



Ambulatory Surgery Centers (ASCs)

I. Policy

Ambulatory Surgical Centers (ASCs) provide outpatient access to surgical services which can be safely accomplished without hospital admission. This implies that the patient, disease process and the contemplated operation are all considered in the selection of a venue. It also requires documentation that the facility meets and is certified by The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and / or the Accreditation Association for Ambulatory HealthCare (AAAHC) and / or the American Association for Accreditation of Ambulatory Surgery Facilities, Inc. (AAAASF).

University Health Alliance (UHA) reimburses for Ambulatory Surgical Center services when they are necessary as defined by *Hawaii Revised Statutes §432E-1.4*.

II. Criteria/Guidelines

Procedures which are appropriate for ASC level of care are, by their nature, most appropriately performed where instrumentation, assistance, lighting, suction, cautery, sedation and monitoring cannot reasonably be provided at a lower level. Payment is made by contractually assigned levels and, when these do not exist, by good-faith assignment of fees by UHA.

- A. Time, intensity of service (instruments, medication, positioning, assistance requirements) will all be considered.
- B. Written rationales will be provided for fee assignments and the comparison to other procedures for which contractual fees exist already will be noted.
- C. Simple fluoroscopy, casting of fractures, injections and other minor procedures may not meet a "medical necessity" or common-sense threshold. However, UHA medical directors will always be available for peer-to-peer discussions and reviews.

NOTE:

This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine, and it should not deter a provider from expressing his/her judgment.

Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or members' individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.

UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria considering any supporting documentation.

III. Limitations and Exclusions

UHA does not use the same methodology for ASC assignment and eligibility as CMS (although we do recognize the addition of new procedures such as total hip arthroplasty.) Rather, medical necessity which is community and locale specific must be considered. A T-tube cholangiogram, for example, is performed in fluoroscopy suite with no need for monitoring, staffing or instrumentation. Such considerations will be

determinants of denial. (CPT 47531 is included in the CMS comprehensive list for procedures which may be done in an ASC, but no fee is assigned and such a site of service would be inappropriate for ASC payment under this policy. This is offered as an example.)

IV. Administrative Guidelines

- A. CPT codes are covered when and only when they meet the statutory definition of "medical necessity".

V. Policy History

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