

Chapter 296-23B WAC
AMBULATORY SURGERY CENTER PAYMENT

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WAC

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WAC 296-23B-0100 Who may bill for ambulatory surgery center services? Only facilities that meet the criteria below may bill for ambulatory surgery center (ASC) services.

An ambulatory surgery center is an outpatient facility where surgical services are provided and that meets the following three requirements:

(1) Must be licensed by the state(s) in which it operates, unless that state does not require licensure.

(2) Must have at least one of the following credentials:

(a) Medicare certification as an ambulatory surgery center; or

(b) Accreditation as an ambulatory surgery center by a nationally recognized agency acknowledged by the Centers for Medicare and Medicaid Services (CMS).

(3) Must have an active ambulatory surgery center provider account with the department of labor and industries.

Note: A provider account application may be obtained from Department of Labor and Industries, Provider Accounts, P.O. Box 44261, Olympia, WA 98504-4261, 360-902-5140. A copy can also be obtained online at www.lni.wa.gov.

[Statutory Authority: RCW 51.36.080, 51.04.030, 51.36.010, 51.04.020. WSR 01-21-140, § 296-23B-0100, filed 10/24/01, effective 1/1/02.]

WAC 296-23B-0110 How does an ambulatory surgery center bill for services? Ambulatory surgery centers must submit bills for services on a national standard form specified by the department of labor and industries. Bills also may be submitted electronically using department file format specifications. Providers must follow the instructions in the *General Provider Billing Manual* and *Billing Instructions*. Special billing policies for ambulatory surgery centers are in the *Medical Aid Rules and Fee Schedules* under *Ambulatory Surgery Center Payment Policies*.

Note: Copies of billing manuals, billing instructions and the *Medical Aid Rules and Fee Schedules* may be obtained from Department of Labor and Industries, Warehouse, P.O. Box 44843, Olympia, WA 98504-4843 or 360-902-5754. The *Medical Aid Rules and Fee Schedules* may also be viewed online at www.lni.wa.gov.

[Statutory Authority: RCW 51.36.080, 51.04.030, 51.36.010, 51.04.020. WSR 01-21-140, § 296-23B-0110, filed 10/24/01, effective 1/1/02.]

WAC 296-23B-0120 What procedures are covered in an ambulatory surgery center? The department will use the Centers for Medicare and Medicaid Services (CMS) list of procedures covered in an ambulatory surgery center plus additional procedures as determined by the department. All procedures covered in an ambulatory surgery center are listed in the *Medical Aid Rules and Fee Schedules, Ambulatory Surgery Center Payment Policies* section. Certain procedures are still subject

to the utilization review program. Procedures that are not listed are not covered in an ambulatory surgery center.

Under certain conditions, the director, the director's designee, or self-insurer, in their sole discretion, may determine that a procedure not on the list may be authorized in an ambulatory surgery center. For example, if the procedure could be harmful to a particular patient unless performed in an ambulatory surgery center. Requests for coverage under these special circumstances require prior authorization. The process for requesting coverage is outlined in the *Medical Aid Rules and Fee Schedules, Ambulatory Surgery Center Payment Policies* section.

The department will allow some procedures to be covered in an outpatient setting that CMS covers only in an inpatient setting. The department will cover these procedures in an ambulatory surgery center if the following criteria are met:

(1) The surgeon deems that it is safe and appropriate to perform such a procedure in an outpatient setting; and

(2) The procedure meets the department's utilization review requirements.

Notes: For information on the utilization review program please see the following:
WAC 296-20-024 for utilization management authority.
WAC 296-20-01002 for definition of utilization review.
WAC 296-20-02700 through 296-20-03002 for medical coverage policies.
Provider bulletins describing the utilization review program.
These may be viewed online at www.lni.wa.gov.

[Statutory Authority: RCW 51.36.080, 51.04.030, 51.36.010, 51.04.020. WSR 01-21-140, § 296-23B-0120, filed 10/24/01, effective 1/1/02.]

WAC 296-23B-0130 What payment can an ambulatory surgery center expect for providing services? The department pays the lesser of the billed charge (the ASC's usual and customary fee) or the fee schedule's maximum allowed rate. The fee schedule for ambulatory surgery centers is in the *Medical Aid Rules and Fee Schedules*.

[Statutory Authority: RCW 51.36.080, 51.04.030, 51.36.010, 51.04.020. WSR 01-21-140, § 296-23B-0130, filed 10/24/01, effective 1/1/02.]

WAC 296-23B-0140 When will the rates and policies for ambulatory surgery centers be updated? The fee schedule, codes, and policies for ambulatory surgery centers will be reviewed periodically. The department will publish provider bulletins to clarify, update, and inform ambulatory surgery centers about changes in policies or fees. They also will be published each July in the *Medical Aid Rules and Fee Schedules*.

[Statutory Authority: RCW 51.36.080, 51.04.030, 51.36.010, 51.04.020. WSR 01-21-140, § 296-23B-0140, filed 10/24/01, effective 1/1/02.]