



AMBULATORY SURGICAL CENTER SERVICES

This document is subject to change. Please check our web site for updates.

This provider manual outlines policy and claims submission guidelines for claims submitted to the North Dakota Health Enterprise MMIS.

This document covers services provided by an Ambulatory Surgical Center (ASC) provider who is enrolled with North Dakota (ND) Medicaid.

An ASC means any distinct entity that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization and in which the expected duration of services would not exceed 24 hours following an admission. An ASC is a permanent facility with equipment and an organized staff of professional health care providers for the primary purpose of performing surgical procedures on an outpatient basis. An ASC provides treatment by or under the direct supervision of a professional health care provider; does not provide inpatient accommodations; and is not, other than incidentally, a facility used as an office or clinic for the private practice of a professional health care provider.

Ambulatory surgery centers must be accredited by a national accrediting body. The entity must be certified to participate in the Medicare program, licensed and enrolled with ND Medicaid.

COVERED SERVICES

ND Medicaid utilizes the Medicare ASC weights and payment indicators published annually by the Centers for Medicare and Medicaid Services (CMS). Ambulatory surgery centers are reimbursed a facility fee that includes the majority of supplies/services required for the specific procedure performed. Procedures without an ASC weight, excluding packaged services, are priced based on fee schedule. Payment for codes and items related to the surgery, with status indicator "N1" are bundled with the fee for the ASC procedure. This includes most devices, implants, and supplies. These procedures and items do not receive separate payment.

Modifiers that affect reimbursement for facility services include:

- Modifier 50 – Bilateral procedure. Services should be billed on a single line with modifier 50.

- Modifier 73 – Discontinued outpatient procedure prior to anesthesia induction.
- Modifier 74 – Discontinued outpatient procedure after anesthesia administration.

Services performed in an ASC are reimbursed based on the full/half/half payment methodology. The primary procedure is the one with the highest fee schedule value.

BILLING GUIDELINES

Providers must bill for services using the North Dakota Web Portal using the electronic claims submission web pages or Electronic Data Exchange transaction. The claim must include a valid National Provider Identification number (NPI) and taxonomy code.