

Effective **October 1, 2010**, CHP+ SMCN reimbursement for **participating free standing ambulatory surgery centers** will change as follows:

135% of the current Medicaid grouper rate.

For payment purposes, ASC surgical procedures are grouped into nine categories. The Medicaid reimbursement rates effective July 1, 2010 are the lower of billed charges or the maximum allowable payment by group as follows:

ASC GROUP 1	\$252.03
ASC GROUP 2	\$337.57
ASC GROUP 3	\$386.00
ASC GROUP 4	\$476.82
ASC GROUP 5	\$542.68

ASC GROUP 6	\$625.18
ASC GROUP 7	\$753.09
ASC GROUP 8	\$736.44
ASC GROUP 9	\$1,013.45

The Medicaid grouper rates listed above will be locked in rates for the fiscal year 2010 – 2011. Grouper rates will be updated on an annual basis with an effective date of July 1<sup>st</sup> of each year using the most current rate.

**Non-Participating** free standing surgery centers will receive 100% of the Medicaid grouper rate.

**The following apply to both par and non-par:**

- Lesser of methodology
- 100% of Medicaid fee schedule for the implant codes specified in the Medicaid Provider Bulletin B1000277 January 2010
- No reimbursement for multiple or subsequent procedures at the same surgical setting
- No reimbursement for non-grouped surgical codes
- No reimbursement for non-surgical codes
- Covered implant codes: L8600, L8603, L8606, L8610, L8612, L8613, L8614, L8619, L8630, L8631, L8641, L8642, L8658, L8659, L8670, L8689, V2785

**Multiple procedures**

When multiple procedures are performed during the same session, the ASC claim should reflect the highest or most complex procedure. Additional payment is not available for multiple or subsequent procedures performed at the same surgical setting.

All claims should be submitted on a CMS1500 claim form.