

January 2, 2025

CERTAIN NON-SURGICAL SERVICES PROCEDURE CODES NO LONGER REIMBURSED SEPARATELY FOR HASC & ASC PROVIDERS

BACKGROUND

Effective for dates of service on or after December 1, 2024, certain non-surgical services procedure codes will no longer be reimbursed separately for hospital-based ambulatory surgery centers (HASC) and ambulatory surgery centers (ASC) because they are included in the Medicare ASC global payment. This change applies to Texas Medicaid and the Children with Special Health Care Needs (CSHCN) Services Program.

KEY DETAILS

The following non-surgical services procedure codes will be affected under this change:

Procedure Codes						
L8614	L8625	L8630	L8631	L8641	L8642	L8658
L8659	L8678	L8680	L8681	L8682	L8683	L8684
L8685	L8686	L8687	L8688	L8689	L8690	L8691
L8692	L8693	L8694	L8695	P9010	P9011	P9025
P9031	P9032	P9033	P9034	P9035	P9036	P9037
P9038	P9039	P9040	P9041	P9043	P9044	P9045
P9046	P9047	P9048	P9050	P9051	P9052	P9053
P9054	P9055	P9056	P9057	P9058	P9059	P9060
P9099	Q0507	Q0508	V2790			

Note: The HASC's and ASC's Static Fee schedule will be updated to reflect these changes.

A draft of the updated ASC/HASC static fee schedule has been included, with the changes that will implement on December 1, 2024, for the purpose of MCO claims processing and system changes.

ACTION

MCOs must update their systems and processes to reflect code updates and inform impacted providers in the MCO's provider network about any code updates and reprocessing of claims.

RESOURCE

[Draft ASC_HASC FeeSchedules](#)