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<b>SUBJECT</b>	<b>MEDICARE or MANAGED CARE NON-COVERED PROCEDURES</b>
<b>PURPOSE</b>	To provide accurate cost information to patients choosing to receive services that may not be covered by their health insurance policy or managed health care payer.
<b>POLICY</b>	<p>Certain payers, including CMS, do not allow ambulatory surgery centers to bill for services that are not covered, or not likely to be covered, unless the patient is fully informed and chooses to receive the service at their own expense.</p> <p>Procedure codes are received from the surgeon's office at the time the procedure is schedule. Those codes will be compared to the approved procedure list for the patient's payer. If the code is not a covered procedure, the patient will be informed and given the option to receive the service at their own expense.</p> <p>Patients will be asked to acknowledge via signature on a disclaimer form that they understand that the service will not, or may not, be paid by a third party, and why.</p> <p>A claim may be filed with the appropriate modifier to indicate to the payer that this has occurred.</p>