

Field Key Ambulatory Surgery Center Fees, CSV

Effective for Dates of Service on or After

July 1, 2012

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AMBULATORY SURGERY CENTER

FIELD KEY:

| Column Title | Column Description | Column Values | Value Definitions |
|--|--|----------------------|---|
| CPT(c) HCPCS Code | 2011 CPT ^(R) or HCPCS code | | 2011 CPT ^(R) or HCPCS code |
| Jul 2012 ASC Payment Amount | The maximum fee paid for the allowed service | Bundled | Bundled code, not separately payable. Certain bundled codes are required to pay for the payable service. |
| | | Dollar amount | The maximum fee allowed |
| | | Not covered | L&I does not cover this service |
| | | UR, BR | This service requires Utilization Review approval and will be paid based upon the report generated. |
| Multiple Proc Discount | Whether the service is subject to the multiple procedure discount. | N | Service is not subject to multiple procedure discount |
| | | NA | Not Applicable |
| | | Y | Service is subject to multiple procedure discounting. |