



AMBULATORY SURGERY CENTER

The purpose of Blue Cross and Blue Shield of Kansas, Inc. (BCBSKS) policy and procedures is to provide specific explanation of provisions contained within the contracting provider agreements. This information supplements and further clarifies the reciprocal rights and contractual obligations contained within the contract and the policies established by BCBSKS. These guidelines are followed during ambulatory surgery center (ASC) review processes in making payment determination.

I. CONTENT OF SERVICE

Content of service refers to specific services and/or procedures that are considered to be an integral part of previous or concomitant services or procedures to the extent that separate reimbursement is not recognized. Not all content of service issues are identified in the policies and procedures. BCBSKS staff may identify and classify specific coding and nomenclature issues as they arise. Examples of services which can be considered content of service are:

- Use of the ASC's facilities
- Patient preparation areas, operating and recovery rooms, waiting rooms, and other areas used by the patient or offered for the use by the patient's relatives in connection with surgical services
- Nursing services, services of technical personnel, and other related services
- Services in connection with covered procedures furnished by nurses, technical personnel, and others who are employees of the ASC involved in patient care.
- Drugs, biologicals, surgical dressings, supplies, splints, casts, orthopedic hardware, appliances, and equipment
- All supplies and equipment commonly furnished by the ASC in connection with surgical procedures
- Exceptions: Tissue (i.e., allografts, eye tissue) will be allowed at invoice cost. Certain drugs (i.e. Baclofen, Botox) may be allowed at average wholesale price.
- Radiology procedures and laboratory tests
- Administrative, record keeping and housekeeping items and services
- General administration functions necessary to run the facility, e.g., scheduling, cleaning, utilities, and rent
- Blood, blood plasma, platelets, etc.
- Anesthesia equipment and supplies
- Video equipment

Some content of service issues related to specific services and/or procedures are identified throughout the policy and procedure documents.

Appropriate all-inclusive procedure codes must be used when available.

II. MULTIPLE SURGERY PAYMENT METHODOLOGY

A. PREMISE

The premise of the multiple surgery policy is to allow additional reimbursement when additional supplies or equipment are utilized in addition to those required for the primary procedure.

B. MULTIPLE PROCEDURE REIMBURSEMENT:

1. Distinctly different procedures are allowed at 100% reimbursement for the primary procedure and 50% for the secondary procedure(s).
2. Reimbursement will be allowed for the first procedure performed through a scope and additional procedures through the same scope will be considered content of service.
3. Dilations are content of service of the primary procedure.
4. Content of service guidelines will apply when appropriate.
5. Secondary procedures that are not on the ASC approved procedures list will be reviewed on an individual consideration basis. The ASC should provide documentation of the additional supplies, equipment, and time involved in performing the secondary procedure for review.
6. If two procedures are performed on the same day and only one procedure is on the approved ASC listing, the approved one will be allowed at full MAP. The procedure not on the approved listing will be denied as a provider write-off.
7. An endoscopic and open surgical procedure in the same anatomic area will not both be reimbursed.

III. APPROVED PROCEDURES

BCBSKS will review annually additions and deletions to the list of approved ASC procedures (available on the Web at www.bcbsks.com). Procedures contained in this list will be reimbursed by BCBSKS.