



**FREESTANDING AMBULATORY SURGICAL CENTER AND LICENSED PHYSICIAN
OFFICE SETTING PROVIDING SURGICAL TREATMENT (OFFICE OPERATORIES)
FACILITY FEE WORKERS' COMPENSATION SCHEDULE**

NOTE: This schedule does not apply to ambulatory surgery performed in a hospital.

Freestanding Ambulatory Surgical Center and Office Operatory facility fees shall be paid per the following schedule:

INSTRUCTIONS:

1. Surgical procedure codes have been assigned to one (1) of five (5) surgical procedure code groups.
2. Each surgical code group has been assigned a maximum facility fee.
3. To determine the maximum facility fee, locate the procedure code in a surgical section of the fee schedule rates. Look at the column entitled "ASC." This column contains the surgical procedure group for that code. The Ambulatory Surgical Center or Office Operatory shall be reimbursed no more than the maximum facility fee assigned to the surgical procedure code group.

Example: A carpal tunnel procedure is performed; surgical procedure code 64721 is classified in surgical procedure code group 2. Therefore, the maximum facility fee for this procedure is \$758.13.

4. The facility fee includes the following:
 - The operating room.
 - The usual and customary drugs and surgical supplies for the procedure.
 - The recovery room.
5. The facility fee does not include the following:
 - Surgeon and anesthesiologist charges.
 - Extraordinary surgical supplies, prosthetics, implant devices or drugs. When billing for these supplies and drugs, the Surgical Center or Office Operatory shall provide the payer with a copy of the invoice documenting the actual cost of these supplies and drugs. The payer shall reimburse the Surgical Center or Office Operatory the cost of these supplies and drugs in addition to the facility fee.
6. Fee "Unbundling" and uniform definition for surgical procedures:

Procedures that are an integral part of the main operation should be considered as necessary adjuncts not separate entities. Surgical procedures shall be billed based upon uniform definitions found in the most current version of the National Correct Coding Initiative (NCCI) (The "Medicare global fee period" included in the definition will not be used). Further information on this publication is available at:

<http://www.cms.gov/NationalCorrectCodInitEd/>

The NCCI Edits Manual may also be obtained by purchasing the manual, or sections of the manual, from the National Technical Information Service (NTIS) by contacting NTIS at 1-800-363-2068 or 703-605-6060 or at <http://www.ntis.gov/products/cci.aspx>



Rhode Island Workers' Compensation Fee Schedule

7. Multiple Surgeries: Payment for multiple surgeries billed in accordance with the unbundling rule above will be as follows:
- 100% of the facility fee for the primary procedure
 - 50% of the facility fee for the secondary procedure
 - 30% of the facility fee for the third, fourth, or fifth procedures.

<u>Surgical Procedure Code Groups</u>	<u>Maximum Facility Fee</u>
1	\$ 615.65
2	\$ 758.13
3	\$ 865.30
4	\$ 1,011.69
5	\$ 1,200.27