



<http://www.wpsmedicare.com>

Modifier SG Fact Sheet

Definition:

- Services Performed at an Ambulatory Surgical Center* (ASC) facility

Appropriate Use:

- Do not use for dates of service January 1, 2008 and after.
- Use on claims for the ASC facility services.
- Claims must be submitted as assigned claims.
- Place of service must be 24.
- Report the appropriate CPT/HCPCS code for the procedure(s) performed.
- Use the appropriate modifier. Modifiers direct prompt and correct payment of the claims submitted. Bill documentation modifiers in the first modifier field.
- List the specialty 49 provider number in item 33 or the electronic equivalent.

Facts:

Refer to the Centers for Medicare & Medicaid Services (CMS) Internet Only Manuals (IOM) 100-04 chapter 14, Ambulatory Surgical Centers (ASCs) for more specific information relating to ASC services. The IOM can be found through accessing the following Website:

<http://www.cms.hhs.gov/manuals/downloads/clm104c14.pdf>

*An ASC is a distinct entity that operates exclusively for the purpose of furnishing outpatient surgical services to patients. It enters into an agreement with CMS to do so. Payment is made under Part B for facility services furnished by ASCs in connection with certain surgical procedures. The law ties coverage of ASC services under Part B to specified surgical procedures, which are contained in a list, developed and periodically revised. The list governs coverage of facility services furnished by ASCs. With respect to facility services, payment is made for a procedure performed on a Medicare beneficiary only if it is on the list.