5160-22-01 Ambulatory surgery center eligible providers.

- (A) The department will reimburse an ambulatory surgery center (ASC) for facility services furnished in connection with covered surgical procedures when the services are provided by an eligible ASC provider to an eligible medicaid recipient. <u>Reimbursement for covered ASC services will be paid according to rule 5160-22-03 of the Administrative Code.</u>
- (B) An "ambulatory surgery center (ASC)" is any distinct entity that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization.
- (C) All ASCs that <u>have a valid agreement with the Centers for Medicare and Medicaid Services (CMS) to provide services in the Medicare program meet the standards provided in the 42 C.F.R. 416.20 to 416.49 (effective dates of these regulations are set forth below) and are certified for medicare participation by the Ohio department of health are eligible to become medicaid providers upon execution of the "Ohio Medicaid Provider Agreement."</u>

42 C.F.R. 416.20 effective May 20, 1991

42 C.F.R. 416.25 and 416.26 effective March 1, 1991

42 C.F.R. 416.30 and 416.35 effective August 2, 1996

42 C.F.R. 416.40 and 416.41 effective June 17, 1986

42-C.F.R. 416.42 effective November 13, 2001

42 C.F.R 416.43 and 416.44 effective September 22, 2006

42 C.F.R 416.45 to 416.49 effective February 28, 1992

Effective:

Five Year Review (FYR) Dates:

01/12/2015

Certification

Date

Promulgated Under: Statutory Authority: Rule Amplifies: Prior Effective Dates:

119.03 5164.02 5162.03, 5164.02 3/20/84, 1/4/88, 2/17/91, 5/10/07