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Payment for Non-ASC Procedures

An Ambulatory Surgical Center (ASC) may bill Medicare for a facility fee for a procedure on the Medicare-approved ASC list and performed at the ASC. ASC facility fees billed for HCPCS codes not on the Medicare-approved ASC list are denied. To access the ASC list of Medicare approved procedures, please [click here](#).

Physicians and qualified nonphysician practitioners, however, may bill Medicare for covered procedures not on the Medicare-approved ASC list but performed in an ASC. Those services are paid at the nonfacility rate according to the physician fee schedule, using the nonfacility practice expense RVUs for such procedures. The Medicare physician fee schedule payment for procedures not on the ASC list but performed in an ASC includes payment for all practice expenses, and, as noted above, there is no separate payment of an ASC facility fee.

The Place of Service code is 24 for procedures performed in an ASC.