

**AMBULATORY SURGERY CENTER
FACILITY GROUPE**

Effective Date: 07/01/2024

ARSD 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	\$288.53
Group 2	\$387.12
Group 3	\$443.62
Group 4	\$543.40
Group 5	\$1,234.52
Group 6	66 percent of usual and customary charges.