologicals, surgical dressings, supplies, splints, casts, appliances, and equipment. This category includes all supplies and equipment commonly furnished by the ASC in connection with surgical procedures. Secondary coverings (ace bandages, elastic stockings, spence boots, etc.) are included in the facility services.
- Urinary supplies, such as: collection devices, indwelling and external catheters, any type drainage bags, leg straps, external urethral clamps, irrigation supplies (bulbs, syringes, tubing, sterile saline or water), insertion trays, and perianal fecal collection pouches.
- Primary surgical dressings that are therapeutic and protective coverings applied directly to the skin or on openings to the skin and required as a result of a surgical procedure.
- Routine laboratory, x-ray, or other diagnostic tests routinely provided prior to surgery (e.g., urinalysis, hemoglobin, hematocrit), is required by ASC protocol.
- Administrative, record keeping, and housekeeping services necessary to operate the facility
- (e.g., scheduling, cleaning, utilities, rent).

- Blood, blood plasma, and platelets. Covered procedures are limited to those not expected to result in extensive loss of blood.
- Anesthetic and any supplies, whether disposable or reusable, necessary for its administration.
- Post-anesthesia observation and post-emergency observation.

## Separately Billable Services

The following services and supplies are not covered as ASC services nor included in the PrimeWest Health ambulatory surgery procedure payment. These services and supplies may be billed separately:

- Professional services: physician, anesthesiologist (administration or supervision of administration of anesthesia), and CRNA services;
- Laboratory, x-rays, or diagnostic procedures other than those directly related to the performance of the surgical procedure;
- Prosthetic devices (except IOL's) leg, arm, back and neck braces, and artificial limbs;
- Ambulance services;
- Durable medical equipment for use in the patient's home;
- Take home supplies and medications not furnished at the time of surgery with a written physicians order from a supplier;
- Pathology services;
- Secondary dressings applied over a primary dressing. Examples of secondary dressings are: ace bandages, elastic stockings, support hose, spence boots and other foot coverings, leotards, knee supports, surgical leggings, gauntlets, pressure garments for arms and hands, etc.

## Terminated Procedures

- Surgical procedures that are terminated after a patient has been prepped and taken to the operating room, but before the induction of anesthesia, will receive partial ASC payment for the procedure(s).
- Surgical procedures that are terminated after the induction of anesthesia, due to medical complication(s), will receive total/full ASC payment for the procedure(s).

## ASC Modifiers

- Use appropriate modifiers for ASC hospital outpatient use:
  - CPT Level I modifiers; and
  - Level II (HCPCS/National level) modifiers.

## Billing

Bill ASC services:

- The UB-92 format;
- Type of bill 831, or 837 for a replacement claim;
- The appropriate CPT code; and
- Modifiers approved for ASC hospital outpatient:
  - Terminated procedures must be billed with the appropriate modifier.
  - If more than one procedure was performed, use the appropriate modifier(s) as described in CPT or the HCPCS manual for subsequent surgeries requiring modifiers.
  - Used CPT Level I and Level II (HCPCS/National) modifiers.

List primary procedures first, followed by any subsequent procedures with appropriate modifiers.

## Legal References

Minnesota Rules 4675.0100 to 4675.2800 (facility licensure)

Minnesota Rules 9505.0240; 9505.0445

42 CFR 416