

**AMBULATORY SURGERY CENTER  
FACILITY GROUPE**

Effective Date: 07/01/2025

**ARSD 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	\$292.14
Group 2	\$391.96
Group 3	\$449.17
Group 4	\$550.19
Group 5	\$1,249.95
Group 6	66 percent of usual and customary charges.