Ambulatory Surgery Center Fee Schedule
Surgically Implanted Devices
Effective April 15, 2013

The Maximum Allowable Payment (MAP) for procedures performed in an Ambulatory Surgery Center (ASC) will be calculated at 140% of the Medicare Payment for procedures plus the total cost of all surgical implants per case with Revenue Codes 274, 276 and 278 minus a five hundred dollar ($500.00) implant cost reduction per case.

The total cost of all surgical implants shall be calculated using net actual manufacturer's wholesale invoice price less any adjustments which accrue to, or are factored into, the final net cost to the surgery center. If the total net cost of all implants for a case is less than $500.00, the implants will not be billed or reimbursed.

Surgical implants are defined as follows:

a. An item that is surgically placed into the body, including any reasonably and medically necessary external device connected to such surgically placed item, for the purpose of replacing, repairing or improving function and or promoting healing that is designed and intended to remain in the body.

   Examples of these Items include but are not limited to bone, cartilage, tendon or other tissues taken from a source other than the patient; pins, screws and/or plates, anchors, radioactive seeds, ports and pain pumps;

b. Sutures, surgical staples, associated disposable instrumentation, and intravenous catheters are not considered implants. They are considered to be surgical supplies and therefore included in the facility fee.

The MAP represents the maximum amount that a provider can legally be paid for rendering services under the Workers' Compensation Act. In instances where the provider's usual charge is lower than the MAP amount, or where the provider has agreed by contract with an employer or insurance carrier to accept discounts or lower fees than the Commission's MAP, payment is made at the lower amount. In the event that the prevailing MAP amount for the same procedure, including the cost of the implants, if performed at the hospital in South Carolina nearest the ASC is lower, the ASC shall accept that hospital's MAP for the same procedure as payment in full.

In order to receive reimbursement, the surgery center must provide a copy of the actual original manufacturer's wholesale invoice at the time of billing. The surgery center shall adjust the manufacturer's invoice to reflect, at the time implanted, all applicable rebates, discounts, offsets, considerations, volume pricing, refunds, and product replacement programs, and documentation of same must be provided as a condition of payment for the implant. The manufacturer's wholesale invoices must be retained by the surgery center for 3 years from the date of implantation.