

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

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	Provider Type	Payment
Group 1	Ambulatory Surgical Center	\$288.53
Group 2	Ambulatory Surgical Center	\$387.12
Group 3	Ambulatory Surgical Center	\$443.62
Group 4	Ambulatory Surgical Center	\$543.40
Group 5	Ambulatory Surgical Center	\$1,234.52
Group 6	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.