

AMBULATORY SURGICAL CENTER (ASC) REIMBURSEMENT

File Name: asc
Origination: 12/2021
Last Review: 12/2022
Next Review: 12/2023

Description

An Ambulatory Surgical Centers (ASC) is a healthcare facility that provides same-day surgical care.

Durable Medical Equipment (DME) are devices intended for repeated or everyday use.

Policy

Blue Cross Blue Shield North Carolina (Blue Cross NC) will not provide reimbursement for DME in an ASC as outlined in this policy.

Reimbursement Guidelines

Durable Medical Equipment “E” codes are not eligible for separate reimbursement in an ASC, as indicated by place of service (24).

Rationale

Blue Cross NC reimburses ASCs at all-inclusive rates. DME provided for member use while in an ASC, is therefore considered included in the all-inclusive rate.

Billing and Coding

Applicable codes are for reference only and may not be all inclusive. For further information on reimbursement guidelines, please see the Blue Cross NC web site at [Blue Cross NC](#).

HCPCS Code	Description
E0100-E8002	Durable Medical Equipment

Related policy

[Bundling Guidelines](#)

References

Blue Cross NC Provider Manual <https://www.bluecrossnc.com/providers/emanuals/provider-blue-book>

CMS Chapter 20 – DMEPOS [Medicare Claims Processing Manual \(cms.gov\)](#)



History

12/31/2021	Content extracted from provider manual and developed into policy to clarify and summarize DME reimbursement in an ASC. (eel)
12/31/2022	Routine policy review. Minor revisions in formatting only. (ckb)

Application

These reimbursement requirements apply to all commercial, Administrative Services Only (ASO), and Blue Card Inter-Plan Program Host members (other Plans members who seek care from the NC service area). This policy does not apply to Blue Cross NC members who seek care in other states.

This policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this policy.

Legal

Reimbursement policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and Blue Cross NC reserves the right to review and revise its medical and reimbursement policies periodically.

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