
XVIII. Outpatient Surgical Centers

Effective January 1, 2023, and each January 1 thereafter, the department shall utilize the lesser of billed charges or the most recently released January 1 ASC fee schedule published by the Centers for Medicare and Medicaid Services (CMS), inclusive of any applicable correction notices, subject to the following adjustments and updating procedures:

- Reimbursement for a procedure shall be the rate specific to that procedure as assigned by CMS, adjusted by the wage index utilized by CMS for the Cincinnati, OH, Core-Based Statistical Area, or its equivalent.
- Procedure codes that are considered a packaged service by CMS with a Medicare rate of \$0 shall be reimbursed at a rate of \$0.
- Medicaid covered procedures not included on the Medicare fee schedule shall be reimbursed at forty-five (45) percent of billed charges.
- Bilateral procedures shall be reimbursed at the lesser of billed charges or one hundred and fifty (150) percent of the reimbursement rate established above.
- Reimbursement shall follow applicable Medicare rules for multiple endoscopy discounting and multiple procedure discounting. In the event that both discounts apply to a single claim, the multiple endoscopy discount shall be applied first.

Hospital based outpatient surgical centers shall be reimbursed in the same manner as hospital outpatient services.