

**AMBULATORY SURGERY CENTER
FACILITY GROUPER**

Effective Date: 07/01/2016

67:16:28:05. Rate of payment.

The rate of payment for the different groups of covered services is as follows:

Group	Payment
Group 1	\$250.44
Group 2	\$336.01
Group 3	\$385.05
Group 4	\$471.66
Group 5	66 percent of usual and customary charges