| CMS Manual System | **Department of Health & Human Services (DHHS)** |
|---|---|
| Pub 100-20 One-Time Notification | **Centers for Medicare & Medicaid Services (CMS)** |
| **Transmittal 13396** | **Date: September 4, 2025** |
| | **Change Request 14199** |

**SUBJECT: Provider Education for Prior Authorization (PA) of Certain Services in the Ambulatory Surgical Center (ASC) Setting**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to instruct the A/B Medicare Administrative Contractors (MACs) to provide education for providers regarding the PA process of certain services in the ASC setting.

**EFFECTIVE DATE: October 6, 2025**
**Unless otherwise specified, the effective date is the date of service.*
**IMPLEMENTATION DATE: October 6, 2025**

***Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.***

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

| R/N/D | CHAPTER / SECTION / SUBSECTION / TITLE |
|---|---|
| N/A | N/A |

**III. FUNDING:**

**For Medicare Administrative Contractors (MACs):**
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**One Time Notification**

# Attachment - One-Time Notification

| Pub. 100-20 | Transmittal: 13396 | Date: September 4, 2025 | Change Request: 14199 |
|---|---|---|---|

**SUBJECT: Provider Education for Prior Authorization (PA) of Certain Services in the Ambulatory Surgical Center (ASC) Setting**

**EFFECTIVE DATE: October 6, 2025**
**Unless otherwise specified, the effective date is the date of service.*
**IMPLEMENTATION DATE: October 6, 2025**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to instruct the A/B Medicare Administrative Contractors (MACs) to provide education for providers regarding the PA process of certain services in the ASC setting.

## II. GENERAL INFORMATION

**A. Background:** The CMS is using Section 402(a)(1)(J)of the Social Security Act (the Act) demonstration authority for a demonstration project for the PA of certain services provided in ASCs in ten states. The states included in this demonstration are California, Florida, Texas, Arizona, Ohio, Tennessee, Pennsylvania, Maryland, Georgia, and New York. The service categories targeted by the demonstration are blepharoplasty, botulinum toxin injections, panniculectomy, rhinoplasty, and vein ablation procedures. Providers must request prior authorization for these service categories, or they will be subject to prepayment review.

The Calendar Year 2020 Outpatient Prospective Payment System/Ambulatory Surgical Center Final Rule (CMS -1717-FC) established a nationwide PA process and requirements for certain hospital outpatient department services - blepharoplasty, botulinum toxin injections, rhinoplasty, panniculectomy, and vein ablation. These targeted services can potentially be provided as cosmetic procedures, rather than medically necessary procedures, resulting in improper or fraudulent payments. Data from 2019 to 2021 shows these services have experienced significant increases in utilization in the ASC setting. Additionally, there have been several recent law enforcement actions for each of the selected services. There is considerable concern about unnecessary utilization of these services in the Outpatient Department (OPD) moving to the ASC as the OPD PA program continues and services are scrutinized in the OPD setting.

Operational instructions for the PA process for these five services in the ASC setting are provided under separate instructions. This CR provides instructions to the contractor for education regarding the ASC PA program. The CMS will educate providers and physicians about this program by sending the Introductory Letters attached to this CR, as well as communicating related requirements and resources to access additional information.

**B. Policy:** Section 1862(a)(1) and Section 402(a)(1)(J) of the Act

## III. BUSINESS REQUIREMENTS TABLE

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

| Number | Requirement | Responsibility | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | A/B MAC | | | DME | Shared-System Maintainers | | | | Other |
| | | A | B | HHH | MAC | FISS | MCS | VMS | CWF | |
| 14199.1 | The MAC shall generate lists of all active ASC providers to receive the appropriate | | | | | | | | | J15 A/B MAC, |

| Number | Requirement | Responsibility | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | A/B MAC | | | DME | Shared-System Maintainers | | | | Other |
| | | A | B | HHH | MAC | FISS | MCS | VMS | CWF | |
| | Introductory Letter attached to this CR (Attachments B and C), who have billed, since January 1, 2023, the Healthcare Common Procedure Coding System (HCPCS) codes that are included in Attachment A. | | | | | | | | | JE A/B MAC, JF A/B MAC, JH A/B MAC, JJ A/B MAC, JK A/B MAC, JL A/B MAC, JN A/B MAC |
| 14199.1.1 | The MAC shall determine which active ASC providers from the list are applicable to its jurisdiction and perform these services. | | | | | | | | | J15 A/B MAC, JE A/B MAC, JF A/B MAC, JH A/B MAC, JJ A/B MAC, JK A/B MAC, JL A/B MAC, JN A/B MAC |
| 14199.2 | The MAC shall use the Introductory Provider Letter template provided by CMS (Attachment B). | | | | | | | | | J15 A/B MAC, JE A/B MAC, JF A/B MAC, JH A/B MAC, JJ A/B MAC, JK A/B MAC, JL A/B MAC, JN A/B MAC |
| 14199.2.1 | The MAC shall prepare and mail the Introductory Letters to all applicable ASC facility | | | | | | | | | J15 A/B MAC, |

| Number | Requirement | Responsibility | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | A/B MAC | | | DME | Shared-System Maintainers | | | | Other |
| | | A | B | HHH | MAC | FISS | MCS | VMS | CWF | |
| | providers no later than October 17, 2025.<br>• Place of Service Code 24- Ambulatory Surgical Center<br>• Type of Service F- Facility<br>• Provider Specialty Code 49 – Ambulatory Surgical Center | | | | | | | | | JE A/B MAC, JF A/B MAC, JH A/B MAC, JJ A/B MAC, JK A/B MAC, JL A/B MAC, JN A/B MAC |
| 14199.3 | The MAC shall use the Introductory Physician Letter template provided by CMS (Attachment C). | | | | | | | | | J15 A/B MAC, JE A/B MAC, JF A/B MAC, JH A/B MAC, JJ A/B MAC, JK A/B MAC, JL A/B MAC, JN A/B MAC |
| 14199.3.1 | The MAC shall prepare and mail the Introductory Letters by October 17, 2025, to all applicable physicians (those who performed these specific services in the ASC Setting).<br>• Place of Service Code 24 – Ambulatory Surgical Center | | | | | | | | | J15 A/B MAC, JE A/B MAC, JF A/B MAC, JH A/B MAC, JJ A/B MAC, JK A/B MAC, JL A/B MAC, JN A/B MAC |

| Number | Requirement | Responsibility | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | A/B MAC | | | DME | Shared-System Maintainers | | | | Other |
| | | A | B | HHH | MAC | FISS | MCS | VMS | CWF | |
| 14199.4 | The MAC shall create web postings describing the program parameters. | | | | | | | | | J15 A/B MAC, JE A/B MAC, JF A/B MAC, JH A/B MAC, JJ A/B MAC, JK A/B MAC, JL A/B MAC, JN A/B MAC |
| 14199.5 | The MAC shall hold group or individualized training sessions, as appropriate, to notify stakeholders of this demonstration and to ensure understanding of its specific requirements. | | | | | | | | | J15 A/B MAC, JE A/B MAC, JF A/B MAC, JH A/B MAC, JJ A/B MAC, JK A/B MAC, JL A/B MAC, JN A/B MAC |
| 14199.6 | The MAC shall utilize publicly available information from the Paperwork Reduction Act to initiate education. Until additional MAC instructions are finalized, MACs shall include that information in their education. | | | | | | | | | J15 A/B MAC, JE A/B MAC, JF A/B MAC, JH A/B MAC, JJ A/B MAC, JK A/B MAC, JL A/B MAC, JN A/B MAC |

| Number | Requirement | Responsibility | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | A/B MAC | | | DME | Shared-System Maintainers | | | | Other |
| | | A | B | HHH | MAC | FISS | MCS | VMS | CWF | |
| 14199.6.1 | The MACs shall, at a minimum, provide public access to the agency-developed information, including, but not limited to, any developed PA operational guides, special Medicare Learning Network materials, and/or other support materials, by posting the link(s) on their website. | | | | | | | | | J15 A/B MAC, JE A/B MAC, JF A/B MAC, JH A/B MAC, JJ A/B MAC, JK A/B MAC, JL A/B MAC, JN A/B MAC |

## IV. PROVIDER EDUCATION

None

**Impacted Contractors:** None

## V. SUPPORTING INFORMATION

**Section A: Recommendations and supporting information associated with listed requirements: N/A**

*"Should" denotes a recommendation.*

| X-Ref Requirement Number | Recommendations or other supporting information: |
|---|---|

**Section B: All other recommendations and supporting information: N/A**

## VI. CONTACTS

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

## VII. FUNDING

**Section A: For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**ATTACHMENTS: 3**

## Attachment A

## List of Ambulatory Surgical Center Services For Prior Authorization

| Code | (i) Blepharoplasty, Blepharoptosis Repair, and Brow Ptosis Repair |
|---|---|
| | |
| 15820 | Blepharoplasty, lower eyelid |
| 15821 | Blepharoplasty, lower eyelid; with extensive herniated fat pad |
| 15822 | Blepharoplasty, upper eyelid |
| 15823 | Blepharoplasty, upper eyelid; with excessive skin weighting down lid |
| 67900 | Repair of brow ptosis (supraciliary, mid-forehead or coronal approach) |
| 67901 | Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia) |
| 67902 | Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia) |
| 67903 | Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach |
| 67904 | Repair of blepharoptosis; (tarso) levator resection or advancement, external approach |
| 67906 | Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia) |
| 67908 | Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type) |
| | |
| Code | (ii) Botulinum Toxin Injection |
| | |
| 64612 | Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm) |
| 64615 | Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine) |
| J0585 | Injection, onabotulinumtoxina, 1 unit |
| J0586 | Injection, abobotulinumtoxina, 5 units |
| J0587 | Injection, rimabotulinumtoxinb, 100 units |
| J0588 | Injection, incobotulinumtoxin a, 1 unit |
| J0589 | Injection, daxibotulinumtoxina-lanm, 1 unit |
| | |
| Code | (iii) Panniculectomy, Excision of Excess Skin and Subcutaneous Tissue (Including Lipectomy), and related services |
| | |
| 15830 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy |
| 15847 | Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) |
| 15877 | Suction assisted lipectomy; trunk |
| | |
| Code | (iv) Rhinoplasty, and related services |
| | |
| 20912 | Cartilage graft; nasal septum |
| 21210 | Graft, bone; nasal, maxillary or malar areas (includes obtaining graft) |
| 30400 | Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip |
| 30410 | Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip |

| | |
|---|---|
| 30420 | Rhinoplasty, primary; including major septal repair |
| 30430 | Rhinoplasty, secondary; minor revision (small amount of nasal tip work) |
| 30435 | Rhinoplasty, secondary; intermediate revision (bony work with osteotomies) |
| 30450 | Rhinoplasty, secondary; major revision (nasal tip work and osteotomies) |
| 30460 | Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only |
| 30462 | Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies |
| 30465 | Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction) |
| 30520 | Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft |
| | |
| Code | (v) Vein Ablation, and related services |
| | |
| 36473 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated |
| 36474 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites |
| 36475 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated |
| 36476 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites |
| 36478 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated |
| 36479 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites |
| 36482 | Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated |
| 36483 | Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites |

**Attachment B**

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard,
Baltimore, Maryland 21244-1850

MAC Header Here

PROVIDER NAME
PROVIDER ADDRESS
CITY ST ZIP

Mail Date (ex. January 1, 2023)
Provider NPI Number: Provider NPI

Dear Provider:

The purpose of this letter is to inform you that the Centers for Medicare & Medicaid Services (CMS) has implemented **a Prior Authorization (PA) Demonstration for Certain Ambulatory Surgical Center (ASC) Services** furnished on or after Insert Date here XX,XX,XXXX, **in select states**. The states included in this demonstration are California, Florida, Texas, Arizona, Ohio, Tennessee, Pennsylvania, Maryland, Georgia, and New York.

Prior Authorization is for the following certain ASC services:

i. Blepharoplasty, Eyelid Surgery, Brow Lift, and Related Services
ii. Botulinum toxin injections
iii. Panniculectomy, Excision of Excess Skin and Subcutaneous Tissue (Including Lipectomy), and Related Services
iv. Rhinoplasty and Related Services
v. Vein ablation and Related Services

If a provider does not obtain a prior authorization request and the service is furnished, the claim will be subject to prepayment review. Prepayment review means that [Insert MAC name here] will request medical records from the provider and make a claim determination before the claim is paid. The list of the specific Healthcare Common Procedure Coding System (HCPCS) codes that are included in the ASC Prior Authorization demonstration located in a separate document mailed along with this letter.

**What You Need to Know**

The Prior Authorization demonstration does not change Medicare benefits or coverage requirements, nor does it create new documentation requirements. The documentation to be included with a prior authorization request is information that providers are regularly required to maintain for Medicare payments. The request must be submitted by the ASC provider or other third party on behalf of the ASC provider, referred to as a "requester." If a requester chose to submit a prior authorization request, the requester must submit the request with the required documentation before the service is rendered and before the claim is submitted for payment to make sure all Medicare requirements are met.

The ASC facility is responsible for submission of the prior authorization request and all documentation to Medicare on behalf of the Medicare patient. However, the physician, or the other third party may submit **on behalf** of the ASC facility.

After receipt of all required documentation from the requester, [Insert MAC name here] will review the prior authorization request and issue a provisional affirmation or non-affirmation within seven (7) calendar days of receipt of the prior authorization request. A provider may request an expedited review if the beneficiary's life, health, or ability to regain maximum function is in jeopardy. [Insert MAC name here] will complete an

expedited review within two (2) business days of the prior authorization request if it is determined that a delay could seriously jeopardize the beneficiary's life, health, or ability to regain maximum function and issue a provisional affirmation or non-affirmation decision. [Insert MAC name here] will send the decision letter regarding the prior authorization to the requester and, upon request, to the Medicare patient.

If the prior authorization request is non-affirmed by [Insert MAC name here], the requester may revise and resubmit the request an unlimited number of times. [Insert MAC name here] will review and communicate a decision within seven (7) calendar days on each resubmitted prior authorization request. [Insert MAC name here] will send the provider detailed reasons for the non-affirmation decisions and offer education to help the provider understand the reason for the non-affirmation decision and how the issue can be fixed.

For detailed information about this demonstration, please refer to the following resources:

[Insert MAC website here]

**Additional Resources**

CMS has a dedicated demonstration website for the ASC prior authorization process with additional resources at CMS Prior Authorization and Pre-Claim Review Initiatives website. [Insert MAC name] will post additional information and details of any upcoming educational sessions on its website (link noted above). You may request an individual education session if you have questions about the demonstration.

**CMS Welcomes Feedback**

CMS is committed to continuing the ASC Prior Authorization demonstration in an open and transparent manner that serves and protects patients and the health care providers that care for them. Send feedback to CMS at ASC_PA@cms.hhs.gov.

**Attachment C**

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard,
Baltimore, Maryland 21244-1850

MAC Header Here
PHYSICIAN/PRACTITIONER NAME
PHYSICIAN/PRACTITIONER ADDRESS
CITY ST ZIP

Mail Date (ex. January 1, 2025)
Physician/Practitioner NPI Number: Physician/practitioner NPI

Dear Physician/Practitioner:
The purpose of this letter is to inform you that the Centers for Medicare & Medicaid Services (CMS) has implemented **a Prior Authorization (PA) Demonstration for Certain Ambulatory Surgical Center (ASC) Services** furnished on or after Insert Date here XX,XX,XXXX, **in select states**. The states included in this demonstration are California, Florida, Texas, Arizona, Ohio, Tennessee, Pennsylvania, Maryland, Georgia, and New York.

Prior Authorization is for the following certain ASC services:

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iv. Rhinoplasty and Related Services
v. Vein ablation and Related Services

If a provider does not obtain a prior authorization request and the service is furnished, the claim will be subject to prepayment review. Prepayment review means that [Insert MAC name here] will request medical records from the provider and make a claim determination before the claim is paid. The list of the specific Healthcare Common Procedure Coding System (HCPCS) codes that are included in the ASC Prior Authorization demonstration located in a separate document mailed along with this letter.

**What You Need to Know**
The Prior Authorization demonstration does not change Medicare benefits or coverage requirements, nor does it create new documentation requirements. The documentation to be included with a prior authorization request is information that providers are regularly required to maintain for Medicare payments. The request must be submitted by the ASC provider or other third party on behalf of the ASC provider, referred to as a "requester." If a requester chose to submit a prior authorization request, the requester must submit the request with the required documentation before the service is rendered and before the claim is submitted for payment to make sure all Medicare requirements are met.
The ASC facility is responsible for submission of the prior authorization request and all documentation to Medicare on behalf of the Medicare patient. However, the physician, or the other third party may submit **on behalf** of the ASC facility.
After receipt of all required documentation from the requester, [Insert MAC name here] will review the prior authorization request and issue a provisional affirmation or non-affirmation within seven (7) calendar days of receipt of the prior authorization request. A provider may request an expedited review if the beneficiary's life, health, or ability to regain maximum function is in jeopardy. [Insert MAC name here] will complete an expedited review within two (2) business days of the prior authorization request if it is determined that a delay could seriously jeopardize the beneficiary's life, health, or ability to regain maximum function and

issue a provisional affirmation or non-affirmation decision. [Insert MAC name here] will send the decision letter regarding the prior authorization to the requester and, upon request, to the Medicare patient.

[Insert MAC name here] will send the decision letter regarding the prior authorization to the requester and, upon request, to the Medicare patient. If the prior authorization request is non-affirmed by [Insert MAC name here], the requester may revise and resubmit it an unlimited number of times. [Insert MAC name here] will review and communicate a decision within seven (7) calendar days on each resubmitted prior authorization request. [Insert MAC name here] will send the provider detailed reasons for the non-affirmation decisions and offer education to help the provider understand the reason for the non-affirmation decision and how the issue can be fixed.

For detailed information about this program, please refer to the following resources:
[Insert MAC website here]

**Additional Resources**

CMS has a dedicated demonstration website for the ASC prior authorization process with additional resources at CMS Prior Authorization and Pre-Claim Review Initiatives website. [Insert MAC name] will post additional information and details of any upcoming educational sessions on its website (link noted above). You may request an individual education session if you have questions about the demonstration.

**CMS Welcomes Feedback**

CMS is committed to continuing the ASC Prior Authorization demonstration in an open and transparent manner that serves and protects patients and the health care providers that care for them. Send feedback to CMS at ASC_PA@cms.hhs.gov.