AmeriHealth Caritas Ohio

Ambulatory Surgery Center

Reimbursement Policy ID: RPC.0036.7700

Recent review date: 08/2026

Reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. The health plan may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases,10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Policy Overview

This policy addresses the allowable facility services and reimbursement of those services in an ambulatory surgery center (ASC}. These services are reimbursed with enhanced ambulatory payment grouping (EAPG). The base rate is the dollar value that is multiplied by the final EAPG weight for each EAPG on a claim to determine the total allowable Medicaid payment for a visit.

Exceptions

N/A

Reimbursement Guidelines

Enhanced ambulatory patient grouping (EAPG) is a group of outpatient procedures, encounters, or ancillary services, which reflect similar patient characteristics and resource utilization and incorporate the use of Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), International Classification of Diseases,10th Revision, Clinical Modification (ICD-10-CM) and other associated publications and services. Discounts apply when multiple significant procedures or repeated ancillary services related to the procedure are performed. If multiple procedures are performed, the appropriate multiple procedure payment reduction will apply.

Prior authorization is required for an ASC procedure. A claim for a service considered non-covered by the Ohio Department of Medicaid will be denied payment.

Standard coding conventions apply when assigning modifiers.

Claims for ambulatory surgery procedures or services must be submitted with Place of Service 24 for reimbursement.

Definitions

Ambulatory Surgery Center (ASC)
A certified ambulatory surgery center (ASC) may be either hospital-operated or independent. If hospital-operated, the ASC must be a separately identified entity, physically and administratively distinct from other inpatient operations of the hospital. In cases where hospitalization after surgery is warranted, the ASC must be able to provide immediate transfer to a hospital.

Enhanced Ambulatory Patient Groups (EAPG)
Enhanced ambulatory patient groups (EAPGs) are a patient classification system designed to explain the amount and type of resources used in an ambulatory visit. Services provided in each EAPG have similar clinical characteristics and similar resource use and cost.

Place of Service (POS) 24
Place of Service (POS) 24 represents a freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.

Edit Sources

I. Current Procedural Terminology (CPT).
II. Healthcare Common Procedure Coding System (HCPCS).
III. International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and associated publications and services.
IV. Centers for Medicare and Medicaid Services (CMS).
V. The National Correct Coding Initiative (NCCI).
VI. Ohio Department of Medicaid.
VII. https://dam.assets.ohio.gov/image/upload/medicaid.ohio.gov/Providers/FeeScheduleRates/OutpatientHospital/Covered_List_OPH_ASC_Effective_1.1.2025.pdf.
VIII. https://codes.ohio.gov/ohio-administrative-code/rule-5160-22-01

Attachments

N/A

Associated Policies

RPC.0036.7700 Multiple Procedure Payment Reduction
RPC.0006.7700 Bilateral Procedure
RPC.0063.7700 Place of Service

Policy History

09/2026	• Removed the next review date • Replaced the plan name with “the health plan”
08/2026	Reimbursement Policy Committee Approval
07/2026	Biennial review • Added Place of Service policy
06/2025	Minor updates to formatting and syntax
04/2025	Revised preamble
03/2025	Reimbursement Policy Committee Approval
03/2025	Updated PDF to Covered List- OPH-ASC-PA link under Edit Sources
11/2024	Annual review • Updated to biennial policy • No major changes
04/2024	Revised preamble
08/2023	Removal of Policy Implemented by the health plan from Policy History section
05/2023	Reimbursement Policy Committee Approval