

Ambulatory Surgical Center Payment Policy

Applies to the following Tufts Health Plan products:

- Tufts Health Plan Commercial (including Tufts Health Freedom Plan)¹
- Tufts Medicare Preferred HMO (a Medicare Advantage product)²
- Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)²

Applies to the following Tufts Health Public Plans products:

- Tufts Health Direct (a Massachusetts Qualified Health Plan (QHP) (a commercial product)
- Tufts Health Together (a MassHealth MCO Plan and Accountable Care Partnership Plans)
- Tufts Health RITogether (a Rhode Island Medicaid Plan)
- Tufts Health Unify – (OneCare Plan; a dual-eligible product)

The following payment policy applies to Tufts Health Plan contracting freestanding ambulatory surgical centers. For information on professional surgical services refer to the Surgery Professional Payment Policy for [Commercial](#) or [Senior Products](#).

In addition to the specific information contained in this policy, providers must adhere to the information outlined in the [Professional Services and Facilities Payment Policy](#).

Note: Audit and disclaimer information is located at the end of this document.

POLICY

Tufts Health Plan covers medically necessary services including surgical day care (SDC) rendered in a freestanding ambulatory surgical center (ASC), in accordance with the member's benefits.

GENERAL BENEFIT INFORMATION

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider [website](#) or by contacting [Provider Services](#).

Note: There is no member responsibility for covered services for Tufts Health Plan SCO, Tufts Health Unify, Tufts Health Together or Tufts Health RITogether members.

REFERRAL/AUTHORIZATION/NOTIFICATION REQUIREMENTS

Certain procedures, items and/or services may require referral and/or prior authorization. While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you must confirm that prior authorization has been obtained. For a comprehensive list of services that require prior authorization, refer to the Medical Necessity Guidelines section of the [Resource Center](#).

ASC facility claims will be denied if a referral to the specialist/surgeon has not been obtained.

For more information refer to the [Referral, Authorization and Notification Policy](#).

BILLING INSTRUCTIONS

Unless otherwise stated, Tufts Health Plan follows AMA coding guidelines. Refer to current industry standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements or applicable fee schedules. For more information, refer to the [Professional Services and Facilities Payment Policy](#).

¹ Commercial products include HMO, POS, PPO, Tufts Health Freedom Plan, and CareLinkSM when Tufts Health Plan is the primary administrator.

² Tufts Medicare Preferred and Tufts Health Plan SCO are collectively referred to in this payment policy as Senior Products.

Use of noncontracting labs may have the unintended consequence of subjecting the member to unnecessary services not ordered by the treating provider or other unreasonable financial exposure. In such circumstances, Tufts Health Plan may hold the ordering provider accountable for any inappropriate behavior on the part of the nonparticipating lab that has been selected.

Submit claims with supporting documentation (e.g. invoices) using industry-standard red paper claim forms. Claims requiring supporting documentation deny if submitted electronically.

COMPENSATION/REIMBURSEMENT INFORMATION

Providers are compensated according to the applicable network contracted rates and applicable fee schedules. For additional information, refer to the [Professional Services and Facilities Payment Policy](#).

Bilateral and Multiple Surgical Procedures

Tufts Health Plan applies multiple surgical procedures reduction when the same provider performs two or more surgical procedures, including procedures performed bilaterally and/or different procedures in multiple compartments in the same joint, on the same member within the same operative session. Refer to the [Bilateral and Multiple Surgical Procedures Facility Payment Policy](#) for additional information regarding multiple surgical procedures reduction.

New Technology Intraocular Lenses

Reimbursement for new technology intraocular lenses (NTIOLs) is considered part of the surgical procedure.

ADDITIONAL RESOURCES

[Bilateral and Multiple Surgical Procedures Facility Payment Policy](#)

[Joint Surgery Program](#)

[Non-covered/Nonreimbursable Services Facility Payment Policy](#)

[Outpatient Facility Payment Policy](#)

[Spinal Conditions Management Program](#)

[Unlisted and Not Otherwise Classified Codes Payment Policy](#)

[Vision Services Payment Policy \(Commercial and Senior Products\)](#)

[Vision Services Payment Policy \(Tufts Health Public Plans\)](#)

DOCUMENT HISTORY

- May 2020: Reviewed by committee; added Senior Products and Tufts Health Public Plans content; removed information on member cost share and benefit specific information
- June 2018: Template updates
- January 2017: Template updates
- July 2016: Added abrasion arthroplasty edit effective for dates of service on or after October 1, 2016
- February 2016: Added fax number for the submission of implant and/or prosthetic device claim disputes
- September 2015: Template conversion, template updates
- August 2015: Added procedure code A4649
- July 2015: Added information regarding the Spinal Conditions Prior Authorization Program effective for dates of service on or after August 1, 2015, template updates

AUDIT AND DISCLAIMER INFORMATION

Tufts Health Plan reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that an office/facility did not comply with this payment policy, Tufts Health Plan will expect the office/facility to refund all payments related to noncompliance. For more information about Tufts Health Plan's [audit policies](#), refer to the Provider website.

This policy provides information on Tufts Health Plan claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the Tufts Health Plan products, as identified in the checkboxes on the first page, and to CareLinkSM for providers in Massachusetts and Rhode Island service areas. Providers in the New Hampshire service area are subject to Cigna's provider agreements with respect to CareLink members. This policy does not apply to the Private Health Care Systems (PHCS) network (also known as Multiplan). Tufts Health Plan reserves the right to amend a payment policy at its discretion.