

(4) No payment is made for services of a “teaching physician” associated with moonlighting services, and the time spent furnishing these services is not included in the teaching hospital’s full-time equivalency count for the indirect GME payment (§412.105 of this chapter) and for the direct GME payment (§413.86 of this chapter).

(c) *Other settings.* Moonlighting services of a licensed resident in an approved GME program furnished outside the scope of that program in a hospital or other setting that does not participate in the approved GME program are payable under the physician fee schedule as set forth in §415.206(b)(1).

## PART 416—AMBULATORY SURGICAL SERVICES

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AUTHORITY: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

SOURCE: 47 FR 34094, Aug. 5, 1982, unless otherwise noted.

## Subpart A—General Provisions and Definitions

### §416.1 Basis and scope.

(a) *Statutory basis.* (1) Section 1832(a)(2)(F)(i) of the Act provides for Medicare Part B coverage of facility services furnished in connection with surgical procedures specified by the Secretary under section 1833(i)(1) of the Act.

(2) Section 1833(i)(1)(A) of the Act requires the Secretary to specify the surgical procedures that can be performed safely on an ambulatory basis in an ambulatory surgical center, or a hospital outpatient department.

(3) Section 1833(i)(2)(A) and (3) specify the amounts to be paid for facility services furnished in connection with the specified surgical procedures when they are performed, respectively, in an ASC, or in a hospital outpatient department.

(b) *Scope.* This part sets forth—

- (1) The conditions that an ASC must meet in order to participate in the Medicare program;  
(2) The scope of covered services; and

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(3) The conditions for Medicare payment for facility services.

[56 FR 8843, Mar. 1, 1991; 56 FR 23022, May 20, 1991]

### § 416.2 Definitions.

As used in this part:

*Ambulatory surgical center* or *ASC* means any distinct entity that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization, has an agreement with HCFA to participate in Medicare as an ASC, and meets the conditions set forth in subparts B and C of this part.

*ASC services* means facility services that are furnished in an ASC.

*Covered surgical procedures* means those surgical and other medical procedures that meet the criteria specified in § 416.65 and are published by HCFA in the FEDERAL REGISTER.

*Facility services* means services that are furnished in connection with covered surgical procedures performed in an ASC, or in a hospital on an out-patient basis.

[56 FR 8843, Mar. 1, 1991; 56 FR 23022, May 20, 1991]

## Subpart B—General Conditions and Requirements

### § 416.25 Basic requirements.

Participation as an ASC is limited to facilities that—

- (a) Meet the definition in § 416.2; and
- (b) Have in effect an agreement obtained in accordance with this subpart.

[56 FR 8843, Mar. 1, 1991]

### § 416.26 Qualifying for an agreement.

(a) *Deemed compliance.* HCFA may deem an ASC to be in compliance with any or all of the conditions set forth in subpart C of this part if—

(1) The ASC is accredited by a national accrediting body, or licensed by a State agency, that HCFA determines provides reasonable assurance that the conditions are met;

(2) In the case of deemed status through accreditation by a national accrediting body, where State law requires licensure, the ASC complies with State licensure requirements; and

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(3) The ASC authorizes the release to HCFA, of the findings of the accreditation survey.

(b) *Survey of ASCs.* (1) Unless HCFA deems the ASC to be in compliance with the conditions set forth in subpart C of this part, the State survey agency must survey the facility to ascertain compliance with those conditions, and report its findings to HCFA.

(2) HCFA surveys deemed ASCs on a sample basis as part of HCFA's validation process.

(c) *Acceptance of the ASC as qualified to furnish ambulatory surgical services.* If HCFA determines, after reviewing the survey agency recommendation and other evidence relating to the qualification of the ASC, that the facility meets the requirements of this part, it sends to the ASC—

(1) Written notice of the determination; and

(2) Two copies of the ASC agreement.

(d) *Filing of agreement by the ASC.* If the ASC wishes to participate in the program, it must—

(1) Have both copies of the ASC agreement signed by its authorized representative; and

(2) File them with HCFA.

(e) *Acceptance by HCFA.* If HCFA accepts the agreement filed by the ASC, returns to the ASC one copy of the agreement, with a notice of acceptance specifying the effective date.

(f) *Appeal rights.* If HCFA refuses to enter into an agreement or if HCFA terminates an agreement, the ASC is entitled to a hearing in accordance with part 498 of this chapter.

[56 FR 8843, Mar. 1, 1991]

### § 416.30 Terms of agreement with HCFA.

As part of the agreement under § 416.26 the ASC must agree to the following:

(a) *Compliance with coverage conditions.* The ASC agrees to meet the conditions for coverage specified in subpart C of this part and to report promptly to HCFA any failure to do so.

(b) *Limitation on charges to beneficiaries.*<sup>1</sup> The ASC agrees to charge the

<sup>1</sup>For facility services furnished before July 1987, the ASC had to agree to make no charge to the beneficiary, since those services were