

**AMBULATORY SURGERY CENTER  
FACILITY GROUPE**

Effective Date: 07/01/2014

Updated: 06/24/2014

*ATTENTION: Codes with no established rate pay at a percentage of billed charges per administrative rule and the same percentage for SFY12 reductions and increases for FY13, FY14, and FY15 will be applied.*

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

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

<b>Group</b>	<b>Payment</b>
Group 1	\$240.00
Group 2	\$322.00
Group 3	\$369.00
Group 4	\$452.00
Group 5	66 percent of usual and customary charges