

**AMBULATORY SURGERY CENTER
FACILITY GROUPE**

Effective Date: 07/01/2015

Updated: 07/01/2015

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, FY15, and FY16 will be applied.

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	\$243.96
Group 2	\$327.31
Group 3	\$375.09
Group 4	\$459.46
Group 5	66 percent of usual and customary charges