



I ASC Procedures List

CPT codes on the ASC fee schedule are currently covered for ambulatory surgical centers billing.

NOTE:

The ASC fee schedule is used for scheduling Medicaid recipients for outpatient surgeries. Occasionally Medicaid recipients question what procedures Medicaid covers.

Before performing any procedure, providers need to inform the recipient that the recipient is responsible for payment of services that Medicaid does not cover.

Use the AVRS line at DXC (1(800) 727-7848) to verify if it is a covered procedure code. Submit requests to add procedure codes to this list in writing to the Alabama Medicaid Agency, 501 Dexter Avenue, P. O. Box 5624, Montgomery, AL 36103-5624, Attention: Medical Services Division.

An "X" in the PA column indicates that the procedure requires prior authorization. Mail your written request for prior authorization and supporting documentation of extenuating circumstances and the procedure code to HP, Attn: Prior Authorization. P. O. Box 244032, Montgomery, AL 36124-4032.

An "X" in the Under 21 column indicates that the procedure requires an EPSDT referral or is for QMB recipients only.

NOTE:

Benefit limits may also apply in addition to the hard-coded maximum units.

The inclusion or exclusion of a procedure code on the ASC fee schedule does not imply Medicaid coverage or reimbursement. The pricing file must be verified to determine coverage and reimbursement amounts for the specific date of service. ASCs may bill surgical procedures within the range of 10000 - 69XXX as well as the dental code D9420.

The fee schedule for Appendix I is located on the Medicaid's website at www.medicaid.alabama.gov under: Providers>Fee Schedules>Ambulatory Surgical Center Fee Schedule (Excel Version).

This page intentionally left blank.