

TO: Freestanding Ambulatory Surgery Centers

RE: Updated Fee Schedule

The purpose of this Policy Bulletin is to notify freestanding ambulatory surgery centers (ASC) that the Department is updating its ambulatory surgery center fee schedule. Effective November 1, 2013 the ASC fee schedule will include the HIPAA-compliant surgical codes covered by Medicare in 2012. The Department is setting fees for all codes at 100% of the 2012 Medicare fee schedule.

Community-based physicians may continue to bill separately for the professional component of outpatient surgery and will be paid based upon the fee listed in the physician fee schedule.

Procedure Code 41899

The Department is adding procedure code 41899, "Unlisted procedure, dentoalveolar structures" to its ambulatory surgery fee schedule effective November 1, 2013. This code should be used by the ASC for dental surgeries that typically are performed in an office or clinic setting but because of the client's complex medical and/or behavioral needs the service must be performed in a facility setting. Procedure code 41899 represents the facility component of the service; dentists and oral surgeons should bill for the professional component of the service using the appropriate procedure codes on the dental fee schedule. The Department will reimburse for one unit of procedure code 41899 at maximum fee of \$1900.

Editing

As a reminder, claims from ambulatory surgery centers are subject to National Correct Coding Initiative (NCCI) edits and the Department's bilateral and multiple surgery edits. Please refer to PB 2010-57, PB 2011-12, PB 2011-41 and PB 2011-53 that fully explain the functionality of the NCCI edits. For easy reference, links to these bulletins are provided below: https://www.ctdssmap.com/CTPortal/Information/Get %20Download%20File/tabid/44/Default.aspx?Filenam e=pb10_57.pdf&URI=Bulletins/pb10_57.pdf

https://www.ctdssmap.com/CTPortal/Information/Get %20Download%20File/tabid/44/Default.aspx?Filenam

<u>e=pb11_12revised2.pdf&URI=Bulletins/pb11_12revise</u> <u>d2.pdf</u>

https://www.ctdssmap.com/CTPortal/Information/Get %20Download%20File/tabid/44/Default.aspx?Filenam e=pb11_41revised2.pdf&URI=Bulletins/pb11_41revise d2.pdf

Further details on the use of modifiers can be found in Chapter 8 of the Clinic Provider Manual.

Accessing the Fee Schedule:

The updated freestanding ambulatory surgery fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Website: www.ctdssmap.com. From this web page, go to "Provider", then to "Provider Fee Schedule Download", then to "Clinic-Ambulatory Surgery". To access the CSV file press the control key while clicking the CSV link, then select "Open". The updated fee schedule will be posted mid-September 2013.

For questions about billing or if further assistance is needed to access the fee schedule on the Connecticut Medical Assistance Program Web site, please contact the HP Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.

<u>Posting Instructions</u>: Policy transmittals can be downloaded from the Connecticut Medical Assistance Program Web site at <u>www.ctdssmap.com</u>

<u>Distribution</u>: This policy transmittal is being distributed to holders of the Connecticut Medical Assistance Program Provider Manual by HP Enterprise Services.

<u>Responsible Unit</u>: DSS, Division of Health Services, Medical Policy Section; Barbara Fletcher, Health Program Supervisor, (860) 424-5136.

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