

AMBULATORY SURGICAL CENTER

Policy

Neighborhood Health Plan reimburses contracted ambulatory surgical centers (ASC) for medically necessary surgical services rendered in the ASC.

Prerequisites

Authorization, Notification and Referral

Service	Requirement
Ambulatory surgical center procedures	Prior Authorization
For HVMA Members	A referral number for most specialists is required for NHP members with a Harvard Vanguard Medical Associates PCP seeking non-emergency care outside of the Harvard Vanguard Medical Associates Network. Please verify that the member has the appropriate referral number prior to rendering care.

The Prior Authorization Guidelines are accessible by the following link:

<http://www.nhp.org/PDFs/Providers/PriorAuthGrid.pdf>

Limitations

For covered services, contracted facilities will be reimbursed based on the provider's contracted payment schedule, less all co-insurance, copayments, deductibles, COB and other third party recoveries.

Ambulatory Surgical Care includes up to 8 hours post-procedure time for recovery services. In the rare circumstance in which the patient's post-procedural course of care requires treatment beyond this allotted time, the member should be admitted to either observation or inpatient status. In such a case, the typical process for admission applies. The facility must have authorization for observation beyond 8 hours, and notify NHP of the inpatient admission based on the patient's condition outcome and a separate authorization will be generated.

Member Cost-Sharing

The provider is responsible for verifying at each encounter, coverage, available benefits, and member out-of-pocket costs; copayments, coinsurance, and deductible required, if any.

Definitions

Ambulatory Surgical Center (ASC): A facility, other than a physician's office, where surgical and certain diagnostic services are provided on an ambulatory basis. An ASC is either independent (i.e. not part of a provider of services or any other facility), or operated by a hospital (i.e. under the common ownership, licensure or control of a hospital).

Ambulatory Surgical Center Procedures: Ambulatory surgical centers provide elective, non-

urgent, surgical services, pain management and certain diagnostic services for which the patient is treated and discharged on the same day. Procedures do not usually require general anesthesia or extended recovery time. ASC qualified procedures can be considered procedures that are more intense than that done in the average doctor's office but not so intense as to require a hospital stay. The general coverage rules regarding the medical necessity of a particular procedure for a particular patient are applicable to ASC services in the same manner as all other covered services.

ASC Group: An ASC payment group contains procedures of like resource intensity. Each of the procedures, identified by a CPT/HCPCS code, performed in the ASC setting is assigned to one NHP-ASC payment group that determines the amount NHP will reimburse a facility for services furnished in connection with a covered procedure.

Neighborhood Health Plan Reimburses

- The facility component at an all inclusive rate in accordance with the provider contract in effect at the time services were rendered.
- The facility component for a bilateral procedure performed in a single operative session, at the full maximum 150% of the ASC allowable rate for the operative procedure.
- The facility component when multiple independent procedures are performed at the same session as follows:
 - 100% of the ASC allowable rate for the procedure classified in the highest ASC payment group.
 - 50% of the ASC allowable rate for the procedure classified in the second highest ASC payment group.
 - 25% of the ASC allowable rate for the procedure classified in the third highest ASC payment group.

Neighborhood Health Plan Does *Not* Reimburse

- Recovery room services.
- Observation services for routine recovery from ambulatory surgical center services.
- Add-on codes billed alone (without their parent code).
- Services resulting in an inpatient admission at the same facility which will be included in the inpatient admission.

Procedure Codes Applicable To Guideline

Note: This list of codes may not be all-inclusive.

Code	Descriptor	Comments
0490	Ambulatory Surgical Care	For UB-04 billing, CPT/HCPCS code detail must be reported for each authorized procedure/service rendered
Various CPT/HCPCS	CPT/HCPCS code(s) representing the authorized procedures/services rendered	CPT/HCPCS code detail required for each procedure/service rendered

Provider Payment Guidelines and Documentation

Submit ASC claims for the facility component on a UB-04 Form, with Revenue Code 0490, unless otherwise indicated per contractual agreement. CPT/HCPCS codes must be reported for each procedure/service rendered.

Although this guideline addresses the ASC facility component only, physician coding and ASC coding of the procedures performed must match.

Professional services must be submitted on a separate claim with place of service code (POS) 24 (Ambulatory Surgical Center).

References

AMA CPT 2011, Professional Edition

2011 HCPCS Level II Professional Edition

CMS Ambulatory Surgery Center Billing Guide June 2009, NHIC, Corp.

MassHealth Provider Manual Series: Freestanding Ambulatory Surgery Center Manual; FAS-16 dated 07/01/06, FAS-23 dated 01/01/11.

NHP Observation Provider Payment Guideline

Publication History

Topic: Ambulatory Surgical Center	Owner: Provider Network Management
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2011/03/15 *Original documentation*

2011/04/19 *Updated limitations and documentation*

This document is designed for informational purposes only. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization/notification and utilization management guidelines when applicable, adherence to plan policies and procedures, claims editing logic, and provider contractual agreement. In the event of a conflict between this payment guideline and the provider's agreement, the terms and conditions of the provider's agreement shall prevail. Neighborhood Health Plan utilizes McKesson's claims editing software, ClaimCheck, a clinically oriented, automated program that identifies the "appropriate set" of procedures eligible for provider reimbursement by analyzing the current and historical procedure codes billed on a single date of service and/or multiple dates of service, and also audits across dates of service to identify the unbundling of pre and post-operative care. Please refer to Neighborhood Health Plan's Provider Manual Billing Guidelines section for additional information on NHP's billing guidelines and administration policies. Questions may be directed to Provider Network Management at prweb@nhp.org.