

CHAPTER 7 SECTION 9.1

AMBULATORY SURGERY

Issue Date: August 31, 1987

Authority: Pub. L. 96-552 and [32 CFR 199.14](#)

I. DESCRIPTION

Surgery provided to the patient on an outpatient, walk-in, same day basis in an appropriately equipped and staffed health facility with surgery usually conducted under general anesthesia with no overnight stay in the hospital required. Also called same day surgery.

II. POLICY

Benefits are payable for medically necessary surgical procedures when ordered and provided or supervised by a physician, and performed in authorized freestanding ambulatory surgical facilities or hospital outpatient setting (e.g., a clinic, ambulatory surgery center, or emergency room) for all beneficiaries, as long as the type and level of care and services rendered by the facility are at the appropriate level required to provide the medically necessary treatment. Cost-sharing is subject to all the provisions of [32 CFR 199.14](#) and the provisions outlined below under "Policy Considerations".

III. EFFECTIVE DATE December 19, 1980.

IV. POLICY CONSIDERATIONS

A. See the [Chapter 13, Section 9.1](#) and [Section 11.8](#) for additional guidelines.

B. A nonavailability statement is not required for ambulatory surgery except for those procedures identified in [Chapter 11, Section 2.1](#).

C. Active duty family members (including family members of NATO members who are stationed in or passing through the United States in connection with official orders), are responsible for a \$25.00 cost-share for ambulatory surgery procedures. Professional and ancillary services, including pre-surgical services described in paragraph D. below, are to be reimbursed at 100 percent of the allowable charge, since the cost-share will be deducted from the institutional charges.

D. Cost-sharing for pre-surgical and post-surgical professional services related to ambulatory surgery. Any professional pre-surgical services provided to active duty family members (including family members of NATO members who are stationed in or passing

through the United States in connection with official orders) within 72 hours of ambulatory surgery are to be cost-shared as part of the ambulatory surgery. Therefore, they will be reimbursed at 100 percent, since the cost-share will be deducted from the institutional charges. (See [Chapter 13, Section 11.8, paragraph II.A.](#)) These special cost-sharing provisions pertain only to pre-surgical services. For all post-surgical services, the provisions of [Chapter 13, Section 3.7](#) apply. That is, routine post-surgical services should be considered part of the surgical allowance and no additional payment should be made. If the services warrant separate payment, they should be cost-shared as outpatient services.

E. All beneficiaries are responsible for the appropriate cost-share for each ambulatory surgical procedure performed more than 24 hours apart.

F. Professional services provided by individual professional providers for surgical procedures performed in unauthorized ambulatory surgical centers will be cost-shared on an outpatient basis for all beneficiaries.

G. Institutional charges submitted by unauthorized ambulatory surgery centers cannot be cost-shared. The claims processor will deny these charges as "provider not authorized".

H. Institutional charges submitted by authorized freestanding ambulatory surgery centers for services related to an unlisted procedure (one not included in [Chapter 13, Section 9.1, Addendum 1](#)) cannot be cost-shared. The claims processor will deny these charges as "Provider not authorized for this service".

I. Professional services provided by employees of unauthorized centers cannot be cost-shared.

J. Professional services provided in an unauthorized ambulatory surgical center by individual providers who are not employees of the ambulatory surgical center can be cost-shared on an outpatient basis, so long as the services are a benefit and the professional provider is an authorized provider.

K. Professional services provided by employees of authorized ambulatory surgical centers for services related to unlisted procedures can be cost-shared on an outpatient basis, so long as the services are a benefit.

L. The provisions outlined in this issuance will be applied to foreign claims.

M. Certification criteria for ambulatory surgery centers do not apply to foreign providers. (For stateside certification criteria of freestanding ambulatory surgery centers see [Chapter 11, Section 11.3.](#))

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