# Ambulatory Surgery Center

Reimbursement Policy ID: RPC.0036.72AC

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).

## Exceptions

N/A

## Reimbursement Guidelines

ASCs are reimbursed a case rate per episode of care. Surgical procedure codes must be active on the date of service on the PAMA SG Fee Schedule to be considered for reimbursement. When two or more compensable procedures are performed during the same ASC stay, the services relating to the procedure carrying the

highest payment per the PAMA SG Fee Schedule shall be paid in full with no allowance for additional procedures.

The case rate paid to the facility shall include but is not limited to:

- Nursing, technician and related services.
- Use of the facility.
- Drugs, biologicals, surgical dressings, supplies, splints, casts and appliances and equipment directly related to the provision of surgical services.
- Administrative, recordkeeping and housekeeping items and services.
- Materials for anesthesia.

A claim for a service considered non-covered by the health plan will be denied payment.

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.

**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. Centers for Medicare and Medicaid Services (CMS).
IV. The National Correct Coding Initiative (NCCI).
V. Commonwealth of Pennsylvania Medicaid Program fee schedule(s).

## Attachments

N/A

## Associated Policies

RPC.0036.72AC Multiple Procedure Payment Reduction
RPC.0006.72AC Bilateral Procedure
RPC.0063.72AC Place of Service

## Policy History

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| 09/2026 | • Removed the next review date<br>• Replaced the plan name with "the health plan" |
| 08/2026 | Reimbursement Policy Committee Approval |
| 07/2026 | Biennial review |

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| | • Added Place of Service definition and policy |
| 06/2025 | Minor updates to formatting and syntax |
| 04/2025 | Reimbursement Policy Committee Approval |
| 04/2025 | Revised preamble |
| 11/2024 | Annual review<br>• Updated to biennial policy<br>• No major changes |
| 09/2024 | Reimbursement Policy Committee Approval |