

**AMBULATORY SURGERY CENTER
AND SPECIALIZED SURGICAL HOSPITALS
FACILITY GROUPEE**

Effective Date: 04/01/2020

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

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

Group	Provider Type	Payment
Group 1	Ambulatory Surgical Center	\$240.00
Group 2	Ambulatory Surgical Center	\$322.00
Group 3	Ambulatory Surgical Center	\$369.00
Group 4	Ambulatory Surgical Center	\$452.00
Group 5	Ambulatory Surgical Center	66 percent of usual and customary charges for ancillary services.
	Specialized Surgical Hospitals	66 percent of usual and customary charges for ancillary services and 60 percent of usual and customary charges for Room and Board.

The overall claim payment for ambulatory surgical centers is increased by 1.85%.

The overall claim payment for specialized surgical hospitals is reduced by 3.85%.