are made in accordance with Part 414 of this subchapter.

(c) Payment for items and services other than physicians' and anesthesiologists' services, as specified in §416.164(c), is made in accordance with §410.152 of this subchapter.

§ 416.164 Scope of ASC services.

(a) Included facility services. ASC services for which payment is packaged into the ASC payment for a covered surgical procedure under §416.166 include, but are not limited to—

(1) Nursing, technician, and related services;
(2) Use of the facility where the surgical procedures are performed;
(3) Any laboratory testing performed under a Clinical Laboratory Improvement Amendments of 1988 (CLIA) certificate of waiver;
(4) Drugs and biologicals for which separate payment is not allowed under the hospital outpatient prospective payment system (OPPS);
(5) Medical and surgical supplies not on pass-through status under Subpart G of Part 419 of this subchapter;
(6) Equipment;
(7) Surgical dressings;
(8) Implantable prosthetic devices, including intraocular lenses (IOLs), and related accessories and supplies not on pass-through status under subpart G of part 419 of this subchapter;
(9) Implantable DME and related accessories and supplies not on pass-through status under subpart G of part 419 of this subchapter;
(10) Splints and casts and related devices;
(11) Radiology services for which separate payment is not allowed under the OPPS, and other diagnostic tests or interpretive services that are integral to a surgical procedure;
(12) Administrative, recordkeeping and housekeeping items and services;
(13) Materials, including supplies and equipment for the administration and monitoring of anesthesia; and
(14) Supervision of the services of an anesthetist by the operating surgeon.

(b) Covered ancillary services. Ancillary items and services that are integral to a covered surgical procedure, as defined in §416.166, and for which separate payment is allowed include:

(1) Brachytherapy sources;
(2) Certain implantable items that have pass-through status under the OPPS;
(3) Certain items and services that CMS designates as contractor-priced, including, but not limited to, the procurement of corneal tissue;
(4) Certain drugs and biologicals for which separate payment is allowed under the OPPS;
(5) Certain radiology services for which separate payment is allowed under the OPPS.

(c) Excluded services. ASC services do not include items and services outside the scope of ASC services for which payment may be made under part 414 of this subchapter in accordance with §410.152, including, but not limited to—

(1) Physicians’ services (including surgical procedures and all preoperative and postoperative services that are performed by a physician);
(2) Anesthesiologists’ services;
(3) Radiology services (other than those integral to performance of a covered surgical procedure);
(4) Diagnostic procedures (other than those directly related to performance of a covered surgical procedure);
(5) Ambulance services;
(6) Leg, arm, back, and neck braces other than those that serve the function of a cast or splint;
(7) Artificial limbs;
(8) Nonimplantable prosthetic devices and DME.

§ 416.166 Covered surgical procedures.

(a) Covered surgical procedures. Effective for services furnished on or after January 1, 2008, covered surgical procedures are those procedures that meet the general standards described in paragraph (b) of this section (whether commonly furnished in an ASC or a physician’s office) and are not excluded under paragraph (c) of this section.

(b) General standards. Subject to the exclusions in paragraph (c) of this section, covered surgical procedures are surgical procedures specified by the Secretary and published in the Federal Register that are separately paid under the OPPS, that would not be expected to pose a significant safety risk.