Introduction to Health Law Series 2011
Part 2: Introduction to Medicare

Medicare Fundamentals Parts A, B, C, and D **Tab 1**
(with detailed Table of Contents)
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!Unexpected End of Formula

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a dedicated operating room or suite and a postoperative recovery room; and are not otherwise excluded under 42 CFR 411.15. 89

Payment for ASC services furnished before January 1, 2008 are based on a prospectively-determined rate. This rate covers the cost of services such as supplies, nursing services, equipment etc. and does not include physician services, x-ray services, laboratory services, or other medical services covered under 42 CFR 410. Those services may be billed separately. 89

2. General Rule for Services Furnished on or After January 1, 2008. 89

Surgical procedures that are covered in an ASC are specified surgical procedures that are separately paid under the OPPS, that would not be expected to pose a significant safety risk to a Medicare beneficiary when performed in an ASC and for which standard medical practice dictates that the beneficiary would not typically be expected to require active medical monitoring and care at midnight following the procedure. Additionally, certain surgical procedures are excluded from coverage in an ASC. See 42 CFR 416.166(c). 89

Payment for ASC services furnished on or after January 1, 2008 are based on the OPPS rate for the same procedure performed in a hospital outpatient setting but at a reduced rate to account for lower ASC overhead costs. 2010 is the third year of a four-year phase in of this payment methodology. 89

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