

Chapter 12

Ambulatory Surgical Services

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

Definitions

Ambulatory Surgical Center (ASC): A facility licensed and certified as an outpatient surgical center to provide surgical procedures that 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 IMCare members are eligible. Refer to *Benefits* section for coverage determination.

Covered Services

Services rendered in an ASC are subject to all applicable IMCare 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 IMCare ambulatory surgery procedure payment. These services and supplies may not be billed separately.

1. Use of facility: operating and recovery rooms, patient preparation areas, waiting rooms, and all other areas used by the patient or offered for use by people accompanying the patient
2. Nursing and technician services rendered by employees of the ASC (e.g., nurses, technicians, orderlies)
3. 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 (AceTM bandages, elastic stockings, spence boots, etc.) are included in the facility services.
4. Urinary supplies, such as: collection devices, indwelling and external catheters, any type of drainage bags, leg straps, external urethral clamps, irrigation supplies (bulbs, syringes, tubing, sterile saline or water), insertion trays, and perianal fecal collection pouches
5. 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
6. Routine laboratory, X-ray, or other diagnostic tests routinely provided prior to surgery (e.g., urinalysis, hemoglobin, and hematocrit) required by ASC protocol
7. Administrative services, record keeping, and housekeeping services necessary to operate the facility (e.g., scheduling, cleaning, utilities, rent)
8. Blood, blood plasma, and platelets. Covered procedures are limited to those not expected to result in extensive loss of blood

9. Anesthetic and any supplies, whether disposable or reusable, necessary for its administration
10. 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 IMCare ambulatory surgery procedure payment. These services and supplies may be billed separately.

1. Professional services: physician, anesthesiologist (administration or supervision of administration of anesthesia), and certified registered nurse anesthetists (CRNA) services
2. Laboratory, X-rays, or diagnostic procedures other than those directly related to the performance of the surgical procedure
3. Prosthetic devices (except intraocular lenses [IOLs]); leg, arm, back, and neck braces; and artificial limbs.
 - a. For members on a Medicare Advantage Plan (IMCare Classic [HMO SNP]) IMCare follows Medicare guidelines, and IOLs are billable as a separate service. A listing of the Centers for Medicare & Medicaid Services (CMS)-approved category 3 new technology intraocular lenses (NTIOLs), anterior chamber intraocular lenses (A-C IOLs), and posterior chamber intraocular lenses (P-C IOLs) are available on the [CMS website](#).
4. Ambulance services
5. Durable medical equipment (DME) for use in the patient's home
6. Take home supplies and medications not furnished at the time of surgery with a written physician's order from a supplier
7. Pathology services
8. 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

1. Surgical procedure(s) 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).
2. Surgical procedure(s) that are terminated after the induction of anesthesia due to medical complication(s) will receive total/full ASC payment for the procedure(s).

Billing

Bill ASC services using the following:

1. The 837I electronic claim format
2. Type of bill 831 or 837 for a replacement claim
3. The appropriate Current Procedural Terminology (CPT) code
4. Modifiers approved for ASC hospital outpatient
 - a. Terminated procedures must be billed with the appropriate modifier
 - b. If more than one procedure was performed, use the appropriate modifier(s) as described in CPT or the Healthcare Common Procedure Coding System (HCPCS) manual for subsequent surgeries requiring modifiers
 - c. Use CPT Level I and Level II (HCPCS/National) modifiers

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

Legal References

[MN Rules parts 4675.0100 – 4675.2800](#) – Outpatient Surgical Centers

[MN Rules part 9505.0240](#) – Ambulatory Surgical Centers

[MN Rules part 9505.0445](#) – Payment Rates

[Title 42 Code of Federal Regulations \(CFR\) Part 416](#) – Ambulatory Surgical Services