

Rule for: Ambulatory Surgical Center
Type of Rule: Amendment
MCC Action: Final Adoption

6/17/2015

1 10A NCAC 13C .0103 is amended as published in NCR 29:18, pp. 2132-2136 as follows:

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10A NCAC 13C .0103 DEFINITIONS

In addition to the terms defined in G.S. 131E-214.13, the following terms shall apply throughout ~~As used in this~~ Subchapter, unless the context clearly requires ~~otherwise, the following terms have the meanings specified; otherwise:~~

- (1) "Adequate" means, when applied to various areas of services, that the services are ~~at least~~ satisfactory in meeting a referred to need when measured against ~~contemporary~~ professional standards of practice.
- (2) "AAAASF" means American Association for Accreditation of Ambulatory Surgery Facilities.
- (3) "AAAHHC" means Accreditation Association for Ambulatory Health Care.
- (4) "Ancillary nursing personnel" means persons employed to assist registered nurses or licensed practical nurses in the care of patients.
- (5) "Anesthesiologist" means a physician whose specialized training and experience qualify him or her to administer anesthetic agents and to monitor the patient under the influence of these agents. For the purpose of ~~these Rules~~ this Subchapter, the term "anesthesiologist" shall not include podiatrists.
- (6) "Anesthetist" means a physician or dentist qualified, as defined in ~~Item~~ Items (10) and (22) (24) of this Rule, to administer anesthetic agents or a registered nurse qualified, as defined in ~~Item~~ Items (22) (25) and (27) of this Rule, to administer anesthesia.
- (7) "~~Authority Having Jurisdiction~~ having jurisdiction" means the Division of Health Service Regulation.
- (8) "Chief executive officer" or "administrator" means a qualified person appointed by the governing authority to act in its behalf in the overall management of the facility and whose office is located in the facility.
- (9) "Current Procedural Terminology (CPT)" means a medical code set developed by the American Medical Association.
- ~~(9)~~ (10) "Dentist" means a person who holds a valid license issued by the North Carolina Board of Dental Examiners to practice dentistry.
- ~~(10)~~ (11) "Department" means the North Carolina Department of Health and Human Services.
- ~~(11)~~ (12) "Director of nursing" means a registered nurse who is responsible to the chief executive officer or administrator and has the authority and direct responsibility for all nursing services and nursing care for the entire facility at all times.
- (13) "Financial assistance" means a policy, including charity care, describing how the organization will provide assistance at its facility. Financial assistance includes free or discounted health services provided to persons who meet the organization's criteria for financial assistance and are unable to pay for all or a portion of the services. Financial assistance does not include:
 - (a) bad debt;

- 1 **(b) uncollectable charges that the organization recorded as revenue but wrote off due**
2 **to a patient's failure to pay;**
- 3 **(c) the cost of providing such care to the patients in Sub-Item (13)(b) of this Rule; or**
4 **(d) the difference between the cost of care provided under Medicare or other**
5 **government programs, and the revenue derived therefrom.**
- 6 ~~(12)~~ **(14) "Governing authority" means the individual, ~~agency or group~~ agency, group, or corporation**
7 **appointed, elected or otherwise designated, in which the ultimate responsibility and authority for**
8 **the conduct of the ambulatory surgical facility is vested.**
- 9 **(15) "Healthcare Common Procedure Coding System (HCPCS)" means a three tiered medical code set**
10 **consisting of Level I, II and III services and contains the CPT code set in Level I.**
- 11 ~~(13)~~ **(16) "JCAHO" or "Joint Commission" means Joint Commission on Accreditation of Healthcare**
12 **Organizations.**
- 13 **(14) (17) "Licensing agency" means the Department of Health and Human Services, Division of Health**
14 **Service Regulation.**
- 15 ~~(15)~~ **(18) "Licensed practical nurse" ~~(L.P.N.) nurse (L.P.N.)~~** means any person licensed as such under the
16 **provisions of ~~G.S. 90-171~~ G.S. 90-171.20(8).**
- 17 ~~(16)~~ **(19) "Nursing personnel" means registered nurses, licensed practical ~~nurses~~ nurses, and ancillary nursing**
18 **personnel.**
- 19 ~~(17)~~ **(20) "Operating room" means a room in which surgical procedures are performed.**
- 20 ~~(18)~~ **(21) "Patient" means a person admitted to and receiving care in a facility.**
- 21 ~~(19)~~ **(22) "Person" means an individual, a trust or estate, a partnership or corporation, including associations,**
22 **joint stock companies and insurance companies; the ~~state~~, State, or a political subdivision or**
23 **instrumentality of the state.**
- 24 ~~(20)~~ **(23) "Pharmacist" means a person who holds a valid license issued by the North Carolina Board of**
25 **Pharmacy to practice pharmacy in accordance with ~~G.S. 90-85~~ G.S. 90-85.3A.**
- 26 ~~(21)~~ **(24) "Physician" means a person who holds a valid license issued by the North Carolina Medical Board**
27 **to practice medicine. For the purpose of carrying out these Rules, a "physician" may also mean a**
28 **person holding a valid license issued by the North Carolina Board of Podiatry Examiners to practice**
29 **podiatry.**
- 30 ~~(22)~~ **(25) "Qualified ~~person~~ person," when used in connection with an occupation or ~~position~~ position, means**
31 **a person:**
- 32 **(a) who has demonstrated through ~~relevant~~ experience the ability to perform the required**
33 **functions; or**
- 34 **(b) who has certification, ~~registration~~ registration, or other professional recognition.**
- 35 ~~(23)~~ **(26) "Recovery area" means a room used for the ~~post-anesthesia~~ post-anesthesia recovery of surgical**
36 **patients.**

1 ~~(24)~~ (27) "Registered nurse" means a person who holds a valid license issued by the North Carolina Board
2 of Nursing to practice nursing as defined in ~~G.S. 90-171~~, G.S. 90-171.20(7).

3 ~~(25)~~ (28) "Surgical suite" means an area ~~which~~ that includes one or more operating rooms and one or more
4 recovery rooms.

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6 *History Note:* *Authority G.S. 131E-149; 131E-214.13; S.L. 2013-382, s.10.1; S.L. 2013-382, s.13.1; S.L. 2014-*
7 *100, s. 12G.2;*

8 *Eff. October 14, 1978;*

9 *Amended Eff. April 1, 2003; November 1, 1989;*

10 *Temporary Amendment Eff. December 31, ~~2014~~, 2014;*

11 *Eff. September 30, 2015.*

1 10A NCAC 13C .0206 is adopted with changes as published in NCR 29:18, pp. 2132-2136 as follows:

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3 **10A NCAC 13C .0206 REPORTING REQUIREMENTS**

4 (a) The Department shall establish the lists of the statewide 20 most common outpatient imaging procedures and 20
5 most common outpatient surgical procedures performed in the ambulatory surgical facility setting to be used for
6 reporting the data required in Paragraphs (c) and (d) of this Rule. The lists shall be determined annually based upon
7 data provided by the certified statewide data processor. ~~The lists shall be based upon data provided by the certified~~
8 ~~statewide data processor.~~ The Department shall make the lists available on its website. The methodology to be used
9 by the certified statewide data processor for determining the lists shall be based on the data collected from all licensed
10 facilities in the state in accordance with G.S. 131E-214.2 as follows:

- 11 (1) the 20 most common imaging procedures shall be based upon all outpatient data for ambulatory
12 surgical facilities and represent all occurrences of the diagnostic radiology imaging codes section of
13 the CPT codes, then selecting the top 20 to be provided to the Department; and
- 14 (2) the 20 most common outpatient surgical procedures shall be based upon the primary procedure code
15 from the ambulatory surgical facilities and represent all occurrences of the surgical codes section of
16 the CPT codes, then selecting the top 20 to be provided to the Department.

17 (b) All information required by this Rule shall be posted on the Department’s website at:
18 <http://www.ncdhhs.gov/dhsr/ahc> and may be accessed at no cost.

19 (c) In accordance with G.S. 131E-214.13 and quarterly per year, all licensed ambulatory surgical facilities shall report
20 the data required in Paragraph (d) of this Rule related to the statewide 20 most common outpatient imaging procedures
21 and the statewide 20 most common outpatient surgical procedures to the certified statewide data processor in a format
22 provided by the certified statewide processor. This report shall include the related primary CPT and HCPCS codes.
23 Commencing September 30, 2015, a rolling four quarters data report shall be submitted. Each report shall be for the
24 period ending three months prior to the due date of the report.

25 (d) The report as described in Paragraph (c) of this Rule shall be specific to each reporting ambulatory surgical facility
26 and shall include:

- 27 (1) the average gross charge for each CPT code or procedure for all payer sources;
- 28 (2) the average negotiated settlement on the amount that will be charged for each CPT code or procedure
29 as required for patients defined in Subparagraph (d)(1) of this Rule. The average negotiated
30 settlement shall be calculated using the average amount charged all patients eligible for the facility’s
31 financial assistance policy, including self-pay patients;
- 32 (3) the amount of Medicaid reimbursement for each CPT code or procedure, including all supplemental
33 payments to and from the ambulatory surgical facility;
- 34 (4) the amount of Medicare reimbursement for each CPT code or procedure; and
- 35 (5) on behalf of patients who are covered by a Department of Insurance licensed third-party and teachers
36 and State employees, the lowest, average, and highest amount of payments made for each CPT code
37 or procedure by each of the facility’s top five largest health insurers.

- 1 (A) each ambulatory surgical facility shall determine its five largest health insurers based on
2 the dollar volume of payments received from those insurers;
- 3 (B) the lowest amount of payment shall be reported as the lowest payment from each of the
4 five insurers on the CPT code or procedure;
- 5 (C) the average amount of payment shall be reported as the arithmetic average of each of the
6 five health insurers payment amounts;
- 7 (D) the highest amount of payment shall be reported as the highest payment from each of the
8 five insurers on the CPT code or procedure; and
- 9 (E) the identity of the top five largest health insurers shall be redacted prior to submission.
- 10 (e) The data reported, as defined in Paragraphs (c) and (d) of this Rule, shall reflect the payments received from
11 patients and health insurers for all closed accounts. For the purpose of this Rule, “closed accounts” are patient accounts
12 with a zero balance at the end of the data reporting period.
- 13 (f) A minimum of three data elements shall be required for reporting under Paragraph (c) of this Rule.
- 14 (g) The information submitted in the report shall be in compliance with the federal Health Insurance Portability and
15 Accountability Act of 45 CFR Part 164.
- 16 (h) The Department shall provide all specific ambulatory surgical facility data reported pursuant to this Rule on its
17 website.

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19 *History Note: Authority G.S. 131E-147.1; 131E-214.4; 131E-214.13; S.L. 2013-382, s.10.1; S.L. 2014-100, s.*
20 *12G.2;*
21 *Temporary Adoption Eff. December 31, 2014. 2014;*
22 *Eff. September 30, 2015.*