Medicare Claims Processing Manual
Chapter 14 - Ambulatory Surgical Centers

20 - List of Covered Ambulatory Surgical Center Procedures
(Rev. 1325; Issued: 08-29-07; Effective: 01-01-08; Implementation: 01-07-08)
The complete lists of ASC covered surgical procedures and ASC covered ancillary services, the
applicable payment indicators, payment rates for each covered surgical procedure and ancillary
service before adjustments for regional wage variations, the wage adjusted payment rates, and
wage indices are available on the CMS Web site at: http://www.cms.hhs.gov/ascpayment/.

20.1 - Nature and Applicability of ASC List
(Rev. 1325; Issued: 08-29-07; Effective: 01-01-08; Implementation: 01-07-08)
The ASC list of covered procedures merely indicates procedures which are covered and paid for
if performed in the ASC setting. It does not require the covered surgical procedures to be
performed only in ASCs. The decision regarding the most appropriate care setting for a given
surgical procedure is made by the physician based on the beneficiary’s individual clinical needs
and preferences. Also, all the general coverage rules requiring that any procedure be reasonable
and necessary for the beneficiary are applicable to ASC services in the same manner as all other
covered services.

20.2 - Types of Services Included on the List
(Rev. 1514; Issued: 05-23-08; Effective: 01-01-08; Implementation: 06-23-08)
The ASC list of covered surgical procedures is comprised of surgical procedures that CMS
determines do not pose a significant safety risk and are not expected to require an overnight
stay following the surgical procedure.

Surgical procedures are defined as Category I CPT codes within the surgical range of CPT codes,
10000 through 69999. Also considered to be included within that code range are Level II HCPCS
and Category III CPT codes that crosswalk to or are clinically similar to the Category I CPT codes
in the range.

The surgical codes that are included on the ASC list of covered surgical procedures are those
that have been determined to pose no significant safety risk to Medicare beneficiaries when
furnished in ASCs and that are not expected to require active medical monitoring at midnight of
the day on which the surgical procedure is performed (overnight stay).

Procedures that are included on the inpatient list used under Medicare’s hospital outpatient
prospective payment system are deemed to pose significant safety risk to beneficiaries in ASCs
and are not eligible for designation and coverage as ASC covered surgical procedures.
Procedures that can only be reported by using an unlisted Category I CPT code are excluded
from consideration because there are no specifically descriptive codes that can be evaluated for
safety risk.

20.3 - Rebundling of CPT Codes (Rev. 1, 10-01-03) B3-2266.3

The general CCI rebundling instructions apply to processing claims from ASC facilities services. In general, if an ASC bills a CPT code that is considered to be part of another more comprehensive code that is also billed for the same beneficiary on the same date of service, only the more comprehensive code is covered, provided that code is on the list of ASC approved codes.

Refer to Chapter 23 for a description of these instructions.