2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
00100	ANESTH SALIVARY GLAND	19941213	22991231		
00102	ANESTH REPAIR OF CLEFT LIP	19941213	22991231		
00103	ANESTH BLEPHAROPLASTY	19941213	22991231		
00104	ANESTH ELECTROSHOCK	19941213	22991231		
00120	ANESTH EAR SURGERY	19941213	22991231		
00124	ANESTH EAR EXAM	19941213	22991231		
00126	ANESTH TYMPANOTOMY	19941213	22991231		
00140	ANESTH PROCEDURES ON EYE	19941213	22991231		
00142	ANESTH LENS SURGERY	19941213	22991231		
00144	ANESTH CORNEAL TRANSPLANT	19941213	22991231		
00145	ANESTH VITREORETINAL SURG	19941213	22991231		
00147	ANESTH IRIDECTOMY	19941213	22991231		
00148	ANESTH EYE EXAM	19941213	22991231		
00160	ANESTH NOSE/SINUS SURGERY	19941213	22991231		
00162	ANESTH NOSE/SINUS SURGERY	19941213	22991231		
00164	ANESTH BIOPSY OF NOSE	19941213	22991231		
00170	ANESTH PROCEDURE ON MOUTH	19941213	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
00172	ANESTH CLEFT PALATE REPAIR	19941213	22991231		
00174	ANESTH PHARYNGEAL SURGERY	19941213	22991231		
00176	ANESTH PHARYNGEAL SURGERY	19941213	22991231		
00190	ANESTH FACE/SKULL BONE SURG	19941213	22991231		
00192	ANESTH FACIAL BONE SURGERY	19941213	22991231		
00210	ANESTH CRANIAL SURG NOS	19941213	22991231		
00212	ANESTH SKULL DRAINAGE	19941213	22991231		
00214	ANESTH SKULL DRAINAGE	19941213	22991231		
00215	ANESTH SKULL REPAIR/FRACT	19941213	22991231		
00216	ANESTH HEAD VESSEL SURGERY	19941213	22991231		
00218	ANESTH SPECIAL HEAD SURGERY	19941213	22991231		
00220	ANESTH INTRCRN NERVE	19941213	22991231		
00222	ANESTH HEAD NERVE SURGERY	19941213	22991231		
00300	ANESTH HEAD/NECK/PTRUNK	19941213	22991231		
00320	ANESTH NECK ORGAN 1YR/>	19941213	22991231		
00322	ANESTH BIOPSY OF THYROID	19941213	22991231		
00350	ANESTH NECK VESSEL SURGERY	19941213	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
00352	ANESTH NECK VESSEL SURGERY	19941213	22991231		
00400	ANESTH SKIN EXT/PER/ATRUNK	19941213	22991231		
00402	ANESTH SURGERY OF BREAST	19941213	22991231		
00404	ANESTH SURGERY OF BREAST	19941213	22991231		
00406	ANESTH SURGERY OF BREAST	19941213	22991231		
00410	ANESTH CORRECT HEART RHYTHM	19941213	22991231		
00450	ANESTH SURGERY OF SHOULDER	19941213	22991231		
00454	ANESTH COLLAR BONE BIOPSY	19941213	22991231		
00470	ANESTH REMOVAL OF RIB	19941213	22991231		
00472	ANESTH CHEST WALL REPAIR	19941213	22991231		
00474	ANESTH SURGERY OF RIB	19941213	22991231		
00500	ANESTH ESOPHAGEAL SURGERY	19941213	22991231		
00520	ANESTH CHEST PROCEDURE	19941213	22991231		
00522	ANESTH CHEST LINING BIOPSY	19941213	22991231		
00524	ANESTH CHEST DRAINAGE	19941213	22991231		
00528	ANES MEDIASCPY & DX THORSCPY	19941213	22991231		
00530	ANESTH PACEMAKER INSERTION	19941213	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

	CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
	00532	ANESTH VASCULAR ACCESS	19941213	22991231		
	00534	ANESTH CARDIOVERTER/DEFIB	19941213	22991231		
	00540	ANESTH CHEST SURGERY	19941213	22991231		
	00542	ANESTHESIA REMOVAL PLEURA	19941213	22991231		
	00546	ANESTH LUNG CHEST WALL SURG	19941213	22991231		
	00548	ANESTH TRACHEA BRONCHI SURG	19941213	22991231		
	0054T	BONE SRGRY CMPTR FLUOR IMAGE	20090101	22991231		
	0055T	BONE SRGRY CMPTR CT/MRI IMAG	20090101	22991231		
	00560	ANESTH HEART SURG W/O PUMP	19941213	22991231		
	00562	ANESTH HRT SURG W/PMP AGE 1+	19941213	22991231		
	00580	ANESTH HEART/LUNG TRANSPLNT	19941213	22991231		
	00600	ANESTH SPINE CORD SURGERY	19941213	22991231		
	00604	ANESTH SITTING PROCEDURE	19941213	22991231		
	00620	ANESTH SPINE CORD SURGERY	19941213	22991231		
	00630	ANESTH SPINE CORD SURGERY	19941213	22991231		
	00632	ANESTH REMOVAL OF NERVES	19941213	22991231		
	00670	ANESTH SPINE CORD SURGERY	19941213	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
00700	ANESTH ABDOMINAL WALL SURG	19941213	22991231		
00702	ANESTH FOR LIVER BIOPSY	19941213	22991231		
00730	ANESTH ABDOMINAL WALL SURG	19941213	22991231		
00731	ANES UPR GI NDSC PX NOS	20180101	22991231		
00732	ANES UPR GI NDSC PX ERCP	20180101	22991231		
00750	ANESTH REPAIR OF HERNIA	19941213	22991231		
00752	ANESTH REPAIR OF HERNIA	19941213	22991231		
00754	ANESTH REPAIR OF HERNIA	19941213	22991231		
00756	ANESTH REPAIR OF HERNIA	19941213	22991231		
00770	ANESTH BLOOD VESSEL REPAIR	19941213	22991231		
00790	ANESTH SURG UPPER ABDOMEN	19941213	22991231		
00792	ANESTH HEMORR/EXCISE LIVER	19941213	22991231		
00794	ANESTH PANCREAS REMOVAL	19941213	22991231		
00796	ANESTH FOR LIVER TRANSPLANT	19941213	22991231		
00800	ANESTH ABDOMINAL WALL SURG	19941213	22991231		
00802	ANESTH FAT LAYER REMOVAL	19941213	22991231		
00811	ANES LWR INTST NDSC NOS	20180101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
00812	ANES LWR INTST SCR COLSC	20180101	22991231		
00813	ANES UPR LWR GI NDSC PX	20180101	22991231		
00820	ANESTH ABDOMINAL WALL SURG	19941213	22991231		
00830	ANESTH REPAIR OF HERNIA	19941213	22991231		
00832	ANESTH REPAIR OF HERNIA	19941213	22991231		
00840	ANESTH SURG LOWER ABDOMEN	19941213	22991231		
00842	ANESTH AMNIOCENTESIS	19941213	22991231		
00844	ANESTH PELVIS SURGERY	19941213	22991231		
00846	ANESTH HYSTERECTOMY	19941213	22991231		
00848	ANESTH PELVIC ORGAN SURG	19941213	22991231		
00860	ANESTH SURGERY OF ABDOMEN	19941213	22991231		
00862	ANESTH KIDNEY/URETER SURG	19941213	22991231		
00864	ANESTH REMOVAL OF BLADDER	19941213	22991231		
00865	ANESTH REMOVAL OF PROSTATE	19960101	22991231		
00866	ANESTH REMOVAL OF ADRENAL	19941213	22991231		
00868	ANESTH KIDNEY TRANSPLANT	19941213	22991231		
00870	ANESTH BLADDER STONE SURG	19941213	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
00872	ANESTH KIDNEY STONE DESTRUCT	19941213	22991231		
00873	ANESTH KIDNEY STONE DESTRUCT	19941213	22991231		
00880	ANESTH ABDOMEN VESSEL SURG	19941213	22991231		
00882	ANESTH MAJOR VEIN LIGATION	19941213	22991231		
00902	ANESTH ANORECTAL SURGERY	19941213	22991231		
00904	ANESTH PERINEAL SURGERY	19941213	22991231		
00906	ANESTH REMOVAL OF VULVA	19941213	22991231		
00908	ANESTH REMOVAL OF PROSTATE	19941213	22991231		
00910	ANESTH BLADDER SURGERY	19941213	22991231		
00912	ANESTH BLADDER TUMOR SURG	19941213	22991231		
00914	ANESTH REMOVAL OF PROSTATE	19941213	22991231		
00916	ANESTH BLEEDING CONTROL	19941213	22991231		
00918	ANESTH STONE REMOVAL	19941213	22991231		
00920	ANESTH GENITALIA SURGERY	19941213	22991231		
00922	ANESTH SPERM DUCT SURGERY	19941213	22991231		
00924	ANESTH TESTIS EXPLORATION	19941213	22991231		
00926	ANESTH REMOVAL OF TESTIS	19941213	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

	CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
	00928	ANESTH REMOVAL OF TESTIS	19941213	22991231		
	00930	ANESTH TESTIS SUSPENSION	19941213	22991231		
	00932	ANESTH AMPUTATION OF PENIS	19941213	22991231		
	00934	ANESTH PENIS NODES REMOVAL	19941213	22991231		
	00936	ANESTH PENIS NODES REMOVAL	19941213	22991231		
	00938	ANESTH INSERT PENIS DEVICE	19941213	22991231		
	00940	ANESTH VAGINAL PROCEDURES	19941213	22991231		
	00942	ANESTH SURG ON VAG/URETHRAL	19941213	22991231		
	00944	ANESTH VAGINAL HYSTERECTOMY	19941213	22991231		
	00948	ANESTH REPAIR OF CERVIX	19941213	22991231		
	00950	ANESTH VAGINAL ENDOSCOPY	19941213	22991231		
	00952	ANESTH HYSTEROSCOPE/GRAPH	19941213	22991231		
	01120	ANESTH PELVIS SURGERY	19941213	22991231		
	01130	ANESTH BODY CAST PROCEDURE	19941213	22991231		
	01140	ANESTH AMPUTATION AT PELVIS	19941213	22991231		
	01150	ANESTH PELVIC TUMOR SURGERY	19941213	22991231		
	01160	ANESTH PELVIS PROCEDURE	19941213	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
01170	ANESTH PELVIS SURGERY	19941213	22991231		
01200	ANESTH HIP JOINT PROCEDURE	19941213	22991231		
01202	ANESTH ARTHROSCOPY OF HIP	19941213	22991231		
01210	ANESTH HIP JOINT SURGERY	19941213	22991231		
01212	ANESTH HIP DISARTICULATION	19941213	22991231		
01214	ANESTH HIP ARTHROPLASTY	19941213	22991231		
01220	ANESTH PROCEDURE ON FEMUR	19941213	22991231		
01230	ANESTH SURGERY OF FEMUR	19941213	22991231		
01232	ANESTH AMPUTATION OF FEMUR	19941213	22991231		
01234	ANESTH RADICAL FEMUR SURG	19941213	22991231		
01250	ANESTH UPPER LEG SURGERY	19941213	22991231		
01260	ANESTH UPPER LEG VEINS SURG	19941213	22991231		
01270	ANESTH THIGH ARTERIES SURG	19941213	22991231		
01272	ANESTH FEMORAL ARTERY SURG	19941213	22991231		
01274	ANESTH FEMORAL EMBOLECTOMY	19941213	22991231		
01320	ANESTH KNEE AREA SURGERY	19941213	22991231		
01340	ANESTH KNEE AREA PROCEDURE	19941213	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	01360	ANESTH KNEE AREA SURGERY	19941213	22991231		
	01380	ANESTH KNEE JOINT PROCEDURE	19941213	22991231		
	01382	ANESTH DX KNEE ARTHROSCOPY	19941213	22991231		
	01390	ANESTH KNEE AREA PROCEDURE	19941213	22991231		
	01392	ANESTH KNEE AREA SURGERY	19941213	22991231		
	01400	ANESTH KNEE JOINT SURGERY	19941213	22991231		
	01402	ANESTH KNEE ARTHROPLASTY	19941213	22991231		
	01404	ANESTH AMPUTATION AT KNEE	19941213	22991231		
	01420	ANESTH KNEE JOINT CASTING	19941213	22991231		
	01430	ANESTH KNEE VEINS SURGERY	19941213	22991231		
	01432	ANESTH KNEE VESSEL SURG	19941213	22991231		
	01440	ANESTH KNEE ARTERIES SURG	19941213	22991231		
	01442	ANESTH KNEE ARTERY SURG	19941213	22991231		
	01444	ANESTH KNEE ARTERY REPAIR	19941213	22991231		
	01462	ANESTH LOWER LEG PROCEDURE	19941213	22991231		
	01464	ANESTH ANKLE/FT ARTHROSCOPY	19941213	22991231		
	01470	ANESTH LOWER LEG SURGERY	19941213	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
01472	ANESTH ACHILLES TENDON SURG	19941213	22991231		
01474	ANESTH LOWER LEG SURGERY	19941213	22991231		
01480	ANESTH LOWER LEG BONE SURG	19941213	22991231		
01482	ANESTH RADICAL LEG SURGERY	19941213	22991231		
01484	ANESTH LOWER LEG REVISION	19941213	22991231		
01486	ANESTH ANKLE REPLACEMENT	19941213	22991231		
01490	ANESTH LOWER LEG CASTING	19941213	22991231		
01500	ANESTH LEG ARTERIES SURG	19941213	22991231		
01502	ANESTH LWR LEG EMBOLECTOMY	19941213	22991231		
01520	ANESTH LOWER LEG VEIN SURG	19941213	22991231		
01522	ANESTH LOWER LEG VEIN SURG	19941213	22991231		
01610	ANESTH SURGERY OF SHOULDER	19941213	22991231		
01620	ANESTH SHOULDER PROCEDURE	19941213	22991231		
01622	ANES DX SHOULDER ARTHROSCOPY	19941213	22991231		
01630	ANESTH SURGERY OF SHOULDER	19941213	22991231		
01634	ANESTH SHOULDER JOINT AMPUT	19941213	22991231		
01636	ANESTH FOREQUARTER AMPUT	19941213	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	01638	ANESTH SHOULDER REPLACEMENT	19941213	22991231		
	01650	ANESTH SHOULDER ARTERY SURG	19941213	22991231		
	01652	ANESTH SHOULDER VESSEL SURG	19941213	22991231		
	01654	ANESTH SHOULDER VESSEL SURG	19941213	22991231		
	01656	ANESTH ARM-LEG VESSEL SURG	19941213	22991231		
	01670	ANESTH SHOULDER VEIN SURG	19941213	22991231		
	01680	ANESTH SHOULDER CASTING	19941213	22991231		
	01710	ANESTH ELBOW AREA SURGERY	19941213	22991231		
	01712	ANESTH UPPR ARM TENDON SURG	19941213	22991231		
	01714	ANESTH UPPR ARM TENDON SURG	19941213	22991231		
	01716	ANESTH BICEPS TENDON REPAIR	19941213	22991231		
	01730	ANESTH UPPR ARM PROCEDURE	19941213	22991231		
	01732	ANESTH DX ELBOW ARTHROSCOPY	19941213	22991231		
	01740	ANESTH UPPER ARM SURGERY	19941213	22991231		
	01742	ANESTH HUMERUS SURGERY	19941213	22991231		
	01744	ANESTH HUMERUS REPAIR	19941213	22991231		
	01756	ANESTH RADICAL HUMERUS SURG	19941213	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	01758	ANESTH HUMERAL LESION SURG	19941213	22991231		
	01760	ANESTH ELBOW REPLACEMENT	19941213	22991231		
	01770	ANESTH UPPR ARM ARTERY SURG	19941213	22991231		
	01772	ANESTH UPPR ARM EMBOLECTOMY	19941213	22991231		
	01780	ANESTH UPPER ARM VEIN SURG	19941213	22991231		
	01782	ANESTH UPPR ARM VEIN REPAIR	19941213	22991231		
	01810	ANESTH LOWER ARM SURGERY	19941213	22991231		
	01820	ANESTH LOWER ARM PROCEDURE	19941213	22991231		
	01830	ANESTH LOWER ARM SURGERY	19941213	22991231		
	01832	ANESTH WRIST REPLACEMENT	19941213	22991231		
	01840	ANESTH LWR ARM ARTERY SURG	19941213	22991231		
	01842	ANESTH LWR ARM EMBOLECTOMY	19941213	22991231		
	01844	ANESTH VASCULAR SHUNT SURG	19941213	22991231		
	01850	ANESTH LOWER ARM VEIN SURG	19941213	22991231		
	01852	ANESTH LWR ARM VEIN REPAIR	19941213	22991231		
	01860	ANESTH LOWER ARM CASTING	19941213	22991231		
	01916	ANESTH DX ARTERIOGRAPHY	19941213	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
01920	ANESTH CATHETERIZE HEART	19941213	22991231		
01922	ANESTH CAT OR MRI SCAN	19941213	22991231		
01935	ANESTH PERC IMG DX SP PROC	20080101	22991231		
01936	ANESTH PERC IMG TX SP PROC	20080101	22991231		
01990	SUPPORT FOR ORGAN DONOR	19941213	22991231		
01996	HOSP MANAGE CONT DRUG ADMIN	19941213	22991231		
01999	UNLISTED ANESTH PROCEDURE	19850501	22991231		
0408T	INSJ/RPLC CARDIAC MODULJ SYS	20160101	22991231		
0409T	INSJ/RPLC CAR MODULJ PLS GN	20160101	22991231		
0410T	INSJ/RPLC CAR MODULJ ATR ELT	20160101	22991231		
0411T	INSJ/RPLC CAR MODULJ VNT ELT	20160101	22991231		
0412T	RMVL CARDIAC MODULJ PLS GEN	20160101	22991231		
0413T	RMVL CAR MODULJ TRANVNS ELT	20160101	22991231		
0414T	RMVL & RPL CAR MODULJ PLS GN	20160101	22991231		
0415T	REPOS CAR MODULJ TRANVNS ELT	20160101	22991231		
0416T	RELOC SKIN POCKET PLS GEN	20160101	22991231		
0417T	PRGRMG EVAL CARDIAC MODULJ	20160101	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	0418T	INTERRO EVAL CARDIAC MODULJ	20160101	22991231		
	0419T	DSTRJ NEUROFIBROMA XTNSV	20160101	22991231		
	0420T	DSTRJ NEUROFIBROMA XTNSV	20160101	22991231		
	0421T	WATERJET PROSTATE ABLTJ CMPL	20160101	22991231		
	0422T	TACTILE BREAST IMG UNI/BI	20160101	22991231		
	0423T	ASSAY SECRETORY TYPE II PLA2	20160101	22991231		
	0424T	INSJ/RPLC NSTIM APNEA COMPL	20160101	22991231		
	0425T	INSJ/RPLC NSTIM APNEA SEN LD	20160101	22991231		
	0426T	INSJ/RPLC NSTIM APNEA STM LD	20160101	22991231		
	0427T	INSJ/RPLC NSTIM APNEA PLS GN	20160101	22991231		
	0428T	RMVL NSTIM APNEA PLS GEN	20160101	22991231		
	0429T	RMVL NSTIM APNEA SEN LD	20160101	22991231		
	0430T	RMVL NSTIM APNEA STIMJ LD	20160101	22991231		
	0431T	RMVL/RPLC NSTIM APNEA PLS GN	20160101	22991231		
	0432T	REPOS NSTIM APNEA STIMJ LD	20160101	22991231		
	0433T	REPOS NSTIM APNEA SENSING LD	20160101	22991231		
	0434T	INTERRO EVAL NPGS APNEA	20160101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
0435T	PRGRMG EVAL NPGS APNEA 1 SES	20160101	22991231		
0436T	PRGRMG EVAL NPGS APNEA STUDY	20160101	22991231		
0437T	IMPLTJ SYNTH RNFCMT ABDL WAL	20160701	22991231		
0439T	MYOCRD CONTRAST PRFUJ ECHO	20160701	22991231		
0440T	ABLTJ PERC UXTR/PERPH NRV	20160701	22991231		
0441T	ABLTJ PERC LXTR/PERPH NRV	20160701	22991231		
0442T	ABLTJ PERC PLEX/TRNCL NRV	20160701	22991231		
0443T	R-T SPCTRL ALYS PRST8 TISS	20160701	22991231		
0444T	1ST PLMT DRUG ELUT OC INS	20160701	22991231		
0445T	SBSQT PLMT DRUG ELUT OC INS	20160701	22991231		
0446T	INSJ IMPLTBL GLUCOSE SENSOR	20170101	22991231		
0447T	RMVL IMPLTBL GLUCOSE SENSOR	20170101	22991231		
0448T	REMVL INSJ IMPLTBL GLUC SENS	20170101	22991231		
0449T	INSJ AQUEOUS DRAIN DEV 1ST	20170101	22991231		
0450T	INSJ AQUEOUS DRAIN DEV EACH	20170101	22991231		
0451T	INSJ/RPLCMT AORTIC VENTR SYS	20170101	22991231		
0452T	INSJ/RPLCMT DEV VASC SEAL	20170101	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	0453T	INSJ/RPLCMT MECH-ELEC NTRFCE	20170101	22991231		
	0454T	INSJ/RPLCMT SUBQ ELECTRODE	20170101	22991231		
	0455T	REMVL AORTIC VENTR CMPL SYS	20170101	22991231		
	0456T	REMVL AORTIC DEV VASC SEAL	20170101	22991231		
	0457T	REMVL MECH-ELEC SKIN NTRFCE	20170101	22991231		
	0458T	REMVL SUBQ ELECTRODE	20170101	22991231		
	0459T	RELOCAJ RPLCMT AORTIC VENTR	20170101	22991231		
	0460T	REPOS AORTIC VENTR DEV ELTRD	20170101	22991231		
	0461T	REPOS AORTIC CONTRPULSJ DEV	20170101	22991231		
	0462T	PRGRMG EVAL AORTIC VENTR SYS	20170101	22991231		
	0463T	INTERROG AORTIC VENTR SYS	20170101	22991231		
	10004	FNA BX W/O IMG GDN EA ADDL	20190101	22991231		
	10005	FNA BX W/US GDN 1ST LES	20190101	22991231		
	10006	FNA BX W/US GDN EA ADDL	20190101	22991231		
	10007	FNA BX W/FLUOR GDN 1ST LES	20190101	22991231		
	10008	FNA BX W/FLUOR GDN EA ADDL	20190101	22991231		
	10009	FNA BX W/CT GDN 1ST LES	20190101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
10010	FNA BX W/CT GDN EA ADDL	20190101	22991231		
10011	FNA BX W/MR GDN 1ST LES	20190101	22991231		
10012	FNA BX W/MR GDN EA ADDL	20190101	22991231		
10021	FNA BX W/O IMG GDN 1ST LES	20020101	22991231	1	307.38
10040	ACNE SURGERY	19780101	22991231	1	307.38
10060	DRAINAGE OF SKIN ABSCESS	19780101	22991231	1	307.38
10061	DRAINAGE OF SKIN ABSCESS	19780101	22991231	1	307.38
10080	DRAINAGE OF PILONIDAL CYST	19780101	22991231	1	307.38
10081	DRAINAGE OF PILONIDAL CYST	19780101	22991231	4	582.25
10120	REMOVE FOREIGN BODY	19780101	22991231	1	307.38
10121	REMOVE FOREIGN BODY	19780101	22991231	2	412.79
10140	DRAINAGE OF HEMATOMA/FLUID	19780101	22991231	1	307.38
10160	PUNCTURE DRAINAGE OF LESION	19780101	22991231	1	307.38
10180	COMPLEX DRAINAGE WOUND	19811001	22991231	2	412.79
11000	DEBRIDE INFECTED SKIN	19780101	22991231		
11001	DEBRIDE INFECTED SKIN ADD-ON	19780101	22991231	1	307.38
11010	DEBRIDE SKIN AT FX SITE	19970101	22991231	2	412.79

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
11011	DEBRIDE SKIN MUSC AT FX SITE	19970101	22991231	2	412.79
11012	DEB SKIN BONE AT FX SITE	19970101	22991231	2	412.79
11042	DEB SUBQ TISSUE 20 SQ CM/<	19840501	22991231	2	412.79
11043	DEB MUSC/FASCIA 20 SQ CM/<	19811001	22991231	2	412.79
11044	DEB BONE 20 SQ CM/<	19811001	22991231	2	412.79
11045	DEB SUBQ TISSUE ADD-ON	20110101	22991231	2	412.79
11046	DEB MUSC/FASCIA ADD-ON	20110101	22991231	2	412.79
11047	DEB BONE ADD-ON	20110101	22991231	2	412.79
11055	TRIM SKIN LESION	19980101	22991231	1	307.38
11056	TRIM SKIN LESIONS 2 TO 4	19980101	22991231	1	307.38
11057	TRIM SKIN LESIONS OVER 4	19980101	22991231	1	307.38
11102	TANGNTL BX SKIN SINGLE LES	20190101	22991231		
11103	TANGNTL BX SKIN EA SEP/ADDL	20190101	22991231		
11104	PUNCH BX SKIN SINGLE LESION	20190101	22991231		
11105	PUNCH BX SKIN EA SEP/ADDL	20190101	22991231		
11106	INCAL BX SKN SINGLE LES	20190101	22991231		
11107	INCAL BX SKN EA SEP/ADDL	20190101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
11200	REMOVAL OF SKIN TAGS <W/15	19840501	22991231	1	307.38
11201	REMOVE SKIN TAGS ADD-ON	19811001	22991231	1	307.38
11300	SHAVE SKIN LESION 0.5 CM/<	19930101	22991231	1	307.38
11301	SHAVE SKIN LESION 0.6-1.0 CM	19930101	22991231	1	307.38
11302	SHAVE SKIN LESION 1.1-2.0 CM	19930101	22991231	1	307.38
11303	SHAVE SKIN LESION >2.0 CM	19930101	22991231	1	307.38
11305	SHAVE SKIN LESION 0.5 CM/<	19930101	22991231	1	307.38
11306	SHAVE SKIN LESION 0.6-1.0 CM	19930101	22991231	1	307.38
11307	SHAVE SKIN LESION 1.1-2.0 CM	19930101	22991231	2	412.79
11308	SHAVE SKIN LESION >2.0 CM	19930101	22991231	1	307.38
11310	SHAVE SKIN LESION 0.5 CM/<	19930101	22991231	1	307.38
11311	SHAVE SKIN LESION 0.6-1.0 CM	19930101	22991231	1	307.38
11312	SHAVE SKIN LESION 1.1-2.0 CM	19930101	22991231	1	307.38
11313	SHAVE SKIN LESION >2.0 CM	19930101	22991231	1	307.38
11400	EXC TR-EXT B9+MARG 0.5 CM<	19780101	22991231	1	307.38
11401	EXC TR-EXT B9+MARG 0.6-1 CM	19780101	22991231	1	307.38
11402	EXC TR-EXT B9+MARG 1.1-2 CM	19780101	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
11403	EXC TR-EXT B9+MARG 2.1-3CM	19780101	22991231		
11404	EXC TR-EXT B9+MARG 3.1-4 CM	19780101	22991231	1	307.38
11406	EXC TR-EXT B9+MARG >4.0 CM	19780101	22991231	2	412.79
11420	EXC H-F-NK-SP B9+MARG 0.5/<	19780101	22991231	1	307.38
11421	EXC H-F-NK-SP B9+MARG 0.6-1	19780101	22991231	1	307.38
11422	EXC H-F-NK-SP B9+MARG 1.1-2	19780101	22991231		
11423	EXC H-F-NK-SP B9+MARG 2.1-3	19780101	22991231		
11424	EXC H-F-NK-SP B9+MARG 3.1-4	19780101	22991231	2	412.79
11426	EXC H-F-NK-SP B9+MARG >4 CM	19780101	22991231	2	412.79
11440	EXC FACE-MM B9+MARG 0.5 CM/<	19780101	22991231		
11441	EXC FACE-MM B9+MARG 0.6-1 CM	19780101	22991231	3	471.9
11442	EXC FACE-MM B9+MARG 1.1-2 CM	19780101	22991231	3	471.9
11443	EXC FACE-MM B9+MARG 2.1-3 CM	19780101	22991231	3	471.9
11444	EXC FACE-MM B9+MARG 3.1-4 CM	19780101	22991231	1	307.38
11446	EXC FACE-MM B9+MARG >4 CM	19780101	22991231	2	412.79
11450	REMOVAL SWEAT GLAND LESION	19811001	22991231	2	412.79
11451	REMOVAL SWEAT GLAND LESION	19811001	22991231	2	412.79

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
11462	REMOVAL SWEAT GLAND LESION	19811001	22991231	2	412.79
11463	REMOVAL SWEAT GLAND LESION	19811001	22991231	2	412.79
11470	REMOVAL SWEAT GLAND LESION	19811001	22991231	2	412.79
11471	REMOVAL SWEAT GLAND LESION	19811001	22991231	2	412.79
11600	EXC TR-EXT MAL+MARG 0.5 CM/<	19780101	22991231	3	471.9
11601	EXC TR-EXT MAL+MARG 0.6-1 CM	19780101	22991231	3	471.9
11602	EXC TR-EXT MAL+MARG 1.1-2 CM	19780101	22991231	4	582.25
11603	EXC TR-EXT MAL+MARG 2.1-3 CM	19780101	22991231	1	307.38
11604	EXC TR-EXT MAL+MARG 3.1-4 CM	19780101	22991231	2	412.79
11606	EXC TR-EXT MAL+MARG >4 CM	19780101	22991231	2	412.79
11620	EXC H-F-NK-SP MAL+MARG 0.5/<	19780101	22991231	3	471.9
11621	EXC S/N/H/F/G MAL+MRG 0.6-1	19780101	22991231	3	471.9
11622	EXC S/N/H/F/G MAL+MRG 1.1-2	19780101	22991231	4	582.25
11623	EXC S/N/H/F/G MAL+MRG 2.1-3	19780101	22991231	4	582.25
11624	EXC S/N/H/F/G MAL+MRG 3.1-4	19780101	22991231	2	412.79
11626	EXC S/N/H/F/G MAL+MRG >4 CM	19780101	22991231	2	412.79
11640	EXC F/E/E/N/L MAL+MRG 0.5CM<	19780101	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
11641	EXC F/E/E/N/L MAL+MRG 0.6-1	19780101	22991231	4	582.25
11642	EXC F/E/E/N/L MAL+MRG 1.1-2	19780101	22991231	4	582.25
11643	EXC F/E/E/N/L MAL+MRG 2.1-3	19780101	22991231	1	307.38
11644	EXC F/E/E/N/L MAL+MRG 3.1-4	19780101	22991231	2	412.79
11646	EXC F/E/E/N/L MAL+MRG >4 CM	19780101	22991231	2	412.79
11719	TRIM NAIL(S) ANY NUMBER	19980101	22991231	1	307.38
11720	DEBRIDE NAIL 1-5	19970101	22991231	1	307.38
11721	DEBRIDE NAIL 6 OR MORE	19970101	22991231	1	307.38
11730	REMOVAL OF NAIL PLATE	19780101	22991231	1	307.38
11732	REMOVE NAIL PLATE ADD-ON	19811001	22991231	1	307.38
11740	DRAIN BLOOD FROM UNDER NAIL	19811001	22991231	1	307.38
11750	REMOVAL OF NAIL BED	19780101	22991231	3	471.9
11755	BIOPSY NAIL UNIT	19940101	22991231	1	307.38
11760	REPAIR OF NAIL BED	19811001	22991231	2	412.79
11762	RECONSTRUCTION OF NAIL BED	19811001	22991231		
11765	EXCISION OF NAIL FOLD TOE	19890401	22991231	1	307.38
11770	REMOVE PILONIDAL CYST SIMPLE	19811001	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
11771	REMOVE PILONIDAL CYST EXTEN	19831001	22991231	3	471.9
11772	REMOVE PILONIDAL CYST COMPL	19811001	22991231	3	471.9
11920	CORRECT SKIN COLOR 6.0 CM/<	20050101	22991231	3	471.9
11954	TX CONTOUR DEFECTS >10.0 CC	19880912	22991231	1	307.38
11960	INSERT TISSUE EXPANDER(S)	19780101	22991231	2	412.79
11970	REPLACE TISSUE EXPANDER	19811001	22991231	3	471.9
11971	REMOVE TISSUE EXPANDER(S)	19880501	22991231	1	307.38
11976	REMOVE CONTRACEPTIVE CAPSULE	19910701	22991231	1	307.38
11980	IMPLANT HORMONE PELLET(S)	20000101	22991231	1	307.38
12001	RPR S/N/AX/GEN/TRNK 2.5CM/<	19780101	22991231	1	307.38
12002	RPR S/N/AX/GEN/TRNK2.6-7.5CM	19781001	22991231	1	307.38
12004	RPR S/N/AX/GEN/TRK7.6-12.5CM	19781001	22991231	1	307.38
12005	RPR S/N/A/GEN/TRK12.6-20.0CM	19811001	22991231	1	307.38
12006	RPR S/N/A/GEN/TRK20.1-30.0CM	19811001	22991231	1	307.38
12007	RPR S/N/AX/GEN/TRNK >30.0 CM	19781001	22991231	1	307.38
12011	RPR F/E/E/N/L/M 2.5 CM/<	19780101	22991231	1	307.38
12013	RPR F/E/E/N/L/M 2.6-5.0 CM	19811001	22991231	1	307.38

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
12014	RPR F/E/E/N/L/M 5.1-7.5 CM	19811001	22991231	1	307.38
12015	RPR F/E/E/N/L/M 7.6-12.5 CM	19811001	22991231	1	307.38
12016	RPR FE/E/EN/L/M 12.6-20.0 CM	19811001	22991231		
12017	RPR FE/E/EN/L/M 20.1-30.0 CM	19811001	22991231	1	307.38
12018	RPR F/E/E/N/L/M >30.0 CM	19811001	22991231	2	412.79
12020	CLOSURE OF SPLIT WOUND	19811001	22991231	1	307.38
12021	CLOSURE OF SPLIT WOUND	19811001	22991231	1	307.38
12031	INTMD RPR S/A/T/EXT 2.5 CM/<	19811001	22991231	3	471.9
12032	INTMD RPR S/A/T/EXT 2.6-7.5	19811001	22991231	3	471.9
12034	INTMD RPR S/TR/EXT 7.6-12.5	19811001	22991231	2	412.79
12035	INTMD RPR S/A/T/EXT 12.6-20	19811001	22991231	2	412.79
12036	INTMD RPR S/A/T/EXT 20.1-30	19811001	22991231	2	412.79
12037	INTMD RPR S/TR/EXT >30.0 CM	19811001	22991231	2	412.79
12041	INTMD RPR N-HF/GENIT 2.5CM/<	19811001	22991231		
12042	INTMD RPR N-HF/GENIT2.6-7.5	19811001	22991231	3	471.9
12044	INTMD RPR N-HF/GENIT7.6-12.5	19811001	22991231	2	412.79
12045	INTMD RPR N-HF/GENIT12.6-20	19811001	22991231	2	412.79

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
12046	INTMD RPR N-HF/GENIT20.1-30	19811001	22991231	2	412.79
12047	INTMD RPR N-HF/GENIT >30.0CM	19900701	22991231	2	412.79
12051	INTMD RPR FACE/MM 2.5 CM/<	19811001	22991231	3	471.9
12052	INTMD RPR FACE/MM 2.6-5.0 CM	19811001	22991231	3	471.9
12053	INTMD RPR FACE/MM 5.1-7.5 CM	19811001	22991231	3	471.9
12054	INTMD RPR FACE/MM 7.6-12.5CM	19811001	22991231	2	412.79
12055	INTMD RPR FACE/MM 12.6-20 CM	19811001	22991231	2	412.79
12056	INTMD RPR FACE/MM 20.1-30.0	19811001	22991231	2	412.79
12057	INTMD RPR FACE/MM >30.0 CM	19811001	22991231	2	412.79
13100	CMPLX RPR TRUNK 1.1-2.5 CM	19780101	22991231	2	412.79
13101	CMPLX RPR TRUNK 2.6-7.5 CM	19780101	22991231	3	471.9
13102	CMPLX RPR TRUNK ADDL 5CM/<	20000101	22991231	1	307.38
13120	CMPLX RPR S/A/L 1.1-2.5 CM	19780101	22991231		
13121	CMPLX RPR S/A/L 2.6-7.5 CM	19780101	22991231	3	471.9
13122	CMPLX RPR S/A/L ADDL 5 CM/>	20000101	22991231	1	307.38
13131	CMPLX RPR F/C/C/M/N/AX/G/H/F	19780101	22991231	2	412.79
13132	CMPLX RPR F/C/C/M/N/AX/G/H/F	19780101	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
13133	CMPLX RPR F/C/C/M/N/AX/G/H/F	20000101	22991231	1	307.38
13151	CMPLX RPR E/N/E/L 1.1-2.5 CM	19780101	22991231	3	471.9
13152	CMPLX RPR E/N/E/L 2.6-7.5 CM	19780101	22991231	3	471.9
13153	CMPLX RPR E/N/E/L ADDL 5CM/<	20000101	22991231	3	471.9
13160	LATE CLOSURE OF WOUND	19811001	22991231	2	412.79
14000	TIS TRNFR TRUNK 10 SQ CM/<	19780101	22991231	2	412.79
14001	TIS TRNFR TRUNK 10.1-30SQCM	19811001	22991231	3	471.9
14020	TIS TRNFR S/A/L 10 SQ CM/<	19811001	22991231	3	471.9
14021	TIS TRNFR S/A/L 10.1-30 SQCM	19811001	22991231	3	471.9
14040	TIS TRNFR F/C/C/M/N/A/G/H/F	19780101	22991231	2	412.79
14041	TIS TRNFR F/C/C/M/N/A/G/H/F	19811001	22991231	3	471.9
14060	TIS TRNFR E/N/E/L 10 SQ CM/<	19811001	22991231	3	471.9
14061	TIS TRNFR E/N/E/L10.1-30SQCM	19811001	22991231	3	471.9
14301	TIS TRNFR ANY 30.1-60 SQ CM	20100101	22991231	3	471.9
14302	TIS TRNFR ADDL 30 SQ CM	20100101	22991231	3	471.9
14350	FILLETED FINGER/TOE FLAP	19811001	22991231	3	471.9
15002	WOUND PREP TRK/ARM/LEG	20070101	22991231	2	412.79

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
15004	WOUND PREP F/N/HF/G	20070101	22991231	3	471.9
15050	SKIN PINCH GRAFT	19780101	22991231	2	412.79
15100	SKIN SPLT GRFT TRNK/ARM/LEG	19780101	22991231	2	412.79
15101	SKIN SPLT GRFT T/A/L ADD-ON	19780101	22991231	3	471.9
15110	EPIDRM AUTOGRFT TRNK/ARM/LEG	20060101	22991231	2	412.79
15111	EPIDRM AUTOGRFT T/A/L ADD-ON	20060101	22991231	1	307.38
15115	EPIDRM A-GRFT FACE/NCK/HF/G	20060101	22991231	2	412.79
15116	EPIDRM A-GRFT F/N/HF/G ADDL	20060101	22991231	1	307.38
15120	SKN SPLT A-GRFT FAC/NCK/HF/G	19780101	22991231	2	412.79
15121	SKN SPLT A-GRFT F/N/HF/G ADD	19780101	22991231	3	471.9
15130	DERM AUTOGRAFT TRNK/ARM/LEG	20060101	22991231	2	412.79
15131	DERM AUTOGRAFT T/A/L ADD-ON	19971101	22991231	8	911.55
15135	DERM AUTOGRAFT FACE/NCK/HF/G	20060101	22991231	2	412.79
15150	CULT SKIN GRFT T/ARM/LEG	20060101	22991231	2	412.79
15151	CULT SKIN GRFT T/A/L ADDL	20060101	22991231	3	471.9
15152	CULT SKIN GRAFT T/A/L +%	20060101	22991231	1	307.38
15155	CULT SKIN GRAFT F/N/HF/G	20060101	22991231	2	412.79

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
15156	CULT SKIN GRFT F/N/HFG ADD	20060101	22991231	1	307.38
15157	CULT EPIDERM GRFT F/N/HFG +%	20060101	22991231	1	307.38
15200	SKIN FULL GRAFT TRUNK	19780101	22991231	3	471.9
15201	SKIN FULL GRAFT TRUNK ADD-ON	19811001	22991231	2	412.79
15220	SKIN FULL GRAFT SCLP/ARM/LEG	19780101	22991231		
15221	SKIN FULL GRAFT ADD-ON	19811001	22991231	2	412.79
15240	SKIN FULL GRFT FACE/GENIT/HF	19780101	22991231	3	471.9
15241	SKIN FULL GRAFT ADD-ON	19811001	22991231	3	471.9
15260	SKIN FULL GRAFT EEN & LIPS	19780101	22991231	2	412.79
15261	SKIN FULL GRAFT ADD-ON	19811001	22991231		
15271	SKIN SUB GRAFT TRNK/ARM/LEG	20120101	22991231	2	412.79
15272	SKIN SUB GRAFT T/A/L ADD-ON	20120101	22991231	2	412.79
15273	SKIN SUB GRFT T/ARM/LG CHILD	20120101	22991231	1	307.38
15274	SKN SUB GRFT T/A/L CHILD ADD	20120101	22991231	2	412.79
15275	SKIN SUB GRAFT FACE/NK/HF/G	20120101	22991231	2	412.79
15276	SKIN SUB GRAFT F/N/HF/G ADDL	20120101	22991231	2	412.79
15277	SKN SUB GRFT F/N/HF/G CHILD	20120101	22991231	4	582.25

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
15278	SKN SUB GRFT F/N/HF/G CH ADD	20120101	22991231	2	412.79
15570	SKIN PEDICLE FLAP TRUNK	19920115	22991231	3	471.9
15572	SKIN PEDICLE FLAP ARMS/LEGS	19920115	22991231	3	471.9
15574	PEDCLE FH/CH/CH/M/N/AX/G/H/F	19920115	22991231	3	471.9
15576	PEDICLE E/N/E/L/NTRORAL	19920115	22991231	3	471.9
15600	DELAY FLAP TRUNK	19780101	22991231	3	471.9
15610	DELAY FLAP ARMS/LEGS	19780101	22991231	3	471.9
15620	DELAY FLAP F/C/C/N/AX/G/H/F	19780101	22991231	4	582.25
15630	DELAY FLAP EYE/NOS/EAR/LIP	19780101	22991231	3	471.9
15650	TRANSFER SKIN PEDICLE FLAP	19811001	22991231	5	664.02
15730	MDFC FLAP W/PRSRV VASC PEDCL	20180101	22991231		
15731	FOREHEAD FLAP W/VASC PEDICLE	20070101	22991231	3	471.9
15733	MUSC MYOQ/FSCQ FLP H&N PEDCL	20180101	22991231		
15734	MUSCLE-SKIN GRAFT TRUNK	19900401	22991231	3	471.9
15736	MUSCLE-SKIN GRAFT ARM	19900401	22991231	3	471.9
15738	MUSCLE-SKIN GRAFT LEG	19900401	22991231	3	471.9
15740	ISLAND PEDICLE FLAP GRAFT	19811001	22991231	2	412.79

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
15750	NEUROVASCULAR PEDICLE FLAP	19811001	22991231	2	412.79
15756	FREE MYO/SKIN FLAP MICROVASC	19970101	22991231	3	471.9
15757	FREE SKIN FLAP MICROVASC	19970101	22991231	3	471.9
15758	FREE FASCIAL FLAP MICROVASC	19970101	22991231	3	471.9
15760	COMPOSITE SKIN GRAFT	19780101	22991231	2	412.79
15769	GRFG AUTOL SOFT TISS DIR EXC	20200101	22991231		
15770	DERMA-FAT-FASCIA GRAFT	19780101	22991231	3	471.9
15771	GRFG AUTOL FAT LIPO 50 CC/<	20200101	22991231		
15772	GRFG AUTOL FAT LIPO EA ADDL	20200101	22991231		
15773	GRFG AUTOL FAT LIPO 25 CC/<	20200101	22991231		
15774	GFRG AUTOL FAT LIPO EA ADDL	20200101	22991231		
15777	ACELLULAR DERM MATRIX IMPLT	20120101	22991231	8	911.55
15780	DERMABRASION TOTAL FACE	19780101	22991231	7	921.15
15781	DERMABRASION SEGMENTAL FACE	19900701	22991231	4	582.25
15783	DERMABRASION SUPRFL ANY SITE	19880501	22991231	3	471.9
15786	ABRASION LESION SINGLE	19811001	22991231	1	307.38
15787	ABRASION LESIONS ADD-ON	19811001	22991231	1	307.38

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
15788	CHEMICAL PEEL FACE EPIDERM	19940101	22991231	1	307.38
15789	CHEMICAL PEEL FACE DERMAL	19940101	22991231	1	307.38
15792	CHEMICAL PEEL NONFACIAL	19940101	22991231	1	307.38
15793	CHEMICAL PEEL NONFACIAL	19940101	22991231	1	307.38
15819	PLASTIC SURGERY NECK	19811001	22991231	3	471.9
15820	REVISION OF LOWER EYELID	19780101	22991231	3	471.9
15821	REVISION OF LOWER EYELID	19811001	22991231	3	471.9
15822	REVISION OF UPPER EYELID	19780101	22991231	3	471.9
15823	REVISION OF UPPER EYELID	19811001	22991231	5	664.02
15824	REMOVAL OF FOREHEAD WRINKLES	19780101	22991231	3	471.9
15825	REMOVAL OF NECK WRINKLES	19811001	22991231		
15826	REMOVAL OF BROW WRINKLES	19780101	22991231	3	471.9
15828	REMOVAL OF FACE WRINKLES	19780101	22991231	3	471.9
15829	REMOVAL OF SKIN WRINKLES	19811001	22991231	5	664.02
15830	EXC SKIN ABD	20070101	22991231	3	471.9
15832	EXCISE EXCESSIVE SKIN THIGH	19811001	22991231	3	471.9
15833	EXCISE EXCESSIVE SKIN LEG	19811001	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
15834	EXCISE EXCESSIVE SKIN HIP	19811001	22991231	3	471.9
15835	EXCISE EXCESSIVE SKIN BUTTCK	19811001	22991231		
15836	EXCISE EXCESSIVE SKIN ARM	19811001	22991231	8	911.55
15837	EXCISE EXCESS SKIN ARM/HAND	19811001	22991231	8	911.55
15838	EXCISE EXCESS SKIN FAT PAD	19811001	22991231	8	911.55
15839	EXCISE EXCESS SKIN & TISSUE	19811001	22991231	8	911.55
15840	NERVE PALSY FASCIAL GRAFT	19780101	22991231	4	582.25
15841	NERVE PALSY MUSCLE GRAFT	19811001	22991231	4	582.25
15842	NERVE PALSY MICROSURG GRAFT	19811001	22991231	4	582.25
15845	SKIN AND MUSCLE REPAIR FACE	19780101	22991231	4	582.25
15847	EXC SKIN ABD ADD-ON	20070101	22991231	3	471.9
15850	REMOVE SUTURES SAME SURGEON	19890401	22991231	3	471.9
15851	REMOVE SUTURES DIFF SURGEON	19811001	22991231	1	307.38
15852	DRESSING CHANGE NOT FOR BURN	19890401	22991231	1	307.38
15860	TEST FOR BLOOD FLOW IN GRAFT	19811001	22991231	1	307.38
15876	SUCTION LIPECTOMY HEAD&NECK	20020101	22991231	3	471.9
15877	SUCTION LIPECTOMY TRUNK	20030401	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
15878	SUCTION LIPECTOMY UPR EXTREM	20030401	22991231	3	471.9
15879	SUCTION LIPECTOMY LWR EXTREM	20030401	22991231	3	471.9
15920	REMOVAL OF TAIL BONE ULCER	19780101	22991231	3	471.9
15922	REMOVAL OF TAIL BONE ULCER	19811001	22991231	4	582.25
15931	REMOVE SACRUM PRESSURE SORE	19811001	22991231	3	471.9
15933	REMOVE SACRUM PRESSURE SORE	19811001	22991231	3	471.9
15934	REMOVE SACRUM PRESSURE SORE	19780101	22991231	3	471.9
15935	REMOVE SACRUM PRESSURE SORE	19811001	22991231	4	582.25
15936	REMOVE SACRUM PRESSURE SORE	19811001	22991231	4	582.25
15937	REMOVE SACRUM PRESSURE SORE	19811001	22991231	4	582.25
15940	REMOVE HIP PRESSURE SORE	19780101	22991231	3	471.9
15941	REMOVE HIP PRESSURE SORE	19811001	22991231	3	471.9
15944	REMOVE HIP PRESSURE SORE	19811001	22991231	3	471.9
15945	REMOVE HIP PRESSURE SORE	19811001	22991231	4	582.25
15946	REMOVE HIP PRESSURE SORE	19811001	22991231	4	582.25
15950	REMOVE THIGH PRESSURE SORE	19811001	22991231	3	471.9
15951	REMOVE THIGH PRESSURE SORE	19811001	22991231	4	582.25

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
15952	REMOVE THIGH PRESSURE SORE	19811001	22991231	3	471.9
15953	REMOVE THIGH PRESSURE SORE	19811001	22991231	4	582.25
15956	REMOVE THIGH PRESSURE SORE	19811001	22991231	3	471.9
15958	REMOVE THIGH PRESSURE SORE	19811001	22991231		
15999	REMOVAL OF PRESSURE SORE	19831115	22991231		
16000	INITIAL TREATMENT OF BURN(S)	19780101	22991231	1	307.38
16020	DRESS/DEBRID P-THICK BURN S	19780101	22991231	1	307.38
16025	DRESS/DEBRID P-THICK BURN M	19780101	22991231	2	412.79
16030	DRESS/DEBRID P-THICK BURN L	19780101	22991231	2	412.79
16035	INCISION OF BURN SCAB INITI	19811001	22991231	2	412.79
16036	ESCHAROTOMY ADDL INCISION	20010101	22991231		
17000	DESTRUCT PREMALG LESION	19780101	22991231	1	307.38
17003	DESTRUCT PREMALG LES 2-14	19980101	22991231	1	307.38
17004	DESTROY PREMAL LESIONS 15/>	19980101	22991231	1	307.38
17106	DESTRUCTION OF SKIN LESIONS	19920115	22991231	3	471.9
17107	DESTRUCTION OF SKIN LESIONS	19920115	22991231	3	471.9
17108	DESTRUCTION OF SKIN LESIONS	19920115	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
17110	DESTRUCT B9 LESION 1-14	19780101	22991231	1	307.38
17111	DESTRUCT LESION 15 OR MORE	19980101	22991231	1	307.38
17250	CHEM CAUT OF GRANLTJ TISSUE	19811001	22991231	1	307.38
17260	DESTRUCTION OF SKIN LESIONS	19920115	22991231	1	307.38
17261	DESTRUCTION OF SKIN LESIONS	19920115	22991231	1	307.38
17262	DESTRUCTION OF SKIN LESIONS	19920115	22991231	1	307.38
17263	DESTRUCTION OF SKIN LESIONS	19920115	22991231	1	307.38
17264	DESTRUCTION OF SKIN LESIONS	19920115	22991231	1	307.38
17266	DESTRUCTION OF SKIN LESIONS	19920115	22991231	3	471.9
17270	DESTRUCTION OF SKIN LESIONS	19920115	22991231	1	307.38
17271	DESTRUCTION OF SKIN LESIONS	19920115	22991231	1	307.38
17272	DESTRUCTION OF SKIN LESIONS	19920115	22991231	1	307.38
17273	DESTRUCTION OF SKIN LESIONS	19920115	22991231	3	471.9
17274	DESTRUCTION OF SKIN LESIONS	19920115	22991231	3	471.9
17276	DESTRUCTION OF SKIN LESIONS	19920115	22991231	3	471.9
17280	DESTRUCTION OF SKIN LESIONS	19920115	22991231	1	307.38
17281	DESTRUCTION OF SKIN LESIONS	19920115	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
17282	DESTRUCTION OF SKIN LESIONS	19920115	22991231		
17283	DESTRUCTION OF SKIN LESIONS	19920115	22991231	3	471.9
17284	DESTRUCTION OF SKIN LESIONS	19920115	22991231	3	471.9
17286	DESTRUCTION OF SKIN LESIONS	19920115	22991231	3	471.9
17340	CRYOTHERAPY OF SKIN	19780101	22991231	1	307.38
17360	SKIN PEEL THERAPY	19811001	22991231	1	307.38
17999	SKIN TISSUE PROCEDURE	19831115	22991231		
19000	DRAINAGE OF BREAST LESION	19780101	22991231	1	307.38
19001	DRAIN BREAST LESION ADD-ON	19811001	22991231	1	307.38
19020	INCISION OF BREAST LESION	19780101	22991231	2	412.79
19030	INJECTION FOR BREAST X-RAY	19811001	22991231	1	307.38
19100	BX BREAST PERCUT W/O IMAGE	19811001	22991231	1	307.38
19101	BIOPSY OF BREAST OPEN	19780101	22991231	2	412.79
19110	NIPPLE EXPLORATION	19871201	22991231	2	412.79
19112	EXCISE BREAST DUCT FISTULA	19871201	22991231	3	471.9
19120	REMOVAL OF BREAST LESION	19780101	22991231	3	471.9
19125	EXCISION BREAST LESION	19940101	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
19126	EXCISION ADDL BREAST LESION	19940101	22991231	3	471.9
19294	PREP TUM CAV IORT PRTL MAST	20180101	22991231		
19300	REMOVAL OF BREAST TISSUE	20070101	22991231	4	582.25
19301	PARTIAL MASTECTOMY	20070101	22991231	3	471.9
19302	P-MASTECTOMY W/LN REMOVAL	20070101	22991231	7	921.15
19303	MAST SIMPLE COMPLETE	20070101	22991231	4	582.25
19316	SUSPENSION OF BREAST	19811001	22991231	4	582.25
19318	REDUCTION OF LARGE BREAST	19840501	22991231	4	582.25
19324	ENLARGE BREAST	19811001	22991231	4	582.25
19325	ENLARGE BREAST WITH IMPLANT	19811001	22991231		
19328	REMOVAL OF BREAST IMPLANT	19811001	22991231	1	307.38
19330	REMOVAL OF IMPLANT MATERIAL	19811001	22991231	1	307.38
19340	IMMEDIATE BREAST PROSTHESIS	19811001	22991231	2	412.79
19342	DELAYED BREAST PROSTHESIS	19811001	22991231	3	471.9
19350	BREAST RECONSTRUCTION	19811001	22991231	4	582.25
19355	CORRECT INVERTED NIPPLE(S)	20030401	22991231	4	582.25
19357	BREAST RECONSTRUCTION	19920115	22991231	5	664.02

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
19361	BREAST RECONSTR W/LAT FLAP	19920115	22991231		
19364	BREAST RECONSTRUCTION	19811001	22991231	5	664.02
19366	BREAST RECONSTRUCTION	19811001	22991231	5	664.02
19367	BREAST RECONSTRUCTION	19950101	22991231		
19368	BREAST RECONSTRUCTION	19950101	22991231		
19369	BREAST RECONSTRUCTION	19950101	22991231		
19370	SURGERY OF BREAST CAPSULE	19811001	22991231	4	582.25
19371	REMOVAL OF BREAST CAPSULE	19811001	22991231	4	582.25
19380	REVISE BREAST RECONSTRUCTION	19811001	22991231	5	664.02
19396	DESIGN CUSTOM BREAST IMPLANT	19811001	22991231	4	582.25
19499	BREAST SURGERY PROCEDURE	19831115	22991231		
20100	EXPLORE WOUND NECK	19960101	22991231	3	471.9
20101	EXPLORE WOUND CHEST	19960101	22991231		
20102	EXPLORE WOUND ABDOMEN	19960101	22991231		
20103	EXPLORE WOUND EXTREMITY	19960101	22991231	2	412.79
20150	EXCISE EPIPHYSEAL BAR	19970101	22991231	4	582.25
20200	MUSCLE BIOPSY	19780101	22991231	2	412.79

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
20205	DEEP MUSCLE BIOPSY	19780101	22991231	3	471.9
20220	BONE BIOPSY TROCAR/NEEDLE	19811001	22991231	6	775.59
20225	BONE BIOPSY TROCAR/NEEDLE	19780101	22991231	2	412.79
20240	BONE BIOPSY OPEN SUPERFICIAL	19811001	22991231	2	412.79
20245	BONE BIOPSY OPEN DEEP	19811001	22991231	3	471.9
20250	OPEN BONE BIOPSY	19811001	22991231	3	471.9
20251	OPEN BONE BIOPSY	19811001	22991231	3	471.9
20500	INJECTION OF SINUS TRACT	19780101	22991231	1	307.38
20501	INJECT SINUS TRACT FOR X-RAY	19811001	22991231	1	307.38
20520	REMOVAL OF FOREIGN BODY	19811001	22991231	3	471.9
20525	REMOVAL OF FOREIGN BODY	19811001	22991231	3	471.9
20526	THER INJECTION CARP TUNNEL	20020101	22991231	1	307.38
20527	INJ DUPUYTREN CORD W/ENZYME	20120101	22991231	1	307.38
20550	INJ TENDON SHEATH/LIGAMENT	19780101	22991231	1	307.38
20552	INJ TRIGGER POINT 1/2 MUSCL	20020101	22991231	1	307.38
20555	PLACE NDL MUSC/TIS FOR RT	20080101	22991231		
20560	NDL INSJ W/O NJX 1 OR 2 MUSC	20200101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
20561	NDL INSJ W/O NJX 3+ MUSC	20200101	22991231		
20600	DRAIN/INJ JOINT/BURSA W/O US	19780101	22991231	1	307.38
20605	DRAIN/INJ JOINT/BURSA W/O US	19780101	22991231	1	307.38
20610	DRAIN/INJ JOINT/BURSA W/O US	19811001	22991231	1	307.38
20615	TREATMENT OF BONE CYST	19811001	22991231	3	471.9
20650	INSERT AND REMOVE BONE PIN	19780101	22991231	3	471.9
20660	APPLY REM FIXATION DEVICE	19780101	22991231	2	412.79
20661	APPLICATION OF HEAD BRACE	19811001	22991231	3	471.9
20662	APPLICATION OF PELVIS BRACE	19780101	22991231	3	471.9
20663	APPLICATION OF THIGH BRACE	19780101	22991231	3	471.9
20664	APPLICATION OF HALO	19980101	22991231		
20665	REMOVAL OF FIXATION DEVICE	19780101	22991231	1	307.38
20670	REMOVAL OF SUPPORT IMPLANT	19780101	22991231	1	307.38
20680	REMOVAL OF SUPPORT IMPLANT	19780101	22991231	3	471.9
20690	APPLY BONE FIXATION DEVICE	19811001	22991231	2	412.79
20692	APPLY BONE FIXATION DEVICE	19910401	22991231	3	471.9
20693	ADJUST BONE FIXATION DEVICE	19910401	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
20694	REMOVE BONE FIXATION DEVICE	19910401	22991231	1	307.38
20696	COMP MULTIPLANE EXT FIXATION	20090101	22991231	5	664.02
20697	COMP EXT FIXATE STRUT CHANGE	20090101	22991231	2	412.79
20700	MNL PREP&INSJ DP RX DLVR DEV	20200101	22991231		
20701	RMVL DEEP RX DELIVERY DEVICE	20200101	22991231		
20702	MNL PREP&INSJ IMED RX DEV	20200101	22991231		
20703	RMVL IMED RX DELIVERY DEVICE	20200101	22991231		
20704	MNL PREP&INSJ I-ARTIC RX DEV	20200101	22991231		
20705	RMVL I-ARTIC RX DELIVERY DEV	20200101	22991231		
20802	REPLANTATION ARM COMPLETE	19811001	22991231	6	775.59
20808	REPLANTATION HAND COMPLETE	19811001	22991231		
20816	REPLANTATION DIGIT COMPLETE	19811001	22991231		
20838	REPLANTATION FOOT COMPLETE	19811001	22991231		
20900	REMOVAL OF BONE FOR GRAFT	19811001	22991231	3	471.9
20902	REMOVAL OF BONE FOR GRAFT	19811001	22991231	4	582.25
20910	REMOVE CARTILAGE FOR GRAFT	19811001	22991231	3	471.9
20912	REMOVE CARTILAGE FOR GRAFT	19811001	22991231	3	471.9

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	20920	REMOVAL OF FASCIA FOR GRAFT	19811001	22991231	4	582.25
	20922	REMOVAL OF FASCIA FOR GRAFT	19811001	22991231	3	471.9
	20924	REMOVAL OF TENDON FOR GRAFT	19811001	22991231	4	582.25
	20930	SP BONE ALGRFT MORSEL ADD-ON	19960101	22991231	6	775.59
	20931	SP BONE ALGRFT STRUCT ADD-ON	19960101	22991231	7	921.15
	20932	OSTEOART ALGRFT W/SURF & B1	20190101	22991231		
	20933	HEMICRT INTRCLRY ALGRFT PRTL	20190101	22991231		
	20934	INTERCALARY ALGRFT COMPL	20190101	22991231		
	20936	SP BONE AGRFT LOCAL ADD-ON	19960101	22991231	8	911.55
	20937	SP BONE AGRFT MORSEL ADD-ON	19960101	22991231		
	20938	SP BONE AGRFT STRUCT ADD-ON	19960101	22991231		
	20939	BONE MARROW ASPIR BONE GRFG	20180101	22991231		
	20950	FLUID PRESSURE MUSCLE	19811001	22991231	1	307.38
	20955	FIBULA BONE GRAFT MICROVASC	19811001	22991231	4	582.25
	20956	ILIAC BONE GRAFT MICROVASC	19970101	22991231		
	20957	MT BONE GRAFT MICROVASC	19970101	22991231		
	20962	OTHER BONE GRAFT MICROVASC	19811001	22991231	4	582.25

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
20969	BONE/SKIN GRAFT MICROVASC	19811001	22991231	4	582.25
20970	BONE/SKIN GRAFT ILIAC CREST	19811001	22991231	4	582.25
20972	BONE/SKIN GRAFT METATARSAL	19811001	22991231	4	582.25
20973	BONE/SKIN GRAFT GREAT TOE	19811001	22991231	4	582.25
20974	ELECTRICAL BONE STIMULATION	19821101	22991231		
20975	ELECTRICAL BONE STIMULATION	19821101	22991231	1	307.38
20979	US BONE STIMULATION	20000101	22991231	1	307.38
20985	CPTR-ASST DIR MS PX	20080101	22991231		
20999	MUSCULOSKELETAL SURGERY	19831115	22991231	8	911.55
21010	INCISION OF JAW JOINT	19780101	22991231	2	412.79
21011	EXC FACE LES SC <2 CM	20100101	22991231	4	582.25
21012	EXC FACE LES SBQ 2 CM/>	20100101	22991231	6	775.59
21013	EXC FACE TUM DEEP < 2 CM	20100101	22991231	6	775.59
21014	EXC FACE TUM DEEP 2 CM/>	20100101	22991231	6	775.59
21015	RESECT FACE/SCALP TUM < 2 CM	19910401	22991231	2	412.79
21016	RESECT FACE/SCALP TUM 2 CM/>	20100101	22991231	2	412.79
21025	EXCISION OF BONE LOWER JAW	19880501	22991231	2	412.79

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
21026	EXCISION OF FACIAL BONE(S)	19880501	22991231	2	412.79
21029	CONTOUR OF FACE BONE LESION	19910401	22991231	2	412.79
21030	EXCISE MAX/ZYGOMA B9 TUMOR	19811001	22991231	6	775.59
21031	REMOVE EXOSTOSIS MANDIBLE	19900401	22991231		
21032	REMOVE EXOSTOSIS MAXILLA	19900401	22991231	5	664.02
21034	EXCISE MAX/ZYGOMA MAL TUMOR	19811001	22991231	3	471.9
21040	EXCISE MANDIBLE LESION	19780101	22991231	2	412.79
21044	REMOVAL OF JAW BONE LESION	19780101	22991231	2	412.79
21045	EXTENSIVE JAW SURGERY	19780101	22991231	7	921.15
21046	REMOVE MANDIBLE CYST COMPLEX	20030101	22991231	2	412.79
21047	EXCISE LWR JAW CYST W/REPAIR	20030101	22991231	2	412.79
21048	REMOVE MAXILLA CYST COMPLEX	20030101	22991231		
21050	REMOVAL OF JAW JOINT	19780101	22991231	3	471.9
21060	REMOVE JAW JOINT CARTILAGE	19780101	22991231	2	412.79
21070	REMOVE CORONOID PROCESS	19811001	22991231	3	471.9
21073	MNPJ OF TMJ W/ANESTH	20080101	22991231	4	582.25
21079	PREPARE FACE/ORAL PROSTHESIS	19910401	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
21080	PREPARE FACE/ORAL PROSTHESIS	19910401	22991231		
21081	PREPARE FACE/ORAL PROSTHESIS	19910401	22991231		
21082	PREPARE FACE/ORAL PROSTHESIS	19910401	22991231		
21083	PREPARE FACE/ORAL PROSTHESIS	19910401	22991231		
21084	PREPARE FACE/ORAL PROSTHESIS	19991231	22991231		
21085	PREPARE FACE/ORAL PROSTHESIS	19910401	22991231	6	775.59
21086	PREPARE FACE/ORAL PROSTHESIS	19910401	22991231		
21087	PREPARE FACE/ORAL PROSTHESIS	19910401	22991231		
21088	PREPARE FACE/ORAL PROSTHESIS	19910401	22991231		
21089	PREPARE FACE/ORAL PROSTHESIS	19910401	22991231		
21100	MAXILLOFACIAL FIXATION	19811001	22991231	2	412.79
21110	INTERDENTAL FIXATION	19811001	22991231	6	775.59
21116	INJECTION JAW JOINT X-RAY	19811001	22991231	1	307.38
21120	RECONSTRUCTION OF CHIN	19910401	22991231	7	921.15
21121	RECONSTRUCTION OF CHIN	19910401	22991231	7	921.15
21122	RECONSTRUCTION OF CHIN	19910401	22991231	7	921.15
21123	RECONSTRUCTION OF CHIN	19910401	22991231	7	921.15

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
21125	AUGMENTATION LOWER JAW BONE	19910401	22991231	7	921.15
21127	AUGMENTATION LOWER JAW BONE	19910401	22991231	8	911.55
21137	REDUCTION OF FOREHEAD	19910401	22991231	3	471.9
21138	REDUCTION OF FOREHEAD	19910401	22991231	7	921.15
21139	REDUCTION OF FOREHEAD	19910401	22991231	7	921.15
21141	LEFORT I-1 PIECE W/O GRAFT	19960101	22991231		
21142	LEFORT I-2 PIECE W/O GRAFT	19960101	22991231		
21143	LEFORT I-3/> PIECE W/O GRAFT	19960101	22991231		
21145	LEFORT I-1 PIECE W/ GRAFT	19910401	22991231		
21146	LEFORT I-2 PIECE W/ GRAFT	19910401	22991231		
21147	LEFORT I-3/> PIECE W/ GRAFT	19910401	22991231		
21150	LEFORT II ANTERIOR INTRUSION	19910401	22991231	7	921.15
21151	LEFORT II W/BONE GRAFTS	19910401	22991231		
21154	LEFORT III W/O LEFORT I	19910401	22991231		
21155	LEFORT III W/ LEFORT I	19910401	22991231		
21159	LEFORT III W/FHDW/O LEFORT I	19910401	22991231		
21160	LEFORT III W/FHD W/ LEFORT I	19910401	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
21172	RECONSTRUCT ORBIT/FOREHEAD	19910401	22991231		
21175	RECONSTRUCT ORBIT/FOREHEAD	19910401	22991231		
21179	RECONSTRUCT ENTIRE FOREHEAD	19910401	22991231		
21180	RECONSTRUCT ENTIRE FOREHEAD	19910401	22991231		
21181	CONTOUR CRANIAL BONE LESION	19910401	22991231	7	921.15
21182	RECONSTRUCT CRANIAL BONE	19910401	22991231	7	921.15
21183	RECONSTRUCT CRANIAL BONE	19910401	22991231		
21188	RECONSTRUCTION OF MIDFACE	19910401	22991231		
21193	RECONST LWR JAW W/O GRAFT	19910401	22991231		
21194	RECONST LWR JAW W/GRAFT	19910401	22991231		
21195	RECONST LWR JAW W/O FIXATION	19910401	22991231	6	775.59
21196	RECONST LWR JAW W/FIXATION	19910401	22991231	6	775.59
21198	RECONSTR LWR JAW SEGMENT	19910401	22991231	7	921.15
21199	RECONSTR LWR JAW W/ADVANCE	20010101	22991231	7	921.15
21206	RECONSTRUCT UPPER JAW BONE	19811001	22991231	5	664.02
21208	AUGMENTATION OF FACIAL BONES	19880501	22991231	7	921.15
21209	REDUCTION OF FACIAL BONES	19880501	22991231	5	664.02

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
21210	FACE BONE GRAFT	19780101	22991231	7	921.15
21215	LOWER JAW BONE GRAFT	19780101	22991231	7	921.15
21230	RIB CARTILAGE GRAFT	19811001	22991231	7	921.15
21235	EAR CARTILAGE GRAFT	19780101	22991231	7	921.15
21240	RECONSTRUCTION OF JAW JOINT	19811001	22991231	4	582.25
21242	RECONSTRUCTION OF JAW JOINT	19811001	22991231	5	664.02
21243	RECONSTRUCTION OF JAW JOINT	19880501	22991231	5	664.02
21244	RECONSTRUCTION OF LOWER JAW	19880501	22991231	7	921.15
21245	RECONSTRUCTION OF JAW	19880501	22991231	7	921.15
21246	RECONSTRUCTION OF JAW	19880501	22991231	7	921.15
21247	RECONSTRUCT LOWER JAW BONE	19910401	22991231		
21248	RECONSTRUCTION OF JAW	19880501	22991231	7	921.15
21249	RECONSTRUCTION OF JAW	19880501	22991231	7	921.15
21255	RECONSTRUCT LOWER JAW BONE	19910401	22991231		
21256	RECONSTRUCTION OF ORBIT	19910401	22991231		
21260	REVISE EYE SOCKETS	19811001	22991231	7	921.15
21261	REVISE EYE SOCKETS	19811001	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
21263	REVISE EYE SOCKETS	19811001	22991231		
21267	REVISE EYE SOCKETS	19811001	22991231	7	921.15
21268	REVISE EYE SOCKETS	19811001	22991231		
21270	AUGMENTATION CHEEK BONE	19811001	22991231	5	664.02
21275	REVISION ORBITOFACIAL BONES	19811001	22991231	7	921.15
21280	REVISION OF EYELID	19811001	22991231	5	664.02
21282	REVISION OF EYELID	19811001	22991231	5	664.02
21295	REVISION OF JAW MUSCLE/BONE	19811001	22991231	1	307.38
21296	REVISION OF JAW MUSCLE/BONE	19811001	22991231	1	307.38
21299	CRANIO/MAXILLOFACIAL SURGERY	19910401	22991231	6	775.59
21310	CLOSED TX NOSE FX W/O MANJ	19780101	22991231	2	412.79
21315	CLOSED TX NOSE FX W/O STABLJ	19780101	22991231	2	412.79
21320	CLOSED TX NOSE FX W/ STABLJ	19780101	22991231	2	412.79
21325	OPEN TX NOSE FX UNCOMPLICATD	19780101	22991231	4	582.25
21330	OPEN TX NOSE FX W/SKELE FIXJ	19780101	22991231	5	664.02
21335	OPEN TX NOSE & SEPTAL FX	19780101	22991231	7	921.15
21336	OPEN TX SEPTAL FX W/WO STABJ	19930101	22991231	4	582.25

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
21337	CLOSED TX SEPTAL&NOSE FX	19811001	22991231	2	412.79
21338	OPEN NASOETHMOID FX W/O FIXJ	19811001	22991231	4	582.25
21339	OPEN NASOETHMOID FX W/ FIXJ	19811001	22991231	5	664.02
21340	PERQ TX NASOETHMOID FX	19811001	22991231	4	582.25
21343	OPEN TX DPRSD FRONT SINUS FX	19900401	22991231	5	664.02
21344	OPEN TX COMPL FRONT SINUS FX	19930101	22991231	7	921.15
21345	CLOSED TX NOSE/JAW FX	19811001	22991231	7	921.15
21346	OPN TX NASOMAX FX W/FIXJ	19811001	22991231	6	775.59
21347	OPN TX NASOMAX FX MULTPLE	19811001	22991231	7	921.15
21348	OPN TX NASOMAX FX W/GRAFT	19930101	22991231		
21355	PERQ TX MALAR FRACTURE	19780101	22991231	3	471.9
21356	OPN TX DPRSD ZYGOMATIC ARCH	19930101	22991231	3	471.9
21360	OPN TX DPRSD MALAR FRACTURE	19780101	22991231	3	471.9
21365	OPN TX COMPLX MALAR FX	19780101	22991231	5	664.02
21366	OPN TX COMPLX MALAR W/GRFT	19930101	22991231		
21385	OPN TX ORBIT FX TRANSANTRAL	19811001	22991231	5	664.02
21386	OPN TX ORBIT FX PERIORBITAL	19811001	22991231	5	664.02

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
21387	OPN TX ORBIT FX COMBINED	19811001	22991231	5	664.02
21390	OPN TX ORBIT PERIORBTL IMPLT	19811001	22991231		
21395	OPN TX ORBIT PERIORBT W/GRFT	19811001	22991231	7	921.15
21400	CLOSED TX ORBIT W/O MANIPULJ	19811001	22991231	2	412.79
21401	CLOSED TX ORBIT W/MANIPULJ	19811001	22991231	3	471.9
21406	OPN TX ORBIT FX W/O IMPLANT	19811001	22991231	7	921.15
21407	OPN TX ORBIT FX W/IMPLANT	19811001	22991231	7	921.15
21408	OPN TX ORBIT FX W/BONE GRFT	19930101	22991231	7	921.15
21421	TREAT MOUTH ROOF FRACTURE	19811001	22991231	4	582.25
21422	TREAT MOUTH ROOF FRACTURE	19811001	22991231	8	911.55
21423	TREAT MOUTH ROOF FRACTURE	19930101	22991231	5	664.02
21431	TREAT CRANIOFACIAL FRACTURE	19811001	22991231	3	471.9
21432	TREAT CRANIOFACIAL FRACTURE	19811001	22991231	5	664.02
21433	TREAT CRANIOFACIAL FRACTURE	19811001	22991231	7	921.15
21435	TREAT CRANIOFACIAL FRACTURE	19811001	22991231	7	921.15
21436	TREAT CRANIOFACIAL FRACTURE	19930101	22991231	7	921.15
21440	TREAT DENTAL RIDGE FRACTURE	19811001	22991231	7	921.15

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
21445	TREAT DENTAL RIDGE FRACTURE	19811001	22991231	4	582.25
21450	TREAT LOWER JAW FRACTURE	19780101	22991231	3	471.9
21451	TREAT LOWER JAW FRACTURE	19811001	22991231	4	582.25
21452	TREAT LOWER JAW FRACTURE	19811001	22991231	2	412.79
21453	TREAT LOWER JAW FRACTURE	19811001	22991231	3	471.9
21454	TREAT LOWER JAW FRACTURE	19780101	22991231	5	664.02
21461	TREAT LOWER JAW FRACTURE	19780101	22991231	4	582.25
21462	TREAT LOWER JAW FRACTURE	19780101	22991231	5	664.02
21465	TREAT LOWER JAW FRACTURE	19811001	22991231	4	582.25
21470	TREAT LOWER JAW FRACTURE	19811001	22991231	5	664.02
21480	RESET DISLOCATED JAW	19780101	22991231	1	307.38
21485	RESET DISLOCATED JAW	19811001	22991231	2	412.79
21490	REPAIR DISLOCATED JAW	19811001	22991231	3	471.9
21497	INTERDENTAL WIRING	19811001	22991231	2	412.79
21499	HEAD SURGERY PROCEDURE	19831115	22991231		
21501	DRAIN NECK/CHEST LESION	19780101	22991231	2	412.79
21502	DRAIN CHEST LESION	19811001	22991231	2	412.79

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
21510	DRAINAGE OF BONE LESION	19811001	22991231	3	471.9
21550	BIOPSY OF NECK/CHEST	19811001	22991231	1	307.38
21552	EXC NECK LES SC 3 CM/>	20100101	22991231	3	471.9
21554	EXC NECK TUM DEEP 5 CM/>	20100101	22991231	3	471.9
21555	EXC NECK LES SC < 3 CM	19811001	22991231	2	412.79
21556	EXC NECK TUM DEEP < 5 CM	19811001	22991231	2	412.79
21557	RESECT NECK THORAX TUMOR<5CM	19880501	22991231	2	412.79
21558	RESECT NECK TUMOR 5 CM/>	20100101	22991231	3	471.9
21600	PARTIAL REMOVAL OF RIB	19780101	22991231	2	412.79
21601	EXC CHEST WALL TUMOR W/RIBS	20200101	22991231		
21602	EXC CH WAL TUM W/O LYMPHADEC	20200101	22991231		
21603	EXC CH WAL TUM W/LYMPHADEC	20200101	22991231		
21610	PARTIAL REMOVAL OF RIB	19811001	22991231	2	412.79
21615	REMOVAL OF RIB	19811001	22991231		
21616	REMOVAL OF RIB AND NERVES	19811001	22991231		
21620	PARTIAL REMOVAL OF STERNUM	19780101	22991231	2	412.79
21627	STERNAL DEBRIDEMENT	19871201	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
21630	EXTENSIVE STERNUM SURGERY	19811001	22991231		
21632	EXTENSIVE STERNUM SURGERY	19811001	22991231		
21700	REVISION OF NECK MUSCLE	19780101	22991231	2	412.79
21705	REVISION OF NECK MUSCLE/RIB	19780101	22991231		
21720	REVISION OF NECK MUSCLE	19780101	22991231	3	471.9
21725	REVISION OF NECK MUSCLE	19780101	22991231	3	471.9
21740	RECONSTRUCTION OF STERNUM	19780101	22991231		
21820	TREAT STERNUM FRACTURE	19780101	22991231	1	307.38
21825	TREAT STERNUM FRACTURE	19780101	22991231		
21899	NECK/CHEST SURGERY PROCEDURE	19831115	22991231		
21920	BIOPSY SOFT TISSUE OF BACK	19880501	22991231	4	582.25
21925	BIOPSY SOFT TISSUE OF BACK	19880501	22991231	2	412.79
21930	EXC BACK LES SC < 3 CM	19880501	22991231	2	412.79
21931	EXC BACK LES SC 3 CM/>	20100101	22991231	3	471.9
21932	EXC BACK TUM DEEP < 5 CM	20100101	22991231	2	412.79
21933	EXC BACK TUM DEEP 5 CM/>	20100101	22991231	3	471.9
21935	RESECT BACK TUM < 5 CM	19880501	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
21936	RESECT BACK TUM 5 CM/>	20100101	22991231	3	471.9
22010	I&D P-SPINE C/T/CERV-THOR	19811001	22991231		
22015	I&D ABSCESS P-SPINE L/S/LS	20060101	22991231		
22100	REMOVE PART OF NECK VERTEBRA	19811001	22991231	4	582.25
22101	REMOVE PART THORAX VERTEBRA	19811001	22991231	3	471.9
22102	REMOVE PART LUMBAR VERTEBRA	19811001	22991231	4	582.25
22103	REMOVE EXTRA SPINE SEGMENT	19960101	22991231	4	582.25
22110	REMOVE PART OF NECK VERTEBRA	19780101	22991231		
22112	REMOVE PART THORAX VERTEBRA	19780101	22991231		
22114	REMOVE PART LUMBAR VERTEBRA	19780101	22991231		
22116	REMOVE EXTRA SPINE SEGMENT	19960101	22991231		
22206	INCIS SPINE 3 COLUMN THORAC	20080101	22991231		
22207	INCIS SPINE 3 COLUMN LUMBAR	20080101	22991231		
22208	INCIS SPINE 3 COLUMN ADL SEG	20080101	22991231		
22216	INCIS ADDL SPINE SEGMENT	19960101	22991231		
22226	REVISE EXTRA SPINE SEGMENT	19960101	22991231		
22310	CLOSED TX VERT FX W/O MANJ	19811001	22991231	1	307.38

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
22315	CLOSED TX VERT FX W/MANJ	19780101	22991231		
22318	TREAT ODONTOID FX W/O GRAFT	20000101	22991231		
22319	TREAT ODONTOID FX W/GRAFT	20000101	22991231		
22325	TREAT SPINE FRACTURE	19780101	22991231	3	471.9
22326	TREAT NECK SPINE FRACTURE	19780101	22991231	3	471.9
22327	TREAT THORAX SPINE FRACTURE	19780101	22991231	3	471.9
22328	TREAT EACH ADD SPINE FX	19960101	22991231	3	471.9
22505	MANIPULATION OF SPINE	19780101	22991231	2	412.79
22551	NECK SPINE FUSE&REMOV BEL C2	20110101	22991231	7	921.15
22552	ADDL NECK SPINE FUSION	20110101	22991231	1	307.38
22600	NECK SPINE FUSION	19780101	22991231		
22614	SPINE FUSION EXTRA SEGMENT	19960101	22991231		
22632	SPINE FUSION EXTRA SEGMENT	19960101	22991231		
22800	POST FUSION </6 VERT SEG	19811001	22991231		
22802	POST FUSION 7-12 VERT SEG	19811001	22991231		
22804	POST FUSION 13/> VERT SEG	19960101	22991231		
22808	ANT FUSION 2-3 VERT SEG	19960101	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	22818	KYPHECTOMY 1-2 SEGMENTS	19980101	22991231		
	22819	KYPHECTOMY 3 OR MORE	19980101	22991231		
	22840	INSERT SPINE FIXATION DEVICE	19780101	22991231		
	22841	INSERT SPINE FIXATION DEVICE	19960101	22991231		
	22842	INSERT SPINE FIXATION DEVICE	19840501	22991231		
	22843	INSERT SPINE FIXATION DEVICE	19960101	22991231		
	22844	INSERT SPINE FIXATION DEVICE	19960101	22991231		
	22845	INSERT SPINE FIXATION DEVICE	19780101	22991231		
	22846	INSERT SPINE FIXATION DEVICE	19960101	22991231		
	22847	INSERT SPINE FIXATION DEVICE	19960101	22991231		
	22848	INSERT PELV FIXATION DEVICE	19960101	22991231		
	22850	REMOVE SPINE FIXATION DEVICE	19811001	22991231		
	22853	INSJ BIOMECHANICAL DEVICE	20170101	22991231		
	22854	INSJ BIOMECHANICAL DEVICE	20170101	22991231		
	22855	REMOVE SPINE FIXATION DEVICE	19811001	22991231		
	22859	INSJ BIOMECHANICAL DEVICE	20170101	22991231		
	22867	INSJ STABLJ DEV W/DCMPRN	20170101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
22868	INSJ STABLJ DEV W/DCMPRN	20170101	22991231		
22869	INSJ STABLJ DEV W/O DCMPRN	20170101	22991231		
22870	INSJ STABLJ DEV W/O DCMPRN	20170101	22991231		
22899	SPINE SURGERY PROCEDURE	19831115	22991231		
22900	EXC ABDL TUM DEEP < 5 CM	19811001	22991231	4	582.25
22901	EXC ABDL TUM DEEP 5 CM/>	20100101	22991231	3	471.9
22902	EXC ABD LES SC < 3 CM	20100101	22991231	2	412.79
22903	EXC ABD LES SC 3 CM/>	20100101	22991231	3	471.9
22904	RADICAL RESECT ABD TUMOR<5CM	20100101	22991231	2	412.79
22905	RAD RESECT ABD TUMOR 5 CM/>	20100101	22991231	3	471.9
22999	ABDOMEN SURGERY PROCEDURE	19831115	22991231		
23000	REMOVAL OF CALCIUM DEPOSITS	19780101	22991231		
23020	RELEASE SHOULDER JOINT	19811001	22991231	2	412.79
23031	DRAIN SHOULDER BURSA	19780101	22991231	3	471.9
23035	DRAIN SHOULDER BONE LESION	19811001	22991231	3	471.9
23040	EXPLORATORY SHOULDER SURGERY	19780101	22991231	3	471.9
23044	EXPLORATORY SHOULDER SURGERY	19780101	22991231	4	582.25

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
23065	BIOPSY SHOULDER TISSUES	19811001	22991231	3	471.9
23066	BIOPSY SHOULDER TISSUES	19811001	22991231	2	412.79
23071	EXC SHOULDER LES SC 3 CM/>	20100101	22991231	3	471.9
23073	EXC SHOULDER TUM DEEP 5 CM/>	20100101	22991231	3	471.9
23075	EXC SHOULDER LES SC < 3 CM	19811001	22991231	2	412.79
23076	EXC SHOULDER TUM DEEP < 5 CM	19811001	22991231	2	412.79
23077	RESECT SHOULDER TUMOR < 5 CM	19880501	22991231	3	471.9
23078	RESECT SHOULDER TUMOR 5 CM/>	20100101	22991231	3	471.9
23100	BIOPSY OF SHOULDER JOINT	19811001	22991231	2	412.79
23101	SHOULDER JOINT SURGERY	19811001	22991231	7	921.15
23105	REMOVE SHOULDER JOINT LINING	19811001	22991231	4	582.25
23106	INCISION OF COLLARBONE JOINT	19811001	22991231	4	582.25
23107	EXPLORE TREAT SHOULDER JOINT	19890401	22991231	4	582.25
23120	PARTIAL REMOVAL COLLAR BONE	19780101	22991231	5	664.02
23125	REMOVAL OF COLLAR BONE	19780101	22991231	5	664.02
23130	REMOVE SHOULDER BONE PART	19811001	22991231	5	664.02
23140	REMOVAL OF BONE LESION	19811001	22991231	4	582.25

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
23145	REMOVAL OF BONE LESION	19811001	22991231	5	664.02
23146	REMOVAL OF BONE LESION	19811001	22991231	5	664.02
23150	REMOVAL OF HUMERUS LESION	19780101	22991231	4	582.25
23155	REMOVAL OF HUMERUS LESION	19811001	22991231	5	664.02
23156	REMOVAL OF HUMERUS LESION	19811001	22991231	5	664.02
23170	REMOVE COLLAR BONE LESION	19811001	22991231	2	412.79
23172	REMOVE SHOULDER BLADE LESION	19811001	22991231	2	412.79
23174	REMOVE HUMERUS LESION	19811001	22991231	2	412.79
23180	REMOVE COLLAR BONE LESION	19780101	22991231	4	582.25
23182	REMOVE SHOULDER BLADE LESION	19780101	22991231	4	582.25
23184	REMOVE HUMERUS LESION	19780101	22991231	4	582.25
23190	PARTIAL REMOVAL OF SCAPULA	19811001	22991231	4	582.25
23195	REMOVAL OF HEAD OF HUMERUS	19811001	22991231	5	664.02
23200	RESECT CLAVICLE TUMOR	19780101	22991231		
23210	RESECT SCAPULA TUMOR	19780101	22991231		
23220	RESECT PROX HUMERUS TUMOR	19780101	22991231		
23330	REMOVE SHOULDER FOREIGN BODY	19811001	22991231	1	307.38

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
23350	INJECTION FOR SHOULDER X-RAY	19780101	22991231	1	307.38
23395	MUSCLE TRANSFER SHOULDER/ARM	19811001	22991231	5	664.02
23397	MUSCLE TRANSFERS	19811001	22991231	7	921.15
23400	FIXATION OF SHOULDER BLADE	19780101	22991231	7	921.15
23405	INCISION OF TENDON & MUSCLE	19811001	22991231	2	412.79
23406	INCISE TENDON(S) & MUSCLE(S)	19811001	22991231	2	412.79
23410	REPAIR ROTATOR CUFF ACUTE	19780101	22991231	5	664.02
23412	REPAIR ROTATOR CUFF CHRONIC	19811001	22991231	7	921.15
23415	RELEASE OF SHOULDER LIGAMENT	19811001	22991231	5	664.02
23420	REPAIR OF SHOULDER	19780101	22991231	7	921.15
23430	REPAIR BICEPS TENDON	19811001	22991231	4	582.25
23440	REMOVE/TRANSPLANT TENDON	19811001	22991231	4	582.25
23450	REPAIR SHOULDER CAPSULE	19780101	22991231	5	664.02
23455	REPAIR SHOULDER CAPSULE	19780101	22991231	7	921.15
23460	REPAIR SHOULDER CAPSULE	19811001	22991231	5	664.02
23462	REPAIR SHOULDER CAPSULE	19811001	22991231	7	921.15
23465	REPAIR SHOULDER CAPSULE	19811001	22991231	5	664.02

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
23466	REPAIR SHOULDER CAPSULE	19871201	22991231	7	921.15
23470	RECONSTRUCT SHOULDER JOINT	19780101	22991231		
23472	RECONSTRUCT SHOULDER JOINT	19780101	22991231		
23480	REVISION OF COLLAR BONE	19780101	22991231	4	582.25
23485	REVISION OF COLLAR BONE	19811001	22991231	7	921.15
23490	REINFORCE CLAVICLE	19871201	22991231	3	471.9
23491	REINFORCE SHOULDER BONES	19871201	22991231	3	471.9
23500	TREAT CLAVICLE FRACTURE	19780101	22991231	1	307.38
23505	TREAT CLAVICLE FRACTURE	19780101	22991231		
23515	TREAT CLAVICLE FRACTURE	19780101	22991231	3	471.9
23520	TREAT CLAVICLE DISLOCATION	19780101	22991231	1	307.38
23525	TREAT CLAVICLE DISLOCATION	19780101	22991231	1	307.38
23530	TREAT CLAVICLE DISLOCATION	19780101	22991231	3	471.9
23532	TREAT CLAVICLE DISLOCATION	19811001	22991231	4	582.25
23540	TREAT CLAVICLE DISLOCATION	19780101	22991231	1	307.38
23545	TREAT CLAVICLE DISLOCATION	19780101	22991231	1	307.38
23550	TREAT CLAVICLE DISLOCATION	19780101	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
23552	TREAT CLAVICLE DISLOCATION	19811001	22991231	4	582.25
23570	TREAT SHOULDER BLADE FX	19780101	22991231	1	307.38
23575	TREAT SHOULDER BLADE FX	19811001	22991231	1	307.38
23585	TREAT SCAPULA FRACTURE	19780101	22991231	3	471.9
23600	TREAT HUMERUS FRACTURE	19780101	22991231	1	307.38
23605	TREAT HUMERUS FRACTURE	19780101	22991231		
23615	TREAT HUMERUS FRACTURE	19780101	22991231	4	582.25
23616	TREAT HUMERUS FRACTURE	19930101	22991231	4	582.25
23620	TREAT HUMERUS FRACTURE	19811001	22991231	1	307.38
23625	TREAT HUMERUS FRACTURE	19811001	22991231		
23630	TREAT HUMERUS FRACTURE	19811001	22991231	5	664.02
23650	TREAT SHOULDER DISLOCATION	19780101	22991231	1	307.38
23655	TREAT SHOULDER DISLOCATION	19780101	22991231	1	307.38
23660	TREAT SHOULDER DISLOCATION	19780101	22991231	3	471.9
23665	TREAT DISLOCATION/FRACTURE	19811001	22991231		
23670	TREAT DISLOCATION/FRACTURE	19811001	22991231	3	471.9
23675	TREAT DISLOCATION/FRACTURE	19811001	22991231	2	412.79

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
23680	TREAT DISLOCATION/FRACTURE	19811001	22991231	3	471.9
23700	FIXATION OF SHOULDER	19780101	22991231	1	307.38
23800	FUSION OF SHOULDER JOINT	19780101	22991231	4	582.25
23802	FUSION OF SHOULDER JOINT	19811001	22991231	7	921.15
23900	AMPUTATION OF ARM & GIRDLE	19780101	22991231		
23920	AMPUTATION AT SHOULDER JOINT	19780101	22991231		
23921	AMPUTATION FOLLOW-UP SURGERY	19811001	22991231	3	471.9
23929	SHOULDER SURGERY PROCEDURE	19831115	22991231		
23930	DRAINAGE OF ARM LESION	19780101	22991231	1	307.38
23931	DRAINAGE OF ARM BURSA	19780101	22991231	2	412.79
23935	DRAIN ARM/ELBOW BONE LESION	19811001	22991231	2	412.79
24000	EXPLORATORY ELBOW SURGERY	19780101	22991231	4	582.25
24006	RELEASE ELBOW JOINT	19930101	22991231	4	582.25
24065	BIOPSY ARM/ELBOW SOFT TISSUE	19811001	22991231	4	582.25
24066	BIOPSY ARM/ELBOW SOFT TISSUE	19811001	22991231	2	412.79
24071	EXC ARM/ELBOW LES SC 3 CM/>	20100101	22991231	3	471.9
24073	EX ARM/ELBOW TUM DEEP 5 CM/>	20100101	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
24075	EXC ARM/ELBOW LES SC < 3 CM	19811001	22991231	2	412.79
24076	EX ARM/ELBOW TUM DEEP < 5 CM	19811001	22991231	2	412.79
24077	RESECT ARM/ELBOW TUM < 5 CM	19880501	22991231	3	471.9
24079	RESECT ARM/ELBOW TUM 5 CM/>	20100101	22991231	3	471.9
24100	BIOPSY ELBOW JOINT LINING	19811001	22991231	1	307.38
24101	EXPLORE/TREAT ELBOW JOINT	19811001	22991231	4	582.25
24102	REMOVE ELBOW JOINT LINING	19780101	22991231	4	582.25
24105	REMOVAL OF ELBOW BURSA	19780101	22991231	3	471.9
24110	REMOVE HUMERUS LESION	19780101	22991231	2	412.79
24115	REMOVE/GRAFT BONE LESION	19811001	22991231	3	471.9
24116	REMOVE/GRAFT BONE LESION	19811001	22991231	3	471.9
24120	REMOVE ELBOW LESION	19811001	22991231	3	471.9
24125	REMOVE/GRAFT BONE LESION	19811001	22991231	3	471.9
24126	REMOVE/GRAFT BONE LESION	19811001	22991231	3	471.9
24130	REMOVAL OF HEAD OF RADIUS	19780101	22991231	3	471.9
24134	REMOVAL OF ARM BONE LESION	19811001	22991231	2	412.79
24136	REMOVE RADIUS BONE LESION	19811001	22991231	2	412.79

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
24138	REMOVE ELBOW BONE LESION	19811001	22991231	2	412.79
24140	PARTIAL REMOVAL OF ARM BONE	19780101	22991231	3	471.9
24145	PARTIAL REMOVAL OF RADIUS	19780101	22991231	3	471.9
24147	PARTIAL REMOVAL OF ELBOW	19780101	22991231	2	412.79
24149	RADICAL RESECTION OF ELBOW	19970101	22991231	3	471.9
24150	RESECT DISTAL HUMERUS TUMOR	19811001	22991231	3	471.9
24152	RESECT RADIUS TUMOR	19811001	22991231	4	582.25
24155	REMOVAL OF ELBOW JOINT	19780101	22991231	3	471.9
24160	REMOVE ELBOW JOINT IMPLANT	19780101	22991231	2	412.79
24164	REMOVE RADIUS HEAD IMPLANT	19780101	22991231	3	471.9
24200	REMOVAL OF ARM FOREIGN BODY	19811001	22991231	3	471.9
24201	REMOVAL OF ARM FOREIGN BODY	19811001	22991231	2	412.79
24220	INJECTION FOR ELBOW X-RAY	19780101	22991231		
24301	MUSCLE/TENDON TRANSFER	19780101	22991231	4	582.25
24305	ARM TENDON LENGTHENING	19780101	22991231	4	582.25
24310	REVISION OF ARM TENDON	19780101	22991231	3	471.9
24320	REPAIR OF ARM TENDON	19811001	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
24330	REVISION OF ARM MUSCLES	19780101	22991231	3	471.9
24331	REVISION OF ARM MUSCLES	19811001	22991231	3	471.9
24340	REPAIR OF BICEPS TENDON	19780101	22991231	3	471.9
24341	REPAIR ARM TENDON/MUSCLE	19970101	22991231	3	471.9
24342	REPAIR OF RUPTURED TENDON	19811001	22991231	3	471.9
24345	REPR ELBW MED LIGMNT W/TISSU	20020101	22991231	2	412.79
24357	REPAIR ELBOW PERC	20080101	22991231	3	471.9
24358	REPAIR ELBOW W/DEB OPEN	20080101	22991231	3	471.9
24359	REPAIR ELBOW DEB/ATTCH OPEN	20080101	22991231	3	471.9
24360	RECONSTRUCT ELBOW JOINT	19780101	22991231	5	664.02
24361	RECONSTRUCT ELBOW JOINT	19780101	22991231	5	664.02
24362	RECONSTRUCT ELBOW JOINT	19811001	22991231	5	664.02
24363	REPLACE ELBOW JOINT	19780101	22991231	7	921.15
24365	RECONSTRUCT HEAD OF RADIUS	19811001	22991231	5	664.02
24366	RECONSTRUCT HEAD OF RADIUS	19811001	22991231	5	664.02
24370	REVISE RECONST ELBOW JOINT	20130101	22991231		
24371	REVISE RECONST ELBOW JOINT	20130101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
24400	REVISION OF HUMERUS	19780101	22991231	4	582.25
24410	REVISION OF HUMERUS	19780101	22991231	4	582.25
24420	REVISION OF HUMERUS	19780101	22991231	3	471.9
24430	REPAIR OF HUMERUS	19811001	22991231	3	471.9
24435	REPAIR HUMERUS WITH GRAFT	19811001	22991231	4	582.25
24470	REVISION OF ELBOW JOINT	19811001	22991231	3	471.9
24495	DECOMPRESSION OF FOREARM	19811001	22991231	2	412.79
24498	REINFORCE HUMERUS	19871201	22991231	3	471.9
24500	TREAT HUMERUS FRACTURE	19780101	22991231	1	307.38
24505	TREAT HUMERUS FRACTURE	19780101	22991231	1	307.38
24515	TREAT HUMERUS FRACTURE	19780101	22991231	4	582.25
24516	TREAT HUMERUS FRACTURE	19930101	22991231	4	582.25
24530	TREAT HUMERUS FRACTURE	19780101	22991231	1	307.38
24535	TREAT HUMERUS FRACTURE	19780101	22991231	1	307.38
24538	TREAT HUMERUS FRACTURE	19811001	22991231	2	412.79
24545	TREAT HUMERUS FRACTURE	19780101	22991231	4	582.25
24546	TREAT HUMERUS FRACTURE	19930101	22991231	5	664.02

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
24560	TREAT HUMERUS FRACTURE	19811001	22991231	1	307.38
24565	TREAT HUMERUS FRACTURE	19811001	22991231	2	412.79
24566	TREAT HUMERUS FRACTURE	19940101	22991231	2	412.79
24575	TREAT HUMERUS FRACTURE	19811001	22991231	3	471.9
24576	TREAT HUMERUS FRACTURE	19780101	22991231	1	307.38
24577	TREAT HUMERUS FRACTURE	19780101	22991231	1	307.38
24579	TREAT HUMERUS FRACTURE	19780101	22991231	3	471.9
24582	TREAT HUMERUS FRACTURE	19940101	22991231	2	412.79
24586	TREAT ELBOW FRACTURE	19811001	22991231	4	582.25
24587	TREAT ELBOW FRACTURE	19811001	22991231	5	664.02
24600	TREAT ELBOW DISLOCATION	19811001	22991231	1	307.38
24605	TREAT ELBOW DISLOCATION	19780101	22991231	2	412.79
24615	TREAT ELBOW DISLOCATION	19780101	22991231	3	471.9
24620	TREAT ELBOW FRACTURE	19780101	22991231		
24635	TREAT ELBOW FRACTURE	19780101	22991231	3	471.9
24640	TREAT ELBOW DISLOCATION	19811001	22991231		
24650	TREAT RADIUS FRACTURE	19780101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
24655	TREAT RADIUS FRACTURE	19780101	22991231		
24665	TREAT RADIUS FRACTURE	19780101	22991231	4	582.25
24666	TREAT RADIUS FRACTURE	19811001	22991231	4	582.25
24670	TREAT ULNAR FRACTURE	19780101	22991231	1	307.38
24675	TREAT ULNAR FRACTURE	19811001	22991231	1	307.38
24685	TREAT ULNAR FRACTURE	19780101	22991231	3	471.9
24800	FUSION OF ELBOW JOINT	19780101	22991231	4	582.25
24802	FUSION/GRAFT OF ELBOW JOINT	19811001	22991231	5	664.02
24900	AMPUTATION OF UPPER ARM	19780101	22991231		
24920	AMPUTATION OF UPPER ARM	19811001	22991231		
24925	AMPUTATION FOLLOW-UP SURGERY	19811001	22991231	3	471.9
24930	AMPUTATION FOLLOW-UP SURGERY	19811001	22991231	4	582.25
24931	AMPUTATE UPPER ARM & IMPLANT	19811001	22991231		
24935	REVISION OF AMPUTATION	19811001	22991231		
24940	REVISION OF UPPER ARM	19780101	22991231		
24999	UPPER ARM/ELBOW SURGERY	19831115	22991231	3	471.9
25000	INCISION OF TENDON SHEATH	19811001	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
25020	DECOMPRESS FOREARM 1 SPACE	19811001	22991231	3	471.9
25023	DECOMPRESS FOREARM 1 SPACE	19811001	22991231	3	471.9
25024	DECOMPRESS FOREARM 2 SPACES	20020101	22991231	3	471.9
25025	DECOMPRESS FOREARM 2 SPACES	20020101	22991231	3	471.9
25028	DRAINAGE OF FOREARM LESION	19780101	22991231	1	307.38
25031	DRAINAGE OF FOREARM BURSA	19780101	22991231	2	412.79
25035	TREAT FOREARM BONE LESION	19811001	22991231	2	412.79
25040	EXPLORE/TREAT WRIST JOINT	19780101	22991231	5	664.02
25065	BIOPSY FOREARM SOFT TISSUES	19811001	22991231	4	582.25
25066	BIOPSY FOREARM SOFT TISSUES	19811001	22991231	2	412.79
25071	EXC FOREARM LES SC 3 CM/>	20100101	22991231	3	471.9
25073	EXC FOREARM TUM DEEP 3 CM/>	20100101	22991231	3	471.9
25075	EXC FOREARM LES SC < 3 CM	19811001	22991231	2	412.79
25076	EXC FOREARM TUM DEEP < 3 CM	19811001	22991231	3	471.9
25077	RESECT FOREARM/WRIST TUM<3CM	19880501	22991231	3	471.9
25078	RESECT FORARM/WRIST TUM 3CM>	20100101	22991231	3	471.9
25085	INCISION OF WRIST CAPSULE	19780101	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
25100	BIOPSY OF WRIST JOINT	19811001	22991231	2	412.79
25101	EXPLORE/TREAT WRIST JOINT	19811001	22991231	3	471.9
25105	REMOVE WRIST JOINT LINING	19811001	22991231	4	582.25
25107	REMOVE WRIST JOINT CARTILAGE	19780101	22991231	3	471.9
25110	REMOVE WRIST TENDON LESION	19780101	22991231	3	471.9
25111	REMOVE WRIST TENDON LESION	19780101	22991231	3	471.9
25112	REREMOVE WRIST TENDON LESION	19811001	22991231	4	582.25
25115	REMOVE WRIST/FOREARM LESION	19780101	22991231	4	582.25
25116	REMOVE WRIST/FOREARM LESION	19811001	22991231	4	582.25
25118	EXCISE WRIST TENDON SHEATH	19811001	22991231	2	412.79
25119	PARTIAL REMOVAL OF ULNA	19811001	22991231	3	471.9
25120	REMOVAL OF FOREARM LESION	19780101	22991231	3	471.9
25125	REMOVE/GRAFT FOREARM LESION	19811001	22991231	3	471.9
25126	REMOVE/GRAFT FOREARM LESION	19811001	22991231	3	471.9
25130	REMOVAL OF WRIST LESION	19811001	22991231	3	471.9
25135	REMOVE & GRAFT WRIST LESION	19811001	22991231	3	471.9
25136	REMOVE & GRAFT WRIST LESION	19811001	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
25145	REMOVE FOREARM BONE LESION	19780101	22991231	2	412.79
25150	PARTIAL REMOVAL OF ULNA	19780101	22991231	2	412.79
25151	PARTIAL REMOVAL OF RADIUS	19780101	22991231	2	412.79
25170	RESECT RADIUS/ULNAR TUMOR	19780101	22991231	3	471.9
25210	REMOVAL OF WRIST BONE	19780101	22991231	3	471.9
25215	REMOVAL OF WRIST BONES	19780101	22991231	4	582.25
25230	PARTIAL REMOVAL OF RADIUS	19811001	22991231	4	582.25
25240	PARTIAL REMOVAL OF ULNA	19811001	22991231	4	582.25
25246	INJECTION FOR WRIST X-RAY	19780101	22991231	1	307.38
25248	REMOVE FOREARM FOREIGN BODY	19811001	22991231	2	412.79
25250	REMOVAL OF WRIST PROSTHESIS	19811001	22991231	1	307.38
25251	REMOVAL OF WRIST PROSTHESIS	19811001	22991231	1	307.38
25260	REPAIR FOREARM TENDON/MUSCLE	19780101	22991231	4	582.25
25263	REPAIR FOREARM TENDON/MUSCLE	19811001	22991231	2	412.79
25265	REPAIR FOREARM TENDON/MUSCLE	19811001	22991231	3	471.9
25270	REPAIR FOREARM TENDON/MUSCLE	19780101	22991231	4	582.25
25272	REPAIR FOREARM TENDON/MUSCLE	19811001	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
25274	REPAIR FOREARM TENDON/MUSCLE	19811001	22991231	4	582.25
25275	REPAIR FOREARM TENDON SHEATH	20020101	22991231	4	582.25
25280	REVISE WRIST/FOREARM TENDON	19780101	22991231	4	582.25
25290	INCISE WRIST/FOREARM TENDON	19780101	22991231	3	471.9
25295	RELEASE WRIST/FOREARM TENDON	19780101	22991231	3	471.9
25300	FUSION OF TENDONS AT WRIST	19811001	22991231	3	471.9
25301	FUSION OF TENDONS AT WRIST	19811001	22991231	3	471.9
25310	TRANSPLANT FOREARM TENDON	19811001	22991231	3	471.9
25312	TRANSPLANT FOREARM TENDON	19811001	22991231	4	582.25
25315	REVISE PALSY HAND TENDON(S)	19811001	22991231	3	471.9
25316	REVISE PALSY HAND TENDON(S)	19811001	22991231	3	471.9
25320	REPAIR/REVISE WRIST JOINT	19811001	22991231	3	471.9
25332	REVISE WRIST JOINT	19811001	22991231	5	664.02
25335	REALIGNMENT OF HAND	19811001	22991231	3	471.9
25337	RECONSTRUCT ULNA/RADIOULNAR	19950101	22991231	5	664.02
25350	REVISION OF RADIUS	19780101	22991231	3	471.9
25355	REVISION OF RADIUS	19780101	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
25360	REVISION OF ULNA	19780101	22991231	3	471.9
25365	REVISE RADIUS & ULNA	19811001	22991231	3	471.9
25370	REVISE RADIUS OR ULNA	19780101	22991231	3	471.9
25375	REVISE RADIUS & ULNA	19811001	22991231	4	582.25
25390	SHORTEN RADIUS OR ULNA	19780101	22991231	3	471.9
25391	LENGTHEN RADIUS OR ULNA	19811001	22991231	4	582.25
25392	SHORTEN RADIUS & ULNA	19780101	22991231	3	471.9
25393	LENGTHEN RADIUS & ULNA	19811001	22991231	4	582.25
25400	REPAIR RADIUS OR ULNA	19811001	22991231	3	471.9
25405	REPAIR/GRAFT RADIUS OR ULNA	19811001	22991231	4	582.25
25415	REPAIR RADIUS & ULNA	19811001	22991231	3	471.9
25420	REPAIR/GRAFT RADIUS & ULNA	19811001	22991231	4	582.25
25425	REPAIR/GRAFT RADIUS OR ULNA	19811001	22991231	3	471.9
25426	REPAIR/GRAFT RADIUS & ULNA	19811001	22991231	4	582.25
25440	REPAIR/GRAFT WRIST BONE	19811001	22991231	4	582.25
25441	RECONSTRUCT WRIST JOINT	19780101	22991231	5	664.02
25442	RECONSTRUCT WRIST JOINT	19780101	22991231	5	664.02

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
25443	RECONSTRUCT WRIST JOINT	19780101	22991231	5	664.02
25444	RECONSTRUCT WRIST JOINT	19780101	22991231	5	664.02
25445	RECONSTRUCT WRIST JOINT	19780101	22991231	5	664.02
25446	WRIST REPLACEMENT	19780101	22991231	7	921.15
25447	REPAIR WRIST JOINTS	19871201	22991231	5	664.02
25449	REMOVE WRIST JOINT IMPLANT	19811001	22991231	5	664.02
25450	REVISION OF WRIST JOINT	19811001	22991231	3	471.9
25455	REVISION OF WRIST JOINT	19811001	22991231	3	471.9
25490	REINFORCE RADIUS	19871201	22991231	3	471.9
25491	REINFORCE ULNA	19871201	22991231	3	471.9
25492	REINFORCE RADIUS AND ULNA	19871201	22991231	3	471.9
25500	TREAT FRACTURE OF RADIUS	19780101	22991231	1	307.38
25505	TREAT FRACTURE OF RADIUS	19780101	22991231	1	307.38
25515	TREAT FRACTURE OF RADIUS	19780101	22991231	3	471.9
25520	TREAT FRACTURE OF RADIUS	19930101	22991231	1	307.38
25525	TREAT FRACTURE OF RADIUS	19930101	22991231	4	582.25
25526	TREAT FRACTURE OF RADIUS	19930101	22991231	5	664.02

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
25530	TREAT FRACTURE OF ULNA	19780101	22991231	1	307.38
25535	TREAT FRACTURE OF ULNA	19780101	22991231	1	307.38
25545	TREAT FRACTURE OF ULNA	19780101	22991231	3	471.9
25560	TREAT FRACTURE RADIUS & ULNA	19780101	22991231	1	307.38
25565	TREAT FRACTURE RADIUS & ULNA	19780101	22991231	2	412.79
25574	TREAT FRACTURE RADIUS & ULNA	19930101	22991231	3	471.9
25575	TREAT FRACTURE RADIUS/ULNA	19780101	22991231	3	471.9
25600	TREAT FRACTURE RADIUS/ULNA	19780101	22991231	1	307.38
25605	TREAT FRACTURE RADIUS/ULNA	19780101	22991231	3	471.9
25606	TREAT FX DISTAL RADIAL	20070101	22991231	3	471.9
25607	TREAT FX RAD EXTRA-ARTICUL	20070101	22991231	5	664.02
25608	TREAT FX RAD INTRA-ARTICUL	20070101	22991231	5	664.02
25609	TREAT FX RADIAL 3+ FRAG	20070101	22991231	5	664.02
25622	TREAT WRIST BONE FRACTURE	19811001	22991231	1	307.38
25624	TREAT WRIST BONE FRACTURE	19811001	22991231	2	412.79
25628	TREAT WRIST BONE FRACTURE	19811001	22991231	3	471.9
25630	TREAT WRIST BONE FRACTURE	19811001	22991231	1	307.38

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
25635	TREAT WRIST BONE FRACTURE	19780101	22991231	1	307.38
25645	TREAT WRIST BONE FRACTURE	19780101	22991231	3	471.9
25650	TREAT WRIST BONE FRACTURE	19811001	22991231	1	307.38
25660	TREAT WRIST DISLOCATION	19780101	22991231	1	307.38
25670	TREAT WRIST DISLOCATION	19780101	22991231	3	471.9
25671	PIN RADIOULNAR DISLOCATION	20020101	22991231	1	307.38
25675	TREAT WRIST DISLOCATION	19811001	22991231	1	307.38
25676	TREAT WRIST DISLOCATION	19811001	22991231	2	412.79
25680	TREAT WRIST FRACTURE	19811001	22991231	2	412.79
25685	TREAT WRIST FRACTURE	19811001	22991231	3	471.9
25690	TREAT WRIST DISLOCATION	19811001	22991231		
25695	TREAT WRIST DISLOCATION	19811001	22991231	2	412.79
25800	FUSION OF WRIST JOINT	19780101	22991231	4	582.25
25805	FUSION/GRAFT OF WRIST JOINT	19811001	22991231	5	664.02
25810	FUSION/GRAFT OF WRIST JOINT	19811001	22991231	5	664.02
25820	FUSION OF HAND BONES	19871201	22991231	4	582.25
25825	FUSE HAND BONES WITH GRAFT	19871201	22991231	5	664.02

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
25830	FUSION RADIOULNAR JNT/ULNA	19950101	22991231	5	664.02
25900	AMPUTATION OF FOREARM	19780101	22991231		
25905	AMPUTATION OF FOREARM	19780101	22991231		
25907	AMPUTATION FOLLOW-UP SURGERY	19780101	22991231	3	471.9
25909	AMPUTATION FOLLOW-UP SURGERY	19780101	22991231		
25915	AMPUTATION OF FOREARM	19811001	22991231		
25920	AMPUTATE HAND AT WRIST	19780101	22991231		
25922	AMPUTATE HAND AT WRIST	19811001	22991231	3	471.9
25924	AMPUTATION FOLLOW-UP SURGERY	19811001	22991231		
25927	AMPUTATION OF HAND	19811001	22991231		
25929	AMPUTATION FOLLOW-UP SURGERY	19811001	22991231	3	471.9
25931	AMPUTATION FOLLOW-UP SURGERY	19811001	22991231	3	471.9
25999	FOREARM OR WRIST SURGERY	19831115	22991231		
26010	DRAINAGE OF FINGER ABSCESS	19780101	22991231	1	307.38
26011	DRAINAGE OF FINGER ABSCESS	19780101	22991231	1	307.38
26020	DRAIN HAND TENDON SHEATH	19780101	22991231	2	412.79
26025	DRAINAGE OF PALM BURSA	19780101	22991231	1	307.38

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
26030	DRAINAGE OF PALM BURSAS	19780101	22991231	2	412.79
26034	TREAT HAND BONE LESION	19811001	22991231	2	412.79
26035	DECOMPRESS FINGERS/HAND	19811001	22991231	3	471.9
26037	DECOMPRESS FINGERS/HAND	19900401	22991231	2	412.79
26040	RELEASE PALM CONTRACTURE	19780101	22991231	4	582.25
26045	RELEASE PALM CONTRACTURE	19811001	22991231	3	471.9
26055	INCISE FINGER TENDON SHEATH	19811001	22991231	2	412.79
26060	INCISION OF FINGER TENDON	19811001	22991231	2	412.79
26070	EXPLORE/TREAT HAND JOINT	19780101	22991231	2	412.79
26075	EXPLORE/TREAT FINGER JOINT	19780101	22991231	4	582.25
26080	EXPLORE/TREAT FINGER JOINT	19780101	22991231	4	582.25
26100	BIOPSY HAND JOINT LINING	19811001	22991231	2	412.79
26105	BIOPSY FINGER JOINT LINING	19811001	22991231	1	307.38
26110	BIOPSY FINGER JOINT LINING	19811001	22991231	1	307.38
26111	EXC HAND LES SC 1.5 CM/>	20100101	22991231	3	471.9
26113	EXC HAND TUM DEEP 1.5 CM/>	20100101	22991231	3	471.9
26115	EXC HAND LES SC < 1.5 CM	19811001	22991231	2	412.79

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
26116	EXC HAND TUM DEEP < 1.5 CM	19811001	22991231	2	412.79
26117	RAD RESECT HAND TUMOR < 3 CM	19880501	22991231	3	471.9
26118	RAD RESECT HAND TUMOR 3 CM/>	20100101	22991231	3	471.9
26121	RELEASE PALM CONTRACTURE	19900401	22991231	4	582.25
26123	RELEASE PALM CONTRACTURE	19900401	22991231	4	582.25
26125	RELEASE PALM CONTRACTURE	19900401	22991231	4	582.25
26130	REMOVE WRIST JOINT LINING	19811001	22991231	3	471.9
26135	REVISE FINGER JOINT EACH	19811001	22991231	4	582.25
26140	REVISE FINGER JOINT EACH	19811001	22991231	2	412.79
26145	TENDON EXCISION PALM/FINGER	19811001	22991231	3	471.9
26160	REMOVE TENDON SHEATH LESION	19780101	22991231	3	471.9
26170	REMOVAL OF PALM TENDON EACH	19811001	22991231	3	471.9
26180	REMOVAL OF FINGER TENDON	19811001	22991231	3	471.9
26185	REMOVE FINGER BONE	19970101	22991231	4	582.25
26200	REMOVE HAND BONE LESION	19811001	22991231	2	412.79
26205	REMOVE/GRAFT BONE LESION	19811001	22991231	3	471.9
26210	REMOVAL OF FINGER LESION	19811001	22991231	2	412.79

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
26215	REMOVE/GRAFT FINGER LESION	19811001	22991231	3	471.9
26230	PARTIAL REMOVAL OF HAND BONE	19780101	22991231	7	921.15
26235	PARTIAL REMOVAL FINGER BONE	19780101	22991231	3	471.9
26236	PARTIAL REMOVAL FINGER BONE	19780101	22991231	3	471.9
26250	EXTENSIVE HAND SURGERY	19780101	22991231	3	471.9
26260	RESECT PROX FINGER TUMOR	19780101	22991231	3	471.9
26262	RESECT DISTAL FINGER TUMOR	19780101	22991231	2	412.79
26320	REMOVAL OF IMPLANT FROM HAND	19780101	22991231	2	412.79
26341	MANIPULAT PALM CORD POST INJ	20120101	22991231	1	307.38
26350	REPAIR FINGER/HAND TENDON	19780101	22991231	1	307.38
26352	REPAIR/GRAFT HAND TENDON	19811001	22991231	4	582.25
26356	REPAIR FINGER/HAND TENDON	19811001	22991231	4	582.25
26357	REPAIR FINGER/HAND TENDON	19880501	22991231	4	582.25
26358	REPAIR/GRAFT HAND TENDON	19811001	22991231	4	582.25
26370	REPAIR FINGER/HAND TENDON	19811001	22991231	4	582.25
26372	REPAIR/GRAFT HAND TENDON	19811001	22991231	4	582.25
26373	REPAIR FINGER/HAND TENDON	19811001	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
26390	REVISE HAND/FINGER TENDON	19811001	22991231	4	582.25
26392	REPAIR/GRAFT HAND TENDON	19811001	22991231	3	471.9
26410	REPAIR HAND TENDON	19811001	22991231	3	471.9
26412	REPAIR/GRAFT HAND TENDON	19811001	22991231	3	471.9
26415	EXCISION HAND/FINGER TENDON	19890401	22991231	4	582.25
26416	GRAFT HAND OR FINGER TENDON	19890401	22991231	3	471.9
26418	REPAIR FINGER TENDON	19811001	22991231	4	582.25
26420	REPAIR/GRAFT FINGER TENDON	19811001	22991231	4	582.25
26426	REPAIR FINGER/HAND TENDON	19811001	22991231	3	471.9
26428	REPAIR/GRAFT FINGER TENDON	19811001	22991231	3	471.9
26432	REPAIR FINGER TENDON	19811001	22991231	3	471.9
26433	REPAIR FINGER TENDON	19811001	22991231	3	471.9
26434	REPAIR/GRAFT FINGER TENDON	19811001	22991231	3	471.9
26437	REALIGNMENT OF TENDONS	19811001	22991231	3	471.9
26440	RELEASE PALM/FINGER TENDON	19780101	22991231	3	471.9
26442	RELEASE PALM & FINGER TENDON	19780101	22991231	3	471.9
26445	RELEASE HAND/FINGER TENDON	19780101	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
26449	RELEASE FOREARM/HAND TENDON	19780101	22991231	3	471.9
26450	INCISION OF PALM TENDON	19811001	22991231	3	471.9
26455	INCISION OF FINGER TENDON	19811001	22991231	3	471.9
26460	INCISE HAND/FINGER TENDON	19811001	22991231	3	471.9
26471	FUSION OF FINGER TENDONS	19811001	22991231	2	412.79
26474	FUSION OF FINGER TENDONS	19811001	22991231	2	412.79
26476	TENDON LENGTHENING	19780101	22991231	1	307.38
26477	TENDON SHORTENING	19780101	22991231	1	307.38
26478	LENGTHENING OF HAND TENDON	19880501	22991231	1	307.38
26479	SHORTENING OF HAND TENDON	19880501	22991231	1	307.38
26480	TRANSPLANT HAND TENDON	19811001	22991231	3	471.9
26483	TRANSPLANT/GRAFT HAND TENDON	19811001	22991231	3	471.9
26485	TRANSPLANT PALM TENDON	19811001	22991231	2	412.79
26489	TRANSPLANT/GRAFT PALM TENDON	19811001	22991231	3	471.9
26490	REVISE THUMB TENDON	19811001	22991231	3	471.9
26492	TENDON TRANSFER WITH GRAFT	19811001	22991231	3	471.9
26494	HAND TENDON/MUSCLE TRANSFER	19811001	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
26496	REVISE THUMB TENDON	19811001	22991231	3	471.9
26497	FINGER TENDON TRANSFER	19811001	22991231	3	471.9
26498	FINGER TENDON TRANSFER	19811001	22991231	4	582.25
26499	REVISION OF FINGER	19811001	22991231	3	471.9
26500	HAND TENDON RECONSTRUCTION	19811001	22991231	4	582.25
26502	HAND TENDON RECONSTRUCTION	19780101	22991231	4	582.25
26508	RELEASE THUMB CONTRACTURE	19811001	22991231	3	471.9
26510	THUMB TENDON TRANSFER	19871201	22991231	3	471.9
26516	FUSION OF KNUCKLE JOINT	19811001	22991231	1	307.38
26517	FUSION OF KNUCKLE JOINTS	19811001	22991231	3	471.9
26518	FUSION OF KNUCKLE JOINTS	19811001	22991231	3	471.9
26520	RELEASE KNUCKLE CONTRACTURE	19811001	22991231	3	471.9
26525	RELEASE FINGER CONTRACTURE	19811001	22991231	3	471.9
26530	REVISE KNUCKLE JOINT	19811001	22991231	3	471.9
26531	REVISE KNUCKLE WITH IMPLANT	19811001	22991231	7	921.15
26535	REVISE FINGER JOINT	19811001	22991231	5	664.02
26536	REVISE/IMPLANT FINGER JOINT	19811001	22991231	5	664.02

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
26540	REPAIR HAND JOINT	19811001	22991231		
26541	REPAIR HAND JOINT WITH GRAFT	19811001	22991231	7	921.15
26542	REPAIR HAND JOINT WITH GRAFT	19871201	22991231	4	582.25
26545	RECONSTRUCT FINGER JOINT	19780101	22991231	4	582.25
26546	REPAIR NONUNION HAND	19970101	22991231	4	582.25
26548	RECONSTRUCT FINGER JOINT	19880501	22991231	4	582.25
26550	CONSTRUCT THUMB REPLACEMENT	19811001	22991231	2	412.79
26551	GREAT TOE-HAND TRANSFER	19970101	22991231	4	582.25
26553	SINGLE TRANSFER TOE-HAND	19970101	22991231	2	412.79
26554	DOUBLE TRANSFER TOE-HAND	19970101	22991231	2	412.79
26555	POSITIONAL CHANGE OF FINGER	19811001	22991231	3	471.9
26556	TOE JOINT TRANSFER	19970101	22991231		
26560	REPAIR OF WEB FINGER	19780101	22991231	2	412.79
26561	REPAIR OF WEB FINGER	19780101	22991231	3	471.9
26562	REPAIR OF WEB FINGER	19780101	22991231	4	582.25
26565	CORRECT METACARPAL FLAW	19811001	22991231	5	664.02
26567	CORRECT FINGER DEFORMITY	19811001	22991231	5	664.02

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
26568	LENGTHEN METACARPAL/FINGER	19871210	22991231	3	471.9
26580	REPAIR HAND DEFORMITY	19811001	22991231	5	664.02
26587	RECONSTRUCT EXTRA FINGER	19890401	22991231		
26590	REPAIR FINGER DEFORMITY	19811001	22991231	5	664.02
26591	REPAIR MUSCLES OF HAND	19811001	22991231	3	471.9
26593	RELEASE MUSCLES OF HAND	19811001	22991231	3	471.9
26596	EXCISION CONSTRICTING TISSUE	19871201	22991231	2	412.79
26600	TREAT METACARPAL FRACTURE	19780101	22991231	1	307.38
26605	TREAT METACARPAL FRACTURE	19811001	22991231	2	412.79
26607	TREAT METACARPAL FRACTURE	19811001	22991231	2	412.79
26608	TREAT METACARPAL FRACTURE	19930101	22991231	4	582.25
26615	TREAT METACARPAL FRACTURE	19780101	22991231	4	582.25
26641	TREAT THUMB DISLOCATION	19780101	22991231	1	307.38
26645	TREAT THUMB FRACTURE	19780101	22991231	1	307.38
26650	TREAT THUMB FRACTURE	19811001	22991231	2	412.79
26665	TREAT THUMB FRACTURE	19811001	22991231	4	582.25
26670	TREAT HAND DISLOCATION	19811001	22991231	1	307.38

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
26675	TREAT HAND DISLOCATION	19780101	22991231	1	307.38
26676	PIN HAND DISLOCATION	19871201	22991231	2	412.79
26685	TREAT HAND DISLOCATION	19780101	22991231	3	471.9
26686	TREAT HAND DISLOCATION	19811001	22991231	3	471.9
26700	TREAT KNUCKLE DISLOCATION	19811001	22991231		
26705	TREAT KNUCKLE DISLOCATION	19780101	22991231	2	412.79
26706	PIN KNUCKLE DISLOCATION	19871201	22991231	2	412.79
26715	TREAT KNUCKLE DISLOCATION	19780101	22991231	4	582.25
26720	TREAT FINGER FRACTURE EACH	19780101	22991231	1	307.38
26725	TREAT FINGER FRACTURE EACH	19780101	22991231	1	307.38
26727	TREAT FINGER FRACTURE EACH	19811001	22991231	7	921.15
26735	TREAT FINGER FRACTURE EACH	19780101	22991231	4	582.25
26740	TREAT FINGER FRACTURE EACH	19811001	22991231	1	307.38
26742	TREAT FINGER FRACTURE EACH	19811001	22991231	2	412.79
26746	TREAT FINGER FRACTURE EACH	19811001	22991231	5	664.02
26750	TREAT FINGER FRACTURE EACH	19780101	22991231	1	307.38
26755	TREAT FINGER FRACTURE EACH	19811001	22991231	1	307.38

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
26756	PIN FINGER FRACTURE EACH	19871201	22991231	2	412.79
26765	TREAT FINGER FRACTURE EACH	19780101	22991231	4	582.25
26770	TREAT FINGER DISLOCATION	19811001	22991231	1	307.38
26775	TREAT FINGER DISLOCATION	19780101	22991231	4	582.25
26776	PIN FINGER DISLOCATION	19871201	22991231	2	412.79
26785	TREAT FINGER DISLOCATION	19780101	22991231	2	412.79
26820	THUMB FUSION WITH GRAFT	19811001	22991231	5	664.02
26841	FUSION OF THUMB	19811001	22991231	4	582.25
26842	THUMB FUSION WITH GRAFT	19811001	22991231	4	582.25
26843	FUSION OF HAND JOINT	19811001	22991231	3	471.9
26844	FUSION/GRAFT OF HAND JOINT	19811001	22991231	3	471.9
26850	FUSION OF KNUCKLE	19811001	22991231	4	582.25
26852	FUSION OF KNUCKLE WITH GRAFT	19811001	22991231	4	582.25
26860	FUSION OF FINGER JOINT	19811001	22991231	3	471.9
26861	FUSION OF FINGER JNT ADD-ON	19811001	22991231	2	412.79
26862	FUSION/GRAFT OF FINGER JOINT	19811001	22991231	4	582.25
26863	FUSE/GRAFT ADDED JOINT	19811001	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
26910	AMPUTATE METACARPAL BONE	19780101	22991231	3	471.9
26951	AMPUTATION OF FINGER/THUMB	19780101	22991231	2	412.79
26952	AMPUTATION OF FINGER/THUMB	19811001	22991231	4	582.25
26989	HAND/FINGER SURGERY	19831115	22991231		
26990	DRAINAGE OF PELVIS LESION	19780101	22991231	1	307.38
26991	DRAINAGE OF PELVIS BURSA	19780101	22991231	1	307.38
26992	DRAINAGE OF BONE LESION	19811001	22991231	2	412.79
27000	INCISION OF HIP TENDON	19780101	22991231	2	412.79
27001	INCISION OF HIP TENDON	19811001	22991231	3	471.9
27003	INCISION OF HIP TENDON	19811001	22991231	3	471.9
27005	INCISION OF HIP TENDON	19811001	22991231		
27006	INCISION OF HIP TENDONS	19811001	22991231	7	921.15
27025	INCISION OF HIP/THIGH FASCIA	19811001	22991231		
27030	DRAINAGE OF HIP JOINT	19780101	22991231	8	911.55
27033	EXPLORATION OF HIP JOINT	19780101	22991231	3	471.9
27035	DENERVATION OF HIP JOINT	19811001	22991231	4	582.25
27036	EXCISION OF HIP JOINT/MUSCLE	19970101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
27040	BIOPSY OF SOFT TISSUES	19811001	22991231	1	307.38
27041	BIOPSY OF SOFT TISSUES	19811001	22991231	2	412.79
27043	EXC HIP PELVIS LES SC 3 CM/>	20100101	22991231	3	471.9
27045	EXC HIP/PELV TUM DEEP 5 CM/>	20100101	22991231	3	471.9
27047	EXC HIP/PELVIS LES SC < 3 CM	19811001	22991231	2	412.79
27048	EXC HIP/PELV TUM DEEP < 5 CM	19811001	22991231	3	471.9
27049	RESECT HIP/PELV TUM < 5 CM	19880501	22991231	3	471.9
27050	BIOPSY OF SACROILIAC JOINT	19811001	22991231	3	471.9
27052	BIOPSY OF HIP JOINT	19811001	22991231	3	471.9
27054	REMOVAL OF HIP JOINT LINING	19780101	22991231		
27059	RESECT HIP/PELV TUM 5 CM/>	20100101	22991231	3	471.9
27060	REMOVAL OF ISCHIAL BURSA	19811001	22991231	5	664.02
27062	REMOVE FEMUR LESION/BURSA	19780101	22991231	5	664.02
27065	REMOVE HIP BONE LES SUPER	19811001	22991231	5	664.02
27066	REMOVE HIP BONE LES DEEP	19811001	22991231	5	664.02
27067	REMOVE/GRAFT HIP BONE LESION	19811001	22991231	5	664.02
27070	PART REMOVE HIP BONE SUPER	19780101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
27071	PART REMOVAL HIP BONE DEEP	19780101	22991231		
27075	RESECT HIP TUMOR	19780101	22991231		
27076	RESECT HIP TUM INCL ACETABUL	19780101	22991231		
27077	RESECT HIP TUM W/INNOM BONE	19780101	22991231		
27078	RSECT HIP TUM INCL FEMUR	19780101	22991231		
27080	REMOVAL OF TAIL BONE	19780101	22991231	2	412.79
27086	REMOVE HIP FOREIGN BODY	19811001	22991231	1	307.38
27087	REMOVE HIP FOREIGN BODY	19811001	22991231	3	471.9
27090	REMOVAL OF HIP PROSTHESIS	19780101	22991231		
27091	REMOVAL OF HIP PROSTHESIS	19811001	22991231		
27093	INJECTION FOR HIP X-RAY	19811001	22991231	1	307.38
27095	INJECTION FOR HIP X-RAY	19780101	22991231	1	307.38
27096	INJECT SACROILIAC JOINT	20000101	22991231	7	921.15
27097	REVISION OF HIP TENDON	19811001	22991231	3	471.9
27098	TRANSFER TENDON TO PELVIS	19811001	22991231	3	471.9
27100	TRANSFER OF ABDOMINAL MUSCLE	19811001	22991231	4	582.25
27105	TRANSFER OF SPINAL MUSCLE	19811001	22991231	4	582.25

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
27110	TRANSFER OF ILIOPSOAS MUSCLE	19811001	22991231	4	582.25
27111	TRANSFER OF ILIOPSOAS MUSCLE	19811001	22991231	4	582.25
27120	RECONSTRUCTION OF HIP SOCKET	19811001	22991231		
27122	RECONSTRUCTION OF HIP SOCKET	19840501	22991231		
27125	PARTIAL HIP REPLACEMENT	19811001	22991231		
27130	TOTAL HIP ARTHROPLASTY	19780101	22991231		
27132	TOTAL HIP ARTHROPLASTY	19871201	22991231		
27134	REVISE HIP JOINT REPLACEMENT	19871201	22991231		
27137	REVISE HIP JOINT REPLACEMENT	19871201	22991231		
27138	REVISE HIP JOINT REPLACEMENT	19871201	22991231		
27140	TRANSPLANT FEMUR RIDGE	19811001	22991231		
27146	INCISION OF HIP BONE	19780101	22991231	4	582.25
27147	REVISION OF HIP BONE	19811001	22991231		
27151	INCISION OF HIP BONES	19811001	22991231		
27156	REVISION OF HIP BONES	19811001	22991231		
27158	REVISION OF PELVIS	19811001	22991231		
27161	INCISION OF NECK OF FEMUR	19780101	22991231	4	582.25

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
27165	INCISION/FIXATION OF FEMUR	19780101	22991231		
27170	REPAIR/GRAFT FEMUR HEAD/NECK	19811001	22991231		
27175	TREAT SLIPPED EPIPHYSIS	19780101	22991231		
27176	TREAT SLIPPED EPIPHYSIS	19811001	22991231		
27177	TREAT SLIPPED EPIPHYSIS	19780101	22991231		
27178	TREAT SLIPPED EPIPHYSIS	19811001	22991231		
27179	REVISE HEAD/NECK OF FEMUR	19811001	22991231		
27181	TREAT SLIPPED EPIPHYSIS	19811001	22991231		
27185	REVISION OF FEMUR EPIPHYSIS	19811001	22991231		
27187	REINFORCE HIP BONES	19871201	22991231		
27197	CLSD TX PELVIC RING FX	20170101	22991231		
27198	CLSD TX PELVIC RING FX	20170101	22991231		
27200	TREAT TAIL BONE FRACTURE	19780101	22991231	1	307.38
27202	TREAT TAIL BONE FRACTURE	19811001	22991231	2	412.79
27220	TREAT HIP SOCKET FRACTURE	19780101	22991231	1	307.38
27222	TREAT HIP SOCKET FRACTURE	19780101	22991231		
27230	TREAT THIGH FRACTURE	19780101	22991231	1	307.38

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
27232	TREAT THIGH FRACTURE	19780101	22991231		
27235	TREAT THIGH FRACTURE	19780101	22991231	2	412.79
27236	TREAT THIGH FRACTURE	19780101	22991231		
27238	TREAT THIGH FRACTURE	19780101	22991231	1	307.38
27240	TREAT THIGH FRACTURE	19780101	22991231	7	921.15
27244	TREAT THIGH FRACTURE	19811001	22991231		
27246	TREAT THIGH FRACTURE	19811001	22991231	1	307.38
27248	TREAT THIGH FRACTURE	19811001	22991231		
27250	TREAT HIP DISLOCATION	19811001	22991231	1	307.38
27252	TREAT HIP DISLOCATION	19780101	22991231	2	412.79
27253	TREAT HIP DISLOCATION	19780101	22991231		
27254	TREAT HIP DISLOCATION	19811001	22991231		
27256	TREAT HIP DISLOCATION	19780101	22991231	3	471.9
27257	TREAT HIP DISLOCATION	19780101	22991231		
27258	TREAT HIP DISLOCATION	19780101	22991231		
27259	TREAT HIP DISLOCATION	19811001	22991231		
27265	TREAT HIP DISLOCATION	19890401	22991231	2	412.79

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
27266	TREAT HIP DISLOCATION	19890401	22991231	2	412.79
27267	CLTX THIGH FX	20080101	22991231	1	307.38
27268	CLTX THIGH FX W/MNPJ	20080101	22991231		
27269	OPTX THIGH FX	20080101	22991231		
27275	MANIPULATION OF HIP JOINT	19780101	22991231	2	412.79
27280	FUSION OF SACROILIAC JOINT	19811001	22991231		
27282	FUSION OF PUBIC BONES	19811001	22991231		
27284	FUSION OF HIP JOINT	19780101	22991231		
27286	FUSION OF HIP JOINT	19811001	22991231		
27290	AMPUTATION OF LEG AT HIP	19780101	22991231		
27295	AMPUTATION OF LEG AT HIP	19780101	22991231		
27299	PELVIS/HIP JOINT SURGERY	19831115	22991231	8	911.55
27301	DRAIN THIGH/KNEE LESION	19811001	22991231	3	471.9
27303	DRAINAGE OF BONE LESION	19811001	22991231	8	911.55
27305	INCISE THIGH TENDON & FASCIA	19811001	22991231	2	412.79
27306	INCISION OF THIGH TENDON	19811001	22991231	3	471.9
27307	INCISION OF THIGH TENDONS	19811001	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
27310	EXPLORATION OF KNEE JOINT	19780101	22991231	4	582.25
27323	BIOPSY THIGH SOFT TISSUES	19811001	22991231	1	307.38
27324	BIOPSY THIGH SOFT TISSUES	19811001	22991231	1	307.38
27325	NEURECTOMY HAMSTRING	20070101	22991231	2	412.79
27326	NEURECTOMY POPLITEAL	20070101	22991231	2	412.79
27327	EXC THIGH/KNEE LES SC < 3 CM	19811001	22991231	2	412.79
27328	EXC THIGH/KNEE TUM DEEP <5CM	19811001	22991231	3	471.9
27329	RESECT THIGH/KNEE TUM < 5 CM	19880501	22991231	4	582.25
27330	BIOPSY KNEE JOINT LINING	19811001	22991231	4	582.25
27331	EXPLORE/TREAT KNEE JOINT	19780101	22991231	4	582.25
27332	REMOVAL OF KNEE CARTILAGE	19780101	22991231	4	582.25
27333	REMOVAL OF KNEE CARTILAGE	19780101	22991231	4	582.25
27334	REMOVE KNEE JOINT LINING	19780101	22991231	4	582.25
27335	REMOVE KNEE JOINT LINING	19811001	22991231	4	582.25
27337	EXC THIGH/KNEE LES SC 3 CM/>	20100101	22991231	3	471.9
27339	EXC THIGH/KNEE TUM DEP 5CM/>	20100101	22991231	3	471.9
27340	REMOVAL OF KNEECAP BURSA	19780101	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
27345	REMOVAL OF KNEE CYST	19780101	22991231	4	582.25
27347	REMOVE KNEE CYST	19990101	22991231	4	582.25
27350	REMOVAL OF KNEECAP	19780101	22991231	4	582.25
27355	REMOVE FEMUR LESION	19780101	22991231	3	471.9
27356	REMOVE FEMUR LESION/GRAFT	19811001	22991231	4	582.25
27357	REMOVE FEMUR LESION/GRAFT	19811001	22991231	5	664.02
27358	REMOVE FEMUR LESION/FIXATION	19811001	22991231	5	664.02
27360	PARTIAL REMOVAL LEG BONE(S)	19780101	22991231	5	664.02
27364	RESECT THIGH/KNEE TUM 5 CM/>	20100101	22991231	3	471.9
27365	RESECT FEMUR/KNEE TUMOR	19811001	22991231		
27369	NJX CNTRST KNE ARTHG/CT/MRI	20190101	22991231		
27372	REMOVAL OF FOREIGN BODY	19811001	22991231	7	921.15
27380	REPAIR OF KNEECAP TENDON	19811001	22991231	1	307.38
27381	REPAIR/GRAFT KNEECAP TENDON	19811001	22991231	3	471.9
27385	REPAIR OF THIGH MUSCLE	19811001	22991231	3	471.9
27386	REPAIR/GRAFT OF THIGH MUSCLE	19811001	22991231	3	471.9
27390	INCISION OF THIGH TENDON	19780101	22991231	1	307.38

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
27391	INCISION OF THIGH TENDONS	19780101	22991231	2	412.79
27392	INCISION OF THIGH TENDONS	19811001	22991231	3	471.9
27393	LENGTHENING OF THIGH TENDON	19780101	22991231	2	412.79
27394	LENGTHENING OF THIGH TENDONS	19811001	22991231	3	471.9
27395	LENGTHENING OF THIGH TENDONS	19811001	22991231	3	471.9
27396	TRANSPLANT OF THIGH TENDON	19811001	22991231	3	471.9
27397	TRANSPLANTS OF THIGH TENDONS	19811001	22991231	3	471.9
27400	REVISE THIGH MUSCLES/TENDONS	19811001	22991231	3	471.9
27403	REPAIR OF KNEE CARTILAGE	19871201	22991231	4	582.25
27405	REPAIR OF KNEE LIGAMENT	19780101	22991231	4	582.25
27407	REPAIR OF KNEE LIGAMENT	19780101	22991231	4	582.25
27409	REPAIR OF KNEE LIGAMENTS	19780101	22991231	4	582.25
27415	OSTEOCHONDRAL KNEE ALLOGRAFT	20050101	22991231	4	582.25
27416	OSTEOCHONDRAL KNEE AUTOGRAFT	20080101	22991231	4	582.25
27418	REPAIR DEGENERATED KNEECAP	19811001	22991231	3	471.9
27420	REVISION OF UNSTABLE KNEECAP	19780101	22991231	3	471.9
27422	REVISION OF UNSTABLE KNEECAP	19780101	22991231	7	921.15

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
27424	REVISION/REMOVAL OF KNEECAP	19811001	22991231	3	471.9
27425	LAT RETINACULAR RELEASE OPEN	19811001	22991231	7	921.15
27427	RECONSTRUCTION KNEE	19871201	22991231	3	471.9
27428	RECONSTRUCTION KNEE	19871201	22991231	4	582.25
27429	RECONSTRUCTION KNEE	19871201	22991231	4	582.25
27430	REVISION OF THIGH MUSCLES	19811001	22991231	4	582.25
27435	INCISION OF KNEE JOINT	19811001	22991231	4	582.25
27437	REVISE KNEECAP	19811001	22991231	4	582.25
27438	REVISE KNEECAP WITH IMPLANT	19811001	22991231	5	664.02
27440	REVISION OF KNEE JOINT	19780101	22991231	5	664.02
27441	REVISION OF KNEE JOINT	19780101	22991231	5	664.02
27442	REVISION OF KNEE JOINT	19780101	22991231	5	664.02
27443	REVISION OF KNEE JOINT	19780101	22991231	5	664.02
27445	REVISION OF KNEE JOINT	19811001	22991231		
27446	REVISION OF KNEE JOINT	19780101	22991231	3	471.9
27447	TOTAL KNEE ARTHROPLASTY	19780101	22991231		
27448	INCISION OF THIGH	19811001	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
27450	INCISION OF THIGH	19811001	22991231		
27454	REALIGNMENT OF THIGH BONE	19780101	22991231		
27455	REALIGNMENT OF KNEE	19780101	22991231		
27457	REALIGNMENT OF KNEE	19811001	22991231		
27465	SHORTENING OF THIGH BONE	19780101	22991231		
27466	LENGTHENING OF THIGH BONE	19780101	22991231		
27468	SHORTEN/LENGTHEN THIGHS	19811001	22991231		
27470	REPAIR OF THIGH	19811001	22991231		
27472	REPAIR/GRAFT OF THIGH	19811001	22991231		
27475	SURGERY TO STOP LEG GROWTH	19780101	22991231	3	471.9
27477	SURGERY TO STOP LEG GROWTH	19780101	22991231		
27479	SURGERY TO STOP LEG GROWTH	19780101	22991231	3	471.9
27485	SURGERY TO STOP LEG GROWTH	19780101	22991231		
27486	REVISE/REPLACE KNEE JOINT	19871201	22991231		
27487	REVISE/REPLACE KNEE JOINT	19811001	22991231		
27488	REMOVAL OF KNEE PROSTHESIS	19811001	22991231		
27495	REINFORCE THIGH	19871201	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
27496	DECOMPRESSION OF THIGH/KNEE	19930101	22991231	5	664.02
27497	DECOMPRESSION OF THIGH/KNEE	19930101	22991231	3	471.9
27498	DECOMPRESSION OF THIGH/KNEE	19930101	22991231	3	471.9
27499	DECOMPRESSION OF THIGH/KNEE	19930101	22991231	3	471.9
27500	TREATMENT OF THIGH FRACTURE	19780101	22991231	1	307.38
27502	TREATMENT OF THIGH FRACTURE	19780101	22991231		
27506	TREATMENT OF THIGH FRACTURE	19780101	22991231		
27507	TREATMENT OF THIGH FRACTURE	19930101	22991231	4	582.25
27508	TREATMENT OF THIGH FRACTURE	19780101	22991231	1	307.38
27509	TREATMENT OF THIGH FRACTURE	19930101	22991231	3	471.9
27510	TREATMENT OF THIGH FRACTURE	19780101	22991231	1	307.38
27511	TREATMENT OF THIGH FRACTURE	19930101	22991231	4	582.25
27513	TREATMENT OF THIGH FRACTURE	19930101	22991231	5	664.02
27514	TREATMENT OF THIGH FRACTURE	19780101	22991231		
27516	TREAT THIGH FX GROWTH PLATE	19811001	22991231	1	307.38
27517	TREAT THIGH FX GROWTH PLATE	19811001	22991231	1	307.38
27519	TREAT THIGH FX GROWTH PLATE	19811001	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
27520	TREAT KNEECAP FRACTURE	19780101	22991231	1	307.38
27524	TREAT KNEECAP FRACTURE	19780101	22991231		
27530	TREAT KNEE FRACTURE	19780101	22991231	2	412.79
27532	TREAT KNEE FRACTURE	19780101	22991231	1	307.38
27536	TREAT KNEE FRACTURE	19780101	22991231		
27538	TREAT KNEE FRACTURE(S)	19780101	22991231	1	307.38
27540	TREAT KNEE FRACTURE	19811001	22991231	7	921.15
27550	TREAT KNEE DISLOCATION	19811001	22991231	1	307.38
27552	TREAT KNEE DISLOCATION	19780101	22991231	1	307.38
27556	TREAT KNEE DISLOCATION	19780101	22991231	6	775.59
27557	TREAT KNEE DISLOCATION	19811001	22991231		
27560	TREAT KNEECAP DISLOCATION	19811001	22991231	1	307.38
27562	TREAT KNEECAP DISLOCATION	19780101	22991231	8	911.55
27566	TREAT KNEECAP DISLOCATION	19780101	22991231	2	412.79
27570	FIXATION OF KNEE JOINT	19780101	22991231	3	471.9
27580	FUSION OF KNEE	19780101	22991231	4	582.25
27590	AMPUTATE LEG AT THIGH	19780101	22991231	4	582.25

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
27591	AMPUTATE LEG AT THIGH	19811001	22991231	4	582.25
27592	AMPUTATE LEG AT THIGH	19780101	22991231	4	582.25
27594	AMPUTATION FOLLOW-UP SURGERY	19780101	22991231	3	471.9
27596	AMPUTATION FOLLOW-UP SURGERY	19780101	22991231	4	582.25
27598	AMPUTATE LOWER LEG AT KNEE	19780101	22991231	4	582.25
27599	LEG SURGERY PROCEDURE	19831115	22991231	4	582.25
27600	DECOMPRESSION OF LOWER LEG	19811001	22991231	3	471.9
27601	DECOMPRESSION OF LOWER LEG	19871201	22991231	3	471.9
27602	DECOMPRESSION OF LOWER LEG	19811001	22991231	3	471.9
27603	DRAIN LOWER LEG LESION	19780101	22991231	2	412.79
27604	DRAIN LOWER LEG BURSA	19780101	22991231	2	412.79
27605	INCISION OF ACHILLES TENDON	19811001	22991231	1	307.38
27606	INCISION OF ACHILLES TENDON	19811001	22991231	1	307.38
27607	TREAT LOWER LEG BONE LESION	19811001	22991231	2	412.79
27610	EXPLORE/TREAT ANKLE JOINT	19780101	22991231	2	412.79
27612	EXPLORATION OF ANKLE JOINT	19811001	22991231	3	471.9
27613	BIOPSY LOWER LEG SOFT TISSUE	19811001	22991231	4	582.25

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
27614	BIOPSY LOWER LEG SOFT TISSUE	19811001	22991231	2	412.79
27615	RESECT LEG/ANKLE TUM < 5 CM	19880501	22991231	3	471.9
27616	RESECT LEG/ANKLE TUM 5 CM/>	20100101	22991231	3	471.9
27618	EXC LEG/ANKLE TUM < 3 CM	19811001	22991231	2	412.79
27619	EXC LEG/ANKLE TUM DEEP <5 CM	19811001	22991231	3	471.9
27620	EXPLORE/TREAT ANKLE JOINT	19811001	22991231	4	582.25
27625	REMOVE ANKLE JOINT LINING	19780101	22991231	4	582.25
27626	REMOVE ANKLE JOINT LINING	19811001	22991231	4	582.25
27630	REMOVAL OF TENDON LESION	19780101	22991231	3	471.9
27632	EXC LEG/ANKLE LES SC 3 CM/>	20100101	22991231	3	471.9
27634	EXC LEG/ANKLE TUM DEP 5 CM/>	20100101	22991231	3	471.9
27635	REMOVE LOWER LEG BONE LESION	19780101	22991231	3	471.9
27637	REMOVE/GRAFT LEG BONE LESION	19811001	22991231	3	471.9
27638	REMOVE/GRAFT LEG BONE LESION	19811001	22991231	3	471.9
27640	PARTIAL REMOVAL OF TIBIA	19780101	22991231	2	412.79
27641	PARTIAL REMOVAL OF FIBULA	19780101	22991231	2	412.79
27645	RESECT TIBIA TUMOR	19780101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
27646	RESECT FIBULA TUMOR	19780101	22991231		
27647	RESECT TALUS/CALCANEUS TUM	19780101	22991231	3	471.9
27648	INJECTION FOR ANKLE X-RAY	19780101	22991231	1	307.38
27650	REPAIR ACHILLES TENDON	19811001	22991231	3	471.9
27652	REPAIR/GRAFT ACHILLES TENDON	19811001	22991231	3	471.9
27654	REPAIR OF ACHILLES TENDON	19811001	22991231	3	471.9
27656	REPAIR LEG FASCIA DEFECT	19811001	22991231	2	412.79
27658	REPAIR OF LEG TENDON EACH	19811001	22991231	1	307.38
27659	REPAIR OF LEG TENDON EACH	19811001	22991231	2	412.79
27664	REPAIR OF LEG TENDON EACH	19811001	22991231	2	412.79
27665	REPAIR OF LEG TENDON EACH	19811001	22991231	2	412.79
27675	REPAIR LOWER LEG TENDONS	19811001	22991231	2	412.79
27676	REPAIR LOWER LEG TENDONS	19811001	22991231	3	471.9
27680	RELEASE OF LOWER LEG TENDON	19780101	22991231	3	471.9
27681	RELEASE OF LOWER LEG TENDONS	19780101	22991231	2	412.79
27685	REVISION OF LOWER LEG TENDON	19780101	22991231	3	471.9
27686	REVISE LOWER LEG TENDONS	19780101	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
27687	REVISION OF CALF TENDON	19811001	22991231	3	471.9
27690	REVISE LOWER LEG TENDON	19811001	22991231	4	582.25
27691	REVISE LOWER LEG TENDON	19811001	22991231	4	582.25
27692	REVISE ADDITIONAL LEG TENDON	19811001	22991231	3	471.9
27695	REPAIR OF ANKLE LIGAMENT	19780101	22991231	2	412.79
27696	REPAIR OF ANKLE LIGAMENTS	19780101	22991231	2	412.79
27698	REPAIR OF ANKLE LIGAMENT	19811001	22991231	2	412.79
27700	REVISION OF ANKLE JOINT	19780101	22991231	5	664.02
27702	RECONSTRUCT ANKLE JOINT	19780101	22991231		
27703	RECONSTRUCTION ANKLE JOINT	19871201	22991231		
27704	REMOVAL OF ANKLE IMPLANT	19780101	22991231	2	412.79
27705	INCISION OF TIBIA	19780101	22991231	2	412.79
27707	INCISION OF FIBULA	19780101	22991231	2	412.79
27709	INCISION OF TIBIA & FIBULA	19811001	22991231	2	412.79
27712	REALIGNMENT OF LOWER LEG	19780101	22991231		
27715	REVISION OF LOWER LEG	19780101	22991231	4	582.25
27720	REPAIR OF TIBIA	19811001	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
27722	REPAIR/GRAFT OF TIBIA	19811001	22991231		
27724	REPAIR/GRAFT OF TIBIA	19811001	22991231		
27725	REPAIR OF LOWER LEG	19811001	22991231		
27726	REPAIR FIBULA NONUNION	20080101	22991231	3	471.9
27727	REPAIR OF LOWER LEG	19811001	22991231		
27730	REPAIR OF TIBIA EPIPHYSIS	19811001	22991231	2	412.79
27732	REPAIR OF FIBULA EPIPHYSIS	19811001	22991231	2	412.79
27734	REPAIR LOWER LEG EPIPHYSES	19780101	22991231	2	412.79
27740	REPAIR OF LEG EPIPHYSES	19780101	22991231	2	412.79
27742	REPAIR OF LEG EPIPHYSES	19780101	22991231	2	412.79
27745	REINFORCE TIBIA	19871201	22991231	3	471.9
27750	TREATMENT OF TIBIA FRACTURE	19780101	22991231		
27752	TREATMENT OF TIBIA FRACTURE	19780101	22991231		
27756	TREATMENT OF TIBIA FRACTURE	19780101	22991231	3	471.9
27758	TREATMENT OF TIBIA FRACTURE	19780101	22991231	4	582.25
27759	TREATMENT OF TIBIA FRACTURE	19930101	22991231	4	582.25
27760	CLTX MEDIAL ANKLE FX	19780101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
27762	CLTX MED ANKLE FX W/MNPJ	19780101	22991231		
27766	OPTX MEDIAL ANKLE FX	19780101	22991231	3	471.9
27767	CLTX POST ANKLE FX	20080101	22991231	1	307.38
27768	CLTX POST ANKLE FX W/MNPJ	20080101	22991231	1	307.38
27769	OPTX POST ANKLE FX	20080101	22991231	3	471.9
27780	TREATMENT OF FIBULA FRACTURE	19780101	22991231	1	307.38
27781	TREATMENT OF FIBULA FRACTURE	19811001	22991231		
27784	TREATMENT OF FIBULA FRACTURE	19780101	22991231	3	471.9
27786	TREATMENT OF ANKLE FRACTURE	19780101	22991231	1	307.38
27788	TREATMENT OF ANKLE FRACTURE	19780101	22991231	1	307.38
27792	TREATMENT OF ANKLE FRACTURE	19780101	22991231	3	471.9
27808	TREATMENT OF ANKLE FRACTURE	19780101	22991231	1	307.38
27810	TREATMENT OF ANKLE FRACTURE	19780101	22991231	1	307.38
27814	TREATMENT OF ANKLE FRACTURE	19780101	22991231	3	471.9
27816	TREATMENT OF ANKLE FRACTURE	19780101	22991231	1	307.38
27818	TREATMENT OF ANKLE FRACTURE	19780101	22991231	1	307.38
27822	TREATMENT OF ANKLE FRACTURE	19780101	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
27823	TREATMENT OF ANKLE FRACTURE	19840501	22991231	3	471.9
27824	TREAT LOWER LEG FRACTURE	19930101	22991231	1	307.38
27826	TREAT LOWER LEG FRACTURE	19930101	22991231	3	471.9
27827	TREAT LOWER LEG FRACTURE	19930101	22991231	3	471.9
27828	TREAT LOWER LEG FRACTURE	19930101	22991231	4	582.25
27829	TREAT LOWER LEG JOINT	19930101	22991231	2	412.79
27830	TREAT LOWER LEG DISLOCATION	19811001	22991231		
27831	TREAT LOWER LEG DISLOCATION	19811001	22991231		
27832	TREAT LOWER LEG DISLOCATION	19811001	22991231	2	412.79
27840	TREAT ANKLE DISLOCATION	19811001	22991231	1	307.38
27842	TREAT ANKLE DISLOCATION	19780101	22991231	1	307.38
27846	TREAT ANKLE DISLOCATION	19780101	22991231	3	471.9
27848	TREAT ANKLE DISLOCATION	19811001	22991231	3	471.9
27860	FIXATION OF ANKLE JOINT	19780101	22991231	1	307.38
27870	FUSION OF ANKLE JOINT OPEN	19780101	22991231	4	582.25
27871	FUSION OF TIBIOFIBULAR JOINT	19811001	22991231	4	582.25
27880	AMPUTATION OF LOWER LEG	19780101	22991231	4	582.25

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
27881	AMPUTATION OF LOWER LEG	19811001	22991231	4	582.25
27882	AMPUTATION OF LOWER LEG	19780101	22991231	4	582.25
27884	AMPUTATION FOLLOW-UP SURGERY	19780101	22991231	3	471.9
27886	AMPUTATION FOLLOW-UP SURGERY	19780101	22991231		
27888	AMPUTATION OF FOOT AT ANKLE	19780101	22991231	4	582.25
27889	AMPUTATION OF FOOT AT ANKLE	19811001	22991231	3	471.9
27892	DECOMPRESSION OF LEG	19930101	22991231	3	471.9
27893	DECOMPRESSION OF LEG	19930101	22991231	3	471.9
27894	DECOMPRESSION OF LEG	19930101	22991231	3	471.9
27899	LEG/ANKLE SURGERY PROCEDURE	19831115	22991231		
28001	DRAINAGE OF BURSA OF FOOT	19780101	22991231	4	582.25
28002	TREATMENT OF FOOT INFECTION	19811001	22991231	3	471.9
28003	TREATMENT OF FOOT INFECTION	19811001	22991231	3	471.9
28005	TREAT FOOT BONE LESION	19811001	22991231	3	471.9
28008	INCISION OF FOOT FASCIA	19811001	22991231	3	471.9
28010	INCISION OF TOE TENDON	19811001	22991231	3	471.9
28011	INCISION OF TOE TENDONS	19811001	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
28020	EXPLORATION OF FOOT JOINT	19780101	22991231	2	412.79
28022	EXPLORATION OF FOOT JOINT	19780101	22991231	2	412.79
28024	EXPLORATION OF TOE JOINT	19780101	22991231	2	412.79
28035	DECOMPRESSION OF TIBIA NERVE	19811001	22991231	4	582.25
28039	EXC FOOT/TOE TUM SC 1.5 CM/>	20100101	22991231	2	412.79
28041	EXC FOOT/TOE TUM DEP 1.5CM/>	20100101	22991231	2	412.79
28043	EXC FOOT/TOE TUM SC < 1.5 CM	19811001	22991231	2	412.79
28045	EXC FOOT/TOE TUM DEEP <1.5CM	19811001	22991231	2	412.79
28046	RESECT FOOT/TOE TUMOR < 3 CM	19880501	22991231	2	412.79
28047	RESECT FOOT/TOE TUMOR 3 CM/>	20100101	22991231	3	471.9
28050	BIOPSY OF FOOT JOINT LINING	19811001	22991231	2	412.79
28052	BIOPSY OF FOOT JOINT LINING	19811001	22991231	2	412.79
28054	BIOPSY OF TOE JOINT LINING	19811001	22991231	2	412.79
28055	NEURECTOMY FOOT	20070101	22991231	4	582.25
28060	PARTIAL REMOVAL FOOT FASCIA	19811001	22991231	2	412.79
28062	REMOVAL OF FOOT FASCIA	19811001	22991231	3	471.9
28070	REMOVAL OF FOOT JOINT LINING	19811001	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
28072	REMOVAL OF FOOT JOINT LINING	19811001	22991231	3	471.9
28080	REMOVAL OF FOOT LESION	19811001	22991231	3	471.9
28086	EXCISE FOOT TENDON SHEATH	19811001	22991231	2	412.79
28088	EXCISE FOOT TENDON SHEATH	19811001	22991231	2	412.79
28090	REMOVAL OF FOOT LESION	19780101	22991231	3	471.9
28092	REMOVAL OF TOE LESIONS	19780101	22991231	3	471.9
28100	REMOVAL OF ANKLE/HEEL LESION	19811001	22991231	2	412.79
28102	REMOVE/GRAFT FOOT LESION	19811001	22991231	3	471.9
28103	REMOVE/GRAFT FOOT LESION	19811001	22991231	3	471.9
28104	REMOVAL OF FOOT LESION	19811001	22991231	2	412.79
28106	REMOVE/GRAFT FOOT LESION	19811001	22991231	3	471.9
28107	REMOVE/GRAFT FOOT LESION	19811001	22991231	3	471.9
28108	REMOVAL OF TOE LESIONS	19780101	22991231		
28110	PART REMOVAL OF METATARSAL	19811001	22991231	3	471.9
28111	PART REMOVAL OF METATARSAL	19811001	22991231	3	471.9
28112	PART REMOVAL OF METATARSAL	19811001	22991231	3	471.9
28113	PART REMOVAL OF METATARSAL	19811001	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
28114	REMOVAL OF METATARSAL HEADS	19811001	22991231	3	471.9
28116	REVISION OF FOOT	19811001	22991231	3	471.9
28118	REMOVAL OF HEEL BONE	19780101	22991231	4	582.25
28119	REMOVAL OF HEEL SPUR	19780101	22991231	4	582.25
28120	PART REMOVAL OF ANKLE/HEEL	19780101	22991231	7	921.15
28122	PARTIAL REMOVAL OF FOOT BONE	19780101	22991231	3	471.9
28124	PARTIAL REMOVAL OF TOE	19780101	22991231	1	307.38
28126	PARTIAL REMOVAL OF TOE	19811001	22991231	3	471.9
28130	REMOVAL OF ANKLE BONE	19780101	22991231	3	471.9
28140	REMOVAL OF METATARSAL	19780101	22991231	3	471.9
28150	REMOVAL OF TOE	19811001	22991231	3	471.9
28153	PARTIAL REMOVAL OF TOE	19811001	22991231	3	471.9
28160	PARTIAL REMOVAL OF TOE	19811001	22991231	3	471.9
28171	RESECT TARSAL TUMOR	19811001	22991231	3	471.9
28173	RESECT METATARSAL TUMOR	19811001	22991231	3	471.9
28175	RESECT PHALANX OF TOE TUMOR	19811001	22991231	3	471.9
28190	REMOVAL OF FOOT FOREIGN BODY	19811001	22991231	4	582.25

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
28192	REMOVAL OF FOOT FOREIGN BODY	19811001	22991231	2	412.79
28193	REMOVAL OF FOOT FOREIGN BODY	19811001	22991231		
28202	REPAIR/GRAFT OF FOOT TENDON	19811001	22991231	3	471.9
28208	REPAIR OF FOOT TENDON	19811001	22991231	3	471.9
28210	REPAIR/GRAFT OF FOOT TENDON	19811001	22991231	3	471.9
28220	RELEASE OF FOOT TENDON	19780101	22991231		
28222	RELEASE OF FOOT TENDONS	19780101	22991231	1	307.38
28225	RELEASE OF FOOT TENDON	19780101	22991231	1	307.38
28226	RELEASE OF FOOT TENDONS	19780101	22991231	1	307.38
28230	INCISION OF FOOT TENDON(S)	19811001	22991231		
28232	INCISION OF TOE TENDON	19811001	22991231	5	664.02
28234	INCISION OF FOOT TENDON	19811001	22991231	2	412.79
28238	REVISION OF FOOT TENDON	19811001	22991231	3	471.9
28240	RELEASE OF BIG TOE	19811001	22991231	2	412.79
28250	REVISION OF FOOT FASCIA	19811001	22991231	3	471.9
28260	RELEASE OF MIDFOOT JOINT	19811001	22991231	3	471.9
28261	REVISION OF FOOT TENDON	19811001	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
28262	REVISION OF FOOT AND ANKLE	19811001	22991231	4	582.25
28264	RELEASE OF MIDFOOT JOINT	19811001	22991231	1	307.38
28270	RELEASE OF FOOT CONTRACTURE	19811001	22991231	3	471.9
28272	RELEASE OF TOE JOINT EACH	19811001	22991231	4	582.25
28280	FUSION OF TOES	19811001	22991231	2	412.79
28285	REPAIR OF HAMMERTOE	19780101	22991231	3	471.9
28286	REPAIR OF HAMMERTOE	19811001	22991231	4	582.25
28288	PARTIAL REMOVAL OF FOOT BONE	19811001	22991231	3	471.9
28289	CORRJ HALUX RIGDUS W/O IMPLT	19990101	22991231	3	471.9
28291	CORRJ HALUX RIGDUS W/IMPLT	20170101	22991231		
28292	CORRECTION HALLUX VALGUS	19780101	22991231	2	412.79
28295	CORRECTION HALLUX VALGUS	20170101	22991231		
28296	CORRECTION HALLUX VALGUS	19811001	22991231	3	471.9
28297	CORRECTION HALLUX VALGUS	19871201	22991231	3	471.9
28298	CORRECTION HALLUX VALGUS	19811001	22991231	3	471.9
28299	CORRECTION HALLUX VALGUS	19811001	22991231	5	664.02
28300	INCISION OF HEEL BONE	19780101	22991231	2	412.79

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
28302	INCISION OF ANKLE BONE	19811001	22991231	2	412.79
28304	INCISION OF MIDFOOT BONES	19780101	22991231	2	412.79
28305	INCISE/GRAFT MIDFOOT BONES	19811001	22991231	3	471.9
28306	INCISION OF METATARSAL	19780101	22991231	4	582.25
28307	INCISION OF METATARSAL	19890401	22991231	4	582.25
28308	INCISION OF METATARSAL	19780101	22991231	2	412.79
28309	INCISION OF METATARSALS	19780101	22991231	4	582.25
28310	REVISION OF BIG TOE	19780101	22991231	3	471.9
28312	REVISION OF TOE	19780101	22991231	3	471.9
28313	REPAIR DEFORMITY OF TOE	19890401	22991231	2	412.79
28315	REMOVAL OF SESAMOID BONE	19780101	22991231	4	582.25
28320	REPAIR OF FOOT BONES	19811001	22991231	4	582.25
28322	REPAIR OF METATARSALS	19811001	22991231	4	582.25
28340	RESECT ENLARGED TOE TISSUE	19890401	22991231	4	582.25
28341	RESECT ENLARGED TOE	19890401	22991231	4	582.25
28344	REPAIR EXTRA TOE(S)	19890401	22991231	4	582.25
28345	REPAIR WEBBED TOE(S)	19890401	22991231	4	582.25

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
28360	RECONSTRUCT CLEFT FOOT	19890401	22991231	7	921.15
28400	TREATMENT OF HEEL FRACTURE	19780101	22991231	1	307.38
28405	TREATMENT OF HEEL FRACTURE	19780101	22991231		
28406	TREATMENT OF HEEL FRACTURE	19780101	22991231	2	412.79
28415	TREAT HEEL FRACTURE	19780101	22991231	3	471.9
28420	TREAT/GRAFT HEEL FRACTURE	19811001	22991231	4	582.25
28430	TREATMENT OF ANKLE FRACTURE	19780101	22991231	2	412.79
28435	TREATMENT OF ANKLE FRACTURE	19780101	22991231	2	412.79
28436	TREATMENT OF ANKLE FRACTURE	19871201	22991231	2	412.79
28445	TREAT ANKLE FRACTURE	19780101	22991231	3	471.9
28446	OSTEOCHONDRAL TALUS AUTOGRFT	20080101	22991231	3	471.9
28450	TREAT MIDFOOT FRACTURE EACH	19780101	22991231	2	412.79
28455	TREAT MIDFOOT FRACTURE EACH	19780101	22991231	2	412.79
28456	TREAT MIDFOOT FRACTURE	19871201	22991231	2	412.79
28465	TREAT MIDFOOT FRACTURE EACH	19780101	22991231	3	471.9
28470	TREAT METATARSAL FRACTURE	19780101	22991231	2	412.79
28475	TREAT METATARSAL FRACTURE	19780101	22991231	2	412.79

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
28476	TREAT METATARSAL FRACTURE	19871201	22991231	2	412.79
28485	TREAT METATARSAL FRACTURE	19780101	22991231	4	582.25
28490	TREAT BIG TOE FRACTURE	19780101	22991231	2	412.79
28495	TREAT BIG TOE FRACTURE	19780101	22991231	2	412.79
28496	TREAT BIG TOE FRACTURE	19871201	22991231	2	412.79
28505	TREAT BIG TOE FRACTURE	19780101	22991231	3	471.9
28510	TREATMENT OF TOE FRACTURE	19780101	22991231	2	412.79
28515	TREATMENT OF TOE FRACTURE	19780101	22991231	2	412.79
28525	TREAT TOE FRACTURE	19780101	22991231	3	471.9
28530	TREAT SESAMOID BONE FRACTURE	19890401	22991231	2	412.79
28531	TREAT SESAMOID BONE FRACTURE	19930101	22991231	3	471.9
28540	TREAT FOOT DISLOCATION	19811001	22991231	2	412.79
28545	TREAT FOOT DISLOCATION	19780101	22991231	1	307.38
28546	TREAT FOOT DISLOCATION	19811001	22991231	2	412.79
28555	REPAIR FOOT DISLOCATION	19780101	22991231	2	412.79
28570	TREAT FOOT DISLOCATION	19811001	22991231	2	412.79
28575	TREAT FOOT DISLOCATION	19780101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
28576	TREAT FOOT DISLOCATION	19930101	22991231	3	471.9
28585	REPAIR FOOT DISLOCATION	19780101	22991231	3	471.9
28600	TREAT FOOT DISLOCATION	19811001	22991231	2	412.79
28605	TREAT FOOT DISLOCATION	19780101	22991231	1	307.38
28606	TREAT FOOT DISLOCATION	19811001	22991231	2	412.79
28615	REPAIR FOOT DISLOCATION	19780101	22991231	3	471.9
28630	TREAT TOE DISLOCATION	19811001	22991231	2	412.79
28635	TREAT TOE DISLOCATION	19780101	22991231	1	307.38
28636	TREAT TOE DISLOCATION	19930101	22991231	3	471.9
28645	REPAIR TOE DISLOCATION	19780101	22991231	3	471.9
28660	TREAT TOE DISLOCATION	19780101	22991231	2	412.79
28665	TREAT TOE DISLOCATION	19811001	22991231	1	307.38
28666	TREAT TOE DISLOCATION	19930101	22991231	3	471.9
28675	REPAIR OF TOE DISLOCATION	19780101	22991231	3	471.9
28705	FUSION OF FOOT BONES	19811001	22991231	4	582.25
28715	FUSION OF FOOT BONES	19780101	22991231	4	582.25
28725	FUSION OF FOOT BONES	19811001	22991231	4	582.25

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
28730	FUSION OF FOOT BONES	19780101	22991231	2	412.79
28735	FUSION OF FOOT BONES	19811001	22991231	4	582.25
28737	REVISION OF FOOT BONES	19811001	22991231	5	664.02
28740	FUSION OF FOOT BONES	19780101	22991231	4	582.25
28750	FUSION OF BIG TOE JOINT	19780101	22991231	4	582.25
28755	FUSION OF BIG TOE JOINT	19780101	22991231	4	582.25
28760	FUSION OF BIG TOE JOINT	19811001	22991231	4	582.25
28800	AMPUTATION OF MIDFOOT	19780101	22991231		
28805	AMPUTATION THRU METATARSAL	19780101	22991231		
28810	AMPUTATION TOE & METATARSAL	19780101	22991231	2	412.79
28820	AMPUTATION OF TOE	19811001	22991231	2	412.79
28825	PARTIAL AMPUTATION OF TOE	19811001	22991231	2	412.79
28890	HI ENRGY ESWT PLANTAR FASCIA	20060101	22991231	4	582.25
28899	FOOT/TOES SURGERY PROCEDURE	19831115	22991231		
29000	APPLICATION OF BODY CAST	19780101	22991231	1	307.38
29010	APPLICATION OF BODY CAST	19780101	22991231	3	471.9
29015	APPLICATION OF BODY CAST	19780101	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
29035	APPLICATION OF BODY CAST	19780101	22991231	3	471.9
29040	APPLICATION OF BODY CAST	19780101	22991231	1	307.38
29044	APPLICATION OF BODY CAST	19811001	22991231	3	471.9
29046	APPLICATION OF BODY CAST	19811001	22991231	1	307.38
29049	APPLICATION OF FIGURE EIGHT	19811001	22991231	1	307.38
29055	APPLICATION OF SHOULDER CAST	19780101	22991231	3	471.9
29058	APPLICATION OF SHOULDER CAST	19811001	22991231	1	307.38
29065	APPLICATION OF LONG ARM CAST	19780101	22991231	2	412.79
29075	APPLICATION OF FOREARM CAST	19780101	22991231	2	412.79
29085	APPLY HAND/WRIST CAST	19780101	22991231	1	307.38
29105	APPLY LONG ARM SPLINT	19811001	22991231	1	307.38
29125	APPLY FOREARM SPLINT	19780101	22991231	1	307.38
29126	APPLY FOREARM SPLINT	19811001	22991231	1	307.38
29130	APPLICATION OF FINGER SPLINT	19811001	22991231	1	307.38
29131	APPLICATION OF FINGER SPLINT	19811001	22991231	1	307.38
29200	STRAPPING OF CHEST	19811001	22991231	1	307.38
29240	STRAPPING OF SHOULDER	19811001	22991231	1	307.38

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
29260	STRAPPING OF ELBOW OR WRIST	19811001	22991231	1	307.38
29280	STRAPPING OF HAND OR FINGER	19811001	22991231	1	307.38
29305	APPLICATION OF HIP CAST	19780101	22991231	3	471.9
29325	APPLICATION OF HIP CASTS	19780101	22991231	3	471.9
29345	APPLICATION OF LONG LEG CAST	19780101	22991231	2	412.79
29355	APPLICATION OF LONG LEG CAST	19811001	22991231	2	412.79
29358	APPLY LONG LEG CAST BRACE	19811001	22991231	2	412.79
29365	APPLICATION OF LONG LEG CAST	19811001	22991231	2	412.79
29405	APPLY SHORT LEG CAST	19780101	22991231	2	412.79
29425	APPLY SHORT LEG CAST	19780101	22991231	1	307.38
29435	APPLY SHORT LEG CAST	19840501	22991231	2	412.79
29440	ADDITION OF WALKER TO CAST	19811001	22991231	1	307.38
29445	APPLY RIGID LEG CAST	19950101	22991231		
29450	APPLICATION OF LEG CAST	19780101	22991231	1	307.38
29505	APPLICATION LONG LEG SPLINT	19780101	22991231	1	307.38
29515	APPLICATION LOWER LEG SPLINT	19780101	22991231	1	307.38
29520	STRAPPING OF HIP	19811001	22991231	1	307.38

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
29530	STRAPPING OF KNEE	19811001	22991231	1	307.38
29540	STRAPPING OF ANKLE AND/OR FT	19811001	22991231	1	307.38
29550	STRAPPING OF TOES	19811001	22991231	1	307.38
29580	APPLICATION OF PASTE BOOT	19780101	22991231	1	307.38
29581	APPLY MULTLAY COMPRS LWR LEG	20100101	22991231	1	307.38
29584	APPL MULTLAY COMPRS ARM/HAND	20120101	22991231		
29700	REMOVAL/REVISION OF CAST	19780101	22991231	1	307.38
29705	REMOVAL/REVISION OF CAST	19780101	22991231	1	307.38
29710	REMOVAL/REVISION OF CAST	19780101	22991231	2	412.79
29720	REPAIR OF BODY CAST	19780101	22991231	1	307.38
29730	WINDOWING OF CAST	19780101	22991231	1	307.38
29740	WEDGING OF CAST	19780101	22991231	1	307.38
29750	WEDGING OF CLUBFOOT CAST	19780101	22991231	1	307.38
29799	CASTING/STRAPPING PROCEDURE	19831115	22991231		
29800	JAW ARTHROSCOPY/SURGERY	19910401	22991231	3	471.9
29804	JAW ARTHROSCOPY/SURGERY	19910401	22991231	3	471.9
29805	SHOULDER ARTHROSCOPY DX	20020101	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
29806	SHOULDER ARTHROSCOPY/SURGERY	20020101	22991231	3	471.9
29807	SHOULDER ARTHROSCOPY/SURGERY	20020101	22991231	3	471.9
29819	SHOULDER ARTHROSCOPY/SURGERY	19871201	22991231	3	471.9
29820	SHOULDER ARTHROSCOPY/SURGERY	19871201	22991231	3	471.9
29821	SHOULDER ARTHROSCOPY/SURGERY	19871201	22991231	3	471.9
29822	SHOULDER ARTHROSCOPY/SURGERY	19871201	22991231	3	471.9
29823	SHOULDER ARTHROSCOPY/SURGERY	19871201	22991231	3	471.9
29824	SHOULDER ARTHROSCOPY/SURGERY	20020101	22991231	5	664.02
29825	SHOULDER ARTHROSCOPY/SURGERY	19871201	22991231	3	471.9
29826	SHOULDER ARTHROSCOPY/SURGERY	19900401	22991231	3	471.9
29827	ARTHROSCOP ROTATOR CUFF REPR	20030101	22991231	5	664.02
29828	ARTHROSCOPY BICEPS TENODESIS	20080101	22991231	3	471.9
29830	ELBOW ARTHROSCOPY	19871201	22991231	3	471.9
29834	ELBOW ARTHROSCOPY/SURGERY	19871201	22991231	3	471.9
29835	ELBOW ARTHROSCOPY/SURGERY	19871201	22991231	3	471.9
29836	ELBOW ARTHROSCOPY/SURGERY	19871201	22991231	3	471.9
29837	ELBOW ARTHROSCOPY/SURGERY	19871201	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
29838	ELBOW ARTHROSCOPY/SURGERY	19871201	22991231	3	471.9
29840	WRIST ARTHROSCOPY	19880501	22991231	3	471.9
29843	WRIST ARTHROSCOPY/SURGERY	19880501	22991231	3	471.9
29844	WRIST ARTHROSCOPY/SURGERY	19880501	22991231	3	471.9
29845	WRIST ARTHROSCOPY/SURGERY	19880501	22991231	3	471.9
29846	WRIST ARTHROSCOPY/SURGERY	19880501	22991231	3	471.9
29847	WRIST ARTHROSCOPY/SURGERY	19880501	22991231	3	471.9
29848	WRIST ENDOSCOPY/SURGERY	19920115	22991231	8	911.55
29850	KNEE ARTHROSCOPY/SURGERY	19930101	22991231	4	582.25
29851	KNEE ARTHROSCOPY/SURGERY	19930101	22991231	4	582.25
29855	TIBIAL ARTHROSCOPY/SURGERY	19930101	22991231	4	582.25
29856	TIBIAL ARTHROSCOPY/SURGERY	19930101	22991231	4	582.25
29860	HIP ARTHROSCOPY DX	19980101	22991231	4	582.25
29861	HIP ARTHRO W/FB REMOVAL	19980101	22991231	4	582.25
29862	HIP ARTHR0 W/DEBRIDEMENT	19980101	22991231		
29863	HIP ARTHR0 W/SYNOVECTOMY	19980101	22991231	4	582.25
29870	KNEE ARTHROSCOPY DX	19871201	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
29871	KNEE ARTHROSCOPY/DRAINAGE	19871201	22991231	3	471.9
29873	KNEE ARTHROSCOPY/SURGERY	20030101	22991231	3	471.9
29874	KNEE ARTHROSCOPY/SURGERY	19871201	22991231	3	471.9
29875	KNEE ARTHROSCOPY/SURGERY	19871201	22991231	4	582.25
29876	KNEE ARTHROSCOPY/SURGERY	19871201	22991231	4	582.25
29877	KNEE ARTHROSCOPY/SURGERY	19871201	22991231	4	582.25
29879	KNEE ARTHROSCOPY/SURGERY	19871201	22991231	3	471.9
29880	KNEE ARTHROSCOPY/SURGERY	19880501	22991231	4	582.25
29881	KNEE ARTHROSCOPY/SURGERY	19871201	22991231	4	582.25
29882	KNEE ARTHROSCOPY/SURGERY	19871201	22991231	3	471.9
29883	KNEE ARTHROSCOPY/SURGERY	19880501	22991231	3	471.9
29884	KNEE ARTHROSCOPY/SURGERY	19871201	22991231	3	471.9
29885	KNEE ARTHROSCOPY/SURGERY	19880501	22991231	3	471.9
29886	KNEE ARTHROSCOPY/SURGERY	19871201	22991231	3	471.9
29887	KNEE ARTHROSCOPY/SURGERY	19871201	22991231	3	471.9
29888	KNEE ARTHROSCOPY/SURGERY	19880501	22991231	3	471.9
29889	KNEE ARTHROSCOPY/SURGERY	19880501	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
29891	ANKLE ARTHROSCOPY/SURGERY	19980101	22991231	3	471.9
29892	ANKLE ARTHROSCOPY/SURGERY	19980101	22991231	3	471.9
29893	SCOPE PLANTAR FASCIOTOMY	19980101	22991231	8	911.55
29894	ANKLE ARTHROSCOPY/SURGERY	19871201	22991231	3	471.9
29895	ANKLE ARTHROSCOPY/SURGERY	19871201	22991231	3	471.9
29897	ANKLE ARTHROSCOPY/SURGERY	19871201	22991231	3	471.9
29898	ANKLE ARTHROSCOPY/SURGERY	19871201	22991231	3	471.9
29899	ANKLE ARTHROSCOPY/SURGERY	20030101	22991231	3	471.9
29900	MCP JOINT ARTHROSCOPY DX	20020101	22991231	3	471.9
29901	MCP JOINT ARTHROSCOPY SURG	20020101	22991231	3	471.9
29902	MCP JOINT ARTHROSCOPY SURG	20020101	22991231	3	471.9
29904	SUBTALAR ARTHRO W/FB RMVL	20080101	22991231	3	471.9
29905	SUBTALAR ARTHRO W/EXC	20080101	22991231	3	471.9
29906	SUBTALAR ARTHRO W/DEB	20080101	22991231	3	471.9
29907	SUBTALAR ARTHRO W/FUSION	20080101	22991231	3	471.9
29914	HIP ARTHRO W/FEMOROPLASTY	20110101	22991231	3	471.9
29915	HIP ARTHRO ACETABULOPLASTY	20110101	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
29916	HIP ARTHRO W/LABRAL REPAIR	20110101	22991231	3	471.9
30000	DRAINAGE OF NOSE LESION	19780101	22991231	3	471.9
30020	DRAINAGE OF NOSE LESION	19780101	22991231	3	471.9
30100	INTRANASAL BIOPSY	19780101	22991231	3	471.9
30110	REMOVAL OF NOSE POLYP(S)	19780101	22991231	4	582.25
30115	REMOVAL OF NOSE POLYP(S)	19780101	22991231	2	412.79
30117	REMOVAL OF INTRANASAL LESION	19811001	22991231	3	471.9
30118	REMOVAL OF INTRANASAL LESION	19811001	22991231	3	471.9
30120	REVISION OF NOSE	19780101	22991231	1	307.38
30124	REMOVAL OF NOSE LESION	19811001	22991231	1	307.38
30125	REMOVAL OF NOSE LESION	19811001	22991231	2	412.79
30130	EXCISE INFERIOR TURBINATE	19811001	22991231	3	471.9
30140	RESECT INFERIOR TURBINATE	19780101	22991231	2	412.79
30150	PARTIAL REMOVAL OF NOSE	19811001	22991231	3	471.9
30160	REMOVAL OF NOSE	19811001	22991231	4	582.25
30200	INJECTION TREATMENT OF NOSE	19811001	22991231	2	412.79
30210	NASAL SINUS THERAPY	19811001	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
30220	INSERT NASAL SEPTAL BUTTON	19811001	22991231	3	471.9
30300	REMOVE NASAL FOREIGN BODY	19811001	22991231	1	307.38
30310	REMOVE NASAL FOREIGN BODY	19780101	22991231	3	471.9
30320	REMOVE NASAL FOREIGN BODY	19780101	22991231	8	911.55
30400	RECONSTRUCTION OF NOSE	19780101	22991231	4	582.25
30410	RECONSTRUCTION OF NOSE	19780101	22991231	5	664.02
30420	RECONSTRUCTION OF NOSE	19780101	22991231	5	664.02
30430	REVISION OF NOSE	19780101	22991231	3	471.9
30435	REVISION OF NOSE	19811001	22991231	5	664.02
30450	REVISION OF NOSE	19811001	22991231	7	921.15
30460	REVISION OF NOSE	19930101	22991231	7	921.15
30462	REVISION OF NOSE	19930101	22991231	8	911.55
30465	REPAIR NASAL STENOSIS	20010101	22991231		
30520	REPAIR OF NASAL SEPTUM	19780101	22991231	4	582.25
30540	REPAIR NASAL DEFECT	19780101	22991231	5	664.02
30545	REPAIR NASAL DEFECT	19780101	22991231	5	664.02
30560	RELEASE OF NASAL ADHESIONS	19780101	22991231	2	412.79

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
30580	REPAIR UPPER JAW FISTULA	19780101	22991231	4	582.25
30600	REPAIR MOUTH/NOSE FISTULA	19780101	22991231	4	582.25
30620	INTRANASAL RECONSTRUCTION	19780101	22991231	7	921.15
30630	REPAIR NASAL SEPTUM DEFECT	19811001	22991231	7	921.15
30801	ABLATE INF TURBINATE SUPERF	19920115	22991231	1	307.38
30802	ABLATE INF TURBINATE SUBMUC	19920115	22991231	1	307.38
30901	CONTROL OF NOSEBLEED	19780101	22991231	1	307.38
30903	CONTROL OF NOSEBLEED	19811001	22991231	1	307.38
30905	CONTROL OF NOSEBLEED	19780101	22991231	1	307.38
30906	REPEAT CONTROL OF NOSEBLEED	19780101	22991231	1	307.38
30915	LIGATION NASAL SINUS ARTERY	19780101	22991231	2	412.79
30920	LIGATION UPPER JAW ARTERY	19780101	22991231	3	471.9
30930	THER FX NASAL INF TURBINATE	19811001	22991231	8	911.55
30999	NASAL SURGERY PROCEDURE	19831115	22991231	6	775.59
31000	IRRIGATION MAXILLARY SINUS	19780101	22991231	3	471.9
31002	IRRIGATION SPHENOID SINUS	19811001	22991231	6	775.59
31020	EXPLORATION MAXILLARY SINUS	19780101	22991231	2	412.79

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
31030	EXPLORATION MAXILLARY SINUS	19780101	22991231	3	471.9
31032	EXPLORE SINUS REMOVE POLYPS	19811001	22991231	4	582.25
31040	EXPLORATION BEHIND UPPER JAW	19811001	22991231	3	471.9
31050	EXPLORATION SPHENOID SINUS	19780101	22991231	2	412.79
31051	SPHENOID SINUS SURGERY	19880501	22991231	4	582.25
31070	EXPLORATION OF FRONTAL SINUS	19780101	22991231	2	412.79
31075	EXPLORATION OF FRONTAL SINUS	19780101	22991231	4	582.25
31080	REMOVAL OF FRONTAL SINUS	19780101	22991231	4	582.25
31081	REMOVAL OF FRONTAL SINUS	19780101	22991231	4	582.25
31084	REMOVAL OF FRONTAL SINUS	19780101	22991231	4	582.25
31085	REMOVAL OF FRONTAL SINUS	19780101	22991231	4	582.25
31086	REMOVAL OF FRONTAL SINUS	19811001	22991231	4	582.25
31087	REMOVAL OF FRONTAL SINUS	19811001	22991231	4	582.25
31090	EXPLORATION OF SINUSES	19780101	22991231	5	664.02
31200	REMOVAL OF ETHMOID SINUS	19811001	22991231	2	412.79
31201	REMOVAL OF ETHMOID SINUS	19811001	22991231	5	664.02
31205	REMOVAL OF ETHMOID SINUS	19811001	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
31225	REMOVAL OF UPPER JAW	19780101	22991231		
31230	REMOVAL OF UPPER JAW	19780101	22991231		
31231	NASAL ENDOSCOPY DX	19940101	22991231	2	412.79
31233	NSL/SINS NDSC DX MAX SINUSC	19940101	22991231	2	412.79
31235	NSL/SINS NDSC DX SPHN SINUSC	19940101	22991231	1	307.38
31237	NASAL/SINUS ENDOSCOPY SURG	19940101	22991231	2	412.79
31238	NASAL/SINUS ENDOSCOPY SURG	19940101	22991231	1	307.38
31239	NASAL/SINUS ENDOSCOPY SURG	19940101	22991231	4	582.25
31240	NASAL/SINUS ENDOSCOPY SURG	19940101	22991231	2	412.79
31241	NSL/SINS NDSC W/ARTERY LIG	20180101	22991231		
31253	NSL/SINS NDSC TOTAL	20180101	22991231		
31254	NSL/SINS NDSC W/PRTL ETHMDCT	19880501	22991231	3	471.9
31255	NSL/SINS NDSC W/TOT ETHMDCT	19880501	22991231	5	664.02
31256	EXPLORATION MAXILLARY SINUS	19880501	22991231	3	471.9
31257	NSL/SINS NDSC TOT W/SPHENDT	20180101	22991231		
31259	NSL/SINS NDSC SPHN TISS RMVL	20180101	22991231		
31267	ENDOSCOPY MAXILLARY SINUS	19880501	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
31276	NSL/SINS NDSC FRNT TISS RMVL	19950101	22991231	3	471.9
31287	NASAL/SINUS ENDOSCOPY SURG	19940101	22991231	3	471.9
31288	NASAL/SINUS ENDOSCOPY SURG	19940101	22991231	3	471.9
31290	NASAL/SINUS ENDOSCOPY SURG	19940101	22991231	6	775.59
31291	NASAL/SINUS ENDOSCOPY SURG	19940101	22991231	6	775.59
31292	NSL/SINS NDSC MED/INF DCMPRN	19940101	22991231	7	921.15
31293	NSL/SINS NDSC MED&INF DCMPRN	19940101	22991231	7	921.15
31294	NSL/SINS NDSC SURG ON DCMPRN	19940101	22991231	7	921.15
31295	NSL/SINS NDSC SURG MAX SINS	20110101	22991231	3	471.9
31296	NSL/SINS NDSC SURG FRNT SINS	20110101	22991231	3	471.9
31297	NSL/SINS NDSC SURG SPHN SINS	20110101	22991231	3	471.9
31298	NSL/SINS NDSC SURG FRNT&SPHN	20180101	22991231		
31299	SINUS SURGERY PROCEDURE	19831115	22991231		
31300	REMOVAL OF LARYNX LESION	19780101	22991231	5	664.02
31360	REMOVAL OF LARYNX	19780101	22991231		
31365	REMOVAL OF LARYNX	19780101	22991231		
31367	PARTIAL REMOVAL OF LARYNX	19811001	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
31368	PARTIAL REMOVAL OF LARYNX	19811001	22991231		
31370	PARTIAL REMOVAL OF LARYNX	19780101	22991231		
31375	PARTIAL REMOVAL OF LARYNX	19780101	22991231		
31380	PARTIAL REMOVAL OF LARYNX	19780101	22991231		
31382	PARTIAL REMOVAL OF LARYNX	19780101	22991231		
31390	REMOVAL OF LARYNX & PHARYNX	19811001	22991231		
31395	RECONSTRUCT LARYNX & PHARYNX	19811001	22991231		
31400	REVISION OF LARYNX	19780101	22991231	2	412.79
31420	REMOVAL OF EPIGLOTTIS	19780101	22991231	2	412.79
31500	INSERT EMERGENCY AIRWAY	19780101	22991231	1	307.38
31502	CHANGE OF WINDPIPE AIRWAY	19910401	22991231	1	307.38
31505	DIAGNOSTIC LARYNGOSCOPY	19780101	22991231	1	307.38
31510	LARYNGOSCOPY WITH BIOPSY	19780101	22991231	2	412.79
31511	REMOVE FOREIGN BODY LARYNX	19811001	22991231	2	412.79
31512	REMOVAL OF LARYNX LESION	19811001	22991231	2	412.79
31513	INJECTION INTO VOCAL CORD	19811001	22991231	2	412.79
31515	LARYNGOSCOPY FOR ASPIRATION	19811001	22991231	1	307.38

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
31520	DX LARYNGOSCOPY NEWBORN	19811001	22991231	1	307.38
31525	DX LARYNGOSCOPY EXCL NB	19780101	22991231	1	307.38
31526	DX LARYNGOSCOPY W/OPER SCOPE	19811001	22991231	2	412.79
31527	LARYNGOSCOPY FOR TREATMENT	19811001	22991231	1	307.38
31528	LARYNGOSCOPY AND DILATION	19811001	22991231	2	412.79
31529	LARYNGOSCOPY AND DILATION	19811001	22991231	2	412.79
31530	LARYNGOSCOPY W/FB REMOVAL	19780101	22991231	2	412.79
31531	LARYNGOSCOPY W/FB & OP SCOPE	19811001	22991231	3	471.9
31535	LARYNGOSCOPY W/BIOPSY	19780101	22991231	2	412.79
31536	LARYNGOSCOPY W/BX & OP SCOPE	19780101	22991231	3	471.9
31540	LARYNGOSCOPY W/EXC OF TUMOR	19811001	22991231	3	471.9
31541	LARYNSCOP W/TUMR EXC + SCOPE	19780101	22991231	4	582.25
31545	REMOVE VC LESION W/SCOPE	20050101	22991231	4	582.25
31546	REMOVE VC LESION SCOPE/GRAFT	20050101	22991231	4	582.25
31551	LARYNGOPLASTY LARYNGEAL STEN	20170101	22991231		
31552	LARYNGOPLASTY LARYNGEAL STEN	20170101	22991231		
31553	LARYNGOPLASTY LARYNGEAL STEN	20170101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
31554	LARYNGOPLASTY LARYNGEAL STEN	20170101	22991231		
31560	LARYNGOSCOP W/ARYTENOIDECTOM	19780101	22991231	5	664.02
31561	LARYNSCOP REMVE CART + SCOP	19811001	22991231	5	664.02
31570	LARYNGOSCOPE W/VC INJ	19780101	22991231	2	412.79
31571	LARYNGOSCOP W/VC INJ + SCOPE	19811001	22991231	2	412.79
31572	LARGSC W/LASER DSTRJ LES	20170101	22991231		
31573	LARGSC W/THER INJECTION	20170101	22991231		
31574	LARGSC W/NJX AUGMENTATION	20170101	22991231		
31575	DIAGNOSTIC LARYNGOSCOPY	19811001	22991231	2	412.79
31576	LARYNGOSCOPY WITH BIOPSY	19811001	22991231	2	412.79
31577	LARGSC W/RMVL FOREIGN BDY(S)	19811001	22991231	2	412.79
31578	LARGSC W/REMOVAL LESION	19811001	22991231	2	412.79
31579	LARYNGOSCOPY TELESCOPIC	19890401	22991231	3	471.9
31580	LARYNGOPLASTY LARYNGEAL WEB	19780101	22991231	5	664.02
31584	LARYNGOPLASTY FX RDCTJ FIXJ	19811001	22991231	4	582.25
31587	LARYNGOPLASTY CRICOID SPLIT	19890401	22991231		
31590	REINNERVATE LARYNX	19811001	22991231	5	664.02

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
31591	LARYNGOPLASTY MEDIALIZATION	20170101	22991231		
31592	CRICOTRACHEAL RESECTION	20170101	22991231		
31599	LARYNX SURGERY PROCEDURE	19831115	22991231		
31600	INCISION OF WINDPIPE	19811001	22991231		
31601	INCISION OF WINDPIPE	19811001	22991231	5	664.02
31603	INCISION OF WINDPIPE	19811001	22991231	1	307.38
31605	INCISION OF WINDPIPE	19811001	22991231	1	307.38
31610	INCISION OF WINDPIPE	19780101	22991231		
31611	SURGERY/SPEECH PROSTHESIS	19900401	22991231	3	471.9
31612	PUNCTURE/CLEAR WINDPIPE	19811001	22991231	1	307.38
31613	REPAIR WINDPIPE OPENING	19811001	22991231	2	412.79
31614	REPAIR WINDPIPE OPENING	19811001	22991231	2	412.79
31615	VISUALIZATION OF WINDPIPE	19811001	22991231	1	307.38
31622	DX BRONCHOSCOPE/WASH	19871201	22991231	1	307.38
31623	DX BRONCHOSCOPE/BRUSH	19990101	22991231		
31624	DX BRONCHOSCOPE/LAVAGE	19990101	22991231	2	412.79
31625	BRONCHOSCOPY W/BIOPSY(S)	19780101	22991231	2	412.79

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
31628	BRONCHOSCOPY/LUNG BX EACH	19811001	22991231	2	412.79
31629	BRONCHOSCOPY/NEEDLE BX EACH	19871201	22991231		
31630	BRONCHOSCOPY DILATE/FX REPR	19811001	22991231	2	412.79
31631	BRONCHOSCOPY DILATE W/STENT	19871201	22991231	2	412.79
31632	BRONCHOSCOPY/LUNG BX ADDL	20031001	22991231	7	921.15
31634	BRONCH W/BALLOON OCCLUSION	20110101	22991231	2	412.79
31635	BRONCHOSCOPY W/FB REMOVAL	19780101	22991231	2	412.79
31640	BRONCHOSCOPY W/TUMOR EXCISE	19780101	22991231	2	412.79
31641	BRONCHOSCOPY TREAT BLOCKAGE	19871201	22991231	2	412.79
31643	DIAG BRONCHOSCOPE/CATHETER	19990101	22991231	2	412.79
31645	BRNCHSC W/THER ASPIR 1ST	19780101	22991231	1	307.38
31646	BRNCHSC W/THER ASPIR SBSQ	19811001	22991231	1	307.38
31647	BRONCHIAL VALVE INIT INSERT	20130101	22991231		
31648	BRONCHIAL VALVE REMOV INIT	20130101	22991231		
31649	BRONCHIAL VALVE REMOV ADDL	20130101	22991231	7	921.15
31651	BRONCHIAL VALVE ADDL INSERT	20130101	22991231		
31717	BRONCHIAL BRUSH BIOPSY	19811001	22991231	1	307.38

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
31720	CLEARANCE OF AIRWAYS	19811001	22991231	1	307.38
31725	CLEARANCE OF AIRWAYS	19811001	22991231		
31750	REPAIR OF WINDPIPE	19780101	22991231	5	664.02
31755	REPAIR OF WINDPIPE	19811001	22991231	2	412.79
31760	REPAIR OF WINDPIPE	19780101	22991231		
31766	RECONSTRUCTION OF WINDPIPE	19890401	22991231		
31770	REPAIR/GRAFT OF BRONCHUS	19780101	22991231		
31775	RECONSTRUCT BRONCHUS	19780101	22991231		
31780	RECONSTRUCT WINDPIPE	19811001	22991231		
31781	RECONSTRUCT WINDPIPE	19811001	22991231		
31785	REMOVE WINDPIPE LESION	19811001	22991231	4	582.25
31786	REMOVE WINDPIPE LESION	19811001	22991231		
31800	REPAIR OF WINDPIPE INJURY	19780101	22991231	2	412.79
31805	REPAIR OF WINDPIPE INJURY	19780101	22991231		
31820	CLOSURE OF WINDPIPE LESION	19780101	22991231	1	307.38
31825	REPAIR OF WINDPIPE DEFECT	19811001	22991231	2	412.79
31830	REVISE WINDPIPE SCAR	19811001	22991231	2	412.79

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

	CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
	31899	AIRWAYS SURGICAL PROCEDURE	19831115	22991231		
	32035	THORACOSTOMY W/RIB RESECTION	19811001	22991231		
	32036	THORACOSTOMY W/FLAP DRAINAGE	19811001	22991231		
	32100	EXPLORATION OF CHEST	19780101	22991231		
	32110	EXPLORE/REPAIR CHEST	19780101	22991231		
	32120	RE-EXPLORATION OF CHEST	19780101	22991231		
	32124	EXPLORE CHEST FREE ADHESIONS	19780101	22991231		
	32140	REMOVAL OF LUNG LESION(S)	19780101	22991231		
	32141	REMOVE/TREAT LUNG LESIONS	19811001	22991231		
	32150	REMOVAL OF LUNG LESION(S)	19780101	22991231		
	32151	REMOVE LUNG FOREIGN BODY	19780101	22991231		
	32160	OPEN CHEST HEART MASSAGE	19780101	22991231		
	32200	DRAIN OPEN LUNG LESION	19811001	22991231		
	32215	TREAT CHEST LINING	19811001	22991231		
	32220	RELEASE OF LUNG	19780101	22991231		
	32225	PARTIAL RELEASE OF LUNG	19811001	22991231		
	32310	REMOVAL OF CHEST LINING	19811001	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
32320	FREE/REMOVE CHEST LINING	19811001	22991231		
32400	NEEDLE BIOPSY CHEST LINING	19811001	22991231	1	307.38
32405	PERCUT BX LUNG/MEDIASTINUM	19811001	22991231	1	307.38
32440	REMOVE LUNG PNEUMONECTOMY	19780101	22991231		
32442	SLEEVE PNEUMONECTOMY	19940101	22991231		
32445	REMOVAL OF LUNG EXTRAPLEURAL	19811001	22991231		
32480	PARTIAL REMOVAL OF LUNG	19780101	22991231		
32482	BILOBECTOMY	19940101	22991231		
32484	SEGMENTECTOMY	19940101	22991231		
32486	SLEEVE LOBECTOMY	19940101	22991231		
32488	COMPLETION PNEUMONECTOMY	19940101	22991231		
32491	LUNG VOLUME REDUCTION	19970101	22991231		
32501	REPAIR BRONCHUS ADD-ON	19960101	22991231		
32540	REMOVAL OF LUNG LESION	19811001	22991231		
32550	INSERT PLEURAL CATH	20080101	22991231		
32551	INSERTION OF CHEST TUBE	20080101	22991231	8	911.55
32554	ASPIRATE PLEURA W/O IMAGING	20130101	22991231	1	307.38

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
32555	ASPIRATE PLEURA W/ IMAGING	20130101	22991231	1	307.38
32556	INSERT CATH PLEURA W/O IMAGE	20130101	22991231	1	307.38
32557	INSERT CATH PLEURA W/ IMAGE	20130101	22991231	1	307.38
32560	TREAT PLEURODESIS W/AGENT	20080101	22991231		
32601	THORACOSCOPY DIAGNOSTIC	19940101	22991231		
32604	THORACOSCOPY WBX SAC	19940101	22991231		
32606	THORACOSCOPY W/BX MED SPACE	19940101	22991231		
32650	THORACOSCOPY W/PLEURODESIS	19940101	22991231		
32651	THORACOSCOPY REMOVE CORTEX	19940101	22991231		
32652	THORACOSCOPY REM TOTL CORTEX	19940101	22991231		
32653	THORACOSCOPY REMOV FB/FIBRIN	19940101	22991231		
32654	THORACOSCOPY CONTRL BLEEDING	19940101	22991231		
32655	THORACOSCOPY RESECT BULLAE	19940101	22991231		
32656	THORACOSCOPY W/PLEURECTOMY	19940101	22991231		
32658	THORACOSCOPY W/SAC FB REMOVE	19940101	22991231		
32659	THORACOSCOPY W/SAC DRAINAGE	19940101	22991231		
32661	THORACOSCOPY W/PERICARD EXC	19940101	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	32662	THORACOSCOPY W/MEDIAST EXC	19940101	22991231		
	32663	THORACOSCOPY W/LOBECTOMY	19940101	22991231		
	32664	THORACOSCOPY W/ TH NRV EXC	19940101	22991231		
	32665	THORACOSCOP W/ESOPH MUSC EXC	19940101	22991231		
	32800	REPAIR LUNG HERNIA	19811001	22991231		
	32810	CLOSE CHEST AFTER DRAINAGE	19811001	22991231		
	32815	CLOSE BRONCHIAL FISTULA	19811001	22991231		
	32820	RECONSTRUCT INJURED CHEST	19811001	22991231		
	32851	LUNG TRANSPLANT SINGLE	19940101	22991231		
	32852	LUNG TRANSPLANT WITH BYPASS	19940101	22991231		
	32853	LUNG TRANSPLANT DOUBLE	19940101	22991231		
	32854	LUNG TRANSPLANT WITH BYPASS	19940101	22991231		
	32900	REMOVAL OF RIB(S)	19780101	22991231		
	32905	REVISE & REPAIR CHEST WALL	19811001	22991231		
	32906	REVISE & REPAIR CHEST WALL	19811001	22991231		
	32940	REVISION OF LUNG	19780101	22991231		
	32960	THERAPEUTIC PNEUMOTHORAX	19780101	22991231	1	307.38

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

	CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
	32994	ABLATE PULM TUMOR PERQ CRYBL	20180101	22991231		
	32997	TOTAL LUNG LAVAGE	20000101	22991231		
	32999	CHEST SURGERY PROCEDURE	19831115	22991231		
	33016	PERICARDIOCENTESIS W/IMAGING	20200101	22991231		
	33017	PRCRD DRG 6YR+ W/O CGEN CAR	20200101	22991231		
	33018	PRCRD DRG 0-5YR OR W/ANOMLY	20200101	22991231		
	33019	PERQ PRCRD DRG INSJ CATH CT	20200101	22991231		
	33020	INCISION OF HEART SAC	19780101	22991231		
	33025	INCISION OF HEART SAC	19840501	22991231		
	33030	PARTIAL REMOVAL OF HEART SAC	19780101	22991231		
	33050	RESECT HEART SAC LESION	19811001	22991231		
	33120	REMOVAL OF HEART LESION	19780101	22991231		
	33130	REMOVAL OF HEART LESION	19811001	22991231		
	33140	HEART REVASCULARIZE (TMR)	20000101	22991231		
	33141	HEART TMR W/OTHER PROCEDURE	20010101	22991231		
	33206	INSERT HEART PM ATRIAL	19811001	22991231		
	33207	INSERT HEART PM VENTRICULAR	19811001	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
33208	INSRT HEART PM ATRIAL & VENT	19811001	22991231		
33210	INSERT ELECTRD/PM CATH SNGL	19780101	22991231		
33211	INSERT CARD ELECTRODES DUAL	19940101	22991231		
33212	INSERT PULSE GEN SNGL LEAD	19811001	22991231	3	471.9
33213	INSERT PULSE GEN DUAL LEADS	19940101	22991231	3	471.9
33214	UPGRADE OF PACEMAKER SYSTEM	19940101	22991231	7	921.15
33216	INSERT 1 ELECTRODE PM-DEFIB	19780101	22991231	7	921.15
33217	INSERT 2 ELECTRODE PM-DEFIB	19940101	22991231	7	921.15
33218	REPAIR LEAD PACE-DEFIB ONE	19780101	22991231	2	412.79
33220	REPAIR LEAD PACE-DEFIB DUAL	19940101	22991231	2	412.79
33221	INSERT PULSE GEN MULT LEADS	20120101	22991231		
33222	RELOCATION POCKET PACEMAKER	19890401	22991231	2	412.79
33223	RELOCATE POCKET FOR DEFIB	19940101	22991231	2	412.79
33227	REMOVE&REPLACE PM GEN SINGL	20120101	22991231		
33228	REMV&REPLC PM GEN DUAL LEAD	20120101	22991231		
33229	REMV&REPLC PM GEN MULT LEADS	20120101	22991231		
33230	INSRT PULSE GEN W/DUAL LEADS	20120101	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	33231	INSRT PULSE GEN W/MULT LEADS	20120101	22991231		
	33233	REMOVAL OF PM GENERATOR	19940101	22991231	2	412.79
	33234	REMOVAL OF PACEMAKER SYSTEM	19940101	22991231	2	412.79
	33235	REMOVAL PACEMAKER ELECTRODE	19940101	22991231	2	412.79
	33236	REMOVE ELECTRODE/THORACOTOMY	19940101	22991231		
	33237	REMOVE ELECTRODE/THORACOTOMY	19940101	22991231		
	33238	REMOVE ELECTRODE/THORACOTOMY	19940101	22991231		
	33240	INSRT PULSE GEN W/SINGL LEAD	19940101	22991231	7	921.15
	33241	REMOVE PULSE GENERATOR	19940101	22991231		
	33243	REMOVE ELTRD/THORACOTOMY	19940101	22991231		
	33244	REMOVE ELCTRD TRANSVENOUSLY	19940101	22991231		
	33249	INSJ/RPLCMT DEFIB W/LEAD(S)	19940101	22991231		
	33262	RMVL& REPLC PULSE GEN 1 LEAD	20120101	22991231		
	33263	RMVL & RPLCMT DFB GEN 2 LEAD	20120101	22991231		
	33264	RMVL & RPLCMT DFB GEN MLT LD	20120101	22991231		
	33275	TCAT RMVL PERM LDLS PM W/IMG	20190101	22991231		
	33300	REPAIR OF HEART WOUND	19780101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

	CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
	33305	REPAIR OF HEART WOUND	19780101	22991231		
	33310	EXPLORATORY HEART SURGERY	19780101	22991231		
	33315	EXPLORATORY HEART SURGERY	19811001	22991231		
	33320	REPAIR MAJOR BLOOD VESSEL(S)	19811001	22991231		
	33322	REPAIR MAJOR BLOOD VESSEL(S)	19811001	22991231		
	33330	INSERT MAJOR VESSEL GRAFT	19811001	22991231		
	33335	INSERT MAJOR VESSEL GRAFT	19811001	22991231		
	33340	PERQ CLSR TCAT L ATR APNDGE	20170101	22991231		
	33390	VALVULOPLASTY AORTIC VALVE	20170101	22991231		
	33391	VALVULOPLASTY AORTIC VALVE	20170101	22991231		
	33404	PREPARE HEART-AORTA CONDUIT	19871201	22991231		
	33405	REPLACEMENT AORTIC VALVE OPN	19780101	22991231		
	33406	REPLACEMENT AORTIC VALVE OPN	19940101	22991231		
	33410	REPLACEMENT AORTIC VALVE OPN	20000101	22991231		
	33413	REPLACEMENT OF AORTIC VALVE	19940101	22991231		
	33414	REPAIR OF AORTIC VALVE	19940101	22991231		
	33415	REVISION SUBVALVULAR TISSUE	19811001	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
33417	REPAIR OF AORTIC VALVE	19780101	22991231		
33420	REVISION OF MITRAL VALVE	19780101	22991231		
33422	REVISION OF MITRAL VALVE	19811001	22991231		
33425	REPAIR OF MITRAL VALVE	19780101	22991231		
33430	REPLACEMENT OF MITRAL VALVE	19780101	22991231		
33460	REVISION OF TRICUSPID VALVE	19811001	22991231		
33463	VALVULOPLASTY TRICUSPID	19940101	22991231		
33464	VALVULOPLASTY TRICUSPID	19940101	22991231		
33465	REPLACE TRICUSPID VALVE	19811001	22991231		
33468	REVISION OF TRICUSPID VALVE	19780101	22991231		
33470	REVISION OF PULMONARY VALVE	19780101	22991231		
33471	VALVOTOMY PULMONARY VALVE	19940101	22991231		
33474	REVISION OF PULMONARY VALVE	19811001	22991231		
33475	REPLACEMENT PULMONARY VALVE	19940101	22991231		
33476	REVISION OF HEART CHAMBER	19811001	22991231		
33478	REVISION OF HEART CHAMBER	19811001	22991231		
33496	REPAIR PROSTH VALVE CLOT	19980101	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	33502	CORONARY ARTERY CORRECTION	19811001	22991231		
	33503	CORONARY ARTERY GRAFT	19811001	22991231		
	33504	CORONARY ARTERY GRAFT	19811001	22991231		
	33505	REPAIR ARTERY W/TUNNEL	19940101	22991231		
	33506	REPAIR ARTERY TRANSLOCATION	19940101	22991231		
	33510	CABG VEIN SINGLE	19780101	22991231		
	33511	CABG VEIN TWO	19780101	22991231		
	33512	CABG VEIN THREE	19780101	22991231		
	33513	CABG VEIN FOUR	19811001	22991231		
	33514	CABG VEIN FIVE	19811001	22991231		
	33516	CABG VEIN SIX OR MORE	19811001	22991231		
	33542	REMOVAL OF HEART LESION	19780101	22991231		
	33545	REPAIR OF HEART DAMAGE	19811001	22991231		
	33600	CLOSURE OF VALVE	19940101	22991231		
	33602	CLOSURE OF VALVE	19940101	22991231		
	33606	ANASTOMOSIS/ARTERY-AORTA	19940101	22991231		
	33608	REPAIR ANOMALY W/CONDUIT	19940101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
33610	REPAIR BY ENLARGEMENT	19940101	22991231		
33611	REPAIR DOUBLE VENTRICLE	19940101	22991231		
33612	REPAIR DOUBLE VENTRICLE	19940101	22991231		
33615	REPAIR MODIFIED FONTAN	19940101	22991231		
33617	REPAIR SINGLE VENTRICLE	19940101	22991231		
33619	REPAIR SINGLE VENTRICLE	19940101	22991231		
33641	REPAIR HEART SEPTUM DEFECT	19780101	22991231		
33645	REVISION OF HEART VEINS	19811001	22991231		
33660	REPAIR OF HEART DEFECTS	19811001	22991231		
33665	REPAIR OF HEART DEFECTS	19811001	22991231		
33670	REPAIR OF HEART CHAMBERS	19811001	22991231		
33681	REPAIR HEART SEPTUM DEFECT	19780101	22991231		
33684	REPAIR HEART SEPTUM DEFECT	19811001	22991231		
33688	REPAIR HEART SEPTUM DEFECT	19811001	22991231		
33690	REINFORCE PULMONARY ARTERY	19780101	22991231		
33692	REPAIR OF HEART DEFECTS	19780101	22991231		
33694	REPAIR OF HEART DEFECTS	19780101	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	33697	REPAIR OF HEART DEFECTS	19940101	22991231		
	33702	REPAIR OF HEART DEFECTS	19780101	22991231		
	33710	REPAIR OF HEART DEFECTS	19811001	22991231		
	33720	REPAIR OF HEART DEFECT	19811001	22991231		
	33722	REPAIR OF HEART DEFECT	19940101	22991231		
	33730	REPAIR HEART-VEIN DEFECT(S)	19780101	22991231		
	33732	REPAIR HEART-VEIN DEFECT	19940101	22991231		
	33735	REVISION OF HEART CHAMBER	19780101	22991231		
	33736	REVISION OF HEART CHAMBER	19940101	22991231		
	33737	REVISION OF HEART CHAMBER	19780101	22991231		
	33750	MAJOR VESSEL SHUNT	19780101	22991231		
	33755	MAJOR VESSEL SHUNT	19811001	22991231		
	33762	MAJOR VESSEL SHUNT	19780101	22991231		
	33766	MAJOR VESSEL SHUNT	19780101	22991231		
	33767	MAJOR VESSEL SHUNT	19940101	22991231		
	33770	REPAIR GREAT VESSELS DEFECT	19940101	22991231		
	33771	REPAIR GREAT VESSELS DEFECT	19940101	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	33786	REPAIR ARTERIAL TRUNK	19811001	22991231		
	33788	REVISION OF PULMONARY ARTERY	19811001	22991231		
	33802	REPAIR VESSEL DEFECT	19780101	22991231		
	33803	REPAIR VESSEL DEFECT	19811001	22991231		
	33820	REVISE MAJOR VESSEL	19780101	22991231		
	33822	REVISE MAJOR VESSEL	19811001	22991231		
	33824	REVISE MAJOR VESSEL	19811001	22991231		
	33840	REMOVE AORTA CONSTRICTION	19780101	22991231		
	33845	REMOVE AORTA CONSTRICTION	19780101	22991231		
	33853	REPAIR SEPTAL DEFECT	19940101	22991231		
	33858	AS-AORT GRF F/AORTIC DSJ	20200101	22991231		
	33859	AS-AORT GRF F/DS OTH/THN DSJ	20200101	22991231		
	33863	ASCENDING AORTIC GRAFT	19940101	22991231		
	33871	TRANSVRS A-ARCH GRF HYPTHRM	20200101	22991231		
	33875	THORACIC AORTIC GRAFT	19811001	22991231		
	33910	REMOVE LUNG ARTERY EMBOLI	19780101	22991231		
	33915	REMOVE LUNG ARTERY EMBOLI	19811001	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	33916	SURGERY OF GREAT VESSEL	19900701	22991231		
	33917	REPAIR PULMONARY ARTERY	19940101	22991231		
	33920	REPAIR PULMONARY ATRESIA	19940101	22991231		
	33922	TRANSECT PULMONARY ARTERY	19940101	22991231		
	33924	REMOVE PULMONARY SHUNT	19960101	22991231		
	33927	IMPLTJ TOT RPLCMT HRT SYS	20180101	22991231		
	33928	RMVL & RPLCMT TOT HRT SYS	20180101	22991231		
	33929	RMVL RPLCMT HRT SYS F/TRNSPL	20180101	22991231		
	33968	REMOVE AORTIC ASSIST DEVICE	20000101	22991231		
	33970	AORTIC CIRCULATION ASSIST	19780101	22991231		
	33973	INSERT BALLOON DEVICE	19940101	22991231		
	33974	REMOVE INTRA-AORTIC BALLOON	19940101	22991231		
	33975	IMPLANT VENTRICULAR DEVICE	19940101	22991231		
	33976	IMPLANT VENTRICULAR DEVICE	19940101	22991231		
	33977	REMOVE VENTRICULAR DEVICE	19940101	22991231		
	33978	REMOVE VENTRICULAR DEVICE	19940101	22991231		
	33999	CARDIAC SURGERY PROCEDURE	19831115	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
34001	REMOVAL OF ARTERY CLOT	19780101	22991231		
34051	REMOVAL OF ARTERY CLOT	19780101	22991231		
34101	REMOVAL OF ARTERY CLOT	19780101	22991231	3	471.9
34151	REMOVAL OF ARTERY CLOT	19780101	22991231		
34201	REMOVAL OF ARTERY CLOT	19780101	22991231		
34203	REMOVAL OF LEG ARTERY CLOT	19871201	22991231		
34401	REMOVAL OF VEIN CLOT	19780101	22991231		
34421	REMOVAL OF VEIN CLOT	19780101	22991231		
34451	REMOVAL OF VEIN CLOT	19811001	22991231		
34471	REMOVAL OF VEIN CLOT	19811001	22991231		
34490	REMOVAL OF VEIN CLOT	19811001	22991231	5	664.02
34502	RECONSTRUCT VENA CAVA	19940101	22991231		
34701	EVASC RPR A-AO NDGFT	20180101	22991231		
34702	EVASC RPR A-AO NDGFT RPT	20180101	22991231		
34703	EVASC RPR A-UNILAC NDGFT	20180101	22991231		
34704	EVASC RPR A-UNILAC NDGFT RPT	20180101	22991231		
34705	EVAC RPR A-BIILIAC NDGFT	20180101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
34706	EVASC RPR A-BIILIAC RPT	20180101	22991231		
34707	EVASC RPR ILIO-ILIAC NDGFT	20180101	22991231		
34708	EVASC RPR ILIO-ILIAC RPT	20180101	22991231		
34709	PLMT XTN PROSTH EVASC RPR	20180101	22991231		
34710	DLYD PLMT XTN PROSTH 1ST VSL	20180101	22991231		
34711	DLYD PLMT XTN PROSTH EA ADDL	20180101	22991231		
34712	TCAT DLVR ENHNCD FIXJ DEV	20180101	22991231		
34713	PERQ ACCESS & CLSR FEM ART	20180101	22991231		
34714	OPN FEM ART EXPOS CNDT CRTJ	20180101	22991231		
34715	OPN AX/SUBCLA ART EXPOS	20180101	22991231		
34716	OPN AX/SUBCLA ART EXPOS CNDT	20180101	22991231		
34717	EVASC RPR A-ILIAC NDGFT	20200101	22991231		
34718	EVASC RPR N/A A-ILIAC NDGFT	20200101	22991231		
34808	ENDOVAS ILIAC A DEVICE ADDON	20010101	22991231		
34812	OPN FEM ART EXPOS	20010101	22991231		
34813	FEMORAL ENDOVAS GRAFT ADD-ON	20010101	22991231		
34820	OPN ILIAC ART EXPOS	20010101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
34830	OPEN AORTIC TUBE PROSTH REPR	20010101	22991231		
34831	OPEN AORTOILIAC PROSTH REPR	20010101	22991231		
34832	OPEN AORTOFEMOR PROSTH REPR	20010101	22991231		
35001	REPAIR DEFECT OF ARTERY	19811001	22991231		
35002	REPAIR ARTERY RUPTURE NECK	19811001	22991231		
35011	REPAIR DEFECT OF ARTERY	19811001	22991231		
35013	REPAIR ARTERY RUPTURE ARM	19811001	22991231		
35021	REPAIR DEFECT OF ARTERY	19811001	22991231		
35022	REPAIR ARTERY RUPTURE CHEST	19811001	22991231		
35081	REPAIR DEFECT OF ARTERY	19780101	22991231		
35082	REPAIR ARTERY RUPTURE AORTA	19780101	22991231		
35091	REPAIR DEFECT OF ARTERY	19811001	22991231		
35092	REPAIR ARTERY RUPTURE AORTA	19811001	22991231		
35102	REPAIR DEFECT OF ARTERY	19811001	22991231		
35103	REPAIR ARTERY RUPTURE AORTA	19811001	22991231		
35111	REPAIR DEFECT OF ARTERY	19811001	22991231		
35112	REPAIR ARTERY RUPTURE SPLEEN	19811001	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
35121	REPAIR DEFECT OF ARTERY	19811001	22991231		
35122	REPAIR ARTERY RUPTURE BELLY	19811001	22991231		
35131	REPAIR DEFECT OF ARTERY	19811001	22991231		
35132	REPAIR ARTERY RUPTURE GROIN	19811001	22991231		
35141	REPAIR DEFECT OF ARTERY	19811001	22991231		
35142	REPAIR ARTERY RUPTURE THIGH	19811001	22991231		
35151	REPAIR DEFECT OF ARTERY	19811001	22991231		
35152	REPAIR RUPTD POPLITEAL ART	19811001	22991231		
35188	REPAIR BLOOD VESSEL LESION	19871201	22991231	4	582.25
35201	REPAIR BLOOD VESSEL LESION	19811001	22991231		
35206	REPAIR BLOOD VESSEL LESION	19811001	22991231		
35207	REPAIR BLOOD VESSEL LESION	19811001	22991231	4	582.25
35211	REPAIR BLOOD VESSEL LESION	19811001	22991231		
35216	REPAIR BLOOD VESSEL LESION	19811001	22991231		
35221	REPAIR BLOOD VESSEL LESION	19811001	22991231		
35226	REPAIR BLOOD VESSEL LESION	19811001	22991231		
35231	REPAIR BLOOD VESSEL LESION	19811001	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	35236	REPAIR BLOOD VESSEL LESION	19811001	22991231		
	35241	REPAIR BLOOD VESSEL LESION	19811001	22991231		
	35246	REPAIR BLOOD VESSEL LESION	19811001	22991231		
	35251	REPAIR BLOOD VESSEL LESION	19811001	22991231		
	35256	REPAIR BLOOD VESSEL LESION	19811001	22991231		
	35261	REPAIR BLOOD VESSEL LESION	19811001	22991231		
	35266	REPAIR BLOOD VESSEL LESION	19811001	22991231		
	35271	REPAIR BLOOD VESSEL LESION	19811001	22991231		
	35276	REPAIR BLOOD VESSEL LESION	19811001	22991231		
	35281	REPAIR BLOOD VESSEL LESION	19811001	22991231		
	35286	REPAIR BLOOD VESSEL LESION	19811001	22991231		
	35301	RECHANNELING OF ARTERY	19780101	22991231		
	35311	RECHANNELING OF ARTERY	19811001	22991231		
	35321	RECHANNELING OF ARTERY	19811001	22991231		
	35331	RECHANNELING OF ARTERY	19811001	22991231		
	35341	RECHANNELING OF ARTERY	19811001	22991231		
	35351	RECHANNELING OF ARTERY	19811001	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
35361	RECHANNELING OF ARTERY	19811001	22991231		
35371	RECHANNELING OF ARTERY	19811001	22991231		
35390	REOPERATION CAROTID ADD-ON	19940101	22991231		
35400	ANGIOSCOPY	19980101	22991231		
35500	HARVEST VEIN FOR BYPASS	19990101	22991231		
35501	ART BYP GRFT IPSILAT CAROTID	19811001	22991231		
35506	ART BYP GRFT SUBCLAV-CAROTID	19811001	22991231		
35509	ART BYP GRFT CONTRAL CAROTID	19811001	22991231		
35511	ART BYP GRFT SUBCLAV-SUBCLAV	19811001	22991231		
35516	ART BYP GRFT SUBCLAV-AXILARY	19811001	22991231		
35521	ART BYP GRFT AXILL-FEMORAL	19780101	22991231		
35526	ART BYP GRFT AOR/CAROT/INNOM	19811001	22991231		
35531	ART BYP GRFT AORCEL/AORMESEN	19811001	22991231		
35536	ART BYP GRFT SPLENORENAL	19811001	22991231		
35556	ART BYP GRFT FEM-POPLITEAL	19780101	22991231		
35558	ART BYP GRFT FEM-FEMORAL	19811001	22991231		
35563	ART BYP GRFT ILIOILIAC	19811001	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	35565	ART BYP GRFT ILIOFEMORAL	19811001	22991231		
	35566	ART BYP FEM-ANT-POST TIB/PRL	19811001	22991231		
	35571	ART BYP POP-TIBL-PRL-OTHER	19811001	22991231		
	35600	HARVEST ART FOR CABG ADD-ON	20010101	22991231		
	35601	ART BYP COMMON IPSI CAROTID	19811001	22991231		
	35606	ART BYP CAROTID-SUBCLAVIAN	19811001	22991231		
	35612	ART BYP SUBCLAV-SUBCLAVIAN	19811001	22991231		
	35616	ART BYP SUBCLAV-AXILLARY	19811001	22991231		
	35621	ART BYP AXILLARY-FEMORAL	19840501	22991231		
	35623	ART BYP AXILLARY-POP-TIBIAL	19940101	22991231		
	35626	ART BYP AORSUBCL/CAROT/INNOM	19811001	22991231		
	35631	ART BYP AOR-CELIAC-MSN-RENAL	19811001	22991231		
	35636	ART BYP SPENORENAL	19811001	22991231		
	35646	ART BYP AORTOBIFEMORAL	19780101	22991231		
	35656	ART BYP FEMORAL-POPLITEAL	19811001	22991231		
	35661	ART BYP FEMORAL-FEMORAL	19811001	22991231		
	35663	ART BYP ILIOILIAC	19811001	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	35665	ART BYP ILIOFEMORAL	19811001	22991231		
	35666	ART BYP FEM-ANT-POST TIB/PRL	19811001	22991231		
	35671	ART BYP POP-TIBL-PRL-OTHER	19811001	22991231		
	35682	COMPOSITE BYP GRFT 2 VEINS	19990101	22991231		
	35683	COMPOSITE BYP GRFT 3/> SEGMT	19990101	22991231		
	35691	ART TRNSPOSJ VERTBRL CAROTID	19940101	22991231		
	35693	ART TRNSPOSJ SUBCLAVIAN	19940101	22991231		
	35694	ART TRNSPOSJ SUBCLAV CAROTID	19940101	22991231		
	35695	ART TRNSPOSJ CAROTID SUBCLAV	19940101	22991231		
	35700	REOPERATION BYPASS GRAFT	19940101	22991231		
	35701	EXPL N/FLWD SURG NECK ART	19811001	22991231		
	35702	EXPL N/FLWD SURG UXTR ART	20200101	22991231		
	35703	EXPL N/FLWD SURG LXTR ART	20200101	22991231		
	35800	EXPLORE NECK VESSELS	19811001	22991231	3	471.9
	35820	EXPLORE CHEST VESSELS	19811001	22991231		
	35840	EXPLORE ABDOMINAL VESSELS	19811001	22991231		
	35860	EXPLORE LIMB VESSELS	19811001	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
35876	REMOVAL OF CLOT IN GRAFT	19940101	22991231	8	911.55
35879	REVISE GRAFT W/VEIN	20000101	22991231		
35881	REVISE GRAFT W/VEIN	20000101	22991231		
35901	EXCISION GRAFT NECK	19940101	22991231		
35903	EXCISION GRAFT EXTREMITY	19940101	22991231		
35905	EXCISION GRAFT THORAX	19940101	22991231		
35907	EXCISION GRAFT ABDOMEN	19940101	22991231		
36000	PLACE NEEDLE IN VEIN	19811001	22991231	1	307.38
36010	PLACE CATHETER IN VEIN	19811001	22991231	1	307.38
36011	PLACE CATHETER IN VEIN	19920115	22991231	1	307.38
36012	PLACE CATHETER IN VEIN	19920115	22991231	1	307.38
36013	PLACE CATHETER IN ARTERY	19920115	22991231	1	307.38
36014	PLACE CATHETER IN ARTERY	19920115	22991231		
36015	PLACE CATHETER IN ARTERY	19920115	22991231	1	307.38
36100	ESTABLISH ACCESS TO ARTERY	19811001	22991231	1	307.38
36140	INTRO NDL ICATH UPR/LXTR ART	19811001	22991231	1	307.38
36160	ESTABLISH ACCESS TO AORTA	19780101	22991231	1	307.38

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	36200	PLACE CATHETER IN AORTA	19780101	22991231	1	307.38
	36215	PLACE CATHETER IN ARTERY	19871201	22991231	1	307.38
	36216	PLACE CATHETER IN ARTERY	19920115	22991231	1	307.38
	36217	PLACE CATHETER IN ARTERY	19920115	22991231	1	307.38
	36218	PLACE CATHETER IN ARTERY	19920115	22991231	1	307.38
	36221	PLACE CATH THORACIC AORTA	20130101	22991231		
	36222	PLACE CATH CAROTID/INOM ART	20130101	22991231		
	36223	PLACE CATH CAROTID/INOM ART	20130101	22991231		
	36224	PLACE CATH CAROTD ART	20130101	22991231		
	36225	PLACE CATH SUBCLAVIAN ART	20130101	22991231		
	36226	PLACE CATH VERTEBRAL ART	20130101	22991231		
	36227	PLACE CATH XTRNL CAROTID	20130101	22991231		
	36228	PLACE CATH INTRACRANIAL ART	20130101	22991231		
	36245	INS CATH ABD/L-EXT ART 1ST	19871201	22991231		
	36246	INS CATH ABD/L-EXT ART 2ND	19920115	22991231	1	307.38
	36247	INS CATH ABD/L-EXT ART 3RD	19920115	22991231	1	307.38
	36248	INS CATH ABD/L-EXT ART ADDL	19920115	22991231	1	307.38

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
36251	INS CATH REN ART 1ST UNILAT	20120101	22991231	1	307.38
36252	INS CATH REN ART 1ST BILAT	20120101	22991231	1	307.38
36253	INS CATH REN ART 2ND+ UNILAT	20120101	22991231	1	307.38
36254	INS CATH REN ART 2ND+ BILAT	20120101	22991231	1	307.38
36260	INSERTION OF INFUSION PUMP	19811001	22991231	3	471.9
36261	REVISION OF INFUSION PUMP	19811001	22991231	2	412.79
36262	REMOVAL OF INFUSION PUMP	19811001	22991231	1	307.38
36299	VESSEL INJECTION PROCEDURE	19831115	22991231		
36400	BL DRAW < 3 YRS FEM/JUGULAR	19780101	22991231	1	307.38
36405	BL DRAW <3 YRS SCALP VEIN	19780101	22991231	1	307.38
36406	BL DRAW <3 YRS OTHER VEIN	19871201	22991231	1	307.38
36410	NON-ROUTINE BL DRAW 3/> YRS	19811001	22991231	1	307.38
36415	ROUTINE VENIPUNCTURE	19840501	22991231		
36420	VEIN ACCESS CUTDOWN < 1 YR	19770901	22991231	1	307.38
36425	VEIN ACCESS CUTDOWN > 1 YR	19770901	22991231	1	307.38
36430	BLOOD TRANSFUSION SERVICE	19780101	22991231	1	307.38
36440	BL PUSH TRANSFUSE 2 YR/<	19770901	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
36450	BL EXCHANGE/TRANSFUSE NB	19780101	22991231	3	471.9
36455	BL EXCHANGE/TRANSFUSE NON-NB	19811001	22991231	1	307.38
36456	PRTL EXCHANGE TRANSFUSE NB	20170101	22991231		
36460	TRANSFUSION SERVICE FETAL	19811001	22991231		
36465	NJX NONCMPND SCLRSNT 1 VEIN	20180101	22991231		
36466	NJX NONCMPND SCLRSNT MLT VN	20180101	22991231		
36470	NJX SCLRSNT 1 INCMPTNT VEIN	19780101	22991231	2	412.79
36471	NJX SCLRSNT MLT INCMPTNT VN	19780101	22991231	2	412.79
36473	ENDOVENOUS MCHNCHEM 1ST VEIN	20170101	22991231		
36474	ENDOVENOUS MCHNCHEM ADD-ON	20170101	22991231		
36475	ENDOVENOUS RF 1ST VEIN	20050101	22991231	3	471.9
36481	INSERTION OF CATHETER VEIN	19920115	22991231	1	307.38
36482	ENDOVEN THER CHEM ADHES 1ST	20180101	22991231		
36483	ENDOVEN THER CHEM ADHES SBSQ	20180101	22991231		
36500	INSERTION OF CATHETER VEIN	19811001	22991231	1	307.38
36510	INSERTION OF CATHETER VEIN	19811001	22991231	1	307.38
36555	INSERT NON-TUNNEL CV CATH	20031001	22991231	1	307.38

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
36556	INSERT NON-TUNNEL CV CATH	20031001	22991231	1	307.38
36557	INSERT TUNNELED CV CATH	20031001	22991231	2	412.79
36558	INSERT TUNNELED CV CATH	20031001	22991231	2	412.79
36560	INSERT TUNNELED CV CATH	20031001	22991231	3	471.9
36561	INSERT TUNNELED CV CATH	20031001	22991231	3	471.9
36563	INSERT TUNNELED CV CATH	20031001	22991231	3	471.9
36565	INSERT TUNNELED CV CATH	20031001	22991231	3	471.9
36566	INSERT TUNNELED CV CATH	20031001	22991231	3	471.9
36568	INSJ PICC <5 YR W/O IMAGING	20031001	22991231	1	307.38
36569	INSJ PICC 5 YR+ W/O IMAGING	20031001	22991231	1	307.38
36570	INSERT PICVAD CATH	20031001	22991231	3	471.9
36571	INSERT PICVAD CATH	20031001	22991231	3	471.9
36575	REPAIR TUNNELED CV CATH	20031001	22991231	2	412.79
36576	REPAIR TUNNELED CV CATH	20031001	22991231	7	921.15
36578	REPLACE TUNNELED CV CATH	20031001	22991231	2	412.79
36580	REPLACE CVAD CATH	20031001	22991231	1	307.38
36581	REPLACE TUNNELED CV CATH	20031001	22991231	2	412.79

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
36582	REPLACE TUNNELED CV CATH	20031001	22991231	3	471.9
36583	REPLACE TUNNELED CV CATH	20031001	22991231	1	307.38
36584	COMPL RPLCMT PICC RS&I	20031001	22991231	7	921.15
36585	REPLACE PICVAD CATH	20031001	22991231	3	471.9
36589	REMOVAL TUNNELED CV CATH	20031001	22991231	1	307.38
36590	REMOVAL TUNNELED CV CATH	20031001	22991231	1	307.38
36591	DRAW BLOOD OFF VENOUS DEVICE	20080101	22991231	1	307.38
36592	COLLECT BLOOD FROM PICC	20080101	22991231	1	307.38
36593	DECLOT VASCULAR DEVICE	20080101	22991231	1	307.38
36597	REPOSITION VENOUS CATHETER	20031001	22991231		
36600	WITHDRAWAL OF ARTERIAL BLOOD	19780101	22991231	1	307.38
36620	INSERTION CATHETER ARTERY	19780101	22991231		
36625	INSERTION CATHETER ARTERY	19811001	22991231	1	307.38
36640	INSERTION CATHETER ARTERY	19811001	22991231	1	307.38
36660	INSERTION CATHETER ARTERY	19811001	22991231		
36800	INSERTION OF CANNULA	19811001	22991231	3	471.9
36810	INSERTION OF CANNULA	19811001	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
36815	INSERTION OF CANNULA	19780101	22991231	3	471.9
36818	AV FUSE UPPR ARM CEPHALIC	20050101	22991231	3	471.9
36819	AV FUSE UPPR ARM BASILIC	20000101	22991231	3	471.9
36820	AV FUSION/FOREARM VEIN	19780101	22991231	3	471.9
36821	AV FUSION DIRECT ANY SITE	19780101	22991231	3	471.9
36823	INSERTION OF CANNULA(S)	19990101	22991231		
36825	ARTERY-VEIN AUTOGRAFT	19811001	22991231	4	582.25
36830	ARTERY-VEIN NONAUTOGRAFT	19811001	22991231	4	582.25
36831	OPEN THROMBECT AV FISTULA	19990101	22991231	8	911.55
36832	AV FISTULA REVISION OPEN	19900401	22991231	4	582.25
36833	AV FISTULA REVISION	19990101	22991231	4	582.25
36835	ARTERY TO VEIN SHUNT	19780101	22991231	4	582.25
36860	EXTERNAL CANNULA DECLOTTING	19811001	22991231	2	412.79
36861	CANNULA DECLOTTING	19811001	22991231	3	471.9
36901	INTRO CATH DIALYSIS CIRCUIT	20170101	22991231		
36902	INTRO CATH DIALYSIS CIRCUIT	20170101	22991231		
36903	INTRO CATH DIALYSIS CIRCUIT	20170101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

	CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
	36904	THRMBC/NFS DIALYSIS CIRCUIT	20170101	22991231		
	36905	THRMBC/NFS DIALYSIS CIRCUIT	20170101	22991231		
	36906	THRMBC/NFS DIALYSIS CIRCUIT	20170101	22991231		
	36907	BALO ANGIOP CTR DIALYSIS SEG	20170101	22991231		
	36908	STENT PLMT CTR DIALYSIS SEG	20170101	22991231		
	36909	DIALYSIS CIRCUIT EMBOLJ	20170101	22991231		
	37140	REVISION OF CIRCULATION	19780101	22991231		
	37145	REVISION OF CIRCULATION	19811001	22991231		
	37160	REVISION OF CIRCULATION	19811001	22991231		
	37180	REVISION OF CIRCULATION	19780101	22991231		
	37181	SPLICE SPLEEN/KIDNEY VEINS	19811001	22991231		
	37195	THROMBOLYTIC THERAPY STROKE	19980101	22991231		
	37197	REMOVE INTRVAS FOREIGN BODY	20130101	22991231	3	471.9
	37200	TRANSCATHETER BIOPSY	19920115	22991231	3	471.9
	37211	THROMBOLYTIC ART THERAPY	20130101	22991231	7	921.15
	37212	THROMBOLYTIC VENOUS THERAPY	20130101	22991231		
	37220	ILIAC REVASC	20110101	22991231	4	582.25

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
37221	ILIAC REVASC W/STENT	20110101	22991231	4	582.25
37222	ILIAC REVASC ADD-ON	20110101	22991231	4	582.25
37223	ILIAC REVASC W/STENT ADD-ON	20110101	22991231	4	582.25
37246	TRLUML BALO ANGIOP 1ST ART	20170101	22991231		
37247	TRLUML BALO ANGIOP ADDL ART	20170101	22991231		
37248	TRLUML BALO ANGIOP 1ST VEIN	20170101	22991231		
37249	TRLUML BALO ANGIOP ADDL VEIN	20170101	22991231		
37565	LIGATION OF NECK VEIN	19811001	22991231	3	471.9
37600	LIGATION OF NECK ARTERY	19780101	22991231	4	582.25
37605	LIGATION OF NECK ARTERY	19780101	22991231		
37606	LIGATION OF NECK ARTERY	19811001	22991231		
37607	LIGATION OF A-V FISTULA	19940101	22991231	3	471.9
37609	TEMPORAL ARTERY PROCEDURE	19780101	22991231	2	412.79
37615	LIGATION OF NECK ARTERY	19811001	22991231		
37616	LIGATION OF CHEST ARTERY	19811001	22991231		
37617	LIGATION OF ABDOMEN ARTERY	19811001	22991231		
37618	LIGATION OF EXTREMITY ARTERY	19811001	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
37650	REVISION OF MAJOR VEIN	19780101	22991231	2	412.79
37660	REVISION OF MAJOR VEIN	19780101	22991231		
37700	REVISE LEG VEIN	19780101	22991231	2	412.79
37718	LIGATE/STRIP SHORT LEG VEIN	20060101	22991231	3	471.9
37722	LIGATE/STRIP LONG LEG VEIN	20060101	22991231	3	471.9
37735	REMOVAL OF LEG VEINS/LESION	19811001	22991231	3	471.9
37760	LIGATE LEG VEINS RADICAL	19811001	22991231	3	471.9
37761	LIGATE LEG VEINS OPEN	20100101	22991231	3	471.9
37780	REVISION OF LEG VEIN	19780101	22991231	3	471.9
37785	LIGATE/DIVIDE/EXCISE VEIN	19780101	22991231	3	471.9
37788	REVASCULARIZATION PENIS	19920115	22991231		
37790	PENILE VENOUS OCCLUSION	19940101	22991231	3	471.9
37799	VASCULAR SURGERY PROCEDURE	19831115	22991231		
38100	REMOVAL OF SPLEEN TOTAL	19780101	22991231	2	412.79
38101	REMOVAL OF SPLEEN PARTIAL	19811001	22991231		
38102	REMOVAL OF SPLEEN TOTAL	19940101	22991231		
38115	REPAIR OF RUPTURED SPLEEN	19811001	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
38120	LAPAROSCOPY SPLENECTOMY	20000101	22991231		
38200	INJECTION FOR SPLEEN X-RAY	19780101	22991231	1	307.38
38222	DX BONE MARROW BX & ASPIR	20180101	22991231		
38230	BONE MARROW HARVEST ALLOGEN	19811001	22991231		
38232	BONE MARROW HARVEST AUTOLOG	20120101	22991231		
38240	TRANSPLT ALLO HCT/DONOR	19811001	22991231		
38241	TRANSPLT AUTOL HCT/DONOR	19920115	22991231		
38243	TRANSPLJ HEMATOPOIETIC BOOST	20130101	22991231	7	921.15
38300	DRAINAGE LYMPH NODE LESION	19780101	22991231	1	307.38
38305	DRAINAGE LYMPH NODE LESION	19780101	22991231	2	412.79
38308	INCISION OF LYMPH CHANNELS	19811001	22991231	2	412.79
38380	THORACIC DUCT PROCEDURE	19780101	22991231		
38381	THORACIC DUCT PROCEDURE	19780101	22991231		
38382	THORACIC DUCT PROCEDURE	19871201	22991231		
38500	BIOPSY/REMOVAL LYMPH NODES	19780101	22991231	2	412.79
38505	NEEDLE BIOPSY LYMPH NODES	19871201	22991231	6	775.59
38510	BIOPSY/REMOVAL LYMPH NODES	19811001	22991231	2	412.79

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
38520	BIOPSY/REMOVAL LYMPH NODES	19780101	22991231	2	412.79
38525	BIOPSY/REMOVAL LYMPH NODES	19871201	22991231	2	412.79
38530	BIOPSY/REMOVAL LYMPH NODES	19811001	22991231	2	412.79
38542	EXPLORE DEEP NODE(S) NECK	19811001	22991231	2	412.79
38550	REMOVAL NECK/ARMPIT LESION	19811001	22991231	3	471.9
38555	REMOVAL NECK/ARMPIT LESION	19811001	22991231	4	582.25
38562	REMOVAL PELVIC LYMPH NODES	19871201	22991231		
38564	REMOVAL ABDOMEN LYMPH NODES	19871201	22991231		
38570	LAPAROSCOPY LYMPH NODE BIOP	20000101	22991231	8	911.55
38571	LAPAROSCOPY LYMPHADENECTOMY	20000101	22991231	8	911.55
38572	LAPAROSCOPY LYMPHADENECTOMY	20000101	22991231	8	911.55
38573	LAPS PELVIC LYMPHADEC	20180101	22991231		
38700	REMOVAL OF LYMPH NODES NECK	19780101	22991231	2	412.79
38720	REMOVAL OF LYMPH NODES NECK	19780101	22991231	8	911.55
38724	REMOVAL OF LYMPH NODES NECK	19811001	22991231	8	911.55
38740	REMOVE ARMPIT LYMPH NODES	19780101	22991231	2	412.79
38745	REMOVE ARMPIT LYMPH NODES	19780101	22991231	4	582.25

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
38746	REMOVE THORACIC LYMPH NODES	19940101	22991231		
38747	REMOVE ABDOMINAL LYMPH NODES	19940101	22991231		
38760	REMOVE GROIN LYMPH NODES	19780101	22991231	2	412.79
38765	REMOVE GROIN LYMPH NODES	19780101	22991231		
38770	REMOVE PELVIS LYMPH NODES	19811001	22991231		
38780	REMOVE ABDOMEN LYMPH NODES	19780101	22991231		
38790	INJECT FOR LYMPHATIC X-RAY	19780101	22991231	1	307.38
38792	RA TRACER ID OF SENTINL NODE	19990101	22991231	1	307.38
38794	ACCESS THORACIC LYMPH DUCT	19811001	22991231	1	307.38
38900	IO MAP OF SENT LYMPH NODE	20110101	22991231		
38999	BLOOD/LYMPH SYSTEM PROCEDURE	19831115	22991231	6	775.59
39000	EXPLORATION OF CHEST	19780101	22991231		
39010	EXPLORATION OF CHEST	19780101	22991231		
39200	RESECT MEDIASTINAL CYST	19780101	22991231		
39220	RESECT MEDIASTINAL TUMOR	19780101	22991231		
39499	CHEST PROCEDURE	19831115	22991231		
39503	REPAIR OF DIAPHRAGM HERNIA	19811001	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
39540	REPAIR OF DIAPHRAGM HERNIA	19780101	22991231		
39541	REPAIR OF DIAPHRAGM HERNIA	19811001	22991231		
39545	REVISION OF DIAPHRAGM	19811001	22991231		
39560	RESECT DIAPHRAGM SIMPLE	20000101	22991231		
39561	RESECT DIAPHRAGM COMPLEX	20000101	22991231		
39599	DIAPHRAGM SURGERY PROCEDURE	19831115	22991231		
40490	BIOPSY OF LIP	19780101	22991231	2	412.79
40500	PARTIAL EXCISION OF LIP	19780101	22991231	2	412.79
40510	PARTIAL EXCISION OF LIP	19780101	22991231	2	412.79
40520	PARTIAL EXCISION OF LIP	19780101	22991231	2	412.79
40525	RECONSTRUCT LIP WITH FLAP	19811001	22991231	2	412.79
40527	RECONSTRUCT LIP WITH FLAP	19811001	22991231	2	412.79
40530	PARTIAL REMOVAL OF LIP	19780101	22991231	2	412.79
40650	REPAIR LIP	19780101	22991231	3	471.9
40652	REPAIR LIP	19780101	22991231	3	471.9
40654	REPAIR LIP	19780101	22991231	3	471.9
40700	REPAIR CLEFT LIP/NASAL	19780101	22991231	7	921.15

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
40701	REPAIR CLEFT LIP/NASAL	19780101	22991231	7	921.15
40702	REPAIR CLEFT LIP/NASAL	19780101	22991231	6	775.59
40720	REPAIR CLEFT LIP/NASAL	19780101	22991231	7	921.15
40761	REPAIR CLEFT LIP/NASAL	19780101	22991231	3	471.9
40799	LIP SURGERY PROCEDURE	19831115	22991231		
40800	DRAINAGE OF MOUTH LESION	19780101	22991231	2	412.79
40801	DRAINAGE OF MOUTH LESION	19780101	22991231	2	412.79
40804	REMOVAL FOREIGN BODY MOUTH	19811001	22991231	1	307.38
40805	REMOVAL FOREIGN BODY MOUTH	19811001	22991231	5	664.02
40806	INCISION OF LIP FOLD	19811001	22991231	3	471.9
40808	BIOPSY OF MOUTH LESION	19811001	22991231	3	471.9
40810	EXCISION OF MOUTH LESION	19811001	22991231	4	582.25
40812	EXCISE/REPAIR MOUTH LESION	19811001	22991231	4	582.25
40814	EXCISE/REPAIR MOUTH LESION	19811001	22991231	2	412.79
40816	EXCISION OF MOUTH LESION	19811001	22991231	2	412.79
40818	EXCISE ORAL MUCOSA FOR GRAFT	19811001	22991231	1	307.38
40819	EXCISE LIP OR CHEEK FOLD	19811001	22991231	1	307.38

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
40820	TREATMENT OF MOUTH LESION	19811001	22991231	4	582.25
40830	REPAIR MOUTH LACERATION	19780101	22991231	3	471.9
40831	REPAIR MOUTH LACERATION	19780101	22991231	1	307.38
40840	RECONSTRUCTION OF MOUTH	19811001	22991231	2	412.79
40842	RECONSTRUCTION OF MOUTH	19811001	22991231	3	471.9
40843	RECONSTRUCTION OF MOUTH	19811001	22991231	3	471.9
40844	RECONSTRUCTION OF MOUTH	19811001	22991231	5	664.02
40845	RECONSTRUCTION OF MOUTH	19811001	22991231	5	664.02
40899	MOUTH SURGERY PROCEDURE	19831115	22991231		
41000	DRAINAGE OF MOUTH LESION	19780101	22991231	3	471.9
41005	DRAINAGE OF MOUTH LESION	19811001	22991231	1	307.38
41006	DRAINAGE OF MOUTH LESION	19811001	22991231	1	307.38
41007	DRAINAGE OF MOUTH LESION	19811001	22991231	8	911.55
41008	DRAINAGE OF MOUTH LESION	19811001	22991231	1	307.38
41009	DRAINAGE OF MOUTH LESION	19811001	22991231	1	307.38
41010	INCISION OF TONGUE FOLD	19811001	22991231	1	307.38
41015	DRAINAGE OF MOUTH LESION	19780101	22991231	1	307.38

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
41016	DRAINAGE OF MOUTH LESION	19780101	22991231	1	307.38
41017	DRAINAGE OF MOUTH LESION	19780101	22991231	1	307.38
41018	DRAINAGE OF MOUTH LESION	19811001	22991231	1	307.38
41019	PLACE NEEDLES H&N FOR RT	20080101	22991231	2	412.79
41100	BIOPSY OF TONGUE	19780101	22991231	3	471.9
41105	BIOPSY OF TONGUE	19780101	22991231	3	471.9
41108	BIOPSY OF FLOOR OF MOUTH	19780101	22991231	3	471.9
41110	EXCISION OF TONGUE LESION	19811001	22991231	4	582.25
41112	EXCISION OF TONGUE LESION	19811001	22991231	2	412.79
41113	EXCISION OF TONGUE LESION	19811001	22991231	2	412.79
41114	EXCISION OF TONGUE LESION	19811001	22991231	2	412.79
41115	EXCISION OF TONGUE FOLD	19811001	22991231	4	582.25
41116	EXCISION OF MOUTH LESION	19811001	22991231	1	307.38
41120	PARTIAL REMOVAL OF TONGUE	19780101	22991231	5	664.02
41130	PARTIAL REMOVAL OF TONGUE	19780101	22991231	8	911.55
41135	TONGUE AND NECK SURGERY	19811001	22991231	8	911.55
41140	REMOVAL OF TONGUE	19780101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
41145	TONGUE REMOVAL NECK SURGERY	19811001	22991231		
41150	TONGUE MOUTH JAW SURGERY	19811001	22991231		
41153	TONGUE MOUTH NECK SURGERY	19811001	22991231		
41155	TONGUE JAW & NECK SURGERY	19780101	22991231		
41250	REPAIR TONGUE LACERATION	19811001	22991231	2	412.79
41251	REPAIR TONGUE LACERATION	19811001	22991231	2	412.79
41252	REPAIR TONGUE LACERATION	19811001	22991231	2	412.79
41510	TONGUE TO LIP SURGERY	19811001	22991231	1	307.38
41512	TONGUE SUSPENSION	20090101	22991231	1	307.38
41520	RECONSTRUCTION TONGUE FOLD	19811001	22991231	2	412.79
41530	TONGUE BASE VOL REDUCTION	20090101	22991231	3	471.9
41599	TONGUE AND MOUTH SURGERY	19831115	22991231		
41800	DRAINAGE OF GUM LESION	19780101	22991231	1	307.38
41805	REMOVAL FOREIGN BODY GUM	19780101	22991231	4	582.25
41806	REMOVAL FOREIGN BODY JAWBONE	19811001	22991231	5	664.02
41820	EXCISION GUM EACH QUADRANT	19811001	22991231	6	775.59
41821	EXCISION OF GUM FLAP	19811001	22991231	1	307.38

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
41822	EXCISION OF GUM LESION	19811001	22991231	4	582.25
41823	EXCISION OF GUM LESION	19811001	22991231	5	664.02
41825	EXCISION OF GUM LESION	19811001	22991231	4	582.25
41826	EXCISION OF GUM LESION	19811001	22991231	4	582.25
41827	EXCISION OF GUM LESION	19811001	22991231	2	412.79
41828	EXCISION OF GUM LESION	19811001	22991231	4	582.25
41830	REMOVAL OF GUM TISSUE	19811001	22991231	5	664.02
41850	TREATMENT OF GUM LESION	19811001	22991231	8	911.55
41870	GUM GRAFT	19780101	22991231	2	412.79
41872	REPAIR GUM	19811001	22991231	5	664.02
41874	REPAIR TOOTH SOCKET	19811001	22991231		
41899	DENTAL SURGERY PROCEDURE	19831115	22991231	7	921.15
42000	DRAINAGE MOUTH ROOF LESION	19780101	22991231	2	412.79
42100	BIOPSY ROOF OF MOUTH	19780101	22991231	3	471.9
42104	EXCISION LESION MOUTH ROOF	19811001	22991231	4	582.25
42106	EXCISION LESION MOUTH ROOF	19811001	22991231	4	582.25
42107	EXCISION LESION MOUTH ROOF	19811001	22991231	2	412.79

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
42120	REMOVE PALATE/LESION	19780101	22991231	4	582.25
42140	EXCISION OF UVULA	19780101	22991231	2	412.79
42145	REPAIR PALATE PHARYNX/UVULA	19871201	22991231	5	664.02
42160	TREATMENT MOUTH ROOF LESION	19811001	22991231	4	582.25
42180	REPAIR PALATE	19811001	22991231	1	307.38
42182	REPAIR PALATE	19811001	22991231	2	412.79
42200	RECONSTRUCT CLEFT PALATE	19780101	22991231	5	664.02
42205	RECONSTRUCT CLEFT PALATE	19780101	22991231	5	664.02
42210	RECONSTRUCT CLEFT PALATE	19811001	22991231	5	664.02
42215	RECONSTRUCT CLEFT PALATE	19780101	22991231	7	921.15
42220	RECONSTRUCT CLEFT PALATE	19780101	22991231	5	664.02
42225	RECONSTRUCT CLEFT PALATE	19780101	22991231	7	921.15
42226	LENGTHENING OF PALATE	19811001	22991231	5	664.02
42227	LENGTHENING OF PALATE	19811001	22991231	7	921.15
42235	REPAIR PALATE	19780101	22991231	5	664.02
42260	REPAIR NOSE TO LIP FISTULA	19811001	22991231	4	582.25
42280	PREPARATION PALATE MOLD	19811001	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
42281	INSERTION PALATE PROSTHESIS	19811001	22991231	1	307.38
42299	PALATE/UVULA SURGERY	19831115	22991231	8	911.55
42300	DRAINAGE OF SALIVARY GLAND	19780101	22991231	1	307.38
42305	DRAINAGE OF SALIVARY GLAND	19780101	22991231	2	412.79
42310	DRAINAGE OF SALIVARY GLAND	19780101	22991231	1	307.38
42320	DRAINAGE OF SALIVARY GLAND	19780101	22991231	1	307.38
42330	REMOVAL OF SALIVARY STONE	19780101	22991231	4	582.25
42335	REMOVAL OF SALIVARY STONE	19780101	22991231	5	664.02
42340	REMOVAL OF SALIVARY STONE	19780101	22991231	2	412.79
42400	BIOPSY OF SALIVARY GLAND	19811001	22991231	2	412.79
42405	BIOPSY OF SALIVARY GLAND	19780101	22991231	2	412.79
42408	EXCISION OF SALIVARY CYST	19811001	22991231	3	471.9
42409	DRAINAGE OF SALIVARY CYST	19780101	22991231	8	911.55
42410	EXCISE PAROTID GLAND/LESION	19780101	22991231	3	471.9
42415	EXCISE PAROTID GLAND/LESION	19780101	22991231	7	921.15
42420	EXCISE PAROTID GLAND/LESION	19780101	22991231	7	921.15
42425	EXCISE PAROTID GLAND/LESION	19780101	22991231	7	921.15

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
42426	EXCISE PAROTID GLAND/LESION	19811001	22991231	8	911.55
42440	EXCISE SUBMAXILLARY GLAND	19780101	22991231	3	471.9
42450	EXCISE SUBLINGUAL GLAND	19811001	22991231	2	412.79
42500	REPAIR SALIVARY DUCT	19780101	22991231	3	471.9
42505	REPAIR SALIVARY DUCT	19780101	22991231	4	582.25
42507	PAROTID DUCT DIVERSION	19811001	22991231	3	471.9
42509	PAROTID DUCT DIVERSION	19811001	22991231	4	582.25
42510	PAROTID DUCT DIVERSION	19811001	22991231	4	582.25
42550	INJECTION FOR SALIVARY X-RAY	19780101	22991231	1	307.38
42600	CLOSURE OF SALIVARY FISTULA	19780101	22991231	1	307.38
42650	DILATION OF SALIVARY DUCT	19780101	22991231	2	412.79
42660	DILATION OF SALIVARY DUCT	19811001	22991231	2	412.79
42665	LIGATION OF SALIVARY DUCT	19811001	22991231	7	921.15
42699	SALIVARY SURGERY PROCEDURE	19831115	22991231		
42700	DRAINAGE OF TONSIL ABSCESS	19780101	22991231	1	307.38
42720	DRAINAGE OF THROAT ABSCESS	19780101	22991231	1	307.38
42725	DRAINAGE OF THROAT ABSCESS	19780101	22991231	2	412.79

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
42800	BIOPSY OF THROAT	19780101	22991231	3	471.9
42804	BIOPSY OF UPPER NOSE/THROAT	19780101	22991231	1	307.38
42806	BIOPSY OF UPPER NOSE/THROAT	19780101	22991231	2	412.79
42808	EXCISE PHARYNX LESION	19811001	22991231	2	412.79
42809	REMOVE PHARYNX FOREIGN BODY	19811001	22991231	1	307.38
42810	EXCISION OF NECK CYST	19780101	22991231	3	471.9
42815	EXCISION OF NECK CYST	19780101	22991231	5	664.02
42820	REMOVE TONSILS AND ADENOIDS	19780101	22991231	3	471.9
42821	REMOVE TONSILS AND ADENOIDS	19770901	22991231	5	664.02
42825	REMOVAL OF TONSILS	19780101	22991231	4	582.25
42826	REMOVAL OF TONSILS	19770901	22991231	4	582.25
42830	REMOVAL OF ADENOIDS	19780101	22991231	4	582.25
42831	REMOVAL OF ADENOIDS	19780101	22991231	4	582.25
42835	REMOVAL OF ADENOIDS	19780101	22991231	4	582.25
42836	REMOVAL OF ADENOIDS	19780101	22991231	4	582.25
42842	EXTENSIVE SURGERY OF THROAT	19811001	22991231	5	664.02
42844	EXTENSIVE SURGERY OF THROAT	19811001	22991231	7	921.15

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
42845	EXTENSIVE SURGERY OF THROAT	19811001	22991231	8	911.55
42860	EXCISION OF TONSIL TAGS	19780101	22991231	3	471.9
42870	EXCISION OF LINGUAL TONSIL	19780101	22991231	3	471.9
42890	PARTIAL REMOVAL OF PHARYNX	19811001	22991231	7	921.15
42892	REVISION OF PHARYNGEAL WALLS	19811001	22991231	7	921.15
42894	REVISION OF PHARYNGEAL WALLS	19811001	22991231		
42900	REPAIR THROAT WOUND	19780101	22991231	1	307.38
42950	RECONSTRUCTION OF THROAT	19780101	22991231	2	412.79
42953	REPAIR THROAT ESOPHAGUS	19811001	22991231		
42955	SURGICAL OPENING OF THROAT	19811001	22991231	2	412.79
42960	CONTROL THROAT BLEEDING	19811001	22991231	1	307.38
42961	CONTROL THROAT BLEEDING	19811001	22991231	2	412.79
42962	CONTROL THROAT BLEEDING	19811001	22991231	2	412.79
42970	CONTROL NOSE/THROAT BLEEDING	19780101	22991231	1	307.38
42971	CONTROL NOSE/THROAT BLEEDING	19811001	22991231		
42972	CONTROL NOSE/THROAT BLEEDING	19811001	22991231	3	471.9
42999	THROAT SURGERY PROCEDURE	19831115	22991231	7	921.15

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
43020	INCISION OF ESOPHAGUS	19780101	22991231		
43030	THROAT MUSCLE SURGERY	19780101	22991231	2	412.79
43045	INCISION OF ESOPHAGUS	19780101	22991231		
43100	EXCISION OF ESOPHAGUS LESION	19780101	22991231		
43101	EXCISION OF ESOPHAGUS LESION	19780101	22991231		
43130	REMOVAL OF ESOPHAGUS POUCH	19780101	22991231	7	921.15
43135	REMOVAL OF ESOPHAGUS POUCH	19780101	22991231		
43200	ESOPHAGOSCOPY FLEXIBLE BRUSH	19780101	22991231	1	307.38
43201	ESOPH SCOPE W/SUBMUCOUS INJ	20030101	22991231	1	307.38
43202	ESOPHAGOSCOPY FLEX BIOPSY	19780101	22991231	1	307.38
43204	ESOPH SCOPE W/SCLEROSIS INJ	19811001	22991231	1	307.38
43205	ESOPHAGUS ENDOSCOPY/LIGATION	19940101	22991231	1	307.38
43206	ESOPH OPTICAL ENDOMICROSCOPY	20130101	22991231	7	921.15
43215	ESOPHAGOSCOPY FLEX REMOVE FB	19780101	22991231	1	307.38
43216	ESOPHAGOSCOPY LESION REMOVAL	19940101	22991231	1	307.38
43217	ESOPHAGOSCOPY SNARE LES REMV	19811001	22991231	1	307.38
43220	ESOPHAGOSCOPY BALLOON <30MM	19780101	22991231	1	307.38

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
43226	ESOPH ENDOSCOPY DILATION	19811001	22991231	1	307.38
43227	ESOPHAGOSCOPY CONTROL BLEED	19811001	22991231	7	921.15
43231	ESOPHAGOSCOP ULTRASOUND EXAM	20010101	22991231	2	412.79
43232	ESOPHAGOSCOPY W/US NEEDLE BX	20010101	22991231	2	412.79
43235	EGD DIAGNOSTIC BRUSH WASH	19780101	22991231	1	307.38
43236	UPPR GI SCOPE W/SUBMUC INJ	20030101	22991231	2	412.79
43239	EGD BIOPSY SINGLE/MULTIPLE	19780101	22991231	2	412.79
43240	EGD W/TRANSMURAL DRAIN CYST	20010101	22991231	2	412.79
43241	EGD TUBE/CATH INSERTION	19871201	22991231	2	412.79
43242	EGD US FINE NEEDLE BX/ASPIR	20010101	22991231	2	412.79
43243	EGD INJECTION VARICES	19890401	22991231	2	412.79
43244	EGD VARICES LIGATION	19940101	22991231	2	412.79
43245	EGD DILATE STRICTURE	19811001	22991231	2	412.79
43246	EGD PLACE GASTROSTOMY TUBE	19811001	22991231	2	412.79
43247	EGD REMOVE FOREIGN BODY	19780101	22991231	2	412.79
43248	EGD GUIDE WIRE INSERTION	19940101	22991231	2	412.79
43249	ESOPH EGD DILATION <30 MM	19950101	22991231	2	412.79

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
43250	EGD CAUTERY TUMOR POLYP	19940101	22991231	2	412.79
43251	EGD REMOVE LESION SNARE	19780101	22991231	2	412.79
43252	EGD OPTICAL ENDOMICROSCOPY	20130101	22991231	7	921.15
43255	EGD CONTROL BLEEDING ANY	19811001	22991231	1	307.38
43257	EGD W/THRML TXMNT GERD	20050101	22991231	3	471.9
43259	EGD US EXAM DUODENUM/JEJUNUM	19940101	22991231	3	471.9
43260	ERCP W/SPECIMEN COLLECTION	19780101	22991231	2	412.79
43261	ENDO CHOLANGIOPANCREATOGRAPH	19940101	22991231	2	412.79
43262	ENDO CHOLANGIOPANCREATOGRAPH	19811001	22991231	2	412.79
43263	ERCP SPHINCTER PRESSURE MEAS	19811001	22991231	2	412.79
43264	ERCP REMOVE DUCT CALCULI	19811001	22991231	2	412.79
43265	ERCP LITHOTRIPSY CALCULI	19890401	22991231	2	412.79
43273	ENDOSCOPIC PANCREATOSCOPY	20090101	22991231	4	582.25
43279	LAP MYOTOMY HELLER	20090101	22991231		
43280	LAPAROSCOPY FUNDOPLASTY	20000101	22991231		
43281	LAP PARAESOPHAG HERN REPAIR	20100101	22991231		
43282	LAP PARAESOPH HER RPR W/MESH	20100101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
43284	LAPS ESOPHGL SPHNCTR AGMNTJ	20170101	22991231		
43285	RMVL ESOPHGL SPHNCTR DEV	20170101	22991231		
43286	ESPHG TOT W/LAPS MOBLJ	20180101	22991231		
43287	ESPHG DSTL 2/3 W/LAPS MOBLJ	20180101	22991231		
43288	ESPHG THRSC MOBLJ	20180101	22991231		
43300	REPAIR OF ESOPHAGUS	19780101	22991231		
43305	REPAIR ESOPHAGUS AND FISTULA	19780101	22991231	8	911.55
43310	REPAIR OF ESOPHAGUS	19780101	22991231		
43312	REPAIR ESOPHAGUS AND FISTULA	19780101	22991231		
43320	FUSE ESOPHAGUS & STOMACH	19780101	22991231		
43325	REVISE ESOPHAGUS & STOMACH	19811001	22991231	3	471.9
43330	ESOPHAGOMYOTOMY ABDOMINAL	19780101	22991231		
43331	ESOPHAGOMYOTOMY THORACIC	19780101	22991231		
43340	FUSE ESOPHAGUS & INTESTINE	19811001	22991231		
43341	FUSE ESOPHAGUS & INTESTINE	19811001	22991231		
43351	SURGICAL OPENING ESOPHAGUS	19780101	22991231		
43352	SURGICAL OPENING ESOPHAGUS	19780101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
43400	LIGATE ESOPHAGUS VEINS	19780101	22991231		
43405	LIGATE/STAPLE ESOPHAGUS	19950101	22991231		
43410	REPAIR ESOPHAGUS WOUND	19780101	22991231		
43415	REPAIR ESOPHAGUS WOUND	19780101	22991231		
43420	REPAIR ESOPHAGUS OPENING	19780101	22991231		
43425	REPAIR ESOPHAGUS OPENING	19780101	22991231		
43450	DILATE ESOPHAGUS 1/MULT PASS	19780101	22991231	1	307.38
43453	DILATE ESOPHAGUS	19811001	22991231	1	307.38
43460	PRESSURE TREATMENT ESOPHAGUS	19811001	22991231		
43496	FREE JEJUNUM FLAP MICROVASC	19970101	22991231		
43499	ESOPHAGUS SURGERY PROCEDURE	19831115	22991231		
43500	SURGICAL OPENING OF STOMACH	19780101	22991231		
43501	SURGICAL REPAIR OF STOMACH	19871201	22991231		
43510	SURGICAL OPENING OF STOMACH	19811001	22991231		
43520	INCISION OF PYLORIC MUSCLE	19780101	22991231		
43605	BIOPSY OF STOMACH	19780101	22991231		
43610	EXCISION OF STOMACH LESION	19780101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
43611	EXCISION OF STOMACH LESION	19940101	22991231		
43620	REMOVAL OF STOMACH	19780101	22991231		
43621	REMOVAL OF STOMACH	19940101	22991231		
43622	REMOVAL OF STOMACH	19940101	22991231		
43631	REMOVAL OF STOMACH PARTIAL	19940101	22991231		
43632	REMOVAL OF STOMACH PARTIAL	19940101	22991231		
43633	REMOVAL OF STOMACH PARTIAL	19940101	22991231		
43634	REMOVAL OF STOMACH PARTIAL	19940101	22991231		
43635	REMOVAL OF STOMACH PARTIAL	19780101	22991231		
43640	VAGOTOMY & PYLORUS REPAIR	19780101	22991231		
43641	VAGOTOMY & PYLORUS REPAIR	19871201	22991231		
43651	LAPAROSCOPY VAGUS NERVE	20000101	22991231		
43652	LAPAROSCOPY VAGUS NERVE	20000101	22991231		
43653	LAPAROSCOPY GASTROSTOMY	20000101	22991231	8	911.55
43659	LAPAROSCOPE PROC STOM	20010101	22991231		
43752	NASAL/OROGASTRIC W/TUBE PLMT	20010101	22991231	1	307.38
43753	TX GASTRO INTUB W/ASP	20110101	22991231	1	307.38

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
43754	DX GASTR INTUB W/ASP SPEC	20110101	22991231	1	307.38
43755	DX GASTR INTUB W/ASP SPECS	20110101	22991231	1	307.38
43756	DX DUOD INTUB W/ASP SPEC	20110101	22991231	1	307.38
43757	DX DUOD INTUB W/ASP SPECS	20110101	22991231	1	307.38
43761	REPOSITION GASTROSTOMY TUBE	19920115	22991231	1	307.38
43762	RPLC GTUBE NO REVJ TRC	20190101	22991231		
43763	RPLC GTUBE REVJ GSTRST TRC	20190101	22991231		
43770	LAP PLACE GASTR ADJ DEVICE	20060101	22991231		
43771	LAP REVISE GASTR ADJ DEVICE	20060101	22991231		
43772	LAP RMVL GASTR ADJ DEVICE	20060101	22991231		
43773	LAP REPLACE GASTR ADJ DEVICE	20060101	22991231		
43774	LAP RMVL GASTR ADJ ALL PARTS	20060101	22991231		
43800	RECONSTRUCTION OF PYLORUS	19780101	22991231		
43810	FUSION OF STOMACH AND BOWEL	19780101	22991231		
43820	FUSION OF STOMACH AND BOWEL	19780101	22991231		
43825	FUSION OF STOMACH AND BOWEL	19780101	22991231		
43830	PLACE GASTROSTOMY TUBE	19780101	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	43831	PLACE GASTROSTOMY TUBE	19780101	22991231		
	43832	PLACE GASTROSTOMY TUBE	19840501	22991231		
	43840	REPAIR OF STOMACH LESION	19780101	22991231		
	43845	GASTROPLASTY DUODENAL SWITCH	19811001	22991231		
	43846	GASTRIC BYPASS FOR OBESITY	19811001	22991231		
	43850	REVISE STOMACH-BOWEL FUSION	19780101	22991231		
	43855	REVISE STOMACH-BOWEL FUSION	19780101	22991231		
	43860	REVISE STOMACH-BOWEL FUSION	19780101	22991231		
	43865	REVISE STOMACH-BOWEL FUSION	19780101	22991231		
	43870	REPAIR STOMACH OPENING	19780101	22991231	1	307.38
	43880	REPAIR STOMACH-BOWEL FISTULA	19811001	22991231		
	43886	REVISE GASTRIC PORT OPEN	20060101	22991231	4	582.25
	43888	CHANGE GASTRIC PORT OPEN	20060101	22991231	4	582.25
	43999	STOMACH SURGERY PROCEDURE	19831115	22991231	7	921.15
	44005	FREEING OF BOWEL ADHESION	19780101	22991231		
	44010	INCISION OF SMALL BOWEL	19811001	22991231		
	44015	INSERT NEEDLE CATH BOWEL	19811001	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
44020	EXPLORE SMALL INTESTINE	19780101	22991231		
44021	DECOMPRESS SMALL BOWEL	19871201	22991231		
44025	INCISION OF LARGE BOWEL	19780101	22991231		
44050	REDUCE BOWEL OBSTRUCTION	19780101	22991231		
44055	CORRECT MALROTATION OF BOWEL	19871201	22991231		
44100	BIOPSY OF BOWEL	19780101	22991231	1	307.38
44110	EXCISE INTESTINE LESION(S)	19780101	22991231	5	664.02
44111	EXCISION OF BOWEL LESION(S)	19780101	22991231		
44120	REMOVAL OF SMALL INTESTINE	19780101	22991231		
44121	REMOVAL OF SMALL INTESTINE	19950101	22991231		
44125	REMOVAL OF SMALL INTESTINE	19780101	22991231		
44130	BOWEL TO BOWEL FUSION	19780101	22991231		
44135	INTESTINE TRANSPLNT CADAVER	20010101	22991231		
44140	PARTIAL REMOVAL OF COLON	19780101	22991231		
44141	PARTIAL REMOVAL OF COLON	19780101	22991231		
44143	PARTIAL REMOVAL OF COLON	19811001	22991231		
44144	PARTIAL REMOVAL OF COLON	19811001	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
44145	PARTIAL REMOVAL OF COLON	19780101	22991231		
44146	PARTIAL REMOVAL OF COLON	19780101	22991231		
44147	PARTIAL REMOVAL OF COLON	19871201	22991231		
44150	REMOVAL OF COLON	19780101	22991231		
44151	REMOVAL OF COLON/ILEOSTOMY	19871201	22991231		
44155	REMOVAL OF COLON/ILEOSTOMY	19780101	22991231		
44156	REMOVAL OF COLON/ILEOSTOMY	19871201	22991231		
44160	REMOVAL OF COLON	19811001	22991231		
44180	LAP ENTEROLYSIS	20060101	22991231		
44186	LAP JEJUNOSTOMY	20060101	22991231		
44187	LAP ILEO/JEJUNO-STOMY	20060101	22991231		
44188	LAP COLOSTOMY	20060101	22991231		
44202	LAP ENTERECTOMY	20000101	22991231		
44213	LAP MOBIL SPLENIC FL ADD-ON	20060101	22991231		
44227	LAP CLOSE ENTEROSTOMY	20060101	22991231		
44300	OPEN BOWEL TO SKIN	19811001	22991231		
44310	ILEOSTOMY/JEJUNOSTOMY	19780101	22991231	6	775.59

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
44312	REVISION OF ILEOSTOMY	19811001	22991231	1	307.38
44314	REVISION OF ILEOSTOMY	19811001	22991231		
44316	DEVISE BOWEL POUCH	19811001	22991231		
44320	COLOSTOMY	19780101	22991231		
44322	COLOSTOMY WITH BIOPSIES	19871201	22991231		
44340	REVISION OF COLOSTOMY	19780101	22991231	3	471.9
44345	REVISION OF COLOSTOMY	19780101	22991231	4	582.25
44346	REVISION OF COLOSTOMY	19871201	22991231	4	582.25
44360	SMALL BOWEL ENDOSCOPY	19811001	22991231	2	412.79
44361	SMALL BOWEL ENDOSCOPY/BIOPSY	19811001	22991231	2	412.79
44363	SMALL BOWEL ENDOSCOPY	19811001	22991231	2	412.79
44364	SMALL BOWEL ENDOSCOPY	19811001	22991231	2	412.79
44365	SMALL BOWEL ENDOSCOPY	19940101	22991231	2	412.79
44366	SMALL BOWEL ENDOSCOPY	19811001	22991231	2	412.79
44369	SMALL BOWEL ENDOSCOPY	19811001	22991231	2	412.79
44370	SMALL BOWEL ENDOSCOPY/STENT	20010101	22991231	8	911.55
44372	SMALL BOWEL ENDOSCOPY	19890401	22991231	2	412.79

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
44373	SMALL BOWEL ENDOSCOPY	19890401	22991231	2	412.79
44376	SMALL BOWEL ENDOSCOPY	19940101	22991231	2	412.79
44377	SMALL BOWEL ENDOSCOPY/BIOPSY	19940101	22991231	2	412.79
44378	SMALL BOWEL ENDOSCOPY	19940101	22991231	2	412.79
44379	S BOWEL ENDOSCOPE W/STENT	20010101	22991231	8	911.55
44380	SMALL BOWEL ENDOSCOPY BR/WA	19811001	22991231	1	307.38
44382	SMALL BOWEL ENDOSCOPY	19811001	22991231	1	307.38
44385	ENDOSCOPY OF BOWEL POUCH	19811001	22991231		
44386	ENDOSCOPY BOWEL POUCH/BIOP	19811001	22991231	1	307.38
44388	COLONOSCOPY THRU STOMA SPX	19811001	22991231	1	307.38
44389	COLONOSCOPY WITH BIOPSY	19811001	22991231	1	307.38
44390	COLONOSCOPY FOR FOREIGN BODY	19811001	22991231	1	307.38
44391	COLONOSCOPY FOR BLEEDING	19811001	22991231	1	307.38
44392	COLONOSCOPY & POLYPECTOMY	19811001	22991231	1	307.38
44394	COLONOSCOPY W/SNARE	19940101	22991231	1	307.38
44500	INTRO GASTROINTESTINAL TUBE	19940101	22991231	1	307.38
44602	SUTURE SMALL INTESTINE	19940101	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	44603	SUTURE SMALL INTESTINE	19940101	22991231		
	44604	SUTURE LARGE INTESTINE	19940101	22991231		
	44605	REPAIR OF BOWEL LESION	19780101	22991231		
	44615	INTESTINAL STRICTUROPLASTY	19940101	22991231		
	44620	REPAIR BOWEL OPENING	19780101	22991231		
	44625	REPAIR BOWEL OPENING	19780101	22991231		
	44626	REPAIR BOWEL OPENING	19980101	22991231		
	44640	REPAIR BOWEL-SKIN FISTULA	19780101	22991231		
	44650	REPAIR BOWEL FISTULA	19811001	22991231		
	44660	REPAIR BOWEL-BLADDER FISTULA	19811001	22991231		
	44661	REPAIR BOWEL-BLADDER FISTULA	19811001	22991231		
	44680	SURGICAL REVISION INTESTINE	19780101	22991231		
	44700	SUSPEND BOWEL W/PROSTHESIS	19980101	22991231		
	44799	UNLISTED PX SMALL INTESTINE	19831115	22991231	6	775.59
	44800	EXCISION OF BOWEL POUCH	19780101	22991231		
	44820	EXCISION OF MESENTERY LESION	19780101	22991231	8	911.55
	44850	REPAIR OF MESENTERY	19780101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
44899	BOWEL SURGERY PROCEDURE	19831115	22991231		
44900	DRAIN APPENDIX ABSCESS OPEN	19780101	22991231		
44950	APPENDECTOMY	19780101	22991231		
44955	APPENDECTOMY ADD-ON	19811001	22991231	7	921.15
44960	APPENDECTOMY	19811001	22991231	7	921.15
44970	LAPAROSCOPY APPENDECTOMY	20000101	22991231		
44979	LAPAROSCOPE PROC APP	20000101	22991231		
45000	DRAINAGE OF PELVIC ABSCESS	19780101	22991231		
45005	DRAINAGE OF RECTAL ABSCESS	19811001	22991231	2	412.79
45020	DRAINAGE OF RECTAL ABSCESS	19780101	22991231	2	412.79
45100	BIOPSY OF RECTUM	19811001	22991231	1	307.38
45108	REMOVAL OF ANORECTAL LESION	19811001	22991231	2	412.79
45110	REMOVAL OF RECTUM	19811001	22991231		
45111	PARTIAL REMOVAL OF RECTUM	19811001	22991231		
45112	REMOVAL OF RECTUM	19811001	22991231		
45114	PARTIAL REMOVAL OF RECTUM	19811001	22991231		
45116	PARTIAL REMOVAL OF RECTUM	19780101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
45119	REMOVE RECTUM W/RESERVOIR	19980101	22991231		
45120	REMOVAL OF RECTUM	19780101	22991231		
45126	PELVIC EXENTERATION	19990101	22991231		
45130	EXCISION OF RECTAL PROLAPSE	19780101	22991231		
45135	EXCISION OF RECTAL PROLAPSE	19780101	22991231		
45150	EXCISION OF RECTAL STRICTURE	19780101	22991231	2	412.79
45160	EXCISION OF RECTAL LESION	19811001	22991231	2	412.79
45171	EXC RECT TUM TRANSANAL PART	20100101	22991231	1	307.38
45172	EXC RECT TUM TRANSANAL FULL	20100101	22991231	3	471.9
45190	DESTRUCTION RECTAL TUMOR	19950101	22991231	8	911.55
45300	PROCTOSIGMOIDOSCOPY DX	19780101	22991231	2	412.79
45303	PROCTOSIGMOIDOSCOPY DILATE	19811001	22991231	7	921.15
45305	PROCTOSIGMOIDOSCOPY W/BX	19780101	22991231	1	307.38
45307	PROCTOSIGMOIDOSCOPY FB	19780101	22991231	1	307.38
45308	PROCTOSIGMOIDOSCOPY REMOVAL	19940101	22991231	1	307.38
45309	PROCTOSIGMOIDOSCOPY REMOVAL	19940101	22991231	1	307.38
45315	PROCTOSIGMOIDOSCOPY REMOVAL	19780101	22991231	1	307.38

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
45317	PROCTOSIGMOIDOSCOPY BLEED	19780101	22991231	1	307.38
45320	PROCTOSIGMOIDOSCOPY ABLATE	19880501	22991231	1	307.38
45321	PROCTOSIGMOIDOSCOPY VOLVUL	19811001	22991231	1	307.38
45327	PROCTOSIGMOIDOSCOPY W/STENT	20010101	22991231	1	307.38
45330	DIAGNOSTIC SIGMOIDOSCOPY	19780101	22991231	3	471.9
45331	SIGMOIDOSCOPY AND BIOPSY	19780101	22991231		
45332	SIGMOIDOSCOPY W/FB REMOVAL	19780101	22991231	1	307.38
45333	SIGMOIDOSCOPY & POLYPECTOMY	19780101	22991231	1	307.38
45334	SIGMOIDOSCOPY FOR BLEEDING	19780101	22991231	1	307.38
45337	SIGMOIDOSCOPY & DECOMPRESS	19880501	22991231	1	307.38
45338	SIGMOIDOSCOPY W/TUMR REMOVE	19940101	22991231	1	307.38
45340	SIG W/TNDSC BALLOON DILATION	20030101	22991231	1	307.38
45341	SIGMOIDOSCOPY W/ULTRASOUND	20010101	22991231	1	307.38
45342	SIGMOIDOSCOPY W/US GUIDE BX	20010101	22991231	1	307.38
45378	DIAGNOSTIC COLONOSCOPY	19811001	22991231	2	412.79
45379	COLONOSCOPY W/FB REMOVAL	19811001	22991231	2	412.79
45380	COLONOSCOPY AND BIOPSY	19811001	22991231	2	412.79

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
45381	COLONOSCOPY SUBMUCOUS NJX	20030101	22991231	2	412.79
45382	COLONOSCOPY W/CONTROL BLEED	19811001	22991231	2	412.79
45384	COLONOSCOPY W/LESION REMOVAL	19940101	22991231	2	412.79
45385	COLONOSCOPY W/LESION REMOVAL	19811001	22991231	2	412.79
45386	COLONOSCOPY W/BALLOON DILAT	20030101	22991231	6	775.59
45391	COLONOSCOPY W/ENDOSCOPE US	20050101	22991231	2	412.79
45392	COLONOSCOPY W/ENDOSCOPIC FNB	20050101	22991231	2	412.79
45395	LAP REMOVAL OF RECTUM	20060101	22991231		
45397	LAP REMOVE RECTUM W/POUCH	20060101	22991231		
45400	LAPAROSCOPIC PROC	20060101	22991231		
45402	LAP PROCTOPEXY W/SIG RESECT	20060101	22991231		
45499	LAPAROSCOPE PROC RECTUM	20060101	22991231		
45500	REPAIR OF RECTUM	19780101	22991231	2	412.79
45505	REPAIR OF RECTUM	19780101	22991231	2	412.79
45520	TREATMENT OF RECTAL PROLAPSE	19811001	22991231	2	412.79
45540	CORRECT RECTAL PROLAPSE	19780101	22991231		
45541	CORRECT RECTAL PROLAPSE	19811001	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
45550	REPAIR RECTUM/REMOVE SIGMOID	19780101	22991231		
45560	REPAIR OF RECTOCELE	19780101	22991231	2	412.79
45562	EXPLORATION/REPAIR OF RECTUM	19950101	22991231		
45563	EXPLORATION/REPAIR OF RECTUM	19950101	22991231		
45800	REPAIR RECT/BLADDER FISTULA	19780101	22991231		
45805	REPAIR FISTULA W/COLOSTOMY	19811001	22991231		
45820	REPAIR RECTOURETHRAL FISTULA	19780101	22991231		
45825	REPAIR FISTULA W/COLOSTOMY	19780101	22991231		
45900	REDUCTION OF RECTAL PROLAPSE	19780101	22991231	1	307.38
45905	DILATION OF ANAL SPHINCTER	19811001	22991231	1	307.38
45910	DILATION OF RECTAL NARROWING	19811001	22991231	1	307.38
45915	REMOVE RECTAL OBSTRUCTION	19780101	22991231	1	307.38
45990	SURG DX EXAM ANORECTAL	20060101	22991231	2	412.79
45999	RECTUM SURGERY PROCEDURE	19831115	22991231	7	921.15
46020	PLACEMENT OF SETON	20020101	22991231	3	471.9
46030	REMOVAL OF RECTAL MARKER	19780101	22991231	3	471.9
46040	INCISION OF RECTAL ABSCESS	19780101	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
46045	INCISION OF RECTAL ABSCESS	19811001	22991231	2	412.79
46050	INCISION OF ANAL ABSCESS	19780101	22991231	1	307.38
46060	INCISION OF RECTAL ABSCESS	19780101	22991231	2	412.79
46070	INCISION OF ANAL SEPTUM	19811001	22991231	1	307.38
46080	INCISION OF ANAL SPHINCTER	19780101	22991231	3	471.9
46083	INCISE EXTERNAL HEMORRHOID	19811001	22991231	2	412.79
46200	REMOVAL OF ANAL FISSURE	19780101	22991231	2	412.79
46220	EXCISE ANAL EXT TAG/PAPILLA	19780101	22991231	1	307.38
46221	LIGATION OF HEMORRHOID(S)	19780101	22991231	4	582.25
46230	REMOVAL OF ANAL TAGS	19780101	22991231	1	307.38
46250	REMOVE EXT HEM GROUPS 2+	19780101	22991231	3	471.9
46255	REMOVE INT/EXT HEM 1 GROUP	19780101	22991231	3	471.9
46257	REMOVE IN/EX HEM GRP & FISS	19780101	22991231	3	471.9
46258	REMOVE IN/EX HEM GRP W/FISTU	19811001	22991231	3	471.9
46260	REMOVE IN/EX HEM GROUPS 2+	19780101	22991231	3	471.9
46261	REMOVE IN/EX HEM GRPS & FISS	19811001	22991231	4	582.25
46262	REMOVE IN/EX HEM GRPS W/FIST	19811001	22991231	4	582.25

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
46270	REMOVE ANAL FIST SUBQ	19780101	22991231	3	471.9
46275	REMOVE ANAL FIST INTER	19780101	22991231	3	471.9
46280	REMOVE ANAL FIST COMPLEX	19780101	22991231	4	582.25
46285	REMOVE ANAL FIST 2 STAGE	19780101	22991231	1	307.38
46288	REPAIR ANAL FISTULA	19950101	22991231	4	582.25
46320	REMOVAL OF HEMORRHOID CLOT	19780101	22991231	3	471.9
46500	INJECTION INTO HEMORRHOID(S)	19780101	22991231	4	582.25
46505	CHEMODENERVATION ANAL MUSC	20060101	22991231	1	307.38
46600	DIAGNOSTIC ANOSCOPY SPX	19780101	22991231	1	307.38
46604	ANOSCOPY AND DILATION	19811001	22991231	7	921.15
46606	ANOSCOPY AND BIOPSY	19780101	22991231	4	582.25
46608	ANOSCOPY REMOVE FOR BODY	19780101	22991231	1	307.38
46610	ANOSCOPY REMOVE LESION	19811001	22991231	1	307.38
46611	ANOSCOPY	19940101	22991231	1	307.38
46612	ANOSCOPY REMOVE LESIONS	19811001	22991231	1	307.38
46614	ANOSCOPY CONTROL BLEEDING	19780101	22991231		
46615	ANOSCOPY	19940101	22991231	2	412.79

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
46700	REPAIR OF ANAL STRICTURE	19780101	22991231	3	471.9
46705	REPAIR OF ANAL STRICTURE	19780101	22991231		
46706	REPR OF ANAL FISTULA W/GLUE	20030101	22991231	1	307.38
46707	REPAIR ANORECTAL FIST W/PLUG	20100101	22991231	3	471.9
46710	REPR PER/VAG POUCH SNGL PROC	20060101	22991231		
46712	REPR PER/VAG POUCH DBL PROC	20060101	22991231		
46715	REP PERF ANOPER FISTU	19811001	22991231		
46716	REP PERF ANOPER/VESTIB FISTU	19811001	22991231		
46730	CONSTRUCTION OF ABSENT ANUS	19780101	22991231		
46735	CONSTRUCTION OF ABSENT ANUS	19780101	22991231		
46740	CONSTRUCTION OF ABSENT ANUS	19811001	22991231		
46742	REPAIR OF IMPERFORATED ANUS	19940101	22991231		
46744	REPAIR OF CLOACAL ANOMALY	19940101	22991231		
46746	REPAIR OF CLOACAL ANOMALY	19940101	22991231		
46748	REPAIR OF CLOACAL ANOMALY	19940101	22991231		
46750	REPAIR OF ANAL SPHINCTER	19780101	22991231	3	471.9
46751	REPAIR OF ANAL SPHINCTER	19780101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
46753	RECONSTRUCTION OF ANUS	19780101	22991231	3	471.9
46754	REMOVAL OF SUTURE FROM ANUS	19811001	22991231	2	412.79
46760	REPAIR OF ANAL SPHINCTER	19780101	22991231	2	412.79
46761	REPAIR OF ANAL SPHINCTER	19880501	22991231	3	471.9
46900	DESTRUCTION ANAL LESION(S)	19780101	22991231	3	471.9
46910	DESTRUCTION ANAL LESION(S)	19780101	22991231		
46916	CRYOSURGERY ANAL LESION(S)	19871201	22991231		
46917	LASER SURGERY ANAL LESIONS	19871201	22991231	1	307.38
46922	EXCISION OF ANAL LESION(S)	19871201	22991231	1	307.38
46924	DESTRUCTION ANAL LESION(S)	19871201	22991231	1	307.38
46930	DESTROY INTERNAL HEMORRHOIDS	20090101	22991231	3	471.9
46940	TREATMENT OF ANAL FISSURE	19811001	22991231	3	471.9
46942	TREATMENT OF ANAL FISSURE	19811001	22991231	3	471.9
46945	INT HRHC LIG 1 HROID W/O IMG	19811001	22991231	4	582.25
46946	INT HRHC LIG 2+HROID W/O IMG	19811001	22991231	1	307.38
46947	HEMORRHOIDOPEXY BY STAPLING	20050101	22991231	3	471.9
46948	INT HRHC TRANAL DARTLZJ 2+	20200101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
46999	ANUS SURGERY PROCEDURE	19831115	22991231	8	911.55
47000	NEEDLE BIOPSY OF LIVER	19780101	22991231	1	307.38
47010	OPEN DRAINAGE LIVER LESION	19811001	22991231	6	775.59
47015	INJECT/ASPIRATE LIVER CYST	19950101	22991231		
47100	WEDGE BIOPSY OF LIVER	19780101	22991231	8	911.55
47120	PARTIAL REMOVAL OF LIVER	19780101	22991231		
47125	PARTIAL REMOVAL OF LIVER	19811001	22991231		
47130	PARTIAL REMOVAL OF LIVER	19811001	22991231		
47135	TRANSPLANTATION OF LIVER	19811001	22991231		
47300	SURGERY FOR LIVER LESION	19780101	22991231		
47350	REPAIR LIVER WOUND	19780101	22991231		
47360	REPAIR LIVER WOUND	19780101	22991231		
47361	REPAIR LIVER WOUND	19960101	22991231		
47362	REPAIR LIVER WOUND	19960101	22991231		
47379	LAPAROSCOPE PROCEDURE LIVER	20010101	22991231		
47399	LIVER SURGERY PROCEDURE	19831115	22991231		
47400	INCISION OF LIVER DUCT	19780101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
47420	INCISION OF BILE DUCT	19780101	22991231		
47425	INCISION OF BILE DUCT	19811001	22991231		
47460	INCISE BILE DUCT SPHINCTER	19780101	22991231		
47480	INCISION OF GALLBLADDER	19780101	22991231		
47490	INCISION OF GALLBLADDER	19871201	22991231		
47550	BILE DUCT ENDOSCOPY ADD-ON	19811001	22991231		
47552	BILIARY ENDO PERQ DX W/SPECI	19811001	22991231	2	412.79
47553	BILIARY ENDOSCOPY THRU SKIN	19811001	22991231	3	471.9
47554	BILIARY ENDOSCOPY THRU SKIN	19811001	22991231	3	471.9
47555	BILIARY ENDOSCOPY THRU SKIN	19811001	22991231	3	471.9
47556	BILIARY ENDOSCOPY THRU SKIN	19920115	22991231	8	911.55
47562	LAPAROSCOPIC CHOLECYSTECTOMY	20000101	22991231	5	664.02
47563	LAPARO CHOLECYSTECTOMY/GRAPH	20000101	22991231	5	664.02
47564	LAPARO CHOLECYSTECTOMY/EXPLR	20000101	22991231	5	664.02
47570	LAPARO CHOLECYSTOENTEROSTOMY	20000101	22991231		
47600	REMOVAL OF GALLBLADDER	19780101	22991231		
47605	REMOVAL OF GALLBLADDER	19780101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
47610	REMOVAL OF GALLBLADDER	19780101	22991231		
47612	REMOVAL OF GALLBLADDER	19871201	22991231		
47620	REMOVAL OF GALLBLADDER	19811001	22991231		
47700	EXPLORATION OF BILE DUCTS	19780101	22991231		
47720	FUSE GALLBLADDER & BOWEL	19780101	22991231		
47721	FUSE UPPER GI STRUCTURES	19811001	22991231		
47740	FUSE GALLBLADDER & BOWEL	19780101	22991231		
47760	FUSE BILE DUCTS AND BOWEL	19780101	22991231		
47765	FUSE LIVER DUCTS & BOWEL	19811001	22991231		
47780	FUSE BILE DUCTS AND BOWEL	19780101	22991231		
47800	RECONSTRUCTION OF BILE DUCTS	19780101	22991231		
47801	PLACEMENT BILE DUCT SUPPORT	19871201	22991231		
47999	BILE TRACT SURGERY PROCEDURE	19831115	22991231	8	911.55
48000	DRAINAGE OF ABDOMEN	19780101	22991231		
48001	PLACEMENT OF DRAIN PANCREAS	19940101	22991231		
48020	REMOVAL OF PANCREATIC STONE	19780101	22991231		
48100	BIOPSY OF PANCREAS OPEN	19811001	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
48102	NEEDLE BIOPSY PANCREAS	19811001	22991231	1	307.38
48120	REMOVAL OF PANCREAS LESION	19811001	22991231		
48140	PARTIAL REMOVAL OF PANCREAS	19780101	22991231		
48145	PARTIAL REMOVAL OF PANCREAS	19811001	22991231		
48146	PANCREATECTOMY	19940101	22991231		
48148	REMOVAL OF PANCREATIC DUCT	19811001	22991231		
48150	PARTIAL REMOVAL OF PANCREAS	19780101	22991231		
48152	PANCREATECTOMY	19940101	22991231		
48153	PANCREATECTOMY	19940101	22991231		
48154	PANCREATECTOMY	19940101	22991231		
48155	REMOVAL OF PANCREAS	19780101	22991231		
48160	PANCREAS REMOVAL/TRANSPLANT	19811001	22991231		
48400	INJECTION INTRAOP ADD-ON	19940101	22991231		
48500	SURGERY OF PANCREATIC CYST	19780101	22991231		
48520	FUSE PANCREAS CYST AND BOWEL	19780101	22991231		
48540	FUSE PANCREAS CYST AND BOWEL	19780101	22991231		
48545	PANCREATORRHAPHY	19940101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
48547	DUODENAL EXCLUSION	19940101	22991231		
48554	TRANSPL ALLOGRAFT PANCREAS	19940101	22991231		
48556	REMOVAL ALLOGRAFT PANCREAS	19940101	22991231		
48999	PANCREAS SURGERY PROCEDURE	19831115	22991231		
49000	EXPLORATION OF ABDOMEN	19780101	22991231	7	921.15
49002	REOPENING OF ABDOMEN	19811001	22991231	8	911.55
49010	EXPLORATION BEHIND ABDOMEN	19821001	22991231	8	911.55
49013	PRPERTL PEL PACK HEMRRG TRMA	20200101	22991231		
49014	REEXPLORATION PELVIC WOUND	20200101	22991231		
49020	DRAINAGE ABDOM ABSCESS OPEN	19780101	22991231		
49040	DRAIN OPEN ABDOM ABSCESS	19780101	22991231		
49060	DRAIN OPEN RETROPERI ABSCESS	19780101	22991231		
49062	DRAIN TO PERITONEAL CAVITY	19980101	22991231		
49082	ABD PARACENTESIS	20120101	22991231	1	307.38
49083	ABD PARACENTESIS W/IMAGING	20120101	22991231	1	307.38
49084	PERITONEAL LAVAGE	20120101	22991231	1	307.38
49180	BIOPSY ABDOMINAL MASS	19811001	22991231	1	307.38

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
49203	EXC ABD TUM 5 CM OR LESS	20080101	22991231		
49204	EXC ABD TUM OVER 5 CM	20080101	22991231		
49205	EXC ABD TUM OVER 10 CM	20080101	22991231	6	775.59
49220	MULTIPLE SURGERY ABDOMEN	19811001	22991231		
49250	EXCISION OF UMBILICUS	19811001	22991231	4	582.25
49255	REMOVAL OF OMENTUM	19811001	22991231	7	921.15
49320	DIAG LAPARO SEPARATE PROC	20000101	22991231	3	471.9
49321	LAPAROSCOPY BIOPSY	20000101	22991231	4	582.25
49322	LAPAROSCOPY ASPIRATION	20000101	22991231	4	582.25
49323	LAPARO DRAIN LYMPHOCELE	20000101	22991231		
49327	LAP INS DEVICE FOR RT	20110101	22991231	5	664.02
49329	LAPARO PROC ABDM/PER/OMENT	20000101	22991231		
49400	AIR INJECTION INTO ABDOMEN	19780101	22991231	3	471.9
49402	REMOVE FOREIGN BODY ADBOMEN	20070101	22991231	2	412.79
49418	INSERT TUN IP CATH PERC	20110101	22991231	3	471.9
49419	INSERT TUN IP CATH W/PORT	20030101	22991231	1	307.38
49421	INS TUN IP CATH FOR DIAL OPN	19801001	22991231	1	307.38

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
49422	REMOVE TUNNELED IP CATH	19950101	22991231	1	307.38
49423	EXCHANGE DRAINAGE CATHETER	19980101	22991231	1	307.38
49424	ASSESS CYST CONTRAST INJECT	19980101	22991231	3	471.9
49425	INSERT ABDOMEN-VENOUS DRAIN	19811001	22991231	2	412.79
49426	REVISE ABDOMEN-VENOUS SHUNT	19871201	22991231	2	412.79
49427	INJECTION ABDOMINAL SHUNT	19930101	22991231	3	471.9
49428	LIGATION OF SHUNT	19950101	22991231		
49429	REMOVAL OF SHUNT	19950101	22991231	2	412.79
49440	PLACE GASTROSTOMY TUBE PERC	20080101	22991231	1	307.38
49441	PLACE DUOD/JEJ TUBE PERC	20080101	22991231	1	307.38
49442	PLACE CECOSTOMY TUBE PERC	20080101	22991231	1	307.38
49446	CHANGE G-TUBE TO G-J PERC	20080101	22991231	1	307.38
49450	REPLACE G/C TUBE PERC	20080101	22991231	1	307.38
49451	REPLACE DUOD/JEJ TUBE PERC	20080101	22991231	1	307.38
49452	REPLACE G-J TUBE PERC	20080101	22991231	1	307.38
49460	FIX G/COLON TUBE W/DEVICE	20080101	22991231	1	307.38
49465	FLUORO EXAM OF G/COLON TUBE	20080101	22991231	2	412.79

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
49495	RPR ING HERNIA BABY REDUC	19940101	22991231	4	582.25
49496	RPR ING HERNIA BABY BLOCKED	19940101	22991231	4	582.25
49500	RPR ING HERNIA INIT REDUCE	19811001	22991231	4	582.25
49501	RPR ING HERNIA INIT BLOCKED	19940101	22991231	8	911.55
49505	PRP I/HERN INIT REDUC >5 YR	19780101	22991231	4	582.25
49507	PRP I/HERN INIT BLOCK >5 YR	19940101	22991231	8	911.55
49520	REREPAIR ING HERNIA REDUCE	19780101	22991231	7	921.15
49521	REREPAIR ING HERNIA BLOCKED	19940101	22991231	8	911.55
49525	REPAIR ING HERNIA SLIDING	19811001	22991231	4	582.25
49540	REPAIR LUMBAR HERNIA	19811001	22991231	2	412.79
49550	RPR REM HERNIA INIT REDUCE	19780101	22991231	5	664.02
49553	RPR FEM HERNIA INIT BLOCKED	19940101	22991231	8	911.55
49555	REREPAIR FEM HERNIA REDUCE	19780101	22991231	5	664.02
49557	REREPAIR FEM HERNIA BLOCKED	19940101	22991231	8	911.55
49560	RPR VENTRAL HERN INIT REDUC	19780101	22991231	4	582.25
49561	RPR VENTRAL HERN INIT BLOCK	19940101	22991231	8	911.55
49565	REREPAIR VENTRL HERN REDUCE	19780101	22991231	4	582.25

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
49566	REREPAIR VENTRL HERN BLOCK	19940101	22991231	8	911.55
49568	HERNIA REPAIR W/MESH	19940101	22991231	7	921.15
49570	RPR EPIGASTRIC HERN REDUCE	19780101	22991231	4	582.25
49572	RPR EPIGASTRIC HERN BLOCKED	19940101	22991231	8	911.55
49580	RPR UMBIL HERN REDUC < 5 YR	19770901	22991231	4	582.25
49582	RPR UMBIL HERN BLOCK < 5 YR	19940101	22991231	8	911.55
49585	RPR UMBIL HERN REDUC > 5 YR	19940101	22991231	4	582.25
49587	RPR UMBIL HERN BLOCK > 5 YR	19940101	22991231	8	911.55
49590	REPAIR SPIGELIAN HERNIA	19811001	22991231	3	471.9
49600	REPAIR UMBILICAL LESION	19780101	22991231	4	582.25
49605	REPAIR UMBILICAL LESION	19811001	22991231		
49606	REPAIR UMBILICAL LESION	19811001	22991231		
49610	REPAIR UMBILICAL LESION	19780101	22991231		
49611	REPAIR UMBILICAL LESION	19780101	22991231		
49650	LAP ING HERNIA REPAIR INIT	20000101	22991231	4	582.25
49651	LAP ING HERNIA REPAIR RECUR	20000101	22991231	7	921.15
49652	LAP VENT/ABD HERNIA REPAIR	20090101	22991231	7	921.15

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
49653	LAP VENT/ABD HERN PROC COMP	20090101	22991231	7	921.15
49654	LAP INC HERNIA REPAIR	20090101	22991231	7	921.15
49655	LAP INC HERN REPAIR COMP	20090101	22991231	7	921.15
49656	LAP INC HERNIA REPAIR RECUR	20090101	22991231	7	921.15
49657	LAP INC HERN RECUR COMP	20090101	22991231	7	921.15
49900	REPAIR OF ABDOMINAL WALL	19780101	22991231		
49906	FREE OMENTAL FLAP MICROVASC	19970101	22991231		
49999	ABDOMEN SURGERY PROCEDURE	19831115	22991231	8	911.55
50010	EXPLORATION OF KIDNEY	19811001	22991231		
50020	RENAL ABSCESS OPEN DRAIN	19780101	22991231	2	412.79
50040	DRAINAGE OF KIDNEY	19780101	22991231	3	471.9
50045	EXPLORATION OF KIDNEY	19811001	22991231		
50060	REMOVAL OF KIDNEY STONE	19780101	22991231		
50065	INCISION OF KIDNEY	19811001	22991231		
50070	INCISION OF KIDNEY	19811001	22991231		
50075	REMOVAL OF KIDNEY STONE	19780101	22991231		
50080	REMOVAL OF KIDNEY STONE	19840501	22991231	5	664.02

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
50081	REMOVAL OF KIDNEY STONE	19811001	22991231	5	664.02
50100	REVISE KIDNEY BLOOD VESSELS	19780101	22991231		
50120	EXPLORATION OF KIDNEY	19780101	22991231		
50125	EXPLORE AND DRAIN KIDNEY	19780101	22991231		
50130	REMOVAL OF KIDNEY STONE	19780101	22991231		
50135	EXPLORATION OF KIDNEY	19811001	22991231		
50200	RENAL BIOPSY PERQ	19780101	22991231	1	307.38
50382	CHANGE URETER STENT PERCUT	20060101	22991231	2	412.79
50384	REMOVE URETER STENT PERCUT	20060101	22991231	2	412.79
50385	CHANGE STENT VIA TRANSURETH	20080101	22991231	2	412.79
50386	REMOVE STENT VIA TRANSURETH	20080101	22991231	5	664.02
50387	CHANGE NEPHROURETERAL CATH	20060101	22991231	1	307.38
50389	REMOVE RENAL TUBE W/FLUORO	20060101	22991231	1	307.38
50390	DRAINAGE OF KIDNEY LESION	19780101	22991231	1	307.38
50436	DILAT XST TRC NDURLGC PX	20190101	22991231		
50437	DILAT XST TRC NEW ACCESS RCS	20190101	22991231		
50520	CLOSE KIDNEY-SKIN FISTULA	19780101	22991231	1	307.38

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	50541	LAPARO ABLATE RENAL CYST	20000101	22991231		
	50544	LAPAROSCOPY PYELOPLASTY	20000101	22991231		
	50545	LAPARO RADICAL NEPHRECTOMY	20010101	22991231		
	50546	LAPAROSCOPIC NEPHRECTOMY	20000101	22991231		
	50547	LAPARO REMOVAL DONOR KIDNEY	20000101	22991231		
	50548	LAPARO REMOVE W/URETER	20000101	22991231		
	50551	KIDNEY ENDOSCOPY	19811001	22991231	1	307.38
	50553	KIDNEY ENDOSCOPY	19811001	22991231	1	307.38
	50555	KIDNEY ENDOSCOPY & BIOPSY	19811001	22991231	1	307.38
	50557	KIDNEY ENDOSCOPY & TREATMENT	19811001	22991231	1	307.38
	50561	KIDNEY ENDOSCOPY & TREATMENT	19811001	22991231	1	307.38
	50570	KIDNEY ENDOSCOPY	19811001	22991231	1	307.38
	50572	KIDNEY ENDOSCOPY	19811001	22991231	1	307.38
	50574	KIDNEY ENDOSCOPY & BIOPSY	19811001	22991231	1	307.38
	50575	KIDNEY ENDOSCOPY	19940101	22991231	8	911.55
	50576	KIDNEY ENDOSCOPY & TREATMENT	19811001	22991231	2	412.79
	50580	KIDNEY ENDOSCOPY & TREATMENT	19811001	22991231	2	412.79

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
50590	FRAGMENTING OF KIDNEY STONE	19871201	22991231	8	911.55
50592	PERC RF ABLATE RENAL TUMOR	20060101	22991231		
50593	PERC CRYO ABLATE RENAL TUM	20080101	22991231		
50600	EXPLORATION OF URETER	19780101	22991231		
50605	INSERT URETERAL SUPPORT	19811001	22991231	6	775.59
50610	REMOVAL OF URETER STONE	19780101	22991231		
50620	REMOVAL OF URETER STONE	19811001	22991231		
50630	REMOVAL OF URETER STONE	19780101	22991231		
50650	REMOVAL OF URETER	19780101	22991231		
50660	REMOVAL OF URETER	19811001	22991231		
50684	INJECTION FOR URETER X-RAY	19811001	22991231	1	307.38
50686	MEASURE URETER PRESSURE	19811001	22991231	1	307.38
50688	CHANGE OF URETER TUBE/STENT	19811001	22991231	1	307.38
50690	INJECTION FOR URETER X-RAY	19811001	22991231	3	471.9
50693	PLMT URETERAL STENT PRQ	20160101	22991231		
50694	PLMT URETERAL STENT PRQ	20160101	22991231		
50695	PLMT URETERAL STENT PRQ	20160101	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	50700	REVISION OF URETER	19780101	22991231		
	50705	URETERAL EMBOLIZATION/OCCL	20160101	22991231		
	50706	BALLOON DILATE URTRL STRIX	20160101	22991231		
	50715	RELEASE OF URETER	19780101	22991231		
	50722	RELEASE OF URETER	19811001	22991231		
	50725	RELEASE/REVISE URETER	19811001	22991231		
	50740	FUSION OF URETER & KIDNEY	19780101	22991231		
	50750	FUSION OF URETER & KIDNEY	19811001	22991231		
	50760	FUSION OF URETERS	19780101	22991231		
	50770	SPLICING OF URETERS	19811001	22991231		
	50780	REIMPLANT URETER IN BLADDER	19780101	22991231		
	50785	REIMPLANT URETER IN BLADDER	19811001	22991231		
	50800	IMPLANT URETER IN BOWEL	19780101	22991231		
	50810	FUSION OF URETER & BOWEL	19811001	22991231		
	50815	URINE SHUNT TO INTESTINE	19811001	22991231		
	50820	CONSTRUCT BOWEL BLADDER	19801001	22991231		
	50825	CONSTRUCT BOWEL BLADDER	19880501	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
50830	REVISE URINE FLOW	19811001	22991231		
50840	REPLACE URETER BY BOWEL	19811001	22991231		
50845	APPENDICO-VESICOSTOMY	19940101	22991231		
50860	TRANSPLANT URETER TO SKIN	19780101	22991231		
50900	REPAIR OF URETER	19780101	22991231		
50920	CLOSURE URETER/SKIN FISTULA	19780101	22991231		
50930	CLOSURE URETER/BOWEL FISTULA	19811001	22991231		
50940	RELEASE OF URETER	19811001	22991231		
50945	LAPAROSCOPY URETEROLITHOTOMY	20000101	22991231		
50947	LAPARO NEW URETER/BLADDER	20010101	22991231	8	911.55
50948	LAPARO NEW URETER/BLADDER	20010101	22991231	8	911.55
50949	LAPAROSCOPE PROC URETER	20010101	22991231		
50951	ENDOSCOPY OF URETER	19811001	22991231	1	307.38
50953	ENDOSCOPY OF URETER	19811001	22991231	1	307.38
50955	URETER ENDOSCOPY & BIOPSY	19811001	22991231	1	307.38
50957	URETER ENDOSCOPY & TREATMENT	19811001	22991231	1	307.38
50961	URETER ENDOSCOPY & TREATMENT	19811001	22991231	1	307.38

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
50970	URETER ENDOSCOPY	19811001	22991231	1	307.38
50972	URETER ENDOSCOPY & CATHETER	19811001	22991231	1	307.38
50974	URETER ENDOSCOPY & BIOPSY	19811001	22991231	1	307.38
50976	URETER ENDOSCOPY & TREATMENT	19811001	22991231	1	307.38
50980	URETER ENDOSCOPY & TREATMENT	19811001	22991231	1	307.38
51020	INCISE & TREAT BLADDER	19780101	22991231	4	582.25
51030	INCISE & TREAT BLADDER	19811001	22991231	4	582.25
51040	INCISE & DRAIN BLADDER	19780101	22991231	4	582.25
51045	INCISE BLADDER/DRAIN URETER	19811001	22991231	4	582.25
51050	REMOVAL OF BLADDER STONE	19780101	22991231	4	582.25
51060	REMOVAL OF URETER STONE	19811001	22991231		
51065	REMOVE URETER CALCULUS	19811001	22991231	4	582.25
51080	DRAINAGE OF BLADDER ABSCESS	19780101	22991231	1	307.38
51100	DRAIN BLADDER BY NEEDLE	20080101	22991231	1	307.38
51101	DRAIN BLADDER BY TROCAR/CATH	20080101	22991231	1	307.38
51102	DRAIN BL W/CATH INSERTION	20080101	22991231	1	307.38
51500	REMOVAL OF BLADDER CYST	19811001	22991231	4	582.25

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	51520	REMOVAL OF BLADDER LESION	19780101	22991231	4	582.25
	51525	REMOVAL OF BLADDER LESION	19780101	22991231		
	51530	REMOVAL OF BLADDER LESION	19780101	22991231		
	51535	REPAIR OF URETER LESION	19811001	22991231	3	471.9
	51550	PARTIAL REMOVAL OF BLADDER	19780101	22991231		
	51555	PARTIAL REMOVAL OF BLADDER	19780101	22991231		
	51565	REVISE BLADDER & URETER(S)	19780101	22991231		
	51570	REMOVAL OF BLADDER	19780101	22991231		
	51575	REMOVAL OF BLADDER & NODES	19811001	22991231		
	51580	REMOVE BLADDER/REVISE TRACT	19780101	22991231		
	51585	REMOVAL OF BLADDER & NODES	19811001	22991231		
	51590	REMOVE BLADDER/REVISE TRACT	19780101	22991231		
	51595	REMOVE BLADDER/REVISE TRACT	19811001	22991231		
	51597	REMOVAL OF PELVIC STRUCTURES	19811001	22991231		
	51600	INJECTION FOR BLADDER X-RAY	19780101	22991231	2	412.79
	51605	PREPARATION FOR BLADDER XRAY	19811001	22991231	2	412.79
	51610	INJECTION FOR BLADDER X-RAY	19811001	22991231	4	582.25

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
51700	IRRIGATION OF BLADDER	19780101	22991231	2	412.79
51705	CHANGE OF BLADDER TUBE	19780101	22991231	2	412.79
51710	CHANGE OF BLADDER TUBE	19780101	22991231	1	307.38
51715	ENDOSCOPIC INJECTION/IMPLANT	19940101	22991231	3	471.9
51720	TREATMENT OF BLADDER LESION	19811001	22991231	2	412.79
51725	SIMPLE CYSTOMETROGRAM	19780101	22991231	3	471.9
51726	COMPLEX CYSTOMETROGRAM	19811001	22991231	1	307.38
51736	URINE FLOW MEASUREMENT	19780101	22991231	1	307.38
51741	ELECTRO-UROFLOWMETRY FIRST	19811001	22991231	1	307.38
51785	ANAL/URINARY MUSCLE STUDY	19811001	22991231	1	307.38
51792	URINARY REFLEX STUDY	19811001	22991231		
51797	INTRAABDOMINAL PRESSURE TEST	19811001	22991231	2	412.79
51800	REVISION OF BLADDER/URETHRA	19780101	22991231		
51820	REVISION OF URINARY TRACT	19811001	22991231		
51840	ATTACH BLADDER/URETHRA	19780101	22991231		
51841	ATTACH BLADDER/URETHRA	19811001	22991231		
51845	REPAIR BLADDER NECK	19811001	22991231	8	911.55

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
51860	REPAIR OF BLADDER WOUND	19780101	22991231		
51865	REPAIR OF BLADDER WOUND	19780101	22991231	4	582.25
51880	REPAIR OF BLADDER OPENING	19780101	22991231	1	307.38
51900	REPAIR BLADDER/VAGINA LESION	19780101	22991231	4	582.25
51920	CLOSE BLADDER-UTERUS FISTULA	19780101	22991231	3	471.9
51925	HYSTERECTOMY/BLADDER REPAIR	19780101	22991231		
51940	CORRECTION OF BLADDER DEFECT	19811001	22991231		
51960	REVISION OF BLADDER & BOWEL	19811001	22991231		
51980	CONSTRUCT BLADDER OPENING	19811001	22991231		
51990	LAPARO URETHRAL SUSPENSION	20000101	22991231		
51992	LAPARO SLING OPERATION	20000101	22991231	5	664.02
51999	LAPAROSCOPE PROC BLA	20060101	22991231		
52000	CYSTOSCOPY	19780101	22991231	1	307.38
52005	CYSTOSCOPY & URETER CATHETER	19780101	22991231	2	412.79
52007	CYSTOSCOPY AND BIOPSY	19811001	22991231	2	412.79
52010	CYSTOSCOPY & DUCT CATHETER	19811001	22991231	2	412.79
52204	CYSTOSCOPY W/BIOPSY(S)	19780101	22991231	2	412.79

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
52214	CYSTOSCOPY AND TREATMENT	19811001	22991231	2	412.79
52224	CYSTOSCOPY AND TREATMENT	19780101	22991231	2	412.79
52234	CYSTOSCOPY AND TREATMENT	19780101	22991231	2	412.79
52235	CYSTOSCOPY AND TREATMENT	19780101	22991231	3	471.9
52240	CYSTOSCOPY AND TREATMENT	19780101	22991231	3	471.9
52250	CYSTOSCOPY AND RADIOTRACER	19780101	22991231	4	582.25
52260	CYSTOSCOPY AND TREATMENT	19780101	22991231	2	412.79
52265	CYSTOSCOPY AND TREATMENT	19811001	22991231	5	664.02
52270	CYSTOSCOPY & REVISE URETHRA	19780101	22991231	2	412.79
52275	CYSTOSCOPY & REVISE URETHRA	19780101	22991231	2	412.79
52276	CYSTOSCOPY AND TREATMENT	19780101	22991231	3	471.9
52277	CYSTOSCOPY AND TREATMENT	19811001	22991231	2	412.79
52281	CYSTOSCOPY AND TREATMENT	19840501	22991231	2	412.79
52282	CYSTOSCOPY IMPLANT STENT	19980101	22991231	8	911.55
52283	CYSTOSCOPY AND TREATMENT	19811001	22991231	2	412.79
52285	CYSTOSCOPY AND TREATMENT	19811001	22991231	2	412.79
52287	CYSTOSCOPY CHEMODENERVATION	20130101	22991231	2	412.79

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
52290	CYSTOSCOPY AND TREATMENT	19780101	22991231	2	412.79
52300	CYSTOSCOPY AND TREATMENT	19780101	22991231	2	412.79
52301	CYSTOSCOPY AND TREATMENT	19970101	22991231	3	471.9
52305	CYSTOSCOPY AND TREATMENT	19811001	22991231	2	412.79
52310	CYSTOSCOPY AND TREATMENT	19780101	22991231		
52315	CYSTOSCOPY AND TREATMENT	19780101	22991231	2	412.79
52317	REMOVE BLADDER STONE	19811001	22991231	1	307.38
52318	REMOVE BLADDER STONE	19811001	22991231	2	412.79
52320	CYSTOSCOPY AND TREATMENT	19780101	22991231	5	664.02
52325	CYSTOSCOPY STONE REMOVAL	19811001	22991231	4	582.25
52327	CYSTOSCOPY INJECT MATERIAL	19950101	22991231	2	412.79
52330	CYSTOSCOPY AND TREATMENT	19780101	22991231	2	412.79
52332	CYSTOSCOPY AND TREATMENT	19811001	22991231	2	412.79
52334	CREATE PASSAGE TO KIDNEY	19811001	22991231	3	471.9
52341	CYSTO W/URETER STRICTURE TX	20010101	22991231	3	471.9
52342	CYSTO W/UP STRICTURE TX	20010101	22991231	3	471.9
52343	CYSTO W/RENAL STRICTURE TX	20010101	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
52344	CYSTO/URETERO STRICTURE TX	20010101	22991231	3	471.9
52345	CYSTO/URETERO W/UP STRICTURE	20010101	22991231	3	471.9
52346	CYSTOURETERO W/RENAL STRICT	20010101	22991231	3	471.9
52351	CYSTOURETERO & OR PYELOSCOPE	20010101	22991231	3	471.9
52352	CYSTOURETERO W/STONE REMOVE	20010101	22991231	4	582.25
52353	CYSTOURETERO W/LITHOTRIPSY	20010101	22991231	4	582.25
52354	CYSTOURETERO W/BIOPSY	20010101	22991231	4	582.25
52355	CYSTOURETERO W/EXCISE TUMOR	20010101	22991231	4	582.25
52400	CYSTOURETERO W/CONGEN REPR	20010101	22991231	3	471.9
52402	CYSTOURETHRO CUT EJACUL DUCT	20050101	22991231	3	471.9
52450	INCISION OF PROSTATE	19920115	22991231	3	471.9
52500	REVISION OF BLADDER NECK	19811001	22991231	3	471.9
52601	PROSTATECTOMY (TURP)	19780101	22991231	4	582.25
52630	REMOVE PROSTATE REGROWTH	19811001	22991231	2	412.79
52640	RELIEVE BLADDER CONTRACTURE	19780101	22991231	2	412.79
52649	PROSTATE LASER ENUCLEATION	20080101	22991231	3	471.9
52700	DRAINAGE OF PROSTATE ABSCESS	19780101	22991231	2	412.79

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
53000	INCISION OF URETHRA	19780101	22991231	1	307.38
53010	INCISION OF URETHRA	19780101	22991231	1	307.38
53020	INCISION OF URETHRA	19780101	22991231	1	307.38
53025	INCISION OF URETHRA	19811001	22991231	6	775.59
53040	DRAINAGE OF URETHRA ABSCESS	19780101	22991231	2	412.79
53060	DRAINAGE OF URETHRA ABSCESS	19811001	22991231	2	412.79
53080	DRAINAGE OF URINARY LEAKAGE	19780101	22991231	3	471.9
53085	DRAINAGE OF URINARY LEAKAGE	19780101	22991231	2	412.79
53200	BIOPSY OF URETHRA	19811001	22991231	1	307.38
53210	REMOVAL OF URETHRA	19811001	22991231	5	664.02
53215	REMOVAL OF URETHRA	19811001	22991231	5	664.02
53220	TREATMENT OF URETHRA LESION	19780101	22991231	2	412.79
53230	REMOVAL OF URETHRA LESION	19780101	22991231	2	412.79
53235	REMOVAL OF URETHRA LESION	19780101	22991231	3	471.9
53240	SURGERY FOR URETHRA POUCH	19811001	22991231	2	412.79
53250	REMOVAL OF URETHRA GLAND	19811001	22991231	2	412.79
53260	TREATMENT OF URETHRA LESION	19780101	22991231	2	412.79

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
53265	TREATMENT OF URETHRA LESION	19780101	22991231	2	412.79
53270	REMOVAL OF URETHRA GLAND	19780101	22991231	2	412.79
53275	REPAIR OF URETHRA DEFECT	19780101	22991231	2	412.79
53400	REVISE URETHRA STAGE 1	19780101	22991231	3	471.9
53405	REVISE URETHRA STAGE 2	19780101	22991231	2	412.79
53410	RECONSTRUCTION OF URETHRA	19780101	22991231	2	412.79
53415	RECONSTRUCTION OF URETHRA	19811001	22991231		
53420	RECONSTRUCT URETHRA STAGE 1	19780101	22991231	3	471.9
53425	RECONSTRUCT URETHRA STAGE 2	19780101	22991231	2	412.79
53430	RECONSTRUCTION OF URETHRA	19780101	22991231	2	412.79
53431	RECONSTRUCT URETHRA/BLADDER	20020101	22991231	2	412.79
53440	MALE SLING PROCEDURE	19811001	22991231	2	412.79
53442	REMOVE/REVISE MALE SLING	19811001	22991231	1	307.38
53444	INSERT TANDEM CUFF	20020101	22991231	2	412.79
53445	INSERT URO/VES NCK SPHINCTER	19811001	22991231	1	307.38
53446	REMOVE URO SPHINCTER	20020101	22991231	1	307.38
53447	REMOVE/REPLACE UR SPHINCTER	19811001	22991231	1	307.38

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
53449	REPAIR URO SPHINCTER	19811001	22991231	1	307.38
53450	REVISION OF URETHRA	19811001	22991231	1	307.38
53460	REVISION OF URETHRA	19811001	22991231	1	307.38
53502	REPAIR OF URETHRA INJURY	19780101	22991231	2	412.79
53505	REPAIR OF URETHRA INJURY	19780101	22991231	2	412.79
53510	REPAIR OF URETHRA INJURY	19780101	22991231	2	412.79
53515	REPAIR OF URETHRA INJURY	19811001	22991231	2	412.79
53520	REPAIR OF URETHRA DEFECT	19780101	22991231	2	412.79
53600	DILATE URETHRA STRICTURE	19780101	22991231	1	307.38
53601	DILATE URETHRA STRICTURE	19780101	22991231	1	307.38
53605	DILATE URETHRA STRICTURE	19811001	22991231	2	412.79
53620	DILATE URETHRA STRICTURE	19780101	22991231		
53621	DILATE URETHRA STRICTURE	19780101	22991231	2	412.79
53660	DILATION OF URETHRA	19780101	22991231	1	307.38
53661	DILATION OF URETHRA	19780101	22991231	1	307.38
53665	DILATION OF URETHRA	19811001	22991231	1	307.38
53850	PROSTATIC MICROWAVE THERMOTX	19980101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
53852	PROSTATIC RF THERMOTX	19980101	22991231		
53854	TRURL DSTRJ PRST8 TISS RF WV	20190101	22991231		
53855	INSERT PROST URETHRAL STENT	20100101	22991231	2	412.79
53860	TRANSURETHRAL RF TREATMENT	20110101	22991231		
53899	UROLOGY SURGERY PROCEDURE	19831115	22991231	6	775.59
54000	SLITTING OF PREPUCE	19780101	22991231	2	412.79
54001	SLITTING OF PREPUCE	19780101	22991231	2	412.79
54015	DRAIN PENIS LESION	19811001	22991231	4	582.25
54050	DESTRUCTION PENIS LESION(S)	19811001	22991231	2	412.79
54055	DESTRUCTION PENIS LESION(S)	19811001	22991231	2	412.79
54056	CRYOSURGERY PENIS LESION(S)	19871201	22991231	1	307.38
54057	LASER SURG PENIS LESION(S)	19871201	22991231	1	307.38
54060	EXCISION OF PENIS LESION(S)	19811001	22991231	1	307.38
54065	DESTRUCTION PENIS LESION(S)	19811001	22991231	1	307.38
54100	BIOPSY OF PENIS	19780101	22991231	1	307.38
54105	BIOPSY OF PENIS	19811001	22991231	1	307.38
54110	TREATMENT OF PENIS LESION	19780101	22991231	2	412.79

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
54111	TREAT PENIS LESION GRAFT	19811001	22991231	2	412.79
54112	TREAT PENIS LESION GRAFT	19811001	22991231	2	412.79
54115	TREATMENT OF PENIS LESION	19811001	22991231	1	307.38
54120	PARTIAL REMOVAL OF PENIS	19780101	22991231	2	412.79
54125	REMOVAL OF PENIS	19780101	22991231	2	412.79
54130	REMOVE PENIS & NODES	19811001	22991231		
54135	REMOVE PENIS & NODES	19811001	22991231		
54150	CIRCUMCISION W/REGIONL BLOCK	19780101	22991231	1	307.38
54160	CIRCUMCISION NEONATE	19811001	22991231	2	412.79
54161	CIRCUM 28 DAYS OR OLDER	19780101	22991231	2	412.79
54162	LYSIS PENIL CIRCUMIC LESION	20020101	22991231	2	412.79
54163	REPAIR OF CIRCUMCISION	20020101	22991231	2	412.79
54164	FRENULOTOMY OF PENIS	20020101	22991231	2	412.79
54200	TREATMENT OF PENIS LESION	19811001	22991231	2	412.79
54205	TREATMENT OF PENIS LESION	19811001	22991231	4	582.25
54220	TREATMENT OF PENIS LESION	19811001	22991231	1	307.38
54230	PREPARE PENIS STUDY	19811001	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
54231	DYNAMIC CAVERNOSOMETRY	19940101	22991231	2	412.79
54240	PENIS STUDY	19811001	22991231	1	307.38
54250	PENIS STUDY	19811001	22991231	1	307.38
54300	REVISION OF PENIS	19780101	22991231	3	471.9
54304	REVISION OF PENIS	19811001	22991231	3	471.9
54308	RECONSTRUCTION OF URETHRA	19811001	22991231	3	471.9
54312	RECONSTRUCTION OF URETHRA	19811001	22991231	3	471.9
54316	RECONSTRUCTION OF URETHRA	19811001	22991231	3	471.9
54318	RECONSTRUCTION OF URETHRA	19811001	22991231	3	471.9
54322	RECONSTRUCTION OF URETHRA	19811001	22991231	3	471.9
54324	RECONSTRUCTION OF URETHRA	19811001	22991231	3	471.9
54326	RECONSTRUCTION OF URETHRA	19811001	22991231	3	471.9
54328	REVISE PENIS/URETHRA	19811001	22991231	3	471.9
54332	REVISE PENIS/URETHRA	19811001	22991231		
54336	REVISE PENIS/URETHRA	19811001	22991231	3	471.9
54340	SECONDARY URETHRAL SURGERY	19811001	22991231	3	471.9
54344	SECONDARY URETHRAL SURGERY	19811001	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
54348	SECONDARY URETHRAL SURGERY	19811001	22991231	3	471.9
54352	RECONSTRUCT URETHRA/PENIS	19811001	22991231	3	471.9
54360	PENIS PLASTIC SURGERY	19811001	22991231	3	471.9
54380	REPAIR PENIS	19780101	22991231	3	471.9
54385	REPAIR PENIS	19811001	22991231	3	471.9
54390	REPAIR PENIS AND BLADDER	19780101	22991231		
54400	INSERT SEMI-RIGID PROSTHESIS	19900701	22991231	3	471.9
54401	INSERT SELF-CONTD PROSTHESIS	19890401	22991231	3	471.9
54405	INSERT MULTI-COMP PENIS PROS	19780101	22991231	3	471.9
54406	REMOVE MUTI-COMP PENIS PROS	20020101	22991231	3	471.9
54408	REPAIR MULTI-COMP PENIS PROS	20020101	22991231	3	471.9
54410	REMOVE/REPLACE PENIS PROSTH	20020101	22991231	3	471.9
54415	REMOVE SELF-CONTD PENIS PROS	20020101	22991231	3	471.9
54416	REMV/REPL PENIS CONTAIN PROS	20020101	22991231	3	471.9
54420	REVISION OF PENIS	19811001	22991231	4	582.25
54430	REVISION OF PENIS	19811001	22991231		
54435	REVISION OF PENIS	19811001	22991231	4	582.25

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
54440	REPAIR OF PENIS	19780101	22991231	4	582.25
54450	PREPUTIAL STRETCHING	19811001	22991231	1	307.38
54500	BIOPSY OF TESTIS	19780101	22991231	1	307.38
54505	BIOPSY OF TESTIS	19780101	22991231	1	307.38
54512	EXCISE LESION TESTIS	20010101	22991231	2	412.79
54520	REMOVAL OF TESTIS	19780101	22991231	3	471.9
54522	ORCHIECTOMY PARTIAL	20010101	22991231	3	471.9
54530	REMOVAL OF TESTIS	19811001	22991231	4	582.25
54535	EXTENSIVE TESTIS SURGERY	19811001	22991231		
54550	EXPLORATION FOR TESTIS	19811001	22991231	4	582.25
54560	EXPLORATION FOR TESTIS	19811001	22991231	2	412.79
54600	REDUCE TESTIS TORSION	19780101	22991231	4	582.25
54620	SUSPENSION OF TESTIS	19780101	22991231	3	471.9
54640	ORCHIOPEXY INGUN/SCROT APPR	19780101	22991231	4	582.25
54650	ORCHIOPEXY (FOWLER-STEPHENS)	19940101	22991231	5	664.02
54660	REVISION OF TESTIS	19811001	22991231	2	412.79
54670	REPAIR TESTIS INJURY	19811001	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
54680	RELOCATION OF TESTIS(ES)	19811001	22991231	3	471.9
54690	LAPAROSCOPY ORCHIECTOMY	20000101	22991231	8	911.55
54692	LAPAROSCOPY ORCHIOPEXY	20000101	22991231	8	911.55
54700	DRAINAGE OF SCROTUM	19780101	22991231	2	412.79
54800	BIOPSY OF EPIDIDYMIS	19780101	22991231	1	307.38
54830	REMOVE EPIDIDYMIS LESION	19811001	22991231	3	471.9
54840	REMOVE EPIDIDYMIS LESION	19780101	22991231	4	582.25
54860	REMOVAL OF EPIDIDYMIS	19780101	22991231	3	471.9
54861	REMOVAL OF EPIDIDYMIS	19780101	22991231	4	582.25
54865	EXPLORE EPIDIDYMIS	20070101	22991231	1	307.38
54900	FUSION OF SPERMATIC DUCTS	19780101	22991231	4	582.25
54901	FUSION OF SPERMATIC DUCTS	19780101	22991231	4	582.25
55000	DRAINAGE OF HYDROCELE	19780101	22991231	2	412.79
55040	REMOVAL OF HYDROCELE	19780101	22991231	3	471.9
55041	REMOVAL OF HYDROCELES	19811001	22991231	5	664.02
55060	REPAIR OF HYDROCELE	19780101	22991231	4	582.25
55100	DRAINAGE OF SCROTUM ABSCESS	19780101	22991231	1	307.38

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
55110	EXPLORE SCROTUM	19811001	22991231	2	412.79
55120	REMOVAL OF SCROTUM LESION	19780101	22991231	2	412.79
55150	REMOVAL OF SCROTUM	19780101	22991231	1	307.38
55175	REVISION OF SCROTUM	19811001	22991231	1	307.38
55180	REVISION OF SCROTUM	19811001	22991231	2	412.79
55200	INCISION OF SPERM DUCT	19780101	22991231	2	412.79
55250	REMOVAL OF SPERM DUCT(S)	19780101	22991231	2	412.79
55300	PREPARE SPERM DUCT X-RAY	19811001	22991231	2	412.79
55400	REPAIR OF SPERM DUCT	19780101	22991231	1	307.38
55500	REMOVAL OF HYDROCELE	19780101	22991231	3	471.9
55520	REMOVAL OF SPERM CORD LESION	19811001	22991231	4	582.25
55530	REVISE SPERMATIC CORD VEINS	19780101	22991231	4	582.25
55535	REVISE SPERMATIC CORD VEINS	19811001	22991231	4	582.25
55540	REVISE HERNIA & SPERM VEINS	19780101	22991231	5	664.02
55550	LAPARO LIGATE SPERMATIC VEIN	20000101	22991231	8	911.55
55600	INCISE SPERM DUCT POUCH	19780101	22991231	1	307.38
55605	INCISE SPERM DUCT POUCH	19811001	22991231	1	307.38

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
55650	REMOVE SPERM DUCT POUCH	19780101	22991231	1	307.38
55680	REMOVE SPERM POUCH LESION	19811001	22991231	1	307.38
55700	BIOPSY OF PROSTATE	19780101	22991231	2	412.79
55705	BIOPSY OF PROSTATE	19780101	22991231	2	412.79
55706	PROSTATE SATURATION SAMPLING	20090101	22991231	1	307.38
55720	DRAINAGE OF PROSTATE ABSCESS	19780101	22991231	1	307.38
55725	DRAINAGE OF PROSTATE ABSCESS	19811001	22991231	2	412.79
55801	REMOVAL OF PROSTATE	19780101	22991231		
55810	EXTENSIVE PROSTATE SURGERY	19780101	22991231		
55812	EXTENSIVE PROSTATE SURGERY	19811001	22991231		
55815	EXTENSIVE PROSTATE SURGERY	19811001	22991231		
55821	REMOVAL OF PROSTATE	19780101	22991231		
55831	REMOVAL OF PROSTATE	19780101	22991231		
55840	EXTENSIVE PROSTATE SURGERY	19780101	22991231		
55842	EXTENSIVE PROSTATE SURGERY	19811001	22991231		
55845	EXTENSIVE PROSTATE SURGERY	19811001	22991231		
55860	SURGICAL EXPOSURE PROSTATE	19811001	22991231	2	412.79

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
55862	EXTENSIVE PROSTATE SURGERY	19811001	22991231		
55865	EXTENSIVE PROSTATE SURGERY	19811001	22991231		
55870	ELECTROEJACULATION	19920115	22991231	2	412.79
55873	CRYOABLATE PROSTATE	20010101	22991231	8	911.55
55874	TPRNL PLMT BIODEGRDABL MATRL	20180101	22991231		
55899	GENITAL SURGERY PROCEDURE	19831115	22991231	8	911.55
55920	PLACE NEEDLES PELVIC FOR RT	20080101	22991231	1	307.38
56405	I & D OF VULVA/PERINEUM	19930101	22991231	2	412.79
56420	DRAINAGE OF GLAND ABSCESS	19780101	22991231	2	412.79
56440	SURGERY FOR VULVA LESION	19780101	22991231	2	412.79
56441	LYSIS OF LABIAL LESION(S)	19910401	22991231	1	307.38
56442	HYMENOTOMY	20070101	22991231	1	307.38
56501	DESTROY VULVA LESIONS SIM	19871201	22991231	2	412.79
56515	DESTROY VULVA LESION/S COMPL	19811001	22991231	3	471.9
56605	BIOPSY OF VULVA/PERINEUM	19930101	22991231	1	307.38
56606	BIOPSY OF VULVA/PERINEUM	19930101	22991231	1	307.38
56620	PARTIAL REMOVAL OF VULVA	19780101	22991231	5	664.02

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
56625	COMPLETE REMOVAL OF VULVA	19780101	22991231	7	921.15
56630	EXTENSIVE VULVA SURGERY	19780101	22991231	5	664.02
56631	EXTENSIVE VULVA SURGERY	19930101	22991231	5	664.02
56632	EXTENSIVE VULVA SURGERY	19940101	22991231	5	664.02
56633	EXTENSIVE VULVA SURGERY	19930101	22991231	5	664.02
56634	EXTENSIVE VULVA SURGERY	19930101	22991231	5	664.02
56637	EXTENSIVE VULVA SURGERY	19930101	22991231	5	664.02
56640	EXTENSIVE VULVA SURGERY	19780101	22991231	5	664.02
56700	PARTIAL REMOVAL OF HYMEN	19780101	22991231	1	307.38
56740	REMOVE VAGINA GLAND LESION	19780101	22991231	3	471.9
56800	REPAIR OF VAGINA	19811001	22991231	3	471.9
56805	REPAIR CLITORIS	19920115	22991231	2	412.79
56810	REPAIR OF PERINEUM	19930101	22991231	5	664.02
57000	EXPLORATION OF VAGINA	19780101	22991231	1	307.38
57010	DRAINAGE OF PELVIC ABSCESS	19780101	22991231	2	412.79
57020	DRAINAGE OF PELVIC FLUID	19780101	22991231	2	412.79
57022	I & D VAGINAL HEMATOMA PP	20010101	22991231	7	921.15

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
57023	I & D VAG HEMATOMA NON-OB	20010101	22991231	1	307.38
57061	DESTROY VAG LESIONS SIMPLE	19871201	22991231	2	412.79
57065	DESTROY VAG LESIONS COMPLEX	19871201	22991231	1	307.38
57100	BIOPSY OF VAGINA	19780101	22991231	1	307.38
57105	BIOPSY OF VAGINA	19840501	22991231	2	412.79
57106	REMOVE VAGINA WALL PARTIAL	19990101	22991231		
57107	REMOVE VAGINA TISSUE PART	19990101	22991231		
57109	VAGINECTOMY PARTIAL W/NODES	19990101	22991231		
57110	REMOVE VAGINA WALL COMPLETE	19780101	22991231	4	582.25
57111	REMOVE VAGINA TISSUE COMPL	19990101	22991231		
57112	VAGINECTOMY W/NODES COMPL	19990101	22991231		
57120	CLOSURE OF VAGINA	19780101	22991231	4	582.25
57130	REMOVE VAGINA LESION	19780101	22991231	2	412.79
57135	REMOVE VAGINA LESION	19811001	22991231	2	412.79
57150	TREAT VAGINA INFECTION	19780101	22991231	1	307.38
57155	INSERT UTERI TANDEM/OVOIDS	20020101	22991231	2	412.79
57156	INS VAG BRACHYTX DEVICE	20110101	22991231	1	307.38

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
57160	INSERT PESSARY/OTHER DEVICE	19811001	22991231	1	307.38
57170	FITTING OF DIAPHRAGM/CAP	19811001	22991231	1	307.38
57180	TREAT VAGINAL BLEEDING	19871201	22991231	1	307.38
57200	REPAIR OF VAGINA	19780101	22991231	1	307.38
57210	REPAIR VAGINA/PERINEUM	19780101	22991231	2	412.79
57220	REVISION OF URETHRA	19780101	22991231	3	471.9
57230	REPAIR OF URETHRAL LESION	19780101	22991231	3	471.9
57240	ANTERIOR COLPORRHAPHY	19780101	22991231	5	664.02
57250	REPAIR RECTUM & VAGINA	19780101	22991231	5	664.02
57260	CMBN ANT PST COLPRHY	19780101	22991231	5	664.02
57265	CMBN AP COLPRHY W/NTRCL RPR	19811001	22991231	7	921.15
57267	INSERT MESH/PELVIC FLR ADDON	20050101	22991231	7	921.15
57268	REPAIR OF BOWEL BULGE	19811001	22991231	3	471.9
57270	REPAIR OF BOWEL POUCH	19780101	22991231	4	582.25
57280	SUSPENSION OF VAGINA	19780101	22991231	5	664.02
57282	COLPOPEXY EXTRAPERITONEAL	19871201	22991231	5	664.02
57284	REPAIR PARAVAG DEFECT OPEN	19960101	22991231	5	664.02

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
57285	REPAIR PARAVAG DEFECT VAG	20080101	22991231		
57287	REVISE/REMOVE SLING REPAIR	20010101	22991231	4	582.25
57288	REPAIR BLADDER DEFECT	19811001	22991231	5	664.02
57289	REPAIR BLADDER & VAGINA	19811001	22991231	5	664.02
57291	CONSTRUCTION OF VAGINA	19780101	22991231	5	664.02
57292	CONSTRUCT VAGINA WITH GRAFT	19780101	22991231	6	775.59
57295	REVISE VAG GRAFT VIA VAGINA	20060101	22991231		
57300	REPAIR RECTUM-VAGINA FISTULA	19780101	22991231	3	471.9
57305	REPAIR RECTUM-VAGINA FISTULA	19780101	22991231	4	582.25
57307	FISTULA REPAIR & COLOSTOMY	19811001	22991231	4	582.25
57308	FISTULA REPAIR TRANSPERINE	19980101	22991231		
57310	REPAIR URETHROVAGINAL LESION	19780101	22991231	3	471.9
57311	REPAIR URETHROVAGINAL LESION	19871201	22991231	4	582.25
57320	REPAIR BLADDER-VAGINA LESION	19811001	22991231	3	471.9
57330	REPAIR BLADDER-VAGINA LESION	19811001	22991231	4	582.25
57335	REPAIR VAGINA	19920115	22991231		
57400	DILATION OF VAGINA	19780101	22991231	2	412.79

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
57410	PELVIC EXAMINATION	19780101	22991231	2	412.79
57415	REMOVE VAGINAL FOREIGN BODY	19930101	22991231	2	412.79
57423	REPAIR PARAVAG DEFECT LAP	20080101	22991231	5	664.02
57426	REVISE PROSTH VAG GRAFT LAP	20100101	22991231	2	412.79
57452	EXAM OF CERVIX W/SCOPE	19811001	22991231	2	412.79
57454	BX/CURETT OF CERVIX W/SCOPE	19811001	22991231	2	412.79
57460	BX OF CERVIX W/SCOPE LEEP	19930101	22991231	4	582.25
57500	BIOPSY OF CERVIX	19780101	22991231	2	412.79
57505	ENDOCERVICAL CURETTAGE	19811001	22991231	2	412.79
57510	CAUTERIZATION OF CERVIX	19780101	22991231	2	412.79
57511	CRYOCAUTERY OF CERVIX	19811001	22991231	2	412.79
57513	LASER SURGERY OF CERVIX	19811001	22991231	2	412.79
57520	CONIZATION OF CERVIX	19780101	22991231	2	412.79
57522	CONIZATION OF CERVIX	19950101	22991231	2	412.79
57530	REMOVAL OF CERVIX	19780101	22991231	3	471.9
57531	REMOVAL OF CERVIX RADICAL	19980101	22991231		
57540	REMOVAL OF RESIDUAL CERVIX	19780101	22991231	4	582.25

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
57545	REMOVE CERVIX/REPAIR PELVIS	19780101	22991231	5	664.02
57550	REMOVAL OF RESIDUAL CERVIX	19780101	22991231	3	471.9
57555	REMOVE CERVIX/REPAIR VAGINA	19811001	22991231	5	664.02
57556	REMOVE CERVIX REPAIR BOWEL	19811001	22991231	5	664.02
57558	D&C OF CERVICAL STUMP	20070101	22991231	3	471.9
57700	REVISION OF CERVIX	19780101	22991231	1	307.38
57720	REVISION OF CERVIX	19780101	22991231	3	471.9
57800	DILATION OF CERVICAL CANAL	19780101	22991231	1	307.38
58100	BIOPSY OF UTERUS LINING	19780101	22991231	2	412.79
58110	BX DONE W/COLPOSCOPY ADD-ON	20060101	22991231	2	412.79
58120	DILATION AND CURETTAGE	19780101	22991231	2	412.79
58140	MYOMECTOMY ABDOM METHOD	19780101	22991231	4	582.25
58145	MYOMECTOMY VAG METHOD	19780101	22991231	5	664.02
58150	TOTAL HYSTERECTOMY	19780101	22991231		
58152	TOTAL HYSTERECTOMY	19811001	22991231		
58180	PARTIAL HYSTERECTOMY	19780101	22991231		
58200	EXTENSIVE HYSTERECTOMY	19811001	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
58210	EXTENSIVE HYSTERECTOMY	19780101	22991231		
58240	REMOVAL OF PELVIS CONTENTS	19780101	22991231		
58260	VAGINAL HYSTERECTOMY	19780101	22991231		
58267	VAG HYST W/URINARY REPAIR	19811001	22991231		
58270	VAG HYST W/ENTEROCELE REPAIR	19780101	22991231		
58275	HYSTERECTOMY/REVISE VAGINA	19811001	22991231		
58280	HYSTERECTOMY/REVISE VAGINA	19811001	22991231		
58285	EXTENSIVE HYSTERECTOMY	19811001	22991231		
58300	INSERT INTRAUTERINE DEVICE	19780101	22991231	7	921.15
58301	REMOVE INTRAUTERINE DEVICE	19811001	22991231	1	307.38
58340	CATHETER FOR HYSTEROGRAPHY	19780101	22991231		
58346	INSERT HEYMAN UTERI CAPSULE	20020101	22991231	2	412.79
58350	REOPEN FALLOPIAN TUBE	19811001	22991231	3	471.9
58353	ENDOMETR ABLATE THERMAL	20010101	22991231	7	921.15
58400	SUSPENSION OF UTERUS	19780101	22991231		
58410	SUSPENSION OF UTERUS	19780101	22991231		
58520	REPAIR OF RUPTURED UTERUS	19780101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
58540	REVISION OF UTERUS	19811001	22991231		
58545	LAPAROSCOPIC MYOMECTOMY	20030101	22991231	8	911.55
58550	LAPARO-ASST VAG HYSTERECTOMY	20000101	22991231	8	911.55
58555	HYSTEROSCOPY DX SEP PROC	20000101	22991231	1	307.38
58558	HYSTEROSCOPY BIOPSY	20000101	22991231	3	471.9
58559	HYSTEROSCOPY LYSIS	20000101	22991231	2	412.79
58560	HYSTEROSCOPY RESECT SEPTUM	20000101	22991231	3	471.9
58561	HYSTEROSCOPY REMOVE MYOMA	20000101	22991231	3	471.9
58562	HYSTEROSCOPY REMOVE FB	20000101	22991231		
58563	HYSTEROSCOPY ABLATION	20000101	22991231		
58565	HYSTEROSCOPY STERILIZATION	20050101	22991231	7	921.15
58570	TLH UTERUS 250 G OR LESS	20080101	22991231	5	664.02
58571	TLH W/T/O 250 G OR LESS	20080101	22991231	5	664.02
58572	TLH UTERUS OVER 250 G	20080101	22991231		
58573	TLH W/T/O UTERUS OVER 250 G	20080101	22991231		
58575	LAPS TOT HYST RESJ MAL	20180101	22991231		
58600	DIVISION OF FALLOPIAN TUBE	19780101	22991231	4	582.25

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
58605	DIVISION OF FALLOPIAN TUBE	19780101	22991231		
58611	LIGATE OVIDUCT(S) ADD-ON	19811001	22991231		
58615	OCCLUDE FALLOPIAN TUBE(S)	19811001	22991231	5	664.02
58660	LAPAROSCOPY LYSIS	20000101	22991231	5	664.02
58661	LAPAROSCOPY REMOVE ADNEXA	20000101	22991231	5	664.02
58662	LAPAROSCOPY EXCISE LESIONS	20000101	22991231	5	664.02
58670	LAPAROSCOPY TUBAL CAUTERY	20000101	22991231	3	471.9
58671	LAPAROSCOPY TUBAL BLOCK	20000101	22991231	3	471.9
58672	LAPAROSCOPY FIMBRIOPLASTY	20000101	22991231	5	664.02
58673	LAPAROSCOPY SALPINGOSTOMY	20000101	22991231	5	664.02
58674	LAPS ABLTJ UTERINE FIBROIDS	20170101	22991231		
58700	REMOVAL OF FALLOPIAN TUBE	19780101	22991231		
58720	REMOVAL OF OVARY/TUBE(S)	19780101	22991231		
58740	ADHESIOLYSIS TUBE OVARY	19780101	22991231	7	921.15
58750	REPAIR OVIDUCT	19811001	22991231		
58752	REVISE OVARIAN TUBE(S)	19780101	22991231		
58760	FIMBRIOPLASTY	19811001	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
58770	CREATE NEW TUBAL OPENING	19811001	22991231		
58800	DRAINAGE OF OVARIAN CYST(S)	19780101	22991231	3	471.9
58805	DRAINAGE OF OVARIAN CYST(S)	19780101	22991231	4	582.25
58820	DRAIN OVARY ABSCESS OPEN	19780101	22991231	3	471.9
58822	DRAIN OVARY ABSCESS PERCUT	19780101	22991231	8	911.55
58825	TRANSPOSITION OVARY(S)	19880501	22991231	8	911.55
58900	BIOPSY OF OVARY(S)	19780101	22991231	3	471.9
58920	PARTIAL REMOVAL OF OVARY(S)	19811001	22991231	8	911.55
58925	REMOVAL OF OVARIAN CYST(S)	19811001	22991231	8	911.55
58940	REMOVAL OF OVARY(S)	19780101	22991231	5	664.02
58999	GENITAL SURGERY PROCEDURE	19811001	22991231		
59015	CHORION BIOPSY	19871201	22991231	2	412.79
59051	FETAL MONITOR/INTERPRET ONLY	19950101	22991231		
59120	TREAT ECTOPIC PREGNANCY	19780101	22991231		
59121	TREAT ECTOPIC PREGNANCY	19780101	22991231		
59150	TREAT ECTOPIC PREGNANCY	19900401	22991231	5	664.02
59160	D & C AFTER DELIVERY	19780101	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
59200	INSERT CERVICAL DILATOR	19871201	22991231	1	307.38
59300	EPISIOTOMY OR VAGINAL REPAIR	19811001	22991231	2	412.79
59320	REVISION OF CERVIX	19900401	22991231	1	307.38
59612	VBAC DELIVERY ONLY	19960101	22991231		
59614	VBAC CARE AFTER DELIVERY	19960101	22991231		
59620	ATTEMPTED VBAC DELIVERY ONLY	19960101	22991231		
59622	ATTEMPTED VBAC AFTER CARE	19960101	22991231		
59812	TREATMENT OF MISCARRIAGE	19900401	22991231	5	664.02
59820	CARE OF MISCARRIAGE	19780101	22991231	5	664.02
59821	TREATMENT OF MISCARRIAGE	19900401	22991231	5	664.02
59830	TREAT UTERUS INFECTION	19780101	22991231		
59840	ABORTION	19780101	22991231	5	664.02
59841	ABORTION	19811001	22991231	5	664.02
59850	ABORTION	19811001	22991231		
59851	ABORTION	19811001	22991231		
59852	ABORTION	19811001	22991231		
59855	ABORTION	19950101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
59856	ABORTION	19950101	22991231		
59857	ABORTION	19950101	22991231		
59866	ABORTION (MPR)	19970101	22991231	3	471.9
59870	EVACUATE MOLE OF UTERUS	19900401	22991231	5	664.02
59871	REMOVE CERCLAGE SUTURE	19980101	22991231	5	664.02
59899	MATERNITY CARE PROCEDURE	19831115	22991231		
60000	DRAIN THYROID/TONGUE CYST	19780101	22991231	1	307.38
60100	BIOPSY OF THYROID	19811001	22991231	2	412.79
60200	REMOVE THYROID LESION	19780101	22991231	2	412.79
60220	PARTIAL REMOVAL OF THYROID	19780101	22991231		
60225	PARTIAL REMOVAL OF THYROID	19811001	22991231	5	664.02
60240	REMOVAL OF THYROID	19780101	22991231	3	471.9
60252	REMOVAL OF THYROID	19780101	22991231		
60254	EXTENSIVE THYROID SURGERY	19780101	22991231		
60260	REPEAT THYROID SURGERY	19780101	22991231		
60270	REMOVAL OF THYROID	19780101	22991231		
60280	REMOVE THYROID DUCT LESION	19780101	22991231	4	582.25

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
60281	REMOVE THYROID DUCT LESION	19780101	22991231	4	582.25
60300	ASPIR/INJ THYROID CYST	20080101	22991231	2	412.79
60500	EXPLORE PARATHYROID GLANDS	19780101	22991231		
60505	EXPLORE PARATHYROID GLANDS	19780101	22991231		
60520	REMOVAL OF THYMUS GLAND	19811001	22991231		
60540	EXPLORE ADRENAL GLAND	19780101	22991231		
60545	EXPLORE ADRENAL GLAND	19811001	22991231		
60600	REMOVE CAROTID BODY LESION	19780101	22991231		
60605	REMOVE CAROTID BODY LESION	19780101	22991231		
60650	LAPAROSCOPY ADRENALECTOMY	20000101	22991231		
60699	ENDOCRINE SURGERY PROCEDURE	19831115	22991231		
61000	REMOVE CRANIAL CAVITY FLUID	19811001	22991231	6	775.59
61001	REMOVE CRANIAL CAVITY FLUID	19811001	22991231	6	775.59
61020	REMOVE BRAIN CAVITY FLUID	19780101	22991231	1	307.38
61026	INJECTION INTO BRAIN CANAL	19811001	22991231	1	307.38
61050	REMOVE BRAIN CANAL FLUID	19780101	22991231	1	307.38
61055	INJECTION INTO BRAIN CANAL	19811001	22991231	1	307.38

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
61070	BRAIN CANAL SHUNT PROCEDURE	19811001	22991231	1	307.38
61105	TWIST DRILL HOLE	19811001	22991231		
61107	DRILL SKULL FOR IMPLANTATION	19811001	22991231		
61120	BURR HOLE FOR PUNCTURE	19780101	22991231		
61140	PIERCE SKULL FOR BIOPSY	19811001	22991231		
61150	PIERCE SKULL FOR DRAINAGE	19811001	22991231		
61151	PIERCE SKULL FOR DRAINAGE	19780101	22991231		
61154	PIERCE SKULL & REMOVE CLOT	19811001	22991231		
61156	PIERCE SKULL FOR DRAINAGE	19780101	22991231		
61210	PIERCE SKULL IMPLANT DEVICE	19811001	22991231		
61215	INSERT BRAIN-FLUID DEVICE	19811001	22991231	3	471.9
61250	PIERCE SKULL & EXPLORE	19780101	22991231		
61253	PIERCE SKULL & EXPLORE	19811001	22991231		
61304	OPEN SKULL FOR EXPLORATION	19811001	22991231		
61305	OPEN SKULL FOR EXPLORATION	19811001	22991231		
61320	OPEN SKULL FOR DRAINAGE	19780101	22991231		
61321	OPEN SKULL FOR DRAINAGE	19780101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
61330	DECOMPRESS EYE SOCKET	19811001	22991231	7	921.15
61333	EXPLORE ORBIT/REMOVE LESION	19811001	22991231		
61340	SUBTEMPORAL DECOMPRESSION	19811001	22991231		
61345	RELIEVE CRANIAL PRESSURE	19811001	22991231		
61450	INCISE SKULL FOR SURGERY	19811001	22991231		
61458	INCISE SKULL FOR BRAIN WOUND	19811001	22991231		
61460	INCISE SKULL FOR SURGERY	19780101	22991231		
61500	REMOVAL OF SKULL LESION	19811001	22991231		
61501	REMOVE INFECTED SKULL BONE	19811001	22991231		
61510	REMOVAL OF BRAIN LESION	19780101	22991231		
61512	REMOVE BRAIN LINING LESION	19811001	22991231		
61514	REMOVAL OF BRAIN ABSCESS	19780101	22991231		
61516	REMOVAL OF BRAIN LESION	19780101	22991231		
61518	REMOVAL OF BRAIN LESION	19811001	22991231		
61519	REMOVE BRAIN LINING LESION	19811001	22991231		
61520	REMOVAL OF BRAIN LESION	19811001	22991231		
61521	REMOVAL OF BRAIN LESION	19811001	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	61522	REMOVAL OF BRAIN ABSCESS	19811001	22991231		
	61524	REMOVAL OF BRAIN LESION	19811001	22991231		
	61526	REMOVAL OF BRAIN LESION	19811001	22991231		
	61530	REMOVAL OF BRAIN LESION	19811001	22991231		
	61533	IMPLANT BRAIN ELECTRODES	19811001	22991231		
	61534	REMOVAL OF BRAIN LESION	19811001	22991231		
	61535	REMOVE BRAIN ELECTRODES	19811001	22991231		
	61536	REMOVAL OF BRAIN LESION	19811001	22991231		
	61538	REMOVAL OF BRAIN TISSUE	19811001	22991231		
	61539	REMOVAL OF BRAIN TISSUE	19811001	22991231		
	61541	INCISION OF BRAIN TISSUE	19811001	22991231		
	61543	REMOVAL OF BRAIN TISSUE	19811001	22991231		
	61544	REMOVE & TREAT BRAIN LESION	19811001	22991231		
	61546	REMOVAL OF PITUITARY GLAND	19811001	22991231		
	61548	REMOVAL OF PITUITARY GLAND	19780101	22991231		
	61550	RELEASE OF SKULL SEAMS	19780101	22991231		
	61552	RELEASE OF SKULL SEAMS	19780101	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	61556	INCISE SKULL/SUTURES	19910401	22991231		
	61557	INCISE SKULL/SUTURES	19910401	22991231		
	61558	EXCISION OF SKULL/SUTURES	19910401	22991231		
	61559	EXCISION OF SKULL/SUTURES	19910401	22991231		
	61563	EXCISION OF SKULL TUMOR	19910401	22991231		
	61564	EXCISION OF SKULL TUMOR	19910401	22991231		
	61570	REMOVE FOREIGN BODY BRAIN	19780101	22991231		
	61571	INCISE SKULL FOR BRAIN WOUND	19811001	22991231		
	61580	CRANIOFACIAL APPROACH SKULL	19940101	22991231		
	61581	CRANIOFACIAL APPROACH SKULL	19940101	22991231		
	61582	CRANIOFACIAL APPROACH SKULL	19940101	22991231		
	61583	CRANIOFACIAL APPROACH SKULL	19940101	22991231		
	61584	ORBITOCRANIAL APPROACH/SKULL	19940101	22991231		
	61585	ORBITOCRANIAL APPROACH/SKULL	19940101	22991231		
	61586	RESECT NASOPHARYNX SKULL	19970101	22991231		
	61590	INFRATEMPORAL APPROACH/SKULL	19940101	22991231		
	61591	INFRATEMPORAL APPROACH/SKULL	19940101	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	61592	ORBITOCRANIAL APPROACH/SKULL	19940101	22991231		
	61595	TRANSTEMPORAL APPROACH/SKULL	19940101	22991231		
	61596	TRANSCOCHLEAR APPROACH/SKULL	19940101	22991231		
	61597	TRANSCONDYLAR APPROACH/SKULL	19940101	22991231		
	61598	TRANSPETROSAL APPROACH/SKULL	19940101	22991231		
	61600	RESECT/EXCISE CRANIAL LESION	19940101	22991231		
	61601	RESECT/EXCISE CRANIAL LESION	19940101	22991231		
	61605	RESECT/EXCISE CRANIAL LESION	19940101	22991231		
	61606	RESECT/EXCISE CRANIAL LESION	19940101	22991231		
	61607	RESECT/EXCISE CRANIAL LESION	19940101	22991231		
	61608	RESECT/EXCISE CRANIAL LESION	19940101	22991231		
	61611	TRANSECT ARTERY SINUS	19940101	22991231		
	61613	REMOVE ANEURYSM SINUS	19940101	22991231		
	61615	RESECT/EXCISE LESION SKULL	19940101	22991231		
	61616	RESECT/EXCISE LESION SKULL	19940101	22991231		
	61618	REPAIR DURA	19940101	22991231		
	61619	REPAIR DURA	19940101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

	CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
	61624	TRANSCATH OCCLUSION CNS	19920115	22991231		
	61626	TRANSCATH OCCLUSION NON-CNS	19920115	22991231		
	61697	BRAIN ANEURYSM REPR COMPLX	20010101	22991231		
	61700	BRAIN ANEURYSM REPR SIMPLE	19811001	22991231		
	61702	INNER SKULL VESSEL SURGERY	19811001	22991231		
	61703	CLAMP NECK ARTERY	19811001	22991231		
	61705	REVISE CIRCULATION TO HEAD	19811001	22991231		
	61708	REVISE CIRCULATION TO HEAD	19811001	22991231		
	61710	REVISE CIRCULATION TO HEAD	19811001	22991231		
	61711	FUSION OF SKULL ARTERIES	19811001	22991231		
	61720	INCISE SKULL/BRAIN SURGERY	19811001	22991231		
	61735	INCISE SKULL/BRAIN SURGERY	19811001	22991231		
	61750	INCISE SKULL/BRAIN BIOPSY	19811001	22991231		
	61751	BRAIN BIOPSY W/CT/MR GUIDE	19811001	22991231		
	61781	SCAN PROC CRANIAL INTRA	20110101	22991231		
	61782	SCAN PROC CRANIAL EXTRA	20110101	22991231		
	61783	SCAN PROC SPINAL	20110101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
61790	TREAT TRIGEMINAL NERVE	19811001	22991231	3	471.9
61791	TREAT TRIGEMINAL TRACT	19811001	22991231	3	471.9
61796	SRS CRANIAL LESION SIMPLE	20090101	22991231		
61797	SRS CRAN LES SIMPLE ADDL	20090101	22991231		
61798	SRS CRANIAL LESION COMPLEX	20090101	22991231		
61799	SRS CRAN LES COMPLEX ADDL	20090101	22991231		
61800	APPLY SRS HEADFRAME ADD-ON	20090101	22991231		
61850	IMPLANT NEUROELECTRODES	19811001	22991231		
61860	IMPLANT NEUROELECTRODES	19811001	22991231		
61870	IMPLANT NEUROELECTRODES	19811001	22991231		
61880	REVISE/REMOVE NEUROELECTRODE	19811001	22991231	1	307.38
61885	INSRT/REDO NEUROSTIM 1 ARRAY	19811001	22991231	2	412.79
61886	IMPLANT NEUROSTIM ARRAYS	20000101	22991231	3	471.9
61888	REVISE/REMOVE NEURORECEIVER	19811001	22991231	3	471.9
62000	TREAT SKULL FRACTURE	19780101	22991231	3	471.9
62005	TREAT SKULL FRACTURE	19811001	22991231		
62010	TREATMENT OF HEAD INJURY	19780101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
62100	REPAIR BRAIN FLUID LEAKAGE	19780101	22991231		
62115	REDUCTION OF SKULL DEFECT	19910401	22991231		
62117	REDUCTION OF SKULL DEFECT	19910401	22991231		
62120	REPAIR SKULL CAVITY LESION	19780101	22991231		
62121	INCISE SKULL REPAIR	19910401	22991231		
62140	REPAIR OF SKULL DEFECT	19780101	22991231		
62141	REPAIR OF SKULL DEFECT	19780101	22991231		
62142	REMOVE SKULL PLATE/FLAP	19811001	22991231		
62143	REPLACE SKULL PLATE/FLAP	19811001	22991231		
62145	REPAIR OF SKULL & BRAIN	19811001	22991231		
62146	REPAIR OF SKULL WITH GRAFT	19910401	22991231		
62147	REPAIR OF SKULL WITH GRAFT	19910401	22991231		
62180	ESTABLISH BRAIN CAVITY SHUNT	19780101	22991231		
62190	ESTABLISH BRAIN CAVITY SHUNT	19811001	22991231		
62192	ESTABLISH BRAIN CAVITY SHUNT	19811001	22991231		
62194	REPLACE/IRRIGATE CATHETER	19811001	22991231	1	307.38
62200	ESTABLISH BRAIN CAVITY SHUNT	19811001	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
62220	ESTABLISH BRAIN CAVITY SHUNT	19780101	22991231		
62223	ESTABLISH BRAIN CAVITY SHUNT	19780101	22991231		
62225	REPLACE/IRRIGATE CATHETER	19780101	22991231	1	307.38
62230	REPLACE/REVISE BRAIN SHUNT	19780101	22991231	2	412.79
62252	CSF SHUNT REPROGRAM	20010101	22991231	1	307.38
62256	REMOVE BRAIN CAVITY SHUNT	19780101	22991231	2	412.79
62258	REPLACE BRAIN CAVITY SHUNT	19811001	22991231		
62263	EPIDURAL LYSIS MULT SESSIONS	20000101	22991231	1	307.38
62264	EPIDURAL LYSIS ON SINGLE DAY	20030101	22991231	1	307.38
62267	INTERDISCAL PERQ ASPIR DX	20090101	22991231	1	307.38
62268	DRAIN SPINAL CORD CYST	19900701	22991231	1	307.38
62269	NEEDLE BIOPSY SPINAL CORD	19900701	22991231	1	307.38
62270	DX LMBR SPI PNXR	19780101	22991231	1	307.38
62272	THER SPI PNXR DRG CSF	19811001	22991231	1	307.38
62273	INJECT EPIDURAL PATCH	19811001	22991231	1	307.38
62280	TREAT SPINAL CORD LESION	19780101	22991231	1	307.38
62281	TREAT SPINAL CORD LESION	19920115	22991231	1	307.38

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
62282	TREAT SPINAL CANAL LESION	19811001	22991231		
62284	INJECTION FOR MYELOGRAM	19780101	22991231	1	307.38
62287	PERCUTANEOUS DISKECTOMY	19910401	22991231	8	911.55
62290	NJX PX DISCOGRAPHY LUMBAR	19780101	22991231	1	307.38
62291	NJX PX DISCOGRAPHY CRV/THRC	19811001	22991231	1	307.38
62292	NJX CHEMONUCLEOLYSIS LMBR	19811001	22991231	6	775.59
62294	INJECTION INTO SPINAL ARTERY	19811001	22991231	3	471.9
62320	NJX INTERLAMINAR CRV/THRC	20170101	22991231		
62321	NJX INTERLAMINAR CRV/THRC	20170101	22991231		
62322	NJX INTERLAMINAR LMBR/SAC	20170101	22991231		
62323	NJX INTERLAMINAR LMBR/SAC	20170101	22991231		
62324	NJX INTERLAMINAR CRV/THRC	20170101	22991231		
62325	NJX INTERLAMINAR CRV/THRC	20170101	22991231		
62326	NJX INTERLAMINAR LMBR/SAC	20170101	22991231		
62327	NJX INTERLAMINAR LMBR/SAC	20170101	22991231		
62328	DX LMBR SPI PNXR W/FLUOR/CT	20200101	22991231		
62329	THER SPI PNXR CSF FLUOR/CT	20200101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
62350	IMPLANT SPINAL CANAL CATH	19960101	22991231	2	412.79
62351	IMPLANT SPINAL CANAL CATH	19960101	22991231	2	412.79
62355	REMOVE SPINAL CANAL CATHETER	19960101	22991231	2	412.79
62360	INSERT SPINE INFUSION DEVICE	19960101	22991231	2	412.79
62361	IMPLANT SPINE INFUSION PUMP	19960101	22991231	2	412.79
62362	IMPLANT SPINE INFUSION PUMP	19960101	22991231	2	412.79
62365	REMOVE SPINE INFUSION DEVICE	19960101	22991231	2	412.79
62369	ANAL SP INF PMP W/REPRG&FILL	20120101	22991231	2	412.79
62370	ANL SP INF PMP W/MDREPRG&FIL	20120101	22991231	2	412.79
62380	NDSC DCMPRN 1 NTRSPC LUMBAR	20170101	22991231		
63001	REMOVE SPINE LAMINA 1/2 CRVL	19780101	22991231	3	471.9
63003	REMOVE SPINE LAMINA 1/2 THRC	19780101	22991231		
63005	REMOVE SPINE LAMINA 1/2 LMBR	19780101	22991231	3	471.9
63011	REMOVE SPINE LAMINA 1/2 SCRL	19811001	22991231		
63012	REMOVE LAMINA/FACETS LUMBAR	19910401	22991231		
63015	REMOVE SPINE LAMINA >2 CRVCL	19811001	22991231		
63016	REMOVE SPINE LAMINA >2 THRC	19811001	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	63017	REMOVE SPINE LAMINA >2 LMBR	19811001	22991231		
	63020	NECK SPINE DISK SURGERY	19780101	22991231		
	63030	LOW BACK DISK SURGERY	19780101	22991231		
	63035	SPINAL DISK SURGERY ADD-ON	19811001	22991231		
	63040	LAMINOTOMY SINGLE CERVICAL	19811001	22991231		
	63042	LAMINOTOMY SINGLE LUMBAR	19811001	22991231		
	63043	LAMINOTOMY ADDL CERVICAL	20010101	22991231		
	63044	LAMINOTOMY ADDL LUMBAR	20010101	22991231		
	63064	DECOMPRESS SPINAL CORD THRC	19811001	22991231		
	63075	NECK SPINE DISK SURGERY	19811001	22991231		
	63076	NECK SPINE DISK SURGERY	19811001	22991231		
	63170	INCISE SPINAL CORD TRACT(S)	19811001	22991231		
	63180	REVISE SPINAL CORD LIGAMENTS	19811001	22991231		
	63182	REVISE SPINAL CORD LIGAMENTS	19811001	22991231		
	63185	INCISE SPINE NRV HALF SEGMNT	19780101	22991231		
	63190	INCISE SPINE NRV >2 SEGMNTS	19780101	22991231		
	63191	INCISE SPINE ACCESSORY NERVE	19811001	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
63194	INCISE SPINE & CORD CERVICAL	19780101	22991231		
63195	INCISE SPINE & CORD THORACIC	19811001	22991231		
63196	INCISE SPINE&CORD 2 TRX CRVL	19811001	22991231		
63197	INCISE SPINE&CORD 2 TRX THRC	19811001	22991231		
63198	INCISE SPIN&CORD 2 STGS CRVL	19811001	22991231		
63199	INCISE SPIN&CORD 2 STGS THRC	19811001	22991231		
63250	REVISE SPINAL CORD VSLS CRVL	19811001	22991231		
63251	REVISE SPINAL CORD VSLS THRC	19811001	22991231		
63600	REMOVE SPINAL CORD LESION	19811001	22991231	2	412.79
63610	STIMULATION OF SPINAL CORD	19811001	22991231	1	307.38
63620	SRS SPINAL LESION	20090101	22991231		
63621	SRS SPINAL LESION ADDL	20090101	22991231		
63650	IMPLANT NEUROELECTRODES	19811001	22991231	2	412.79
63655	IMPLANT NEUROELECTRODES	19811001	22991231	3	471.9
63661	REMOVE SPINE ELTRD PERQ ARAY	20100101	22991231	2	412.79
63662	REMOVE SPINE ELTRD PLATE	20100101	22991231		
63663	REVISE SPINE ELTRD PERQ ARAY	20100101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
63664	REVISE SPINE ELTRD PLATE	20100101	22991231		
63685	INSRT/REDO SPINE N GENERATOR	19811001	22991231	2	412.79
63688	REVISE/REMOVE NEUORECEIVER	19811001	22991231	1	307.38
63700	REPAIR OF SPINAL HERNIATION	19780101	22991231		
63702	REPAIR OF SPINAL HERNIATION	19780101	22991231		
63704	REPAIR OF SPINAL HERNIATION	19780101	22991231		
63706	REPAIR OF SPINAL HERNIATION	19780101	22991231		
63710	GRAFT REPAIR OF SPINE DEFECT	19811001	22991231		
63740	INSTALL SPINAL SHUNT	19780101	22991231		
63741	INSTALL SPINAL SHUNT	19910401	22991231		
63744	REVISION OF SPINAL SHUNT	19811001	22991231	3	471.9
63746	REMOVAL OF SPINAL SHUNT	19811001	22991231	2	412.79
64400	NJX AA&/STRD TRIGEMINAL NRV	19780101	22991231	2	412.79
64405	NJX AA&/STRD GR OCPL NRV	19811001	22991231	2	412.79
64408	NJX AA&/STRD VAGUS NRV	19811001	22991231	2	412.79
64415	NJX AA&/STRD BRACH PLEXUS	19780101	22991231	1	307.38
64416	NJX AA&/STRD BRACH PLEX NFS	20030101	22991231	1	307.38

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
64417	NJX AA&/STRD AXILLARY NRV	19811001	22991231	1	307.38
64418	NJX AA&/STRD SPRSCAP NRV	19811001	22991231	2	412.79
64420	NJX AA&/STRD NTRCOST NRV 1	19780101	22991231	4	582.25
64421	NJX AA&/STRD NTRCOST NRV EA	19780101	22991231	1	307.38
64425	NJX AA&/STRD II IH NERVES	19780101	22991231	1	307.38
64430	NJX AA&/STRD PUDENDAL NERVE	19780101	22991231	6	775.59
64435	NJX AA&/STRD PARACRV NRV	19811001	22991231	2	412.79
64445	NJX AA&/STRD SCIATIC NERVE	19780101	22991231	2	412.79
64446	NJX AA&/STRD SCIATIC NRV NFS	20030101	22991231	1	307.38
64447	NJX AA&/STRD FEMORAL NERVE	20030101	22991231	2	412.79
64448	NJX AA&/STRD FEM NERVE NFS	20030101	22991231	1	307.38
64449	NJX AA&/STRD LMBR PLEX NFS	20031001	22991231	1	307.38
64450	NJX AA&/STRD OTHER PN/BRANCH	19780101	22991231	2	412.79
64451	NJX AA&/STRD NRV NRVTG SI JT	20200101	22991231		
64454	NJX AA&/STRD GNCLR NRV BRNCH	20200101	22991231		
64455	N BLOCK INJ PLANTAR DIGIT	20090101	22991231	1	307.38
64479	INJ FORAMEN EPIDURAL C/T	20000101	22991231	1	307.38

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
64480	INJ FORAMEN EPIDURAL ADD-ON	20000101	22991231	1	307.38
64483	INJ FORAMEN EPIDURAL L/S	20000101	22991231	1	307.38
64484	INJ FORAMEN EPIDURAL ADD-ON	20000101	22991231	1	307.38
64490	INJ PARAVERT F JNT C/T 1 LEV	20100101	22991231	1	307.38
64491	INJ PARAVERT F JNT C/T 2 LEV	20100101	22991231	1	307.38
64492	INJ PARAVERT F JNT C/T 3 LEV	20100101	22991231	1	307.38
64493	INJ PARAVERT F JNT L/S 1 LEV	20100101	22991231	1	307.38
64494	INJ PARAVERT F JNT L/S 2 LEV	20100101	22991231	1	307.38
64495	INJ PARAVERT F JNT L/S 3 LEV	20100101	22991231	1	307.38
64505	N BLOCK SPENOPALATINE GANGL	19811001	22991231	2	412.79
64510	N BLOCK STELLATE GANGLION	19811001	22991231	1	307.38
64517	N BLOCK INJ HYPOGAS PLXS	20031001	22991231	2	412.79
64520	N BLOCK LUMBAR/THORACIC	19811001	22991231	1	307.38
64530	N BLOCK INJ CELIAC PELUS	19811001	22991231		
64553	IMPLANT NEUROELECTRODES	19811001	22991231	1	307.38
64555	IMPLANT NEUROELECTRODES	19811001	22991231	2	412.79
64561	IMPLANT NEUROELECTRODES	20020101	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
64566	NEUROELTRD STIM POST TIBIAL	20110101	22991231	2	412.79
64568	INC FOR VAGUS N ELECT IMPL	20110101	22991231	8	911.55
64569	REVISE/REPL VAGUS N ELTRD	20110101	22991231	2	412.79
64570	REMOVE VAGUS N ELTRD	20110101	22991231	2	412.79
64575	IMPLANT NEUROELECTRODES	19811001	22991231	1	307.38
64580	IMPLANT NEUROELECTRODES	19811001	22991231	1	307.38
64581	IMPLANT NEUROELECTRODES	20020101	22991231	3	471.9
64585	REVISE/REMOVE NEUROELECTRODE	19811001	22991231	1	307.38
64590	INSRT/REDO PN/GASTR STIMUL	19811001	22991231	2	412.79
64595	REVISE/RMV PN/GASTR STIMUL	19811001	22991231	1	307.38
64600	INJECTION TREATMENT OF NERVE	19811001	22991231	1	307.38
64605	INJECTION TREATMENT OF NERVE	19811001	22991231	1	307.38
64610	INJECTION TREATMENT OF NERVE	19801201	22991231	1	307.38
64611	CHEMODENERV SALIV GLANDS	20110101	22991231	2	412.79
64612	DESTROY NERVE FACE MUSCLE	19920115	22991231	2	412.79
64615	CHEMODENERV MUSC MIGRAINE	20130101	22991231	1	307.38
64620	INJECTION TREATMENT OF NERVE	19811001	22991231	1	307.38

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
64624	DSTRJ NULYT AGT GNCLR NRV	20200101	22991231		
64625	RF ABLTJ NRV NRVTG SI JT	20200101	22991231		
64630	INJECTION TREATMENT OF NERVE	19811001	22991231	2	412.79
64632	N BLOCK INJ COMMON DIGIT	20090101	22991231	1	307.38
64633	DESTROY CERV/THOR FACET JNT	20120101	22991231	1	307.38
64634	DESTROY C/TH FACET JNT ADDL	20120101	22991231	1	307.38
64635	DESTROY LUMB/SAC FACET JNT	20120101	22991231	2	412.79
64636	DESTROY L/S FACET JNT ADDL	20120101	22991231	1	307.38
64640	INJECTION TREATMENT OF NERVE	19811001	22991231	3	471.9
64680	INJECTION TREATMENT OF NERVE	19811001	22991231	2	412.79
64702	REVISE FINGER/TOE NERVE	19780101	22991231	1	307.38
64704	REVISE HAND/FOOT NERVE	19780101	22991231	1	307.38
64708	REVISE ARM/LEG NERVE	19780101	22991231	2	412.79
64712	REVISION OF SCIATIC NERVE	19780101	22991231	2	412.79
64713	REVISION OF ARM NERVE(S)	19780101	22991231	2	412.79
64714	REVISE LOW BACK NERVE(S)	19780101	22991231	2	412.79
64716	REVISION OF CRANIAL NERVE	19780101	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
64718	REVISE ULNAR NERVE AT ELBOW	19780101	22991231	2	412.79
64719	REVISE ULNAR NERVE AT WRIST	19811001	22991231	2	412.79
64721	CARPAL TUNNEL SURGERY	19780101	22991231	2	412.79
64722	RELIEVE PRESSURE ON NERVE(S)	19811001	22991231	1	307.38
64726	RELEASE FOOT/TOE NERVE	19811001	22991231	1	307.38
64727	INTERNAL NERVE REVISION	19811001	22991231	1	307.38
64732	INCISION OF BROW NERVE	19811001	22991231	2	412.79
64734	INCISION OF CHEEK NERVE	19780101	22991231	2	412.79
64736	INCISION OF CHIN NERVE	19811001	22991231	2	412.79
64738	INCISION OF JAW NERVE	19811001	22991231	2	412.79
64740	INCISION OF TONGUE NERVE	19811001	22991231	2	412.79
64742	INCISION OF FACIAL NERVE	19780101	22991231	2	412.79
64744	INCISE NERVE BACK OF HEAD	19780101	22991231	2	412.79
64746	INCISE DIAPHRAGM NERVE	19780101	22991231	2	412.79
64755	INCISION OF STOMACH NERVES	19811001	22991231		
64760	INCISION OF VAGUS NERVE	19811001	22991231		
64763	INCISE HIP/THIGH NERVE	19811001	22991231	2	412.79

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
64766	INCISE HIP/THIGH NERVE	19811001	22991231	3	471.9
64771	SEVER CRANIAL NERVE	19811001	22991231	2	412.79
64772	INCISION OF SPINAL NERVE	19780101	22991231	2	412.79
64774	REMOVE SKIN NERVE LESION	19780101	22991231	2	412.79
64776	REMOVE DIGIT NERVE LESION	19780101	22991231	3	471.9
64778	DIGIT NERVE SURGERY ADD-ON	19811001	22991231	2	412.79
64782	REMOVE LIMB NERVE LESION	19780101	22991231	3	471.9
64783	LIMB NERVE SURGERY ADD-ON	19780101	22991231	2	412.79
64784	REMOVE NERVE LESION	19811001	22991231	3	471.9
64786	REMOVE SCIATIC NERVE LESION	19811001	22991231	3	471.9
64787	IMPLANT NERVE END	19811001	22991231	2	412.79
64788	REMOVE SKIN NERVE LESION	19811001	22991231	3	471.9
64790	REMOVAL OF NERVE LESION	19811001	22991231	3	471.9
64792	REMOVAL OF NERVE LESION	19811001	22991231	3	471.9
64795	BIOPSY OF NERVE	19780101	22991231	2	412.79
64802	SYMPATHECTOMY CERVICAL	19780101	22991231	2	412.79
64804	REMOVE SYMPATHETIC NERVES	19780101	22991231	4	582.25

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
64809	REMOVE SYMPATHETIC NERVES	19811001	22991231		
64818	REMOVE SYMPATHETIC NERVES	19780101	22991231		
64821	REMOVE SYMPATHETIC NERVES	20020101	22991231	4	582.25
64831	REPAIR OF DIGIT NERVE	19780101	22991231	4	582.25
64832	REPAIR NERVE ADD-ON	19811001	22991231	1	307.38
64834	REPAIR OF HAND OR FOOT NERVE	19780101	22991231	2	412.79
64835	REPAIR OF HAND OR FOOT NERVE	19780101	22991231	3	471.9
64836	REPAIR OF HAND OR FOOT NERVE	19780101	22991231	3	471.9
64837	REPAIR NERVE ADD-ON	19811001	22991231	1	307.38
64840	REPAIR OF LEG NERVE	19811001	22991231	2	412.79
64856	REPAIR/TRANSPOSE NERVE	19811001	22991231	2	412.79
64857	REPAIR ARM/LEG NERVE	19780101	22991231	2	412.79
64858	REPAIR SCIATIC NERVE	19780101	22991231	2	412.79
64859	NERVE SURGERY	19780101	22991231	1	307.38
64861	REPAIR OF ARM NERVES	19780101	22991231	3	471.9
64862	REPAIR OF LOW BACK NERVES	19780101	22991231	3	471.9
64864	REPAIR OF FACIAL NERVE	19780101	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
64865	REPAIR OF FACIAL NERVE	19780101	22991231	4	582.25
64866	FUSION OF FACIAL/OTHER NERVE	19780101	22991231		
64868	FUSION OF FACIAL/OTHER NERVE	19780101	22991231	4	582.25
64872	SUBSEQUENT REPAIR OF NERVE	19811001	22991231	2	412.79
64874	REPAIR & REVISE NERVE ADD-ON	19811001	22991231	3	471.9
64876	REPAIR NERVE/SHORTEN BONE	19811001	22991231	3	471.9
64885	NERVE GRAFT HEAD/NECK </4 CM	19920115	22991231	2	412.79
64886	NERVE GRAFT HEAD/NECK >4 CM	19920115	22991231	2	412.79
64890	NERVE GRAFT HAND/FOOT </4 CM	19811001	22991231	2	412.79
64891	NERVE GRAFT HAND/FOOT >4 CM	19811001	22991231	2	412.79
64892	NERVE GRAFT ARM/LEG <4 CM	19811001	22991231	2	412.79
64893	NERVE GRAFT ARM/LEG >4 CM	19811001	22991231	2	412.79
64895	NERVE GRAFT HAND/FOOT </4 CM	19811001	22991231	3	471.9
64896	NERVE GRAFT HAND/FOOT >4 CM	19811001	22991231	3	471.9
64897	NERVE GRAFT ARM/LEG </4 CM	19811001	22991231	3	471.9
64898	NERVE GRAFT ARM/LEG >4 CM	19811001	22991231	3	471.9
64901	NERVE GRAFT ADD-ON	19811001	22991231	2	412.79

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
64902	NERVE GRAFT ADD-ON	19811001	22991231	2	412.79
64905	NERVE PEDICLE TRANSFER	19811001	22991231	2	412.79
64907	NERVE PEDICLE TRANSFER	19811001	22991231	1	307.38
64912	NRV RPR W/NRV ALGRFT 1ST	20180101	22991231		
64913	NRV RPR W/NRV ALGRFT EA ADDL	20180101	22991231		
64999	NERVOUS SYSTEM SURGERY	19831115	22991231		
65091	REVISE EYE	19780101	22991231	3	471.9
65093	REVISE EYE WITH IMPLANT	19780101	22991231	3	471.9
65101	REMOVAL OF EYE	19780101	22991231	3	471.9
65103	REMOVE EYE/INSERT IMPLANT	19811001	22991231	3	471.9
65105	REMOVE EYE/ATTACH IMPLANT	19780101	22991231	4	582.25
65110	REMOVAL OF EYE	19780101	22991231	5	664.02
65112	REMOVE EYE/REVISE SOCKET	19780101	22991231	7	921.15
65114	REMOVE EYE/REVISE SOCKET	19811001	22991231	7	921.15
65125	REVISE OCULAR IMPLANT	19920115	22991231	4	582.25
65130	INSERT OCULAR IMPLANT	19811001	22991231	3	471.9
65135	INSERT OCULAR IMPLANT	19811001	22991231	2	412.79

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
65140	ATTACH OCULAR IMPLANT	19811001	22991231	3	471.9
65150	REVISE OCULAR IMPLANT	19811001	22991231	2	412.79
65155	REINSERT OCULAR IMPLANT	19811001	22991231	3	471.9
65175	REMOVAL OF OCULAR IMPLANT	19780101	22991231	1	307.38
65205	REMOVE FOREIGN BODY FROM EYE	19780101	22991231	1	307.38
65210	REMOVE FOREIGN BODY FROM EYE	19780101	22991231	1	307.38
65220	REMOVE FOREIGN BODY FROM EYE	19780101	22991231	1	307.38
65222	REMOVE FOREIGN BODY FROM EYE	19780101	22991231		
65235	REMOVE FOREIGN BODY FROM EYE	19811001	22991231	2	412.79
65260	REMOVE FOREIGN BODY FROM EYE	19811001	22991231	3	471.9
65265	REMOVE FOREIGN BODY FROM EYE	19811001	22991231	4	582.25
65270	REPAIR OF EYE WOUND	19780101	22991231	2	412.79
65272	REPAIR OF EYE WOUND	19811001	22991231	2	412.79
65273	REPAIR OF EYE WOUND	19811001	22991231		
65275	REPAIR OF EYE WOUND	19811001	22991231	4	582.25
65280	REPAIR OF EYE WOUND	19811001	22991231	4	582.25
65285	REPAIR OF EYE WOUND	19811001	22991231	4	582.25

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
65286	REPAIR OF EYE WOUND	19890401	22991231		
65290	REPAIR OF EYE SOCKET WOUND	19811001	22991231	3	471.9
65400	REMOVAL OF EYE LESION	19780101	22991231	1	307.38
65410	BIOPSY OF CORNEA	19811001	22991231	2	412.79
65420	REMOVAL OF EYE LESION	19780101	22991231	2	412.79
65426	REMOVAL OF EYE LESION	19811001	22991231	5	664.02
65430	CORNEAL SMEAR	19811001	22991231		
65435	CURETTE/TREAT CORNEA	19780101	22991231	1	307.38
65436	CURETTE/TREAT CORNEA	19811001	22991231	4	582.25
65450	TREATMENT OF CORNEAL LESION	19871201	22991231	2	412.79
65600	REVISION OF CORNEA	19780101	22991231	4	582.25
65710	CORNEAL TRANSPLANT	19780101	22991231	7	921.15
65730	CORNEAL TRANSPLANT	19780101	22991231	7	921.15
65750	CORNEAL TRANSPLANT	19780101	22991231	7	921.15
65755	CORNEAL TRANSPLANT	19910401	22991231	7	921.15
65756	CORNEAL TRNSPL ENDOTHELIAL	20090101	22991231	7	921.15
65757	PREP CORNEAL ENDO ALLOGRAFT	20090101	22991231	2	412.79

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
65760	REVISION OF CORNEA	19811001	22991231	1	307.38
65765	REVISION OF CORNEA	19811001	22991231		
65767	CORNEAL TISSUE TRANSPLANT	19871201	22991231		
65770	REVISE CORNEA WITH IMPLANT	19811001	22991231	7	921.15
65772	CORRECTION OF ASTIGMATISM	19880501	22991231	4	582.25
65775	CORRECTION OF ASTIGMATISM	19880501	22991231	4	582.25
65778	COVER EYE W/MEMBRANE	20110101	22991231		
65779	COVER EYE W/MEMBRANE SUTURE	20110101	22991231	1	307.38
65780	OCULAR RECONST TRANSPLANT	20040101	22991231	5	664.02
65781	OCULAR RECONST TRANSPLANT	20040101	22991231	5	664.02
65782	OCULAR RECONST TRANSPLANT	20040101	22991231	5	664.02
65800	DRAINAGE OF EYE	19780101	22991231	1	307.38
65810	DRAINAGE OF EYE	19811001	22991231	3	471.9
65815	DRAINAGE OF EYE	19811001	22991231	2	412.79
65820	RELIEVE INNER EYE PRESSURE	19780101	22991231	1	307.38
65850	INCISION OF EYE	19811001	22991231	4	582.25
65855	TRABECULOPLASTY LASER SURG	19811001	22991231	4	582.25

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
65865	INCISE INNER EYE ADHESIONS	19811001	22991231	1	307.38
65870	INCISE INNER EYE ADHESIONS	19811001	22991231	4	582.25
65875	INCISE INNER EYE ADHESIONS	19811001	22991231	4	582.25
65880	INCISE INNER EYE ADHESIONS	19811001	22991231	4	582.25
65900	REMOVE EYE LESION	19811001	22991231	5	664.02
65920	REMOVE IMPLANT OF EYE	19811001	22991231	7	921.15
65930	REMOVE BLOOD CLOT FROM EYE	19811001	22991231	5	664.02
66020	INJECTION TREATMENT OF EYE	19811001	22991231	1	307.38
66030	INJECTION TREATMENT OF EYE	19811001	22991231	1	307.38
66130	REMOVE EYE LESION	19811001	22991231	7	921.15
66150	GLAUCOMA SURGERY	19780101	22991231	4	582.25
66155	GLAUCOMA SURGERY	19811001	22991231	4	582.25
66160	GLAUCOMA SURGERY	19811001	22991231	2	412.79
66170	GLAUCOMA SURGERY	19780101	22991231	4	582.25
66172	INCISION OF EYE	19940101	22991231	4	582.25
66174	TRANSLUM DIL EYE CANAL	20110101	22991231	7	921.15
66175	TRNSLUM DIL EYE CANAL W/STNT	20110101	22991231	7	921.15

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
66180	AQUEOUS SHUNT EYE W/GRAFT	19910401	22991231	5	664.02
66185	REVISE AQUEOUS SHUNT EYE	19910401	22991231	2	412.79
66225	REPAIR/GRAFT EYE LESION	19811001	22991231	4	582.25
66250	FOLLOW-UP SURGERY OF EYE	19811001	22991231	2	412.79
66500	INCISION OF IRIS	19780101	22991231	1	307.38
66505	INCISION OF IRIS	19780101	22991231	1	307.38
66600	REMOVE IRIS AND LESION	19780101	22991231	3	471.9
66605	REMOVAL OF IRIS	19780101	22991231	3	471.9
66625	REMOVAL OF IRIS	19780101	22991231	3	471.9
66630	REMOVAL OF IRIS	19811001	22991231	3	471.9
66635	REMOVAL OF IRIS	19780101	22991231	3	471.9
66680	REPAIR IRIS & CILIARY BODY	19790101	22991231	3	471.9
66682	REPAIR IRIS & CILIARY BODY	19811001	22991231	2	412.79
66710	CILIARY TRANSSLERAL THERAPY	19920115	22991231	2	412.79
66711	ECP CILIARY BODY DESTRUCTION	20050101	22991231	2	412.79
66720	DESTRUCTION CILIARY BODY	19811001	22991231	2	412.79
66740	DESTRUCTION CILIARY BODY	19780101	22991231	2	412.79

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
66761	REVISION OF IRIS	19811001	22991231	4	582.25
66762	REVISION OF IRIS	19811001	22991231	4	582.25
66770	REMOVAL OF INNER EYE LESION	19811001	22991231	4	582.25
66820	INCISION SECONDARY CATARACT	19811001	22991231	1	307.38
66821	AFTER CATARACT LASER SURGERY	19871201	22991231	2	412.79
66825	REPOSITION INTRAOCULAR LENS	19930101	22991231	4	582.25
66830	REMOVAL OF LENS LESION	19811001	22991231	4	582.25
66840	REMOVAL OF LENS MATERIAL	19780101	22991231	4	582.25
66850	REMOVAL OF LENS MATERIAL	19780101	22991231	7	921.15
66852	REMOVAL OF LENS MATERIAL	19910401	22991231	4	582.25
66920	EXTRACTION OF LENS	19780101	22991231	4	582.25
66930	EXTRACTION OF LENS	19811001	22991231	5	664.02
66940	EXTRACTION OF LENS	19811001	22991231	5	664.02
66982	XCAPSL CTRC RMVL CPLX WO ECP	20010101	22991231	8	911.55
66983	CATARACT SURG W/IOL 1 STAGE	19780101	22991231	8	911.55
66984	XCAPSL CTRC RMVL W/O ECP	19811001	22991231	8	911.55
66985	INSERT LENS PROSTHESIS	19811001	22991231	6	775.59

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
66986	EXCHANGE LENS PROSTHESIS	19920115	22991231	6	775.59
66987	XCAPSL CTRC RMVL CPLX W/ECP	20200101	22991231		
66988	XCAPSL CTRC RMVL W/ECP	20200101	22991231		
66999	EYE SURGERY PROCEDURE	19831115	22991231	7	921.15
67005	PARTIAL REMOVAL OF EYE FLUID	19811001	22991231	4	582.25
67010	PARTIAL REMOVAL OF EYE FLUID	19811001	22991231	4	582.25
67015	RELEASE OF EYE FLUID	19811001	22991231	1	307.38
67025	REPLACE EYE FLUID	19811001	22991231	1	307.38
67027	IMPLANT EYE DRUG SYSTEM	19980101	22991231	4	582.25
67028	INJECTION EYE DRUG	19910401	22991231	2	412.79
67030	INCISE INNER EYE STRANDS	19811001	22991231	1	307.38
67031	LASER SURGERY EYE STRANDS	19871201	22991231	2	412.79
67036	REMOVAL OF INNER EYE FLUID	19811001	22991231	4	582.25
67039	LASER TREATMENT OF RETINA	19910401	22991231	7	921.15
67040	LASER TREATMENT OF RETINA	19880501	22991231	7	921.15
67041	VIT FOR MACULAR PUCKER	20080101	22991231	7	921.15
67042	VIT FOR MACULAR HOLE	20080101	22991231	7	921.15

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
67043	VIT FOR MEMBRANE DISSECT	20080101	22991231	7	921.15
67101	REPAIR DETACHED RETINA CRTX	19871201	22991231	7	921.15
67105	REPAIR DETACHED RETINA PC	19871201	22991231	4	582.25
67107	REPAIR DETACHED RETINA	19811001	22991231	5	664.02
67108	REPAIR DETACHED RETINA	19811001	22991231	7	921.15
67110	REPAIR DETACHED RETINA	19910401	22991231	7	921.15
67113	REPAIR RETINAL DETACH CPLX	20080101	22991231	7	921.15
67115	RELEASE ENCIRCLING MATERIAL	19811001	22991231	2	412.79
67120	REMOVE EYE IMPLANT MATERIAL	19811001	22991231	2	412.79
67121	REMOVE EYE IMPLANT MATERIAL	19811001	22991231	2	412.79
67141	TREATMENT OF RETINA	19871201	22991231	2	412.79
67145	TREATMENT OF RETINA	19871201	22991231	4	582.25
67208	TREATMENT OF RETINAL LESION	19871201	22991231	4	582.25
67210	TREATMENT OF RETINAL LESION	19871201	22991231	4	582.25
67218	TREATMENT OF RETINAL LESION	19811001	22991231	5	664.02
67220	TREATMENT OF CHOROID LESION	19990101	22991231		
67221	OCULAR PHOTODYNAMIC THER	20010101	22991231	4	582.25

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
67227	DSTRJ EXTENSIVE RETINOPATHY	19871201	22991231	1	307.38
67228	TREATMENT X10SV RETINOPATHY	19871201	22991231	4	582.25
67229	TR RETINAL LES PRETERM INF	20080101	22991231	4	582.25
67250	REINFORCE EYE WALL	19811001	22991231	3	471.9
67255	REINFORCE/GRAFT EYE WALL	19811001	22991231	3	471.9
67299	EYE SURGERY PROCEDURE	19831115	22991231	5	664.02
67311	REVISE EYE MUSCLE	19811001	22991231	3	471.9
67312	REVISE TWO EYE MUSCLES	19811001	22991231	4	582.25
67314	REVISE EYE MUSCLE	19910401	22991231	4	582.25
67316	REVISE TWO EYE MUSCLES	19910401	22991231	4	582.25
67318	REVISE EYE MUSCLE(S)	19910401	22991231	4	582.25
67320	REVISE EYE MUSCLE(S) ADD-ON	19780101	22991231	4	582.25
67331	EYE SURGERY FOLLOW-UP ADD-ON	19811001	22991231	4	582.25
67332	REREVISE EYE MUSCLES ADD-ON	19811001	22991231	4	582.25
67334	REVISE EYE MUSCLE W/SUTURE	19910401	22991231	4	582.25
67335	EYE SUTURE DURING SURGERY	19880501	22991231	4	582.25
67340	REVISE EYE MUSCLE ADD-ON	19910401	22991231	4	582.25

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
67343	RELEASE EYE TISSUE	19910401	22991231	7	921.15
67346	BIOPSY EYE MUSCLE	20070101	22991231	1	307.38
67399	UNLISTED PX EXTRAOCULAR MUSC	19831115	22991231		
67400	EXPLORE/BIOPSY EYE SOCKET	19811001	22991231	3	471.9
67405	EXPLORE/DRAIN EYE SOCKET	19811001	22991231	4	582.25
67412	EXPLORE/TREAT EYE SOCKET	19811001	22991231	5	664.02
67413	EXPLORE/TREAT EYE SOCKET	19780101	22991231	5	664.02
67414	EXPLR/DECOMPRESS EYE SOCKET	19920115	22991231	5	664.02
67415	ASPIRATION ORBITAL CONTENTS	19811001	22991231	1	307.38
67420	EXPLORE/TREAT EYE SOCKET	19811001	22991231	5	664.02
67430	EXPLORE/TREAT EYE SOCKET	19811001	22991231	5	664.02
67440	EXPLORE/DRAIN EYE SOCKET	19811001	22991231	5	664.02
67445	EXPLR/DECOMPRESS EYE SOCKET	19920115	22991231	5	664.02
67450	EXPLORE/BIOPSY EYE SOCKET	19811001	22991231	5	664.02
67500	INJECT/TREAT EYE SOCKET	19811001	22991231		
67505	INJECT/TREAT EYE SOCKET	19780101	22991231	1	307.38
67515	INJECT/TREAT EYE SOCKET	19811001	22991231	1	307.38

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
67550	INSERT EYE SOCKET IMPLANT	19811001	22991231	4	582.25
67560	REVISE EYE SOCKET IMPLANT	19811001	22991231	2	412.79
67570	DECOMPRESS OPTIC NERVE	19920115	22991231	4	582.25
67599	ORBIT SURGERY PROCEDURE	19831115	22991231		
67700	DRAINAGE OF EYELID ABSCESS	19780101	22991231	3	471.9
67710	INCISION OF EYELID	19811001	22991231	4	582.25
67715	INCISION OF EYELID FOLD	19811001	22991231	1	307.38
67800	REMOVE EYELID LESION	19780101	22991231	2	412.79
67801	REMOVE EYELID LESIONS	19780101	22991231	2	412.79
67805	REMOVE EYELID LESIONS	19780101	22991231	3	471.9
67808	REMOVE EYELID LESION(S)	19811001	22991231	2	412.79
67810	BIOPSY EYELID & LID MARGIN	19811001	22991231	3	471.9
67820	REVISE EYELASHES	19811001	22991231	1	307.38
67825	REVISE EYELASHES	19811001	22991231	2	412.79
67830	REVISE EYELASHES	19811001	22991231	2	412.79
67835	REVISE EYELASHES	19811001	22991231	2	412.79
67840	REMOVE EYELID LESION	19811001	22991231	4	582.25

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
67850	TREAT EYELID LESION	19811001	22991231	3	471.9
67875	CLOSURE OF EYELID BY SUTURE	19910401	22991231	1	307.38
67880	REVISION OF EYELID	19811001	22991231	3	471.9
67882	REVISION OF EYELID	19811001	22991231	3	471.9
67900	REPAIR BROW DEFECT	19990101	22991231	4	582.25
67901	REPAIR EYELID DEFECT	19811001	22991231	5	664.02
67902	REPAIR EYELID DEFECT	19811001	22991231	5	664.02
67903	REPAIR EYELID DEFECT	19811001	22991231	4	582.25
67904	REPAIR EYELID DEFECT	19811001	22991231	4	582.25
67906	REPAIR EYELID DEFECT	19811001	22991231	5	664.02
67908	REPAIR EYELID DEFECT	19811001	22991231	4	582.25
67909	REVISE EYELID DEFECT	19811001	22991231	4	582.25
67911	REVISE EYELID DEFECT	19811001	22991231	3	471.9
67912	CORRECTION EYELID W/IMPLANT	20031001	22991231	3	471.9
67914	REPAIR EYELID DEFECT	19811001	22991231	3	471.9
67915	REPAIR EYELID DEFECT	19780101	22991231	4	582.25
67916	REPAIR EYELID DEFECT	19811001	22991231	4	582.25

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
67917	REPAIR EYELID DEFECT	19780101	22991231	4	582.25
67921	REPAIR EYELID DEFECT	19811001	22991231	3	471.9
67922	REPAIR EYELID DEFECT	19811001	22991231	4	582.25
67923	REPAIR EYELID DEFECT	19811001	22991231	4	582.25
67924	REPAIR EYELID DEFECT	19780101	22991231	4	582.25
67930	REPAIR EYELID WOUND	19811001	22991231	4	582.25
67935	REPAIR EYELID WOUND	19811001	22991231	2	412.79
67938	REMOVE EYELID FOREIGN BODY	19811001	22991231	2	412.79
67950	REVISION OF EYELID	19811001	22991231	2	412.79
67961	REVISION OF EYELID	19780101	22991231	3	471.9
67966	REVISION OF EYELID	19780101	22991231	3	471.9
67971	RECONSTRUCTION OF EYELID	19780101	22991231	3	471.9
67973	RECONSTRUCTION OF EYELID	19780101	22991231	3	471.9
67974	RECONSTRUCTION OF EYELID	19780101	22991231	3	471.9
67975	RECONSTRUCTION OF EYELID	19780101	22991231	3	471.9
67999	REVISION OF EYELID	19831115	22991231	7	921.15
68020	INCISE/DRAIN EYELID LINING	19811001	22991231	2	412.79

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
68040	TREATMENT OF EYELID LESIONS	19811001	22991231	1	307.38
68100	BIOPSY OF EYELID LINING	19780101	22991231	3	471.9
68110	REMOVE EYELID LINING LESION	19780101	22991231	4	582.25
68115	REMOVE EYELID LINING LESION	19811001	22991231	2	412.79
68130	REMOVE EYELID LINING LESION	19811001	22991231	2	412.79
68135	REMOVE EYELID LINING LESION	19811001	22991231	2	412.79
68200	TREAT EYELID BY INJECTION	19811001	22991231	1	307.38
68320	REVISE/GRAFT EYELID LINING	19780101	22991231	4	582.25
68325	REVISE/GRAFT EYELID LINING	19780101	22991231	4	582.25
68326	REVISE/GRAFT EYELID LINING	19811001	22991231	4	582.25
68328	REVISE/GRAFT EYELID LINING	19811001	22991231	4	582.25
68330	REVISE EYELID LINING	19811001	22991231	4	582.25
68335	REVISE/GRAFT EYELID LINING	19811001	22991231	4	582.25
68340	SEPARATE EYELID ADHESIONS	19811001	22991231	4	582.25
68360	REVISE EYELID LINING	19780101	22991231	2	412.79
68362	REVISE EYELID LINING	19811001	22991231	2	412.79
68371	HARVEST EYE TISSUE ALOGRAFT	20040101	22991231	2	412.79

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
68399	EYELID LINING SURGERY	19831115	22991231	6	775.59
68400	INCISE/DRAIN TEAR GLAND	19780101	22991231	3	471.9
68420	INCISE/DRAIN TEAR SAC	19780101	22991231	4	582.25
68440	INCISE TEAR DUCT OPENING	19780101	22991231	2	412.79
68500	REMOVAL OF TEAR GLAND	19780101	22991231	3	471.9
68505	PARTIAL REMOVAL TEAR GLAND	19811001	22991231	3	471.9
68510	BIOPSY OF TEAR GLAND	19811001	22991231	1	307.38
68520	REMOVAL OF TEAR SAC	19780101	22991231	3	471.9
68525	BIOPSY OF TEAR SAC	19811001	22991231	1	307.38
68530	CLEARANCE OF TEAR DUCT	19811001	22991231	3	471.9
68540	REMOVE TEAR GLAND LESION	19811001	22991231	3	471.9
68550	REMOVE TEAR GLAND LESION	19811001	22991231	3	471.9
68700	REPAIR TEAR DUCTS	19780101	22991231	2	412.79
68705	REVISE TEAR DUCT OPENING	19811001	22991231	3	471.9
68720	CREATE TEAR SAC DRAIN	19780101	22991231	4	582.25
68745	CREATE TEAR DUCT DRAIN	19811001	22991231	4	582.25
68750	CREATE TEAR DUCT DRAIN	19811001	22991231	4	582.25

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
68760	CLOSE TEAR DUCT OPENING	19780101	22991231	3	471.9
68770	CLOSE TEAR SYSTEM FISTULA	19811001	22991231	4	582.25
68801	DILATE TEAR DUCT OPENING	19970101	22991231	1	307.38
68810	PROBE NASOLACRIMAL DUCT	19970101	22991231	1	307.38
68811	PROBE NASOLACRIMAL DUCT	19970101	22991231	2	412.79
68815	PROBE NASOLACRIMAL DUCT	19970101	22991231	2	412.79
68816	PROBE NL DUCT W/BALLOON	20080101	22991231	3	471.9
68840	EXPLORE/IRRIGATE TEAR DUCTS	19780101	22991231	2	412.79
68850	INJECTION FOR TEAR SAC X-RAY	19780101	22991231	1	307.38
68899	TEAR DUCT SYSTEM SURGERY	19831115	22991231	7	921.15
69000	DRAIN EXTERNAL EAR LESION	19780101	22991231	2	412.79
69005	DRAIN EXTERNAL EAR LESION	19780101	22991231	3	471.9
69020	DRAIN OUTER EAR CANAL LESION	19780101	22991231	2	412.79
69100	BIOPSY OF EXTERNAL EAR	19780101	22991231	2	412.79
69105	BIOPSY OF EXTERNAL EAR CANAL	19780101	22991231	3	471.9
69110	REMOVE EXTERNAL EAR PARTIAL	19780101	22991231	1	307.38
69120	REMOVAL OF EXTERNAL EAR	19780101	22991231	2	412.79

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
69140	REMOVE EAR CANAL LESION(S)	19780101	22991231	2	412.79
69145	REMOVE EAR CANAL LESION(S)	19811001	22991231	2	412.79
69150	EXTENSIVE EAR CANAL SURGERY	19780101	22991231	3	471.9
69155	EXTENSIVE EAR/NECK SURGERY	19780101	22991231		
69200	CLEAR OUTER EAR CANAL	19811001	22991231		
69205	CLEAR OUTER EAR CANAL	19780101	22991231	1	307.38
69210	REMOVE IMPACTED EAR WAX UNI	19811001	22991231	1	307.38
69220	CLEAN OUT MASTOID CAVITY	19811001	22991231		
69222	CLEAN OUT MASTOID CAVITY	19811001	22991231	4	582.25
69300	REVISE EXTERNAL EAR	19780101	22991231	3	471.9
69310	REBUILD OUTER EAR CANAL	19811001	22991231	3	471.9
69320	REBUILD OUTER EAR CANAL	19780101	22991231	7	921.15
69399	OUTER EAR SURGERY PROCEDURE	19831115	22991231		
69420	INCISION OF EARDRUM	19780101	22991231	3	471.9
69421	INCISION OF EARDRUM	19790101	22991231	3	471.9
69424	REMOVE VENTILATING TUBE	19811001	22991231	3	471.9
69433	CREATE EARDRUM OPENING	19811001	22991231	3	471.9

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
69436	CREATE EARDRUM OPENING	19811001	22991231	3	471.9
69440	EXPLORATION OF MIDDLE EAR	19811001	22991231	3	471.9
69450	EARDRUM REVISION	19780101	22991231	1	307.38
69501	MASTOIDECTOMY	19780101	22991231	7	921.15
69502	MASTOIDECTOMY	19780101	22991231	7	921.15
69505	REMOVE MASTOID STRUCTURES	19780101	22991231	7	921.15
69511	EXTENSIVE MASTOID SURGERY	19780101	22991231	7	921.15
69530	EXTENSIVE MASTOID SURGERY	19780101	22991231	7	921.15
69535	REMOVE PART OF TEMPORAL BONE	19811001	22991231	8	911.55
69540	REMOVE EAR LESION	19780101	22991231	4	582.25
69550	REMOVE EAR LESION	19811001	22991231	5	664.02
69552	REMOVE EAR LESION	19811001	22991231	7	921.15
69554	REMOVE EAR LESION	19811001	22991231		
69601	MASTOID SURGERY REVISION	19780101	22991231	7	921.15
69602	MASTOID SURGERY REVISION	19811001	22991231	7	921.15
69603	MASTOID SURGERY REVISION	19811001	22991231	7	921.15
69604	MASTOID SURGERY REVISION	19811001	22991231	7	921.15

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
69605	MASTOID SURGERY REVISION	19811001	22991231	7	921.15
69610	REPAIR OF EARDRUM	19811001	22991231	2	412.79
69620	REPAIR OF EARDRUM	19780101	22991231	2	412.79
69631	REPAIR EARDRUM STRUCTURES	19811001	22991231	5	664.02
69632	REBUILD EARDRUM STRUCTURES	19780101	22991231	5	664.02
69633	REBUILD EARDRUM STRUCTURES	19811001	22991231	5	664.02
69635	REPAIR EARDRUM STRUCTURES	19811001	22991231	7	921.15
69636	REBUILD EARDRUM STRUCTURES	19811001	22991231	7	921.15
69637	REBUILD EARDRUM STRUCTURES	19811001	22991231	7	921.15
69641	REVISE MIDDLE EAR & MASTOID	19780101	22991231	7	921.15
69642	REVISE MIDDLE EAR & MASTOID	19811001	22991231	7	921.15
69643	REVISE MIDDLE EAR & MASTOID	19811001	22991231	7	921.15
69644	REVISE MIDDLE EAR & MASTOID	19811001	22991231	7	921.15
69645	REVISE MIDDLE EAR & MASTOID	19811001	22991231	7	921.15
69646	REVISE MIDDLE EAR & MASTOID	19811001	22991231	7	921.15
69650	RELEASE MIDDLE EAR BONE	19780101	22991231	7	921.15
69660	REVISE MIDDLE EAR BONE	19780101	22991231	5	664.02

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
69661	REVISE MIDDLE EAR BONE	19811001	22991231	5	664.02
69662	REVISE MIDDLE EAR BONE	19900401	22991231	5	664.02
69666	REPAIR MIDDLE EAR STRUCTURES	19811001	22991231	4	582.25
69667	REPAIR MIDDLE EAR STRUCTURES	19811001	22991231	4	582.25
69670	REMOVE MASTOID AIR CELLS	19780101	22991231	3	471.9
69676	REMOVE MIDDLE EAR NERVE	19811001	22991231	3	471.9
69700	CLOSE MASTOID FISTULA	19780101	22991231	3	471.9
69710	IMPLANT/REPLACE HEARING AID	19880501	22991231	3	471.9
69711	REMOVE/REPAIR HEARING AID	19960701	22991231	1	307.38
69714	IMPLANT TEMPLE BONE W/STIMUL	20010101	22991231	8	911.55
69715	TEMPLE BNE IMPLNT W/STIMULAT	20010101	22991231	8	911.55
69720	RELEASE FACIAL NERVE	19780101	22991231	5	664.02
69725	RELEASE FACIAL NERVE	19811001	22991231		
69740	REPAIR FACIAL NERVE	19780101	22991231	5	664.02
69745	REPAIR FACIAL NERVE	19780101	22991231	5	664.02
69799	MIDDLE EAR SURGERY PROCEDURE	19831115	22991231		
69801	INCISE INNER EAR	19780101	22991231	5	664.02

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
69805	EXPLORE INNER EAR	19780101	22991231	7	921.15
69806	EXPLORE INNER EAR	19780101	22991231	7	921.15
69905	REMOVE INNER EAR	19780101	22991231	7	921.15
69910	REMOVE INNER EAR & MASTOID	19780101	22991231	7	921.15
69915	INCISE INNER EAR NERVE	19811001	22991231	7	921.15
69930	IMPLANT COCHLEAR DEVICE	19871201	22991231	7	921.15
69950	INCISE INNER EAR NERVE	19811001	22991231		
69955	RELEASE FACIAL NERVE	19811001	22991231		
69960	RELEASE INNER EAR CANAL	19811001	22991231		
69970	REMOVE INNER EAR LESION	19811001	22991231		
69979	TEMPORAL BONE SURGERY	19831115	22991231		
70010	CONTRAST X-RAY OF BRAIN	19811001	22991231		
70015	CONTRAST X-RAY OF BRAIN	19811001	22991231		
70030	X-RAY EYE FOR FOREIGN BODY	19791001	22991231		
70100	X-RAY EXAM OF JAW <4VIEWS	19780101	22991231		
70110	X-RAY EXAM OF JAW 4/> VIEWS	19780101	22991231		
70120	X-RAY EXAM OF MASTOIDS	19780101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
70130	X-RAY EXAM OF MASTOIDS	19780101	22991231		
70134	X-RAY EXAM OF MIDDLE EAR	19780101	22991231		
70140	X-RAY EXAM OF FACIAL BONES	19780101	22991231		
70150	X-RAY EXAM OF FACIAL BONES	19780101	22991231		
70160	X-RAY EXAM OF NASAL BONES	19780101	22991231		
70170	X-RAY EXAM OF TEAR DUCT	19780101	22991231		
70190	X-RAY EXAM OF EYE SOCKETS	19780101	22991231		
70200	X-RAY EXAM OF EYE SOCKETS	19780101	22991231		
70210	X-RAY EXAM OF SINUSES	19780101	22991231		
70220	X-RAY EXAM OF SINUSES	19780101	22991231		
70240	X-RAY EXAM PITUITARY SADDLE	19780101	22991231		
70250	X-RAY EXAM OF SKULL	19780101	22991231		
70260	X-RAY EXAM OF SKULL	19780101	22991231		
70300	X-RAY EXAM OF TEETH	19780101	22991231		
70310	X-RAY EXAM OF TEETH	19780101	22991231		
70320	FULL MOUTH X-RAY OF TEETH	19780101	22991231		
70328	X-RAY EXAM OF JAW JOINT	19780101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

	CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
	70330	X-RAY EXAM OF JAW JOINTS	19780101	22991231		
	70332	X-RAY EXAM OF JAW JOINT	19811001	22991231		
	70336	MAGNETIC IMAGE JAW JOINT	19890401	22991231		
	70350	X-RAY HEAD FOR ORTHODONTIA	19780101	22991231		
	70355	PANORAMIC X-RAY OF JAWS	19811001	22991231		
	70360	X-RAY EXAM OF NECK	19780101	22991231		
	70370	THROAT X-RAY & FLUOROSCOPY	19780101	22991231		
	70380	X-RAY EXAM OF SALIVARY GLAND	19780101	22991231		
	70390	X-RAY EXAM OF SALIVARY DUCT	19780101	22991231		
	70450	CT HEAD/BRAIN W/O DYE	19780101	22991231		
	70460	CT HEAD/BRAIN W/DYE	19780101	22991231		
	70470	CT HEAD/BRAIN W/O & W/DYE	19840501	22991231		
	70480	CT ORBIT/EAR/FOSSA W/O DYE	19780101	22991231		
	70481	CT ORBIT/EAR/FOSSA W/DYE	19780101	22991231		
	70482	CT ORBIT/EAR/FOSSA W/O&W/DYE	19811001	22991231		
	70486	CT MAXILLOFACIAL W/O DYE	19780101	22991231		
	70487	CT MAXILLOFACIAL W/DYE	19780101	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	70488	CT MAXILLOFACIAL W/O & W/DYE	19841001	22991231		
	70490	CT SOFT TISSUE NECK W/O DYE	19811001	22991231		
	70491	CT SOFT TISSUE NECK W/DYE	19841001	22991231		
	70492	CT SFT TSUE NCK W/O & W/DYE	19811001	22991231		
	70540	MRI ORBIT/FACE/NECK W/O DYE	19811001	22991231		
	70544	MR ANGIOGRAPHY HEAD W/O DYE	20010101	22991231		
	70548	MR ANGIOGRAPHY NECK W/DYE	20010101	22991231		
	70549	MR ANGIOGRAPH NECK W/O&W/DYE	20010101	22991231		
	70551	MRI BRAIN STEM W/O DYE	19811001	22991231		
	70552	MRI BRAIN STEM W/DYE	19811001	22991231		
	70553	MRI BRAIN STEM W/O & W/DYE	19920115	22991231		
	71045	X-RAY EXAM CHEST 1 VIEW	20180101	22991231		
	71046	X-RAY EXAM CHEST 2 VIEWS	20180101	22991231		
	71047	X-RAY EXAM CHEST 3 VIEWS	20180101	22991231		
	71048	X-RAY EXAM CHEST 4+ VIEWS	20180101	22991231		
	71100	X-RAY EXAM RIBS UNI 2 VIEWS	19780101	22991231		
	71101	X-RAY EXAM UNILAT RIBS/CHEST	19840501	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

	CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
	71110	X-RAY EXAM RIBS BIL 3 VIEWS	19840501	22991231		
	71111	X-RAY EXAM RIBS/CHEST4/> VWS	19780101	22991231		
	71120	X-RAY EXAM BREASTBONE 2/>VWS	19780101	22991231		
	71130	X-RAY STRENOCLAVIC JT 3/>VWS	19780101	22991231		
	71250	CT THORAX W/O DYE	19780101	22991231		
	71260	CT THORAX W/DYE	19811001	22991231		
	71270	CT THORAX W/O & W/DYE	19811001	22991231		
	71275	CT ANGIOGRAPHY CHEST	20010101	22991231		
	71550	MRI CHEST W/O DYE	19811001	22991231		
	71551	MRI CHEST W/DYE	20010101	22991231		
	71552	MRI CHEST W/O & W/DYE	20010101	22991231		
	71555	MRI ANGIO CHEST W OR W/O DYE	19940101	22991231		
	72020	X-RAY EXAM OF SPINE 1 VIEW	19811001	22991231		
	72040	X-RAY EXAM NECK SPINE 2-3 VW	19780101	22991231		
	72050	X-RAY EXAM NECK SPINE 4/5VWS	19780101	22991231		
	72052	X-RAY EXAM NECK SPINE 6/>VWS	19780101	22991231		
	72070	X-RAY EXAM THORAC SPINE 2VWS	19780101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

	CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
	72072	X-RAY EXAM THORAC SPINE 3VWS	19840501	22991231		
	72074	X-RAY EXAM THORAC SPINE4/>VW	19840501	22991231		
	72080	X-RAY EXAM THORACOLMB 2/> VW	19780101	22991231		
	72100	X-RAY EXAM L-S SPINE 2/3 VWS	19780101	22991231		
	72110	X-RAY EXAM L-2 SPINE 4/>VWS	19780101	22991231		
	72114	X-RAY EXAM L-S SPINE BENDING	19811001	22991231		
	72120	X-RAY BEND ONLY L-S SPINE	19780101	22991231		
	72125	CT NECK SPINE W/O DYE	19840501	22991231		
	72126	CT NECK SPINE W/DYE	19811001	22991231		
	72127	CT NECK SPINE W/O & W/DYE	19871201	22991231		
	72128	CT CHEST SPINE W/O DYE	19811001	22991231		
	72129	CT CHEST SPINE W/DYE	19811001	22991231		
	72130	CT CHEST SPINE W/O & W/DYE	19871201	22991231		
	72131	CT LUMBAR SPINE W/O DYE	19811001	22991231		
	72132	CT LUMBAR SPINE W/DYE	19811001	22991231		
	72133	CT LUMBAR SPINE W/O & W/DYE	19871201	22991231		
	72141	MRI NECK SPINE W/O DYE	19811001	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

	CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
	72142	MRI NECK SPINE W/DYE	19900401	22991231		
	72146	MRI CHEST SPINE W/O DYE	19900401	22991231		
	72147	MRI CHEST SPINE W/DYE	19900401	22991231		
	72148	MRI LUMBAR SPINE W/O DYE	19900401	22991231		
	72149	MRI LUMBAR SPINE W/DYE	19900401	22991231		
	72156	MRI NECK SPINE W/O & W/DYE	19920115	22991231		
	72157	MRI CHEST SPINE W/O & W/DYE	19920115	22991231		
	72158	MRI LUMBAR SPINE W/O & W/DYE	19920115	22991231		
	72159	MR ANGIO SPINE W/O&W/DYE	19940101	22991231		
	72170	X-RAY EXAM OF PELVIS	19780101	22991231		
	72190	X-RAY EXAM OF PELVIS	19780101	22991231		
	72192	CT PELVIS W/O DYE	19780101	22991231		
	72193	CT PELVIS W/DYE	19780101	22991231		
	72194	CT PELVIS W/O & W/DYE	19840501	22991231		
	72196	MRI PELVIS W/DYE	19880501	22991231		
	72197	MRI PELVIS W/O & W/DYE	20010101	22991231		
	72198	MR ANGIO PELVIS W/O & W/DYE	19940101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

	CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
	72200	X-RAY EXAM SI JOINTS	19780101	22991231		
	72202	X-RAY EXAM SI JOINTS 3/> VWS	19780101	22991231		
	72220	X-RAY EXAM SACRUM TAILBONE	19780101	22991231		
	72240	MYELOGRAPHY NECK SPINE	19780101	22991231		
	72255	MYELOGRAPHY THORACIC SPINE	19780101	22991231		
	72265	MYELOGRAPHY L-S SPINE	19780101	22991231		
	72270	MYELOGPHY 2/> SPINE REGIONS	19780101	22991231		
	72275	EPIDUROGRAPHY	20000101	22991231		
	72285	DISCOGRAPHY CERV/THOR SPINE	19780101	22991231		
	72295	X-RAY OF LOWER SPINE DISK	19780101	22991231		
	73000	X-RAY EXAM OF COLLAR BONE	19780101	22991231		
	73010	X-RAY EXAM OF SHOULDER BLADE	19780101	22991231		
	73020	X-RAY EXAM OF SHOULDER	19780101	22991231		
	73030	X-RAY EXAM OF SHOULDER	19780101	22991231		
	73040	CONTRAST X-RAY OF SHOULDER	19811001	22991231		
	73050	X-RAY EXAM OF SHOULDERS	19780101	22991231		
	73060	X-RAY EXAM OF HUMERUS	19780101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
73070	X-RAY EXAM OF ELBOW	19780101	22991231		
73080	X-RAY EXAM OF ELBOW	19780101	22991231		
73085	CONTRAST X-RAY OF ELBOW	19811001	22991231		
73090	X-RAY EXAM OF FOREARM	19780101	22991231	7	921.15
73092	X-RAY EXAM OF ARM INFANT	19811001	22991231		
73100	X-RAY EXAM OF WRIST	19780101	22991231		
73110	X-RAY EXAM OF WRIST	19780101	22991231		
73115	CONTRAST X-RAY OF WRIST	19811001	22991231		
73120	X-RAY EXAM OF HAND	19780101	22991231		
73130	X-RAY EXAM OF HAND	19840501	22991231		
73140	X-RAY EXAM OF FINGER(S)	19780101	22991231		
73200	CT UPPER EXTREMITY W/O DYE	19780101	22991231		
73201	CT UPPER EXTREMITY W/DYE	19780101	22991231		
73202	CT UPPR EXTREMITY W/O&W/DYE	19811001	22991231		
73220	MRI UPPR EXTREMITY W/O&W/DYE	19871201	22991231		
73221	MRI JOINT UPR EXTREM W/O DYE	19890401	22991231		
73225	MR ANGIO UPR EXTR W/O&W/DYE	19940101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
73525	CONTRAST X-RAY OF HIP	19811001	22991231		
73560	X-RAY EXAM OF KNEE 1 OR 2	19780101	22991231		
73562	X-RAY EXAM OF KNEE 3	19780101	22991231		
73564	X-RAY EXAM KNEE 4 OR MORE	19780101	22991231		
73565	X-RAY EXAM OF KNEES	19910401	22991231		
73580	CONTRAST X-RAY OF KNEE JOINT	19811001	22991231		
73590	X-RAY EXAM OF LOWER LEG	19780101	22991231		
73592	X-RAY EXAM OF LEG INFANT	19811001	22991231		
73600	X-RAY EXAM OF ANKLE	19780101	22991231		
73610	X-RAY EXAM OF ANKLE	19780101	22991231		
73615	CONTRAST X-RAY OF ANKLE	19811001	22991231		
73620	X-RAY EXAM OF FOOT	19780101	22991231		
73630	X-RAY EXAM OF FOOT	19780101	22991231	1	307.38
73650	X-RAY EXAM OF HEEL	19780101	22991231		
73660	X-RAY EXAM OF TOE(S)	19780101	22991231		
73700	CT LOWER EXTREMITY W/O DYE	19780101	22991231		
73701	CT LOWER EXTREMITY W/DYE	19780101	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	73702	CT LWR EXTREMITY W/O&W/DYE	19811001	22991231		
	73720	MRI LWR EXTREMITY W/O&W/DYE	19871201	22991231		
	73721	MRI JNT OF LWR EXTRE W/O DYE	19890401	22991231		
	73725	MR ANG LWR EXT W OR W/O DYE	19940101	22991231		
	74018	X-RAY EXAM ABDOMEN 1 VIEW	20180101	22991231		
	74019	X-RAY EXAM ABDOMEN 2 VIEWS	20180101	22991231		
	74021	X-RAY EXAM ABDOMEN 3+ VIEWS	20180101	22991231		
	74022	X-RAY EXAM COMPLETE ABDOMEN	19811001	22991231		
	74150	CT ABDOMEN W/O DYE	19780101	22991231		
	74160	CT ABDOMEN W/DYE	19780101	22991231		
	74170	CT ABDOMEN W/O & W/DYE	19840501	22991231		
	74181	MRI ABDOMEN W/O DYE	19871201	22991231		
	74185	MRI ANGIO ABDOM W ORW/O DYE	19940101	22991231		
	74190	X-RAY EXAM OF PERITONEUM	19940101	22991231		
	74210	X-RAY XM PHRNX&/CRV ESOPH C+	19780101	22991231		
	74220	X-RAY XM ESOPHAGUS 1CNTRST	19780101	22991231		
	74221	X-RAY XM ESOPHAGUS 2CNTRST	20200101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
74230	X-RAY XM SWLNG FUNCJ C+	19811001	22991231		
74235	REMOVE ESOPHAGUS OBSTRUCTION	19811001	22991231		
74240	X-RAY XM UPR GI TRC 1CNTRST	19780101	22991231		
74246	X-RAY XM UPR GI TRC 2CNTRST	19811001	22991231		
74248	X-RAY SM INT F-THRU STD	20200101	22991231		
74250	X-RAY XM SM INT 1CNTRST STD	19780101	22991231		
74251	X-RAY XM SM INT 2CNTRST STD	19940101	22991231		
74270	X-RAY XM COLON 1CNTRST STD	19780101	22991231		
74280	X-RAY XM COLON 2CNTRST STD	19780101	22991231		
74290	CONTRAST X-RAY GALLBLADDER	19780101	22991231		
74300	X-RAY BILE DUCTS/PANCREAS	19780101	22991231		
74301	X-RAYS AT SURGERY ADD-ON	19780101	22991231		
74328	X-RAY BILE DUCT ENDOSCOPY	19811001	22991231		
74329	X-RAY FOR PANCREAS ENDOSCOPY	19840501	22991231		
74330	X-RAY BILE/PANC ENDOSCOPY	19811001	22991231		
74340	X-RAY GUIDE FOR GI TUBE	19811001	22991231		
74355	X-RAY GUIDE INTESTINAL TUBE	19871201	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
74360	X-RAY GUIDE GI DILATION	19811202	22991231		
74363	X-RAY BILE DUCT DILATION	19910401	22991231		
74400	CONTRST X-RAY URINARY TRACT	19811202	22991231		
74410	CONTRST X-RAY URINARY TRACT	19811001	22991231		
74415	CONTRST X-RAY URINARY TRACT	19811001	22991231		
74420	CONTRST X-RAY URINARY TRACT	19780101	22991231		
74425	CONTRST X-RAY URINARY TRACT	19811001	22991231		
74430	CONTRAST X-RAY BLADDER	19780101	22991231		
74440	X-RAY MALE GENITAL TRACT	19811001	22991231		
74445	X-RAY EXAM OF PENIS	19811001	22991231		
74450	X-RAY URETHRA/BLADDER	19780101	22991231		
74455	X-RAY URETHRA/BLADDER	19780101	22991231		
74470	X-RAY EXAM OF KIDNEY LESION	19780101	22991231		
74485	DILATION URTR/URT RS&I	19871201	22991231		
74740	X-RAY FEMALE GENITAL TRACT	19780101	22991231		
74775	X-RAY EXAM OF PERINEUM	19811001	22991231		
75557	CARDIAC MRI FOR MORPH	20080101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
75559	CARDIAC MRI W/STRESS IMG	20080101	22991231		
75561	CARDIAC MRI FOR MORPH W/DYE	20080101	22991231		
75563	CARD MRI W/STRESS IMG & DYE	20080101	22991231		
75600	CONTRAST EXAM THORACIC AORTA	19811001	22991231		
75605	CONTRAST EXAM THORACIC AORTA	19811001	22991231		
75625	CONTRAST EXAM ABDOMINL AORTA	19811001	22991231		
75630	X-RAY AORTA LEG ARTERIES	19811001	22991231		
75705	ARTERY X-RAYS SPINE	19811001	22991231		
75710	ARTERY X-RAYS ARM/LEG	19811001	22991231		
75716	ARTERY X-RAYS ARMS/LEGS	19811001	22991231		
75726	ARTERY X-RAYS ABDOMEN	19811001	22991231		
75731	ARTERY X-RAYS ADRENAL GLAND	19811001	22991231		
75733	ARTERY X-RAYS ADRENALS	19811001	22991231		
75736	ARTERY X-RAYS PELVIS	19830101	22991231		
75741	ARTERY X-RAYS LUNG	19811001	22991231		
75743	ARTERY X-RAYS LUNGS	19811001	22991231		
75746	ARTERY X-RAYS LUNG	19811001	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	75756	ARTERY X-RAYS CHEST	19811001	22991231		
	75774	ARTERY X-RAY EACH VESSEL	19871201	22991231		
	75801	LYMPH VESSEL X-RAY ARM/LEG	19811001	22991231		
	75803	LYMPH VESSEL X-RAY ARMS/LEGS	19811001	22991231		
	75805	LYMPH VESSEL X-RAY TRUNK	19811001	22991231		
	75807	LYMPH VESSEL X-RAY TRUNK	19811001	22991231		
	75810	VEIN X-RAY SPLEEN/LIVER	19811001	22991231		
	75820	VEIN X-RAY ARM/LEG	19811001	22991231		
	75822	VEIN X-RAY ARMS/LEGS	19811001	22991231		
	75825	VEIN X-RAY TRUNK	19780101	22991231		
	75827	VEIN X-RAY CHEST	19780101	22991231		
	75831	VEIN X-RAY KIDNEY	19811001	22991231		
	75833	VEIN X-RAY KIDNEYS	19811001	22991231		
	75840	VEIN X-RAY ADRENAL GLAND	19811001	22991231		
	75842	VEIN X-RAY ADRENAL GLANDS	19811001	22991231		
	75860	VEIN X-RAY NECK	19811001	22991231		
	75870	VEIN X-RAY SKULL	19811001	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
75872	VEIN X-RAY SKULL EPIDURAL	19811001	22991231		
75880	VEIN X-RAY EYE SOCKET	19811001	22991231		
75885	VEIN X-RAY LIVER W/HEMODYNAM	19811001	22991231		
75887	VEIN X-RAY LIVER W/O HEMODYN	19811001	22991231		
75889	VEIN X-RAY LIVER W/HEMODYNAM	19811001	22991231		
75891	VEIN X-RAY LIVER	19811001	22991231		
75893	VENOUS SAMPLING BY CATHETER	19811001	22991231		
75894	X-RAYS TRANSCATH THERAPY	19811001	22991231		
75898	FOLLOW-UP ANGIOGRAPHY	19811001	22991231		
75956	XRAY ENDOVASC THOR AO REPR	19811001	22991231		
75970	VASCULAR BIOPSY	19811001	22991231		
75984	XRAY CONTROL CATHETER CHANGE	19811001	22991231		
75989	ABSCESS DRAINAGE UNDER X-RAY	19890401	22991231		
76000	FLUOROSCOPY <1 HR PHYS/QHP	19780101	22991231	1	307.38
76010	X-RAY NOSE TO RECTUM	19811001	22991231		
76080	X-RAY EXAM OF FISTULA	19780101	22991231		
76098	X-RAY EXAM SURGICAL SPECIMEN	19871201	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

	CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
	76100	X-RAY EXAM OF BODY SECTION	19780101	22991231		
	76101	COMPLEX BODY SECTION X-RAY	19811001	22991231		
	76102	COMPLEX BODY SECTION X-RAYS	19811001	22991231		
	76120	CINE/VIDEO X-RAYS	19811001	22991231		
	76125	CINE/VIDEO X-RAYS ADD-ON	19811001	22991231		
	76140	X-RAY CONSULTATION	19780101	22991231		
	76380	CAT SCAN FOLLOW-UP STUDY	19920115	22991231		
	76390	MR SPECTROSCOPY	19980101	22991231		
	76391	MR ELASTOGRAPHY	20190101	22991231		
	76499	RADIOGRAPHIC PROCEDURE	19831115	22991231		
	76506	ECHO EXAM OF HEAD	19811001	22991231		
	76519	ECHO EXAM OF EYE	19871201	22991231		
	76536	US EXAM OF HEAD AND NECK	19871201	22991231		
	76604	US EXAM CHEST	19780101	22991231		
	76700	US EXAM ABDOM COMPLETE	19811001	22991231		
	76705	ECHO EXAM OF ABDOMEN	19811001	22991231		
	76706	US ABDL AORTA SCREEN AAA	20170101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

	CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
	76770	US EXAM ABDO BACK WALL COMP	19780101	22991231		
	76775	US EXAM ABDO BACK WALL LIM	19840501	22991231		
	76810	OB US >= 14 WKS ADDL FETUS	19920115	22991231		
	76816	OB US FOLLOW-UP PER FETUS	19871201	22991231		
	76819	FETAL BIOPHYS PROFIL W/O NST	20010101	22991231		
	76825	ECHO EXAM OF FETAL HEART	19871201	22991231		
	76831	ECHO EXAM UTERUS	19980101	22991231		
	76856	US EXAM PELVIC COMPLETE	19840501	22991231		
	76857	US EXAM PELVIC LIMITED	19871201	22991231		
	76870	US EXAM SCROTUM	19811001	22991231		
	76873	ECHOGRAP TRANS R PROS STUDY	20000101	22991231		
	76885	US EXAM INFANT HIPS DYNAMIC	19980101	22991231		
	76886	US EXAM INFANT HIPS STATIC	19980101	22991231		
	76942	ECHO GUIDE FOR BIOPSY	19811001	22991231		
	76946	ECHO GUIDE FOR AMNIOCENTESIS	19811001	22991231		
	76965	ECHO GUIDANCE RADIOTHERAPY	19960101	22991231		
	76970	ULTRASOUND EXAM FOLLOW-UP	19811001	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

	CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
	76975	GI ENDOSCOPIC ULTRASOUND	19940101	22991231		
	76977	US BONE DENSITY MEASURE	19990101	22991231		
	76978	US TRGT DYN MBUBB 1ST LES	20190101	22991231		
	76979	US TRGT DYN MBUBB EA ADDL	20190101	22991231		
	76981	USE PARENCHYMA	20190101	22991231		
	76982	USE 1ST TARGET LESION	20190101	22991231		
	76983	USE EA ADDL TARGET LESION	20190101	22991231		
	77046	MRI BREAST C- UNILATERAL	20190101	22991231		
	77047	MRI BREAST C- BILATERAL	20190101	22991231		
	77048	MRI BREAST C-+ W/CAD UNI	20190101	22991231		
	77049	MRI BREAST C-+ W/CAD BI	20190101	22991231		
	77065	DX MAMMO INCL CAD UNI	20170101	22991231		
	77066	DX MAMMO INCL CAD BI	20170101	22991231		
	77067	SCR MAMMO BI INCL CAD	20170101	22991231		
	77261	RADIATION THERAPY PLANNING	19811001	22991231		
	77262	RADIATION THERAPY PLANNING	19811001	22991231		
	77263	RADIATION THERAPY PLANNING	19801001	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
77280	SET RADIATION THERAPY FIELD	19801001	22991231		
77285	SET RADIATION THERAPY FIELD	19801001	22991231		
77290	SET RADIATION THERAPY FIELD	19801001	22991231		
77295	3-D RADIOTHERAPY PLAN	19940101	22991231		
77299	RADIATION THERAPY PLANNING	19811001	22991231		
77300	RADIATION THERAPY DOSE PLAN	19801001	22991231		
77321	SPECIAL TELETX PORT PLAN	19811001	22991231		
77331	SPECIAL RADIATION DOSIMETRY	19811001	22991231		
77332	RADIATION TREATMENT AID(S)	19811001	22991231		
77333	RADIATION TREATMENT AID(S)	19811001	22991231		
77334	RADIATION TREATMENT AID(S)	19811001	22991231		
77336	RADIATION PHYSICS CONSULT	19811001	22991231		
77370	RADIATION PHYSICS CONSULT	19811001	22991231		
77399	EXTERNAL RADIATION DOSIMETRY	19831115	22991231		
77417	RADIOLOGY PORT IMAGES(S)	19910401	22991231		
77427	RADIATION TX MANAGEMENT X5	20000101	22991231		
77431	RADIATION THERAPY MANAGEMENT	19910401	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

	CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
	77432	STEREOTACTIC RADIATION TRMT	19940101	22991231		
	77470	SPECIAL RADIATION TREATMENT	19811001	22991231		
	77499	RADIATION THERAPY MANAGEMENT	19831115	22991231		
	77600	HYPERTHERMIA TREATMENT	19871201	22991231		
	77605	HYPERTHERMIA TREATMENT	19871201	22991231		
	77610	HYPERTHERMIA TREATMENT	19871201	22991231		
	77615	HYPERTHERMIA TREATMENT	19871201	22991231		
	77750	INFUSE RADIOACTIVE MATERIALS	19811001	22991231		
	77761	APPLY INTRCAV RADIAT SIMPLE	19811001	22991231		
	77762	APPLY INTRCAV RADIAT INTERM	19811001	22991231		
	77763	APPLY INTRCAV RADIAT COMPL	19811001	22991231		
	77778	APPLY INTERSTIT RADIAT COMPL	19811001	22991231		
	77789	APPLY SURF LDR RADIONUCLIDE	19811001	22991231		
	77790	RADIATION HANDLING	19811001	22991231		
	77799	RADIUM/RADIOISOTOPE THERAPY	19831115	22991231		
	78015	THYROID MET IMAGING	19811001	22991231		
	78016	THYROID MET IMAGING/STUDIES	19811001	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	78018	THYROID MET IMAGING BODY	19811001	22991231		
	78020	THYROID MET UPTAKE	19990101	22991231		
	78070	PARATHYROID PLANAR IMAGING	19890401	22991231		
	78075	ADRENAL CORTEX & MEDULLA IMG	19811001	22991231		
	78099	ENDOCRINE NUCLEAR PROCEDURE	19831115	22991231		
	78102	BONE MARROW IMAGING LTD	19811001	22991231		
	78103	BONE MARROW IMAGING MULT	19811001	22991231		
	78104	BONE MARROW IMAGING BODY	19790101	22991231		
	78110	PLASMA VOLUME SINGLE	19780101	22991231		
	78111	PLASMA VOLUME MULTIPLE	19811001	22991231		
	78120	RED CELL MASS SINGLE	19780101	22991231		
	78121	RED CELL MASS MULTIPLE	19811001	22991231		
	78122	BLOOD VOLUME	19871201	22991231		
	78130	RED CELL SURVIVAL STUDY	19780101	22991231		
	78135	RED CELL SURVIVAL KINETICS	19790101	22991231		
	78140	RED CELL SEQUESTRATION	19811001	22991231		
	78185	SPLEEN IMAGING	19780101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
78191	PLATELET SURVIVAL	19811001	22991231		
78195	LYMPH SYSTEM IMAGING	19811001	22991231		
78199	BLOOD/LYMPH NUCLEAR EXAM	19831115	22991231		
78201	LIVER IMAGING	19780101	22991231		
78202	LIVER IMAGING WITH FLOW	19811001	22991231		
78215	LIVER AND SPLEEN IMAGING	19780101	22991231		
78216	LIVER & SPLEEN IMAGE/FLOW	19811001	22991231		
78230	SALIVARY GLAND IMAGING	19811001	22991231		
78231	SERIAL SALIVARY IMAGING	19811001	22991231		
78232	SALIVARY GLAND FUNCTION EXAM	19811001	22991231		
78258	ESOPHAGEAL MOTILITY STUDY	19871201	22991231		
78261	GASTRIC MUCOSA IMAGING	19811001	22991231		
78262	GASTROESOPHAGEAL REFLUX EXAM	19811001	22991231		
78264	GASTRIC EMPTYING IMAG STUDY	19811001	22991231		
78267	BREATH TST ATTAIN/ANAL C-14	20000101	22991231		
78268	BREATH TEST ANALYSIS C-14	20000101	22991231		
78278	ACUTE GI BLOOD LOSS IMAGING	19811001	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	78282	GI PROTEIN LOSS EXAM	19780101	22991231		
	78290	MECKELS DIVERT EXAM	19811001	22991231		
	78291	LEVEEN/SHUNT PATENCY EXAM	19811001	22991231		
	78299	GI NUCLEAR PROCEDURE	19831115	22991231		
	78300	BONE IMAGING LIMITED AREA	19811001	22991231		
	78305	BONE IMAGING MULTIPLE AREAS	19811001	22991231		
	78306	BONE IMAGING WHOLE BODY	19811001	22991231		
	78315	BONE IMAGING 3 PHASE	19871201	22991231		
	78350	BONE MINERAL SINGLE PHOTON	19871201	22991231		
	78351	BONE MINERAL DUAL PHOTON	19871201	22991231		
	78399	MUSCULOSKELETAL NUCLEAR EXAM	19831115	22991231		
	78414	NON-IMAGING HEART FUNCTION	19811001	22991231		
	78428	CARDIAC SHUNT IMAGING	19811001	22991231		
	78429	MYOCRD IMG PET 1 STD W/CT	20200101	22991231		
	78430	MYOCRD IMG PET RST/STRS W/CT	20200101	22991231		
	78431	MYOCRD IMG PET RST&STRS CT	20200101	22991231		
	78432	MYOCRD IMG PET 2RTRACER	20200101	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	78433	MYOCRD IMG PET 2RTRACER CT	20200101	22991231		
	78434	AQMBF PET REST & RX STRESS	20200101	22991231		
	78445	VASCULAR FLOW IMAGING	19811001	22991231		
	78456	ACUTE VENOUS THROMBUS IMAGE	20000101	22991231		
	78457	VENOUS THROMBOSIS IMAGING	19811001	22991231		
	78458	VEN THROMBOSIS IMAGES BILAT	19811001	22991231		
	78459	MYOCRD IMG PET SINGLE STUDY	19960101	22991231		
	78473	GATED HEART MULTIPLE	19920115	22991231		
	78483	HEART FIRST PASS MULTIPLE	19920115	22991231		
	78491	MYOCRD IMG PET 1STD RST/STRS	19980101	22991231		
	78492	MYOCRD IMG PET MLT RST&STRS	19980101	22991231		
	78494	HEART IMAGE SPECT	19990101	22991231		
	78496	HEART FIRST PASS ADD-ON	19990101	22991231		
	78499	CARDIOVASCULAR NUCLEAR EXAM	19831115	22991231		
	78580	LUNG PERFUSION IMAGING	19811001	22991231		
	78599	RESPIRATORY NUCLEAR EXAM	19831115	22991231		
	78600	BRAIN IMAGE < 4 VIEWS	19811001	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	78601	BRAIN IMAGE W/FLOW < 4 VIEWS	19780101	22991231		
	78605	BRAIN IMAGE 4+ VIEWS	19811001	22991231		
	78606	BRAIN IMAGE W/FLOW 4 + VIEWS	19811001	22991231		
	78608	BRAIN IMAGING (PET)	19940101	22991231		
	78609	BRAIN IMAGING (PET)	19940101	22991231		
	78610	BRAIN FLOW IMAGING ONLY	19811001	22991231		
	78630	CEREBROSPINAL FLUID SCAN	19780101	22991231		
	78635	CSF VENTRICULOGRAPHY	19811001	22991231		
	78645	CSF SHUNT EVALUATION	19811001	22991231		
	78650	CSF LEAKAGE IMAGING	19811001	22991231		
	78660	NUCLEAR EXAM OF TEAR FLOW	19811001	22991231		
	78699	NERVOUS SYSTEM NUCLEAR EXAM	19831115	22991231		
	78700	KIDNEY IMAGING MORPHOL	19811001	22991231		
	78701	KIDNEY IMAGING WITH FLOW	19811001	22991231		
	78707	K FLOW/FUNCT IMAGE W/O DRUG	19811001	22991231		
	78708	K FLOW/FUNCT IMAGE W/DRUG	19980101	22991231		
	78709	K FLOW/FUNCT IMAGE MULTIPLE	19980101	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	78725	KIDNEY FUNCTION STUDY	19811001	22991231		
	78730	URINARY BLADDER RETENTION	19811001	22991231		
	78740	URETERAL REFLUX STUDY	19811001	22991231		
	78761	TESTICULAR IMAGING W/FLOW	19811001	22991231		
	78799	GENITOURINARY NUCLEAR EXAM	19831115	22991231		
	78800	RP LOCLZJ TUM 1 AREA 1 D IMG	19811001	22991231		
	78801	RP LOCLZJ TUM 2+AREA 1+D IMG	19811001	22991231		
	78802	RP LOCLZJ TUM WHBDY 1 D IMG	19811001	22991231		
	78803	RP LOCLZJ TUM SPECT 1 AREA	19880501	22991231		
	78804	RP LOCLZJ TUM WHBDY 2+D IMG	20031001	22991231		
	78830	RP LOCLZJ TUM SPECT W/CT 1	20200101	22991231		
	78831	RP LOCLZJ TUM SPECT 2 AREAS	20200101	22991231		
	78832	RP LOCLZJ TUM SPECT W/CT 2	20200101	22991231		
	78835	RP QUAN MEAS SINGLE AREA	20200101	22991231		
	78999	NUCLEAR DIAGNOSTIC EXAM	19831115	22991231		
	79200	NUCLEAR RX INTRACAV ADMIN	19780101	22991231		
	79300	NUCLR RX INTERSTIT COLLOID	19780101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
79440	NUCLEAR RX INTRA-ARTICULAR	19811001	22991231		
79999	NUCLEAR MEDICINE THERAPY	19831115	22991231		
80047	METABOLIC PANEL IONIZED CA	20080101	22991231		
80048	METABOLIC PANEL TOTAL CA	20000101	22991231		
80069	RENAL FUNCTION PANEL	20000101	22991231		
80074	ACUTE HEPATITIS PANEL	20000101	22991231		
80076	HEPATIC FUNCTION PANEL	20000101	22991231		
80150	ASSAY OF AMIKACIN	19930101	22991231		
80156	ASSAY CARBAMAZEPINE TOTAL	19930101	22991231		
80157	ASSAY CARBAMAZEPINE FREE	20010101	22991231		
80158	DRUG ASSAY CYCLOSPORINE	19930101	22991231		
80162	ASSAY OF DIGOXIN TOTAL	19930101	22991231		
80164	ASSAY DIPROPYLACETIC ACD TOT	19930101	22991231		
80168	ASSAY OF ETHOSUXIMIDE	19930101	22991231		
80170	ASSAY OF GENTAMICIN	19930101	22991231		
80173	ASSAY OF HALOPERIDOL	20010101	22991231		
80176	ASSAY OF LIDOCAINE	19930101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

	CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
	80178	ASSAY OF LITHIUM	19930101	22991231		
	80184	ASSAY OF PHENOBARBITAL	19930101	22991231		
	80185	ASSAY OF PHENYTOIN TOTAL	19930101	22991231		
	80186	ASSAY OF PHENYTOIN FREE	19930101	22991231		
	80188	ASSAY OF PRIMIDONE	19930101	22991231		
	80190	ASSAY OF PROCAINAMIDE	19930101	22991231		
	80192	ASSAY OF PROCAINAMIDE	19930101	22991231		
	80194	ASSAY OF QUINIDINE	19930101	22991231		
	80197	ASSAY OF TACROLIMUS	19970101	22991231		
	80198	ASSAY OF THEOPHYLLINE	19930101	22991231		
	80200	ASSAY OF TOBRAMYCIN	19930101	22991231		
	80202	ASSAY OF VANCOMYCIN	19930101	22991231		
	80299	QUANTITATIVE ASSAY DRUG	19930101	22991231		
	80305	DRUG TEST PRSMV DIR OPT OBS	20170101	22991231		
	80306	DRUG TEST PRSMV INSTRMNT	20170101	22991231		
	80307	DRUG TEST PRSMV CHEM ANLYZR	20170101	22991231		
	80400	ACTH STIMULATION PANEL	19940101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

	CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
	80402	ACTH STIMULATION PANEL	19940101	22991231		
	80406	ACTH STIMULATION PANEL	19940101	22991231		
	80408	ALDOSTERONE SUPPRESSION EVAL	19940101	22991231		
	80410	CALCITONIN STIMUL PANEL	19940101	22991231		
	80412	CRH STIMULATION PANEL	19940101	22991231		
	80414	TESTOSTERONE RESPONSE	19940101	22991231		
	80415	ESTRADIOL RESPONSE PANEL	19940101	22991231		
	80416	RENIN STIMULATION PANEL	19960101	22991231		
	80417	RENIN STIMULATION PANEL	19960101	22991231		
	80418	PITUITARY EVALUATION PANEL	19940101	22991231		
	80420	DEXAMETHASONE PANEL	19940101	22991231		
	80422	GLUCAGON TOLERANCE PANEL	19940101	22991231		
	80424	GLUCAGON TOLERANCE PANEL	19940101	22991231		
	80426	GONADOTROPIN HORMONE PANEL	19940101	22991231		
	80428	GROWTH HORMONE PANEL	19940101	22991231		
	80430	GROWTH HORMONE PANEL	19940101	22991231		
	80432	INSULIN SUPPRESSION PANEL	19940101	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	80434	INSULIN TOLERANCE PANEL	19940101	22991231		
	80435	INSULIN TOLERANCE PANEL	19940101	22991231		
	80436	METYRAPONE PANEL	19940101	22991231		
	80438	TRH STIMULATION PANEL	19940101	22991231		
	80439	TRH STIMULATION PANEL	19940101	22991231		
	80500	LAB PATHOLOGY CONSULTATION	19811001	22991231		
	80502	LAB PATHOLOGY CONSULTATION	19811001	22991231		
	81000	URINALYSIS NONAUTO W/SCOPE	19771015	22991231		
	81001	URINALYSIS AUTO W/SCOPE	19960101	22991231		
	81003	URINALYSIS AUTO W/O SCOPE	19930101	22991231		
	81005	URINALYSIS	19780101	22991231		
	81015	MICROSCOPIC EXAM OF URINE	19780101	22991231		
	81020	URINALYSIS GLASS TEST	19811001	22991231		
	81025	URINE PREGNANCY TEST	19930101	22991231		
	81050	URINALYSIS VOLUME MEASURE	19930101	22991231		
	81099	URINALYSIS TEST PROCEDURE	19831115	22991231		
	81163	BRCA1&2 GENE FULL SEQ ALYS	20190101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

	CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
	81164	BRCA1&2 GEN FUL DUP/DEL ALYS	20190101	22991231		
	81165	BRCA1 GENE FULL SEQ ALYS	20190101	22991231		
	81166	BRCA1 GENE FULL DUP/DEL ALYS	20190101	22991231		
	81167	BRCA2 GENE FULL DUP/DEL ALYS	20190101	22991231		
	81171	AFF2 GENE DETC ABNOR ALLELES	20190101	22991231		
	81172	AFF2 GENE CHARAC ALLELES	20190101	22991231		
	81173	AR GENE FULL GENE SEQUENCE	20190101	22991231		
	81174	AR GENE KNOWN FAMIL VARIANT	20190101	22991231		
	81177	ATN1 GENE DETC ABNOR ALLELES	20190101	22991231		
	81178	ATXN1 GENE DETC ABNOR ALLELE	20190101	22991231		
	81179	ATXN2 GENE DETC ABNOR ALLELE	20190101	22991231		
	81180	ATXN3 GENE DETC ABNOR ALLELE	20190101	22991231		
	81181	ATXN7 GENE DETC ABNOR ALLELE	20190101	22991231		
	81182	ATXN8OS GEN DETC ABNOR ALLEL	20190101	22991231		
	81183	ATXN10 GENE DETC ABNOR ALLEL	20190101	22991231		
	81184	CACNA1A GEN DETC ABNOR ALLEL	20190101	22991231		
	81185	CACNA1A GENE FULL GENE SEQ	20190101	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	81186	CACNA1A GEN KNOWN FAMIL VRNT	20190101	22991231		
	81187	CNBP GENE DETC ABNOR ALLELE	20190101	22991231		
	81188	CSTB GENE DETC ABNOR ALLELE	20190101	22991231		
	81189	CSTB GENE FULL GENE SEQUENCE	20190101	22991231		
	81190	CSTB GENE KNOWN FAMIL VRNT	20190101	22991231		
	81204	AR GENE CHARAC ALLELES	20190101	22991231		
	81227	CYP2C9 GENE COM VARIANTS	20120101	22991231		
	81233	BTK GENE COMMON VARIANTS	20190101	22991231		
	81234	DMPK GENE DETC ABNOR ALLELE	20190101	22991231		
	81236	EZH2 GENE FULL GENE SEQUENCE	20190101	22991231		
	81237	EZH2 GENE COMMON VARIANTS	20190101	22991231		
	81239	DMPK GENE CHARAC ALLELES	20190101	22991231		
	81271	HTT GENE DETC ABNOR ALLELES	20190101	22991231		
	81274	HTT GENE CHARAC ALLELES	20190101	22991231		
	81284	FXN GENE DETC ABNOR ALLELES	20190101	22991231		
	81285	FXN GENE CHARAC ALLELES	20190101	22991231		
	81286	FXN GENE FULL GENE SEQUENCE	20190101	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	81289	FXN GENE KNOWN FAMIL VARIANT	20190101	22991231		
	81305	MYD88 GENE P.LEU265PRO VRNT	20190101	22991231		
	81306	NUDT15 GENE COMMON VARIANTS	20190101	22991231		
	81312	PABPN1 GENE DETC ABNOR ALLEL	20190101	22991231		
	81320	PLCG2 GENE COMMON VARIANTS	20190101	22991231		
	81327	SEPT9 GEN PRMTR MTHYLTN ALYS	20170101	22991231		
	81329	SMN1 GENE DOS/DELETION ALYS	20190101	22991231		
	81333	TGFBI GENE COMMON VARIANTS	20190101	22991231		
	81336	SMN1 GENE FULL GENE SEQUENCE	20190101	22991231		
	81337	SMN1 GEN NOWN FAMIL SEQ VRNT	20190101	22991231		
	81343	PPP2R2B GEN DETC ABNOR ALLEL	20190101	22991231		
	81344	TBP GENE DETC ABNOR ALLELES	20190101	22991231		
	81345	TERT GENE TARGETED SEQ ALYS	20190101	22991231		
	81413	CAR ION CHNNLPATH INC 10 GNS	20170101	22991231		
	81414	CAR ION CHNNLPATH INC 2 GNS	20170101	22991231		
	81422	FETAL CHRMOML MICRODELTJ	20170101	22991231		
	81439	HRDTRY CARDMYPY GENE PANEL	20170101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
81539	ONCOLOGY PROSTATE PROB SCORE	20170101	22991231		
81596	NFCT DS CHRNC HCV 6 ASSAYS	20190101	22991231		
82009	TEST FOR ACETONE/KETONES	19811001	22991231		
82010	ACETONE ASSAY	19811001	22991231		
82013	ACETYLCHOLINESTERASE ASSAY	19811001	22991231		
82024	ASSAY OF ACTH	19811001	22991231		
82030	ASSAY OF ADP & AMP	19811001	22991231		
82040	ASSAY OF SERUM ALBUMIN	19811001	22991231		
82042	OTHER SOURCE ALBUMIN QUAN EA	19811001	22991231		
82043	UR ALBUMIN QUANTITATIVE	19930101	22991231		
82044	UR ALBUMIN SEMIQUANTITATIVE	19930101	22991231		
82075	ASSAY OF BREATH ETHANOL	19811001	22991231		
82085	ASSAY OF ALDOLASE	19780101	22991231		
82088	ASSAY OF ALDOSTERONE	19811001	22991231		
82103	ALPHA-1-ANTITRYPSIN TOTAL	19930101	22991231		
82104	ALPHA-1-ANTITRYPSIN PHENO	19930101	22991231		
82105	ALPHA-FETOPROTEIN SERUM	19930101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
82106	ALPHA-FETOPROTEIN AMNIOTIC	19930101	22991231		
82108	ASSAY OF ALUMINUM	19880401	22991231		
82120	AMINES VAGINAL FLUID QUAL	20000101	22991231		
82127	AMINO ACID SINGLE QUAL	19980101	22991231		
82128	AMINO ACIDS MULT QUAL	19811001	22991231		
82131	AMINO ACIDS SINGLE QUANT	19930101	22991231		
82135	ASSAY AMINOLEVULINIC ACID	19811001	22991231		
82136	AMINO ACIDS QUANT 2-5	19990101	22991231		
82140	ASSAY OF AMMONIA	19780101	22991231		
82143	AMNIOTIC FLUID SCAN	19811001	22991231		
82150	ASSAY OF AMYLASE	19780101	22991231		
82154	ANDROSTANEDIOL GLUCURONIDE	19940101	22991231		
82157	ASSAY OF ANDROSTENEDIONE	19811001	22991231		
82160	ASSAY OF ANDROSTERONE	19811001	22991231		
82163	ASSAY OF ANGIOTENSIN II	19811001	22991231		
82164	ANGIOTENSIN I ENZYME TEST	19811001	22991231		
82172	ASSAY OF APOLIPOPROTEIN	19871201	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

	CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
	82175	ASSAY OF ARSENIC	19780101	22991231		
	82180	ASSAY OF ASCORBIC ACID	19780101	22991231		
	82190	ATOMIC ABSORPTION	19930101	22991231		
	82232	ASSAY OF BETA-2 PROTEIN	19811001	22991231		
	82239	BILE ACIDS TOTAL	19930101	22991231		
	82240	BILE ACIDS CHOLYLGLYCINE	19811001	22991231		
	82247	BILIRUBIN TOTAL	19990101	22991231		
	82248	BILIRUBIN DIRECT	19990101	22991231		
	82252	FECAL BILIRUBIN TEST	19771015	22991231		
	82261	ASSAY OF BIOTINIDASE	19990101	22991231		
	82270	OCCULT BLOOD FECES	19771015	22991231		
	82286	ASSAY OF BRADYKININ	19811001	22991231		
	82300	ASSAY OF CADMIUM	19811001	22991231		
	82306	VITAMIN D 25 HYDROXY	19811001	22991231		
	82308	ASSAY OF CALCITONIN	19811001	22991231		
	82310	ASSAY OF CALCIUM	19780101	22991231		
	82330	ASSAY OF CALCIUM	19780101	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	82331	CALCIUM INFUSION TEST	19780101	22991231		
	82340	ASSAY OF CALCIUM IN URINE	19780101	22991231		
	82355	CALCULUS ANALYSIS QUAL	19780101	22991231		
	82360	CALCULUS ASSAY QUANT	19811001	22991231		
	82365	CALCULUS SPECTROSCOPY	19811001	22991231		
	82370	X-RAY ASSAY CALCULUS	19811001	22991231		
	82373	ASSAY C-D TRANSFER MEASURE	20010101	22991231		
	82374	ASSAY BLOOD CARBON DIOXIDE	19780101	22991231		
	82375	ASSAY CARBOXYHB QUANT	20090101	22991231		
	82376	ASSAY CARBOXYHB QUAL	19811001	22991231		
	82378	CARCINOEMBRYONIC ANTIGEN	19930101	22991231		
	82379	ASSAY OF CARNITINE	19990101	22991231		
	82380	ASSAY OF CAROTENE	19811001	22991231		
	82382	ASSAY URINE CATECHOLAMINES	19811001	22991231		
	82383	ASSAY BLOOD CATECHOLAMINES	19811001	22991231		
	82384	ASSAY THREE CATECHOLAMINES	19780101	22991231		
	82387	ASSAY OF CATHEPSIN-D	19930101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

	CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
	82390	ASSAY OF CERULOPLASMIN	19811001	22991231		
	82397	CHEMILUMINESCENT ASSAY	19930101	22991231		
	82415	ASSAY OF CHLORAMPHENICOL	19811001	22991231		
	82435	ASSAY OF BLOOD CHLORIDE	19780101	22991231		
	82436	ASSAY OF URINE CHLORIDE	19780101	22991231		
	82438	ASSAY OTHER FLUID CHLORIDES	19780101	22991231		
	82465	ASSAY BLD/SERUM CHOLESTEROL	19771015	22991231		
	82480	ASSAY SERUM CHOLINESTERASE	19780101	22991231		
	82482	ASSAY RBC CHOLINESTERASE	19780101	22991231		
	82485	ASSAY CHONDROITIN SULFATE	19780101	22991231		
	82495	ASSAY OF CHROMIUM	19811001	22991231		
	82507	ASSAY OF CITRATE	19811001	22991231		
	82523	COLLAGEN CROSSLINKS	19970101	22991231		
	82525	ASSAY OF COPPER	19780101	22991231		
	82528	ASSAY OF CORTICOSTERONE	19811001	22991231		
	82530	CORTISOL FREE	19930101	22991231		
	82533	TOTAL CORTISOL	19811001	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

	CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
	82540	ASSAY OF CREATINE	19780101	22991231		
	82542	COL CHROMOTOGRAPHY QUAL/QUAN	19990101	22991231		
	82550	ASSAY OF CK (CPK)	19780101	22991231		
	82552	ASSAY OF CPK IN BLOOD	19780101	22991231		
	82553	CREATINE MB FRACTION	19930101	22991231		
	82554	CREATINE ISOFORMS	19930101	22991231		
	82565	ASSAY OF CREATININE	19780101	22991231		
	82570	ASSAY OF URINE CREATININE	19811001	22991231		
	82575	CREATININE CLEARANCE TEST	19780101	22991231		
	82585	ASSAY OF CRYOFIBRINOGEN	19811001	22991231		
	82595	ASSAY OF CRYOGLOBULIN	19780101	22991231		
	82600	ASSAY OF CYANIDE	19811001	22991231		
	82607	VITAMIN B-12	19811001	22991231		
	82608	B-12 BINDING CAPACITY	19811001	22991231		
	82610	CYSTATIN C	20080101	22991231		
	82615	TEST FOR URINE CYSTINES	19771015	22991231		
	82626	DEHYDROEPIANDROSTERONE	19811001	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
82627	DEHYDROEPIANDROSTERONE	19930101	22991231		
82633	DESOXYCORTICOSTERONE	19811001	22991231		
82634	DEOXYCORTISOL	19811001	22991231		
82638	ASSAY OF DIBUCAINE NUMBER	19811001	22991231		
82642	DIHYDROTESTOSTERONE	20190101	22991231		
82652	VIT D 1 25-DIHYDROXY	19871201	22991231		
82656	PANCREATIC ELASTASE FECAL	19811001	22991231		
82657	ENZYME CELL ACTIVITY	19990101	22991231		
82658	ENZYME CELL ACTIVITY RA	19990101	22991231		
82664	ELECTROPHORETIC TEST	19811001	22991231		
82668	ASSAY OF ERYTHROPOIETIN	19811001	22991231		
82670	ASSAY OF ESTRADIOL	19811001	22991231		
82671	ASSAY OF ESTROGENS	19811001	22991231		
82672	ASSAY OF ESTROGEN	19780101	22991231		
82677	ASSAY OF ESTRIOL	19811001	22991231		
82679	ASSAY OF ESTRONE	19811001	22991231		
82693	ASSAY OF ETHYLENE GLYCOL	19930101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

	CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
	82696	ASSAY OF ETIOCHOLANOLONE	19811001	22991231		
	82705	FATS/LIPIDS FECES QUAL	19780101	22991231		
	82710	FATS/LIPIDS FECES QUANT	19780101	22991231		
	82715	ASSAY OF FECAL FAT	19780101	22991231		
	82725	ASSAY OF BLOOD FATTY ACIDS	19811001	22991231		
	82728	ASSAY OF FERRITIN	19811001	22991231		
	82731	ASSAY OF FETAL FIBRONECTIN	19990101	22991231		
	82735	ASSAY OF FLUORIDE	19811001	22991231		
	82746	ASSAY OF FOLIC ACID SERUM	19811001	22991231		
	82747	ASSAY OF FOLIC ACID RBC	19930101	22991231		
	82757	ASSAY OF SEMEN FRUCTOSE	19811001	22991231		
	82759	ASSAY OF RBC GALACTOKINASE	19811001	22991231		
	82760	ASSAY OF GALACTOSE	19811001	22991231		
	82775	ASSAY GALACTOSE TRANSFERASE	19811001	22991231		
	82776	GALACTOSE TRANSFERASE TEST	19811001	22991231		
	82784	ASSAY IGA/IGD/IGG/IGM EACH	19811001	22991231		
	82785	ASSAY OF IGE	19811001	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
82787	IGG 1 2 3 OR 4 EACH	19930101	22991231		
82800	BLOOD PH	19811001	22991231		
82803	BLOOD GASES ANY COMBINATION	19811001	22991231		
82805	BLOOD GASES W/O2 SATURATION	19940101	22991231		
82810	BLOOD GASES O2 SAT ONLY	19940101	22991231		
82820	HEMOGLOBIN-OXYGEN AFFINITY	19930101	22991231		
82938	GASTRIN TEST	19811001	22991231		
82941	ASSAY OF GASTRIN	19811001	22991231		
82943	ASSAY OF GLUCAGON	19811001	22991231		
82945	GLUCOSE OTHER FLUID	20010101	22991231		
82946	GLUCAGON TOLERANCE TEST	19811001	22991231		
82947	ASSAY GLUCOSE BLOOD QUANT	19771015	22991231		
82948	REAGENT STRIP/BLOOD GLUCOSE	19771015	22991231		
82950	GLUCOSE TEST	19811001	22991231		
82951	GLUCOSE TOLERANCE TEST (GTT)	19780101	22991231		
82952	GTT-ADDED SAMPLES	19780101	22991231		
82955	ASSAY OF G6PD ENZYME	19811001	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	82960	TEST FOR G6PD ENZYME	19811001	22991231		
	82962	GLUCOSE BLOOD TEST	19930101	22991231		
	82963	ASSAY OF GLUCOSIDASE	19811001	22991231		
	82965	ASSAY OF GDH ENZYME	19811001	22991231		
	82978	ASSAY OF GLUTATHIONE	19811001	22991231		
	82979	ASSAY RBC GLUTATHIONE	19811001	22991231		
	82985	ASSAY OF GLYCATED PROTEIN	19811001	22991231		
	83001	ASSAY OF GONADOTROPIN (FSH)	19780101	22991231		
	83002	ASSAY OF GONADOTROPIN (LH)	19811001	22991231		
	83003	ASSAY GROWTH HORMONE (HGH)	19811001	22991231		
	83010	ASSAY OF HAPTOGLOBIN QUANT	19811001	22991231		
	83012	ASSAY OF HAPTOGLOBINS	19811001	22991231		
	83013	H PYLORI (C-13) BREATH	19990101	22991231		
	83014	H PYLORI DRUG ADMIN	19990101	22991231		
	83015	HEAVY METAL QUAL ANY ANAL	19811001	22991231		
	83018	HEAVY METAL QUANT EACH NES	19811001	22991231		
	83021	HEMOGLOBIN CHROMOTOGRAPHY	19990101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
83026	HEMOGLOBIN COPPER SULFATE	19930101	22991231		
83030	FETAL HEMOGLOBIN CHEMICAL	19811001	22991231		
83033	FETAL HEMOGLOBIN ASSAY QUAL	19811001	22991231		
83036	GLYCOSYLATED HEMOGLOBIN TEST	19811001	22991231		
83045	BLOOD METHEMOGLOBIN TEST	19780101	22991231		
83050	BLOOD METHEMOGLOBIN ASSAY	19780101	22991231		
83051	ASSAY OF PLASMA HEMOGLOBIN	19811001	22991231		
83060	BLOOD SULFHEMOGLOBIN ASSAY	19780101	22991231		
83065	ASSAY OF HEMOGLOBIN HEAT	19780101	22991231		
83068	HEMOGLOBIN STABILITY SCREEN	19780101	22991231		
83069	ASSAY OF URINE HEMOGLOBIN	19811001	22991231		
83070	ASSAY OF HEMOSIDERIN QUAL	19780101	22991231		
83080	ASSAY OF B HEXOSAMINIDASE	19990101	22991231		
83090	ASSAY OF HOMOCYSTINE	20010101	22991231		
83150	ASSAY OF HOMOVANILLIC ACID	19811001	22991231		
83491	ASSAY OF CORTICOSTEROIDS 17	19811001	22991231		
83497	ASSAY OF 5-HIAA	19780101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
83498	ASSAY OF PROGESTERONE 17-D	19811001	22991231		
83500	ASSAY FREE HYDROXYPROLINE	19811001	22991231		
83505	ASSAY TOTAL HYDROXYPROLINE	19811001	22991231		
83516	IMMUNOASSAY NONANTIBODY	19950101	22991231		
83518	IMMUNOASSAY DIPSTICK	19930101	22991231		
83519	RIA NONANTIBODY	19930101	22991231		
83520	IMMUNOASSAY QUANT NOS NONAB	19930101	22991231		
83525	ASSAY OF INSULIN	19811001	22991231		
83527	ASSAY OF INSULIN	19940101	22991231		
83528	ASSAY OF INTRINSIC FACTOR	19811001	22991231		
83540	ASSAY OF IRON	19780101	22991231		
83550	IRON BINDING TEST	19780101	22991231		
83570	ASSAY OF IDH ENZYME	19780101	22991231		
83582	ASSAY OF KETOGENIC STEROIDS	19780101	22991231		
83586	ASSAY 17- KETOSTEROIDS	19780101	22991231		
83593	FRACTIONATION KETOSTEROIDS	19780101	22991231		
83605	ASSAY OF LACTIC ACID	19811001	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	83615	LACTATE (LD) (LDH) ENZYME	19780101	22991231		
	83625	ASSAY OF LDH ENZYMES	19811001	22991231		
	83631	LACTOFERRIN FECAL (QUANT)	19811001	22991231		
	83632	PLACENTAL LACTOGEN	19811001	22991231		
	83633	TEST URINE FOR LACTOSE	19811001	22991231		
	83655	ASSAY OF LEAD	19811001	22991231		
	83661	L/S RATIO FETAL LUNG	19811001	22991231		
	83662	FOAM STABILITY FETAL LUNG	19930101	22991231		
	83663	FLUORO POLARIZE FETAL LUNG	20010101	22991231		
	83664	LAMELLAR BDY FETAL LUNG	20010101	22991231		
	83670	ASSAY OF LAP ENZYME	19780101	22991231		
	83690	ASSAY OF LIPASE	19780101	22991231		
	83700	LIPOPRO BLD ELECTROPHORETIC	19780101	22991231		
	83718	ASSAY OF LIPOPROTEIN	19811001	22991231		
	83719	ASSAY OF BLOOD LIPOPROTEIN	19811001	22991231		
	83721	ASSAY OF BLOOD LIPOPROTEIN	19930101	22991231		
	83722	LIPOPRTN DIR MEAS SD LDL CHL	20190101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

	CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
	83727	ASSAY OF LRH HORMONE	19811001	22991231		
	83735	ASSAY OF MAGNESIUM	19780101	22991231		
	83775	ASSAY MALATE DEHYDROGENASE	19811001	22991231		
	83785	ASSAY OF MANGANESE	19811001	22991231		
	83789	MASS SPECTROMETRY QUAL/QUAN	19990101	22991231		
	83825	ASSAY OF MERCURY	19811001	22991231		
	83835	ASSAY OF METANEPHRINES	19811001	22991231		
	83857	ASSAY OF METHEMALBUMIN	19811001	22991231		
	83861	MICROFLUID ANALY TEARS	20110101	22991231		
	83864	MUCOPOLYSACCHARIDES	19811001	22991231		
	83872	ASSAY SYNOVIAL FLUID MUCIN	19811001	22991231		
	83873	ASSAY OF CSF PROTEIN	19811001	22991231		
	83874	ASSAY OF MYOGLOBIN	19811001	22991231		
	83880	ASSAY OF NATRIURETIC PEPTIDE	19811001	22991231		
	83883	ASSAY NEPHELOMETRY NOT SPEC	19930101	22991231		
	83885	ASSAY OF NICKEL	19811001	22991231		
	83915	ASSAY OF NUCLEOTIDASE	19811001	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

	CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
	83916	OLIGOCLONAL BANDS	19811001	22991231		
	83918	ORGANIC ACIDS TOTAL QUANT	19811001	22991231		
	83919	ORGANIC ACIDS QUAL EACH	19990101	22991231		
	83921	ORGANIC ACID SINGLE QUANT	20010101	22991231		
	83930	ASSAY OF BLOOD OSMOLALITY	19811001	22991231		
	83935	ASSAY OF URINE OSMOLALITY	19811001	22991231		
	83937	ASSAY OF OSTEOCALCIN	19940101	22991231		
	83945	ASSAY OF OXALATE	19811001	22991231		
	83970	ASSAY OF PARATHORMONE	19811001	22991231		
	83986	ASSAY PH BODY FLUID NOS	19811001	22991231		
	83987	EXHALED BREATH CONDENSATE	20100101	22991231		
	83992	ASSAY FOR PHENCYCLIDINE	19811001	22991231		
	83993	ASSAY FOR CALPROTECTIN FECAL	20080101	22991231		
	84030	ASSAY OF BLOOD PKU	19811001	22991231		
	84035	ASSAY OF PHENYLKETONES	19811001	22991231		
	84060	ASSAY ACID PHOSPHATASE	19771015	22991231		
	84066	ASSAY PROSTATE PHOSPHATASE	19811001	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	84075	ASSAY ALKALINE PHOSPHATASE	19771015	22991231		
	84078	ASSAY ALKALINE PHOSPHATASE	19771015	22991231		
	84080	ASSAY ALKALINE PHOSPHATASES	19811001	22991231		
	84081	ASSAY PHOSPHATIDYLGLYCEROL	19811001	22991231		
	84085	ASSAY OF RBC PG6D ENZYME	19811001	22991231		
	84087	ASSAY PHOSPHOHEXOSE ENZYMES	19811001	22991231		
	84100	ASSAY OF PHOSPHORUS	19780101	22991231		
	84105	ASSAY OF URINE PHOSPHORUS	19811001	22991231		
	84106	TEST FOR PORPHOBILINOGEN	19780101	22991231		
	84110	ASSAY OF PORPHOBILINOGEN	19780101	22991231		
	84112	EVAL AMNIOTIC FLUID PROTEIN	20110101	22991231		
	84119	TEST URINE FOR PORPHYRINS	19780101	22991231		
	84120	ASSAY OF URINE PORPHYRINS	19811001	22991231		
	84126	ASSAY OF FECES PORPHYRINS	19811001	22991231		
	84132	ASSAY OF SERUM POTASSIUM	19771015	22991231		
	84133	ASSAY OF URINE POTASSIUM	19811001	22991231		
	84134	ASSAY OF PREALBUMIN	19930101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

	CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
	84135	ASSAY OF PREGNANEDIOL	19811001	22991231		
	84138	ASSAY OF PREGNANETRIOL	19811001	22991231		
	84140	ASSAY OF PREGNENOLONE	19940101	22991231		
	84143	ASSAY OF 17-HYDROXYPREGNENO	19940101	22991231		
	84144	ASSAY OF PROGESTERONE	19811001	22991231		
	84145	PROCALCITONIN (PCT)	20100101	22991231		
	84146	ASSAY OF PROLACTIN	19811001	22991231		
	84150	ASSAY OF PROSTAGLANDIN	19811001	22991231		
	84152	ASSAY OF PSA COMPLEXED	20010101	22991231		
	84153	ASSAY OF PSA TOTAL	19930101	22991231		
	84154	ASSAY OF PSA FREE	19990101	22991231		
	84155	ASSAY OF PROTEIN SERUM	19780101	22991231		
	84160	ASSAY OF PROTEIN ANY SOURCE	19780101	22991231		
	84165	PROTEIN E-PHORESIS SERUM	19780101	22991231		
	84166	PROTEIN E-PHORESIS/URINE/CSF	20050101	22991231		
	84181	WESTERN BLOT TEST	19930101	22991231		
	84182	PROTEIN WESTERN BLOT TEST	19930101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
84202	ASSAY RBC PROTOPORPHYRIN	19811001	22991231		
84203	TEST RBC PROTOPORPHYRIN	19811001	22991231		
84206	ASSAY OF PROINSULIN	19811001	22991231		
84207	ASSAY OF VITAMIN B-6	19811001	22991231		
84210	ASSAY OF PYRUVATE	19811001	22991231		
84220	ASSAY OF PYRUVATE KINASE	19811001	22991231		
84228	ASSAY OF QUININE	19811001	22991231		
84233	ASSAY OF ESTROGEN	19811001	22991231		
84234	ASSAY OF PROGESTERONE	19811001	22991231		
84235	ASSAY OF ENDOCRINE HORMONE	19811001	22991231		
84238	ASSAY NONENDOCRINE RECEPTOR	19811001	22991231		
84244	ASSAY OF RENIN	19811001	22991231		
84252	ASSAY OF VITAMIN B-2	19811001	22991231		
84255	ASSAY OF SELENIUM	19811001	22991231		
84260	ASSAY OF SEROTONIN	19811001	22991231		
84270	ASSAY OF SEX HORMONE GLOBUL	19930101	22991231		
84275	ASSAY OF SIALIC ACID	19811001	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
84285	ASSAY OF SILICA	19811001	22991231		
84295	ASSAY OF SERUM SODIUM	19771015	22991231		
84300	ASSAY OF URINE SODIUM	19811001	22991231		
84305	ASSAY OF SOMATOMEDIN	19930101	22991231		
84307	ASSAY OF SOMATOSTATIN	19930101	22991231		
84311	SPECTROPHOTOMETRY	19930101	22991231		
84315	BODY FLUID SPECIFIC GRAVITY	19811001	22991231		
84375	CHROMATOGRAM ASSAY SUGARS	19811001	22991231		
84376	SUGARS SINGLE QUAL	19990101	22991231		
84377	SUGARS MULTIPLE QUAL	19990101	22991231		
84378	SUGARS SINGLE QUANT	19990101	22991231		
84379	SUGARS MULTIPLE QUANT	19990101	22991231		
84392	ASSAY OF URINE SULFATE	19920115	22991231		
84402	ASSAY OF FREE TESTOSTERONE	19930101	22991231		
84403	ASSAY OF TOTAL TESTOSTERONE	19780101	22991231		
84410	TESTOSTERONE BIOAVAILABLE	20170101	22991231		
84425	ASSAY OF VITAMIN B-1	19811001	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
84430	ASSAY OF THIOCYANATE	19811001	22991231		
84432	ASSAY OF THYROGLOBULIN	19930101	22991231		
84436	ASSAY OF TOTAL THYROXINE	19811001	22991231		
84437	ASSAY OF NEONATAL THYROXINE	19780101	22991231		
84439	ASSAY OF FREE THYROXINE	19811001	22991231		
84442	ASSAY OF THYROID ACTIVITY	19811001	22991231		
84443	ASSAY THYROID STIM HORMONE	19780101	22991231		
84445	ASSAY OF TSI GLOBULIN	19811001	22991231		
84446	ASSAY OF VITAMIN E	19811001	22991231		
84449	ASSAY OF TRANSCORTIN	19940101	22991231		
84466	ASSAY OF TRANSFERRIN	19930101	22991231		
84478	ASSAY OF TRIGLYCERIDES	19780101	22991231		
84479	ASSAY OF THYROID (T3 OR T4)	19811001	22991231		
84480	ASSAY TRIIODOTHYRONINE (T3)	19811001	22991231		
84481	FREE ASSAY (FT-3)	19811001	22991231		
84482	T3 REVERSE	19930101	22991231		
84484	ASSAY OF TROPONIN QUANT	19970101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
84485	ASSAY DUODENAL FLUID TRYPSIN	19811001	22991231		
84488	TEST FECES FOR TRYPSIN	19811001	22991231		
84490	ASSAY OF FECES FOR TRYPSIN	19811001	22991231		
84510	ASSAY OF TYROSINE	19811001	22991231		
84512	ASSAY OF TROPONIN QUAL	19980101	22991231		
84520	ASSAY OF UREA NITROGEN	19771015	22991231		
84525	UREA NITROGEN SEMI-QUANT	19771015	22991231		
84540	ASSAY OF URINE/UREA-N	19771015	22991231		
84545	UREA-N CLEARANCE TEST	19780101	22991231		
84550	ASSAY OF BLOOD/URIC ACID	19771015	22991231		
84560	ASSAY OF URINE/URIC ACID	19811001	22991231		
84577	ASSAY OF FECES/UROBILINOGEN	19780101	22991231		
84578	TEST URINE UROBILINOGEN	19811001	22991231		
84580	ASSAY OF URINE UROBILINOGEN	19811001	22991231		
84583	ASSAY OF URINE UROBILINOGEN	19811001	22991231		
84585	ASSAY OF URINE VMA	19780101	22991231		
84586	ASSAY OF VIP	19940101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
84588	ASSAY OF VASOPRESSIN	19811001	22991231		
84590	ASSAY OF VITAMIN A	19780101	22991231		
84591	ASSAY OF NOS VITAMIN	20010101	22991231		
84597	ASSAY OF VITAMIN K	19811001	22991231		
84600	ASSAY OF VOLATILES	19811001	22991231		
84620	XYLOSE TOLERANCE TEST	19780101	22991231		
84630	ASSAY OF ZINC	19811001	22991231		
84681	ASSAY OF C-PEPTIDE	19871201	22991231		
84702	CHORIONIC GONADOTROPIN TEST	19871201	22991231		
84703	CHORIONIC GONADOTROPIN ASSAY	19871201	22991231		
84704	HCG FREE BETACHAIN TEST	20080101	22991231		
84830	OVULATION TESTS	19930101	22991231		
84999	CLINICAL CHEMISTRY TEST	19831115	22991231		
85002	BLEEDING TIME TEST	19771015	22991231		
85007	BL SMEAR W/DIFF WBC COUNT	19771015	22991231		
85008	BL SMEAR W/O DIFF WBC COUNT	19930101	22991231		
85009	MANUAL DIFF WBC COUNT B-COAT	19771015	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
85013	SPUN MICROHEMATOCRIT	19930101	22991231		
85014	HEMATOCRIT	19771015	22991231		
85018	HEMOGLOBIN	19771015	22991231		
85025	COMPLETE CBC W/AUTO DIFF WBC	19871201	22991231		
85027	COMPLETE CBC AUTOMATED	19811001	22991231		
85041	AUTOMATED RBC COUNT	19771015	22991231		
85044	MANUAL RETICULOCYTE COUNT	19780101	22991231		
85045	AUTOMATED RETICULOCYTE COUNT	19900401	22991231		
85046	RETICYTE/HGB CONCENTRATE	19990101	22991231		
85048	AUTOMATED LEUKOCYTE COUNT	19771015	22991231		
85060	BLOOD SMEAR INTERPRETATION	19811001	22991231		
85097	BONE MARROW INTERPRETATION	19811001	22991231		
85130	CHROMOGENIC SUBSTRATE ASSAY	19930101	22991231		
85170	BLOOD CLOT RETRACTION	19780101	22991231		
85175	BLOOD CLOT LYSIS TIME	19811001	22991231		
85210	CLOT FACTOR II PROTHROM SPEC	19811001	22991231		
85220	BLOOC CLOT FACTOR V TEST	19811001	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	85230	CLOT FACTOR VII PROCONVERTIN	19811001	22991231		
	85240	CLOT FACTOR VIII AHG 1 STAGE	19811001	22991231		
	85244	CLOT FACTOR VIII RELTD ANTGN	19811001	22991231		
	85245	CLOT FACTOR VIII VW RISTOCTN	19930101	22991231		
	85246	CLOT FACTOR VIII VW ANTIGEN	19930101	22991231		
	85247	CLOT FACTOR VIII MULTIMETRIC	19930101	22991231		
	85250	CLOT FACTOR IX PTC/CHRSTMAS	19811001	22991231		
	85260	CLOT FACTOR X STUART-POWER	19811001	22991231		
	85270	CLOT FACTOR XI PTA	19811001	22991231		
	85280	CLOT FACTOR XII HAGEMAN	19811001	22991231		
	85290	CLOT FACTOR XIII FIBRIN STAB	19811001	22991231		
	85291	CLOT FACTOR XIII FIBRIN SCRN	19811001	22991231		
	85292	CLOT FACTOR FLETCHER FACT	19811001	22991231		
	85293	CLOT FACTOR WGHT KININOGEN	19811001	22991231		
	85300	ANTITHROMBIN III ACTIVITY	19811001	22991231		
	85301	ANTITHROMBIN III ANTIGEN	19811001	22991231		
	85302	CLOT INHIBIT PROT C ANTIGEN	19811001	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
85303	CLOT INHIBIT PROT C ACTIVITY	19930101	22991231		
85306	CLOT INHIBIT PROT S FREE	19930101	22991231		
85307	ASSAY ACTIVATED PROTEIN C	20010101	22991231		
85335	FACTOR INHIBITOR TEST	19930101	22991231		
85337	THROMBOMODULIN	19930101	22991231		
85345	COAGULATION TIME LEE & WHITE	19771015	22991231		
85347	COAGULATION TIME ACTIVATED	19771015	22991231		
85348	COAGULATION TIME OTR METHOD	19780101	22991231		
85360	EUGLOBULIN LYSIS	19811001	22991231		
85362	FIBRIN DEGRADATION PRODUCTS	19811001	22991231		
85366	FIBRINOGEN TEST	19930101	22991231		
85370	FIBRINOGEN TEST	19930101	22991231		
85378	FIBRIN DEGRADE SEMIQUANT	19930101	22991231		
85379	FIBRIN DEGRADATION QUANT	19930101	22991231		
85384	FIBRINOGEN ACTIVITY	19930101	22991231		
85385	FIBRINOGEN ANTIGEN	19930101	22991231		
85390	FIBRINOLYSINS SCREEN I&R	19811001	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

	CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
	85396	CLOTTING ASSAY WHOLE BLOOD	20040101	22991231		
	85400	FIBRINOLYTIC PLASMIN	19811001	22991231		
	85410	FIBRINOLYTIC ANTIPLASMIN	19811001	22991231		
	85415	FIBRINOLYTIC PLASMINOGEN	19930101	22991231		
	85420	FIBRINOLYTIC PLASMINOGEN	19811001	22991231		
	85421	FIBRINOLYTIC PLASMINOGEN	19811001	22991231		
	85441	HEINZ BODIES DIRECT	19811001	22991231		
	85445	HEINZ BODIES INDUCED	19811001	22991231		
	85460	HEMOGLOBIN FETAL	19811001	22991231		
	85461	HEMOGLOBIN FETAL	19950101	22991231		
	85475	HEMOLYSIN ACID	19930101	22991231		
	85520	HEPARIN ASSAY	19811001	22991231		
	85525	HEPARIN NEUTRALIZATION	19930101	22991231		
	85530	HEPARIN-PROTAMINE TOLERANCE	19811001	22991231		
	85536	IRON STAIN PERIPHERAL BLOOD	20010101	22991231		
	85540	WBC ALKALINE PHOSPHATASE	19811001	22991231		
	85547	RBC MECHANICAL FRAGILITY	19780101	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	85549	MURAMIDASE	19811001	22991231		
	85555	RBC OSMOTIC FRAGILITY	19811001	22991231		
	85557	RBC OSMOTIC FRAGILITY	19811001	22991231		
	85576	BLOOD PLATELET AGGREGATION	19940101	22991231		
	85597	PHOSPHOLIPID PLTLT NEUTRALIZ	19930101	22991231		
	85598	HEXAGNAL PHOSPH PLTLT NEUTRL	20110101	22991231		
	85611	PROTHROMBIN TEST	19930101	22991231		
	85612	VIPER VENOM PROTHROMBIN TIME	19900701	22991231		
	85613	RUSSELL VIPER VENOM DILUTED	19930101	22991231		
	85635	REPTILASE TEST	19811001	22991231		
	85651	RBC SED RATE NONAUTOMATED	19771015	22991231		
	85652	RBC SED RATE AUTOMATED	19960101	22991231		
	85660	RBC SICKLE CELL TEST	19811001	22991231		
	85670	THROMBIN TIME PLASMA	19940101	22991231		
	85675	THROMBIN TIME TITER	19940101	22991231		
	85705	THROMBOPLASTIN INHIBITION	19930101	22991231		
	85730	THROMBOPLASTIN TIME PARTIAL	19811001	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

	CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
	85732	THROMBOPLASTIN TIME PARTIAL	19811001	22991231		
	85810	BLOOD VISCOSITY EXAMINATION	19780101	22991231		
	85999	HEMATOLOGY PROCEDURE	19831115	22991231		
	86000	AGGLUTININS FEBRILE ANTIGEN	19780101	22991231		
	86001	ALLERGEN SPECIFIC IGG	20010101	22991231		
	86003	ALLG SPEC IGE CRUDE XTRC EA	19940101	22991231		
	86005	ALLG SPEC IGE MULTIALLG SCR	19940101	22991231		
	86008	ALLG SPEC IGE RECOMB EA	20180101	22991231		
	86021	WBC ANTIBODY IDENTIFICATION	19811001	22991231		
	86022	PLATELET ANTIBODIES	19811001	22991231		
	86023	IMMUNOGLOBULIN ASSAY	19811001	22991231		
	86038	ANTINUCLEAR ANTIBODIES	19811001	22991231		
	86039	ANTINUCLEAR ANTIBODIES (ANA)	19930101	22991231		
	86060	ANTISTREPTOLYSIN O TITER	19780101	22991231		
	86063	ANTISTREPTOLYSIN O SCREEN	19780101	22991231		
	86077	PHYS BLOOD BANK SERV XMATCH	19811001	22991231		
	86078	PHYS BLOOD BANK SERV REACTJ	19811001	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
86079	PHYS BLOOD BANK SERV AUTHRJ	19811001	22991231		
86140	C-REACTIVE PROTEIN	19780101	22991231		
86147	CARDIOLIPIN ANTIBODY EA IG	19930101	22991231		
86155	CHEMOTAXIS ASSAY	19811001	22991231		
86156	COLD AGGLUTININ SCREEN	19930101	22991231		
86157	COLD AGGLUTININ TITER	19930101	22991231		
86160	COMPLEMENT ANTIGEN	19930101	22991231		
86161	COMPLEMENT/FUNCTION ACTIVITY	19930101	22991231		
86162	COMPLEMENT TOTAL (CH50)	19811001	22991231		
86171	COMPLEMENT FIXATION EACH	19780101	22991231		
86215	DEOXYRIBONUCLEASE ANTIBODY	19811001	22991231		
86225	DNA ANTIBODY NATIVE	19811001	22991231		
86226	DNA ANTIBODY SINGLE STRAND	19930101	22991231		
86235	NUCLEAR ANTIGEN ANTIBODY	19811001	22991231		
86255	FLUORESCENT ANTIBODY SCREEN	19811001	22991231		
86256	FLUORESCENT ANTIBODY TITER	19811001	22991231		
86277	GROWTH HORMONE ANTIBODY	19811001	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

	CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
	86280	HEMAGGLUTINATION INHIBITION	19811001	22991231		
	86294	IMMUNOASSAY TUMOR QUAL	20010101	22991231		
	86300	IMMUNOASSAY TUMOR CA 15-3	19780101	22991231		
	86301	IMMUNOASSAY TUMOR CA 19-9	20010101	22991231		
	86304	IMMUNOASSAY TUMOR CA 125	20010101	22991231		
	86305	HUMAN EPIDIDYMIS PROTEIN 4	20100101	22991231		
	86308	HETEROPHILE ANTIBODY SCREEN	19930101	22991231		
	86309	HETEROPHILE ANTIBODY TITER	19930101	22991231		
	86310	HETEROPHILE ANTIBODY ABSRBJ	19780101	22991231		
	86316	IMMUNOASSAY TUMOR OTHER	19880401	22991231		
	86317	IMMUNOASSAY INFECTIOUS AGENT	19880401	22991231		
	86318	IA INFECTIOUS AGENT ANTIBODY	19890401	22991231		
	86320	SERUM IMMUNOELECTROPHORESIS	19811001	22991231		
	86325	OTHER IMMUNOELECTROPHORESIS	19811001	22991231		
	86327	IMMUNOELECTROPHORESIS ASSAY	19811001	22991231		
	86329	IMMUNODIFFUSION NES	19780101	22991231		
	86331	IMMUNODIFFUSION OUCHTERLONY	19811001	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	86332	IMMUNE COMPLEX ASSAY	19890401	22991231		
	86334	IMMUNOFIX E-PHORESIS SERUM	19890401	22991231		
	86335	IMMUNFIX E-PHORSIS/URINE/CSF	19811001	22991231		
	86337	INSULIN ANTIBODIES	19811001	22991231		
	86340	INTRINSIC FACTOR ANTIBODY	19811001	22991231		
	86341	ISLET CELL ANTIBODY	19940101	22991231		
	86343	LEUKOCYTE HISTAMINE RELEASE	19811001	22991231		
	86344	LEUKOCYTE PHAGOCYTOSIS	19811001	22991231		
	86353	LYMPHOCYTE TRANSFORMATION	19811001	22991231		
	86356	MONONUCLEAR CELL ANTIGEN	20080101	22991231		
	86357	NK CELLS TOTAL COUNT	19811001	22991231		
	86359	T CELLS TOTAL COUNT	19940101	22991231		
	86376	MICROSOMAL ANTIBODY EACH	19780101	22991231		
	86382	NEUTRALIZATION TEST VIRAL	19811001	22991231		
	86384	NITROBLUE TETRAZOLIUM DYE	19811001	22991231		
	86403	PARTICLE AGGLUT ANTBDY SCRN	19871201	22991231		
	86406	PARTICLE AGGLUT ANTBDY TITR	19950101	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	86430	RHEUMATOID FACTOR TEST QUAL	19771015	22991231		
	86431	RHEUMATOID FACTOR QUANT	19930101	22991231		
	86480	TB TEST CELL IMMUN MEASURE	19841001	22991231		
	86481	TB AG RESPONSE T-CELL SUSP	20110101	22991231		
	86485	SKIN TEST CANDIDA	19930101	22991231		
	86486	SKIN TEST NOS ANTIGEN	20080101	22991231		
	86490	COCCIDIOIDOMYCOSIS SKIN TEST	19780101	22991231		
	86510	HISTOPLASMOSIS SKIN TEST	19811001	22991231		
	86580	TB INTRADERMAL TEST	19811001	22991231		
	86590	STREPTOKINASE ANTIBODY	19811001	22991231		
	86592	SYPHILIS TEST NON-TREP QUAL	19830501	22991231		
	86593	SYPHILIS TEST NON-TREP QUANT	19841001	22991231		
	86602	ANTINOMYCES ANTIBODY	19930101	22991231		
	86603	ADENOVIRUS ANTIBODY	19930101	22991231		
	86606	ASPERGILLUS ANTIBODY	19930101	22991231		
	86609	BACTERIUM ANTIBODY	19930101	22991231		
	86611	BARTONELLA ANTIBODY	20010101	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	86612	BLASTOMYCES ANTIBODY	19930101	22991231		
	86615	BORDETELLA ANTIBODY	19930101	22991231		
	86617	LYME DISEASE ANTIBODY	19950101	22991231		
	86618	LYME DISEASE ANTIBODY	19930101	22991231		
	86619	BORRELIA ANTIBODY	19930101	22991231		
	86622	BRUCELLA ANTIBODY	19930101	22991231		
	86625	CAMPYLOBACTER ANTIBODY	19930101	22991231		
	86628	CANDIDA ANTIBODY	19930101	22991231		
	86631	CHLAMYDIA ANTIBODY	19930101	22991231		
	86632	CHLAMYDIA IGM ANTIBODY	19930101	22991231		
	86635	COCCIDIOIDES ANTIBODY	19930101	22991231		
	86638	Q FEVER ANTIBODY	19930101	22991231		
	86641	CRYPTOCOCCUS ANTIBODY	19930101	22991231		
	86644	CMV ANTIBODY	19930101	22991231		
	86645	CMV ANTIBODY IGM	19930101	22991231		
	86648	DIPHTHERIA ANTIBODY	19930101	22991231		
	86651	ENCEPHALITIS CALIFORN ANTBDY	19930101	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	86652	ENCEPHALTIS EAST EQNE ANBDY	19930101	22991231		
	86653	ENCEPHALTIS ST LOUIS ANTBODY	19930101	22991231		
	86654	ENCEPHALTIS WEST EQNE ANTBDY	19930101	22991231		
	86658	ENTEROVIRUS ANTIBODY	19930101	22991231		
	86663	EPSTEIN-BARR ANTIBODY	19930101	22991231		
	86664	EPSTEIN-BARR NUCLEAR ANTIGEN	19930101	22991231		
	86665	EPSTEIN-BARR CAPSID VCA	19930101	22991231		
	86668	FRANCISELLA TULARENSIS	19930101	22991231		
	86671	FUNGUS NES ANTIBODY	19930101	22991231		
	86674	GIARDIA LAMBLIA ANTIBODY	19930101	22991231		
	86677	HELICOBACTER PYLORI ANTIBODY	19930101	22991231		
	86682	HELMINTH ANTIBODY	19930101	22991231		
	86684	HEMOPHILUS INFLUENZA ANTIBDY	19930101	22991231		
	86687	HTLV-I ANTIBODY	19900401	22991231		
	86688	HTLV-II ANTIBODY	19930101	22991231		
	86689	HTLV/HIV CONFIRMJ ANTIBODY	19900401	22991231		
	86692	HEPATITIS DELTA AGENT ANTBDY	19930101	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	86694	HERPES SIMPLEX NES ANTBDY	19930101	22991231		
	86695	HERPES SIMPLEX TYPE 1 TEST	19930101	22991231		
	86698	HISTOPLASMA ANTIBODY	19930101	22991231		
	86701	HIV-1ANTIBODY	19930101	22991231		
	86702	HIV-2 ANTIBODY	19930101	22991231		
	86703	HIV-1/HIV-2 1 RESULT ANTBDY	19930101	22991231		
	86704	HEP B CORE ANTIBODY TOTAL	19980101	22991231		
	86705	HEP B CORE ANTIBODY IGM	19980101	22991231		
	86706	HEP B SURFACE ANTIBODY	19980101	22991231		
	86707	HEPATITIS BE ANTIBODY	19980101	22991231		
	86708	HEPATITIS A ANTIBODY	19980101	22991231		
	86709	HEPATITIS A IGM ANTIBODY	19980101	22991231		
	86710	INFLUENZA VIRUS ANTIBODY	19930101	22991231		
	86713	LEGIONELLA ANTIBODY	19930101	22991231		
	86717	LEISHMANIA ANTIBODY	19930101	22991231		
	86720	LEPTOSPIRA ANTIBODY	19930101	22991231		
	86723	LISTERIA MONOCYTOGENES	19930101	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	86727	LYMPH CHORIOMENINGITIS AB	19930101	22991231		
	86732	MUCORMYCOSIS ANTIBODY	19930101	22991231		
	86735	MUMPS ANTIBODY	19930101	22991231		
	86738	MYCOPLASMA ANTIBODY	19930101	22991231		
	86741	NEISSERIA MENINGITIDIS	19930101	22991231		
	86744	NOCARDIA ANTIBODY	19930101	22991231		
	86747	PARVOVIRUS ANTIBODY	19930101	22991231		
	86750	MALARIA ANTIBODY	19930101	22991231		
	86753	PROTOZOA ANTIBODY NOS	19930101	22991231		
	86756	RESPIRATORY VIRUS ANTIBODY	19930101	22991231		
	86757	RICKETTSIA ANTIBODY	20010101	22991231		
	86759	ROTAVIRUS ANTIBODY	19930101	22991231		
	86762	RUBELLA ANTIBODY	19930101	22991231		
	86765	RUBEOLA ANTIBODY	19930101	22991231		
	86768	SALMONELLA ANTIBODY	19930101	22991231		
	86771	SHIGELLA ANTIBODY	19930101	22991231		
	86774	TETANUS ANTIBODY	19930101	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	86777	TOXOPLASMA ANTIBODY	19930101	22991231		
	86778	TOXOPLASMA ANTIBODY IGM	19930101	22991231		
	86784	TRICHINELLA ANTIBODY	19930101	22991231		
	86787	VARICELLA-ZOSTER ANTIBODY	19930101	22991231		
	86790	VIRUS ANTIBODY NOS	19930101	22991231		
	86793	YERSINIA ANTIBODY	19930101	22991231		
	86794	ZIKA VIRUS IGM ANTIBODY	20180101	22991231		
	86800	THYROGLOBULIN ANTIBODY	19811001	22991231		
	86803	HEPATITIS C AB TEST	19980101	22991231		
	86805	LYMPHOCYTOTOXICITY ASSAY	19890401	22991231		
	86806	LYMPHOCYTOTOXICITY ASSAY	19890401	22991231		
	86807	CYTOTOXIC ANTIBODY SCREENING	19890401	22991231		
	86808	CYTOTOXIC ANTIBODY SCREENING	19890401	22991231		
	86812	HLA TYPING A B OR C	19811001	22991231		
	86813	HLA TYPING A B OR C	19811001	22991231		
	86816	HLA TYPING DR/DQ	19811001	22991231		
	86817	HLA TYPING DR/DQ	19811001	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	86821	LYMPHOCYTE CULTURE MIXED	19811001	22991231		
	86849	IMMUNOLOGY PROCEDURE	19930101	22991231		
	86850	RBC ANTIBODY SCREEN	19930101	22991231		
	86860	RBC ANTIBODY ELUTION	19930101	22991231		
	86870	RBC ANTIBODY IDENTIFICATION	19930101	22991231		
	86880	COOMBS TEST DIRECT	19930101	22991231		
	86885	COOMBS TEST INDIRECT QUAL	19940101	22991231		
	86886	COOMBS TEST INDIRECT TITER	19930101	22991231		
	86890	AUTOLOGOUS BLOOD PROCESS	19930101	22991231		
	86891	AUTOLOGOUS BLOOD OP SALVAGE	19930101	22991231		
	86900	BLOOD TYPING SEROLOGIC ABO	19930101	22991231		
	86901	BLOOD TYPING SEROLOGIC RH(D)	19930101	22991231		
	86904	BLOOD TYPING PATIENT SERUM	19930101	22991231		
	86905	BLOOD TYPING RBC ANTIGENS	19930101	22991231		
	86906	BLD TYPING SEROLOGIC RH PHNT	19930101	22991231		
	86910	BLOOD TYPING PATERNITY TEST	19930101	22991231		
	86911	BLOOD TYPING ANTIGEN SYSTEM	19940101	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	86920	COMPATIBILITY TEST SPIN	19930101	22991231		
	86921	COMPATIBILITY TEST INCUBATE	19930101	22991231		
	86922	COMPATIBILITY TEST ANTIGLOB	19930101	22991231		
	86927	PLASMA FRESH FROZEN	19930101	22991231		
	86930	FROZEN BLOOD PREP	19930101	22991231		
	86931	FROZEN BLOOD THAW	19930101	22991231		
	86932	FROZEN BLOOD FREEZE/THAW	19930101	22991231		
	86940	HEMOLYSINS/AGGLUTININS AUTO	19930101	22991231		
	86941	HEMOLYSINS/AGGLUTININS	19930101	22991231		
	86945	BLOOD PRODUCT/IRRADIATION	19930101	22991231		
	86950	LEUKACYTE TRANSFUSION	19930101	22991231		
	86965	POOLING BLOOD PLATELETS	19930101	22991231		
	86970	RBC PRETX INCUBATJ W/CHEMICL	19930101	22991231		
	86971	RBC PRETX INCUBATJ W/ENZYMES	19930101	22991231		
	86972	RBC PRETX INCUBATJ W/DENSITY	19930101	22991231		
	86975	RBC SERUM PRETX INCUBJ DRUGS	19930101	22991231		
	86976	RBC SERUM PRETX ID DILUTION	19930101	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	86977	RBC SERUM PRETX INCUBJ/INHIB	19930101	22991231		
	86978	RBC PRETREATMENT SERUM	19930101	22991231		
	86985	SPLIT BLOOD OR PRODUCTS	19930101	22991231		
	86999	TRANSFUSION PROCEDURE	19831115	22991231		
	87015	SPECIMEN INFECT AGNT CONCNTJ	19811001	22991231		
	87040	BLOOD CULTURE FOR BACTERIA	19771015	22991231		
	87045	FECES CULTURE AEROBIC BACT	19771015	22991231		
	87046	STOOL CULTR AEROBIC BACT EA	20010101	22991231		
	87070	CULTURE OTHR SPECIMN AEROBIC	19771015	22991231		
	87071	CULTURE AEROBIC QUANT OTHER	20010101	22991231		
	87073	CULTURE BACTERIA ANAEROBIC	20010101	22991231		
	87075	CULTR BACTERIA EXCEPT BLOOD	19811001	22991231		
	87076	CULTURE ANAEROBE IDENT EACH	19811001	22991231		
	87077	CULTURE AEROBIC IDENTIFY	20010101	22991231		
	87081	CULTURE SCREEN ONLY	19810701	22991231		
	87084	CULTURE OF SPECIMEN BY KIT	19810701	22991231		
	87086	URINE CULTURE/COLONY COUNT	19771015	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	87088	URINE BACTERIA CULTURE	19811001	22991231		
	87101	SKIN FUNGI CULTURE	19771015	22991231		
	87102	FUNGUS ISOLATION CULTURE	19771015	22991231		
	87106	FUNGI IDENTIFICATION YEAST	19771015	22991231		
	87107	FUNGI IDENTIFICATION MOLD	20010101	22991231		
	87109	MYCOPLASMA	19811001	22991231		
	87110	CHLAMYDIA CULTURE	19880401	22991231		
	87116	MYCOBACTERIA CULTURE	19780101	22991231		
	87118	MYCOBACTERIC IDENTIFICATION	19811001	22991231		
	87140	CULTURE TYPE IMMUNOFLUORESC	19811001	22991231		
	87143	CULTURE TYPING GLC/HPLC	19811001	22991231		
	87147	CULTURE TYPE IMMUNOLOGIC	19811001	22991231		
	87149	DNA/RNA DIRECT PROBE	20010101	22991231		
	87152	CULTURE TYPE PULSE FIELD GEL	20010101	22991231		
	87158	CULTURE TYPING ADDED METHOD	19811001	22991231		
	87164	DARK FIELD EXAMINATION	19780101	22991231		
	87166	DARK FIELD EXAMINATION	19780101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
87168	MACROSCOPIC EXAM ARTHROPOD	20010101	22991231		
87169	MACROSCOPIC EXAM PARASITE	20010101	22991231		
87172	PINWORM EXAM	20010101	22991231		
87176	TISSUE HOMOGENIZATION CULTR	19811001	22991231		
87177	OVA AND PARASITES SMEARS	19771015	22991231		
87181	MICROBE SUSCEPTIBLE DIFFUSE	19811001	22991231		
87184	MICROBE SUSCEPTIBLE DISK	19811001	22991231		
87185	MICROBE SUSCEPTIBLE ENZYME	20010101	22991231		
87186	MICROBE SUSCEPTIBLE MIC	19811001	22991231		
87187	MICROBE SUSCEPTIBLE MLC	19880401	22991231		
87188	MICROBE SUSCEPT MACROBROTH	19811001	22991231		
87190	MICROBE SUSCEPT MYCOBACTERI	19780101	22991231		
87197	BACTERICIDAL LEVEL SERUM	19880401	22991231		
87205	SMEAR GRAM STAIN	19771015	22991231		
87206	SMEAR FLUORESCENT/ACID STAI	19811001	22991231		
87207	SMEAR SPECIAL STAIN	19780101	22991231		
87210	SMEAR WET MOUNT SALINE/INK	19780101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
87220	TISSUE EXAM FOR FUNGI	19811001	22991231		
87230	ASSAY TOXIN OR ANTITOXIN	19880401	22991231		
87250	VIRUS INOCULATE EGGS/ANIMAL	19811001	22991231		
87252	VIRUS INOCULATION TISSUE	19880401	22991231		
87253	VIRUS INOCULATE TISSUE ADDL	19880401	22991231		
87254	VIRUS INOCULATION SHELL VIA	20010101	22991231		
87260	ADENOVIRUS AG IF	19980101	22991231		
87265	PERTUSSIS AG IF	19980101	22991231		
87270	CHLAMYDIA TRACHOMATIS AG IF	19980101	22991231		
87272	CRYPTOSPORIDIUM AG IF	19980101	22991231		
87273	HERPES SIMPLEX 2 AG IF	20010101	22991231		
87274	HERPES SIMPLEX 1 AG IF	19980101	22991231		
87275	INFLUENZA B AG IF	20010101	22991231		
87276	INFLUENZA A AG IF	19980101	22991231		
87278	LEGION PNEUMOPHILIA AG IF	19980101	22991231		
87279	PARAINFLUENZA AG IF	20010101	22991231		
87280	RESPIRATORY SYNCYTIAL AG IF	19980101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

	CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
	87281	PNEUMOCYSTIS CARINII AG IF	20010101	22991231		
	87283	RUBEOLA AG IF	20010101	22991231		
	87285	TREPONEMA PALLIDUM AG IF	19980101	22991231		
	87290	VARICELLA ZOSTER AG IF	19980101	22991231		
	87299	ANTIBODY DETECTION NOS IF	19980101	22991231		
	87300	AG DETECTION POLYVAL IF	20010101	22991231		
	87301	ADENOVIRUS AG IA	19980101	22991231		
	87320	CHYLMD TRACH AG IA	19980101	22991231		
	87324	CLOSTRIDIUM AG IA	19980101	22991231		
	87327	CRYPTOCOCCUS NEOFORM AG IA	20010101	22991231		
	87328	CRYPTOSPORIDIUM AG IA	19980101	22991231		
	87332	CYTOMEGALOVIRUS AG IA	19980101	22991231		
	87335	E COLI 0157 AG IA	19980101	22991231		
	87336	ENTAMOEB HIST DISPR AG IA	20010101	22991231		
	87337	ENTAMOEB HIST GROUP AG IA	20010101	22991231		
	87338	HPYLORI STOOL IA	20000101	22991231		
	87339	H PYLORI AG IA	20010101	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	87340	HEPATITIS B SURFACE AG IA	19980101	22991231		
	87341	HEPATITIS B SURFACE AG IA	20010101	22991231		
	87350	HEPATITIS BE AG IA	19980101	22991231		
	87380	HEPATITIS DELTA AG IA	19980101	22991231		
	87385	HISTOPLASMA CAPSUL AG IA	19980101	22991231		
	87390	HIV-1 AG IA	19980101	22991231		
	87391	HIV-2 AG IA	19980101	22991231		
	87400	INFLUENZA A/B AG IA	20010101	22991231		
	87425	ROTAVIRUS AG IA	19980101	22991231		
	87427	SHIGA-LIKE TOXIN AG IA	20010101	22991231		
	87430	STREP A AG IA	19980101	22991231		
	87449	AG DETECT NOS IA MULT	19980101	22991231		
	87450	AG DETECT NOS IA SINGLE	19980101	22991231		
	87451	AG DETECT POLYVAL IA MULT	20010101	22991231		
	87471	BARTONELLA DNA AMP PROBE	19980101	22991231		
	87472	BARTONELLA DNA QUANT	19980101	22991231		
	87475	LYME DIS DNA DIR PROBE	19980101	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	87480	CANDIDA DNA DIR PROBE	19980101	22991231		
	87481	CANDIDA DNA AMP PROBE	19980101	22991231		
	87482	CANDIDA DNA QUANT	19980101	22991231		
	87483	CNS DNA AMP PROBE TYPE 12-25	20170101	22991231		
	87485	CHYLMD PNEUM DNA DIR PROBE	19980101	22991231		
	87486	CHYLMD PNEUM DNA AMP PROBE	19980101	22991231		
	87487	CHYLMD PNEUM DNA QUANT	19980101	22991231		
	87490	CHYLMD TRACH DNA DIR PROBE	19980101	22991231		
	87491	CHYLMD TRACH DNA AMP PROBE	19980101	22991231		
	87492	CHYLMD TRACH DNA QUANT	19980101	22991231		
	87495	CYTOMEG DNA DIR PROBE	19980101	22991231		
	87496	CYTOMEG DNA AMP PROBE	19980101	22991231		
	87497	CYTOMEG DNA QUANT	19980101	22991231		
	87500	VANOMYCIN DNA AMP PROBE	20080101	22991231		
	87501	INFLUENZA DNA AMP PROB 1+	20110101	22991231		
	87502	INFLUENZA DNA AMP PROBE	20110101	22991231		
	87503	INFLUENZA DNA AMP PROB ADDL	20110101	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	87510	GARDNER VAG DNA DIR PROBE	19980101	22991231		
	87511	GARDNER VAG DNA AMP PROBE	19980101	22991231		
	87512	GARDNER VAG DNA QUANT	19980101	22991231		
	87516	HEPATITIS B DNA AMP PROBE	19980101	22991231		
	87517	HEPATITIS B DNA QUANT	19980101	22991231		
	87520	HEPATITIS C RNA DIR PROBE	19980101	22991231		
	87521	HEPATITIS C PROBE&RVRS TRNSC	19980101	22991231		
	87522	HEPATITIS C REVRS TRNSCRPJ	19980101	22991231		
	87525	HEPATITIS G DNA DIR PROBE	19980101	22991231		
	87527	HEPATITIS G DNA QUANT	19980101	22991231		
	87528	HSV DNA DIR PROBE	19980101	22991231		
	87529	HSV DNA AMP PROBE	19980101	22991231		
	87531	HHV-6 DNA DIR PROBE	19980101	22991231		
	87532	HHV-6 DNA AMP PROBE	19980101	22991231		
	87533	HHV-6 DNA QUANT	19980101	22991231		
	87534	HIV-1 DNA DIR PROBE	19980101	22991231		
	87535	HIV-1 PROBE&REVERSE TRNSCRPJ	19980101	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	87536	HIV-1 QUANT&REVRSE TRNSCRPJ	19980101	22991231		
	87537	HIV-2 DNA DIR PROBE	19980101	22991231		
	87538	HIV-2 PROBE&REVRSE TRNSCRIPJ	19980101	22991231		
	87539	HIV-2 QUANT&REVRSE TRNSCRIPJ	19980101	22991231		
	87540	LEGION PNEUMO DNA DIR PROB	19980101	22991231		
	87542	LEGION PNEUMO DNA QUANT	19980101	22991231		
	87550	MYCOBACTERIA DNA DIR PROBE	19980101	22991231		
	87551	MYCOBACTERIA DNA AMP PROBE	19980101	22991231		
	87552	MYCOBACTERIA DNA QUANT	19980101	22991231		
	87555	M.TUBERCULO DNA DIR PROBE	19980101	22991231		
	87557	M.TUBERCULO DNA QUANT	19980101	22991231		
	87560	M.AVIUM-INTRA DNA DIR PROB	19980101	22991231		
	87561	M.AVIUM-INTRA DNA AMP PROB	19980101	22991231		
	87562	M.AVIUM-INTRA DNA QUANT	19980101	22991231		
	87580	M.PNEUMON DNA DIR PROBE	19980101	22991231		
	87581	M.PNEUMON DNA AMP PROBE	19980101	22991231		
	87582	M.PNEUMON DNA QUANT	19980101	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	87590	N.GONORRHOEAE DNA DIR PROB	19980101	22991231		
	87591	N.GONORRHOEAE DNA AMP PROB	19980101	22991231		
	87592	N.GONORRHOEAE DNA QUANT	19980101	22991231		
	87631	RESP VIRUS 3-5 TARGETS	20130101	22991231		
	87634	RSV DNA/RNA AMP PROBE	20180101	22991231		
	87650	STREP A DNA DIR PROBE	19980101	22991231		
	87651	STREP A DNA AMP PROBE	19980101	22991231		
	87652	STREP A DNA QUANT	19980101	22991231		
	87662	ZIKA VIRUS DNA/RNA AMP PROBE	20180101	22991231		
	87797	DETECT AGENT NOS DNA DIR	19980101	22991231		
	87798	DETECT AGENT NOS DNA AMP	19980101	22991231		
	87799	DETECT AGENT NOS DNA QUANT	19980101	22991231		
	87800	DETECT AGNT MULT DNA DIREC	20010101	22991231		
	87801	DETECT AGNT MULT DNA AMPLI	20010101	22991231		
	87809	ADENOVIRUS ASSAY W/OPTIC	20080101	22991231		
	87850	N. GONORRHOEAE ASSAY W/OPTIC	19980101	22991231		
	87880	STREP A ASSAY W/OPTIC	19980101	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	87899	AGENT NOS ASSAY W/OPTIC	19980101	22991231		
	87901	GENOTYPE DNA HIV REVERSE T	20010101	22991231		
	87903	PHENOTYPE DNA HIV W/CULTURE	20010101	22991231		
	87904	PHENOTYPE DNA HIV W/CLT ADD	20010101	22991231		
	87906	GENOTYPE DNA/RNA HIV	20110101	22991231		
	87999	MICROBIOLOGY PROCEDURE	19831115	22991231		
	88130	SEX CHROMATIN IDENTIFICATION	19811001	22991231		
	88140	SEX CHROMATIN IDENTIFICATION	19811001	22991231		
	88142	CYTOPATH C/V THIN LAYER	19980101	22991231		
	88143	CYTOPATH C/V THIN LAYER REDO	19990101	22991231		
	88147	CYTOPATH C/V AUTOMATED	19990101	22991231		
	88150	CYTOPATH C/V MANUAL	19771015	22991231		
	88155	CYTOPATH C/V INDEX ADD-ON	19811001	22991231		
	88164	CYTOPATH TBS C/V MANUAL	19990101	22991231		
	88172	CYTP DX EVAL FNA 1ST EA SITE	19811001	22991231		
	88173	CYTOPATH EVAL FNA REPORT	19811001	22991231		
	88199	CYTOPATHOLOGY PROCEDURE	19831115	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

	CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
	88235	TISSUE CULTURE PLACENTA	19880401	22991231		
	88261	CHROMOSOME ANALYSIS 5	19811001	22991231		
	88262	CHROMOSOME ANALYSIS 15-20	19811001	22991231		
	88267	CHROMOSOME ANALYS PLACENTA	19811001	22991231		
	88280	CHROMOSOME KARYOTYPE STUDY	19811001	22991231		
	88285	CHROMOSOME COUNT ADDITIONAL	19811001	22991231		
	88299	CYTOGENETIC STUDY	19831115	22991231		
	88300	SURGICAL PATH GROSS	19830501	22991231		
	88302	TISSUE EXAM BY PATHOLOGIST	19811001	22991231		
	88304	TISSUE EXAM BY PATHOLOGIST	19811001	22991231		
	88309	TISSUE EXAM BY PATHOLOGIST	19811001	22991231		
	88311	DECALCIFY TISSUE	19811001	22991231		
	88312	SPECIAL STAINS GROUP 1	19811001	22991231		
	88313	SPECIAL STAINS GROUP 2	19811001	22991231		
	88314	HISTOCHEMICAL STAINS ADD-ON	19811001	22991231		
	88319	ENZYME HISTOCHEMISTRY	19811001	22991231		
	88321	MICROSLIDE CONSULTATION	19811001	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

	CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
	88323	MICROSLIDE CONSULTATION	19830501	22991231		
	88325	COMPREHENSIVE REVIEW OF DATA	19811001	22991231		
	88329	PATH CONSULT INTROP	19811001	22991231		
	88331	PATH CONSULT INTRAOP 1 BLOC	19811001	22991231		
	88332	PATH CONSULT INTRAOP ADDL	19811001	22991231		
	88342	IMMUNOHISTO ANTB 1ST STAIN	19811001	22991231		
	88346	IMMUNOFLUOR ANTB 1ST STAIN	19811001	22991231		
	88348	ELECTRON MICROSCOPY	19811001	22991231		
	88360	TUMOR IMMUNOHISTOCHEM/MANUAL	19841001	22991231		
	88365	INSITU HYBRIDIZATION (FISH)	19890401	22991231		
	88371	PROTEIN WESTERN BLOT TISSUE	19930101	22991231		
	88372	PROTEIN ANALYSIS W/PROBE	19930101	22991231		
	88381	MICRODISSECTION MANUAL	20080101	22991231		
	88387	TISS EXAM MOLECULAR STUDY	20100101	22991231		
	88388	TISS EX MOLECUL STUDY ADD-ON	20100101	22991231		
	88399	SURGICAL PATHOLOGY PROCEDURE	19810101	22991231		
	88738	HGB QUANT TRANSCUTANEOUS	20100101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
89050	BODY FLUID CELL COUNT	19811001	22991231		
89051	BODY FLUID CELL COUNT	19811001	22991231		
89060	EXAM SYNOVIAL FLUID CRYSTALS	19871201	22991231		
89125	SPECIMEN FAT STAIN	19811001	22991231		
89160	EXAM FECES FOR MEAT FIBERS	19811001	22991231		
89190	NASAL SMEAR FOR EOSINOPHILS	19811001	22991231		
89300	SEMEN ANALYSIS W/HUHNER	19811001	22991231		
89310	SEMEN ANALYSIS W/COUNT	19811001	22991231		
89320	SEMEN ANAL VOL/COUNT/MOT	19780101	22991231		
89321	SEMEN ANAL SPERM DETECTION	20010101	22991231		
89322	SEMEN ANAL STRICT CRITERIA	20080101	22991231		
89325	SPERM ANTIBODY TEST	19811001	22991231		
89329	SPERM EVALUATION TEST	19971101	22991231		
89330	EVALUATION CERVICAL MUCUS	19971101	22991231		
89331	RETROGRADE EJACULATION ANAL	20080101	22991231		
90284	HUMAN IG SC	20080101	22991231		
90384	RH IG FULL-DOSE IM	20000101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

	CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
	90385	RH IG MINIDOSE IM	19990101	22991231		
	90386	RH IG IV	19990101	22991231		
	90647	HIB PRP-OMP VACC 3 DOSE IM	19990101	22991231		
	90648	HIB PRP-T VACCINE 4 DOSE IM	19990101	22991231		
	90657	IIV3 VACCINE SPLT 0.25 ML IM	20000701	22991231		
	90658	IIV3 VACCINE SPLT 0.5 ML IM	20000701	22991231		
	90660	LAIV3 VACCINE INTRANASAL	19990101	22991231		
	90674	CCIIV4 VAC NO PRSV 0.5 ML IM	20160801	22991231		
	90715	TDAP VACCINE 7 YRS/> IM	20050101	22991231		
	90870	ELECTROCONVULSIVE THERAPY	19780101	22991231		
	90875	PSYCHOPHYSIOLOGICAL THERAPY	19970101	22991231		
	90876	PSYCHOPHYSIOLOGICAL THERAPY	19970101	22991231		
	90999	DIALYSIS PROCEDURE	19831115	22991231		
	91010	ESOPHAGUS MOTILITY STUDY	19780101	22991231		
	91020	GASTRIC MOTILITY STUDIES	19871201	22991231		
	91022	DUODENAL MOTILITY STUDY	20060101	22991231		
	91030	ACID PERFUSION OF ESOPHAGUS	19811001	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
91065	BREATH HYDROGEN/METHANE TEST	19811001	22991231		
91122	ANAL PRESSURE RECORD	19811001	22991231		
91299	GASTROENTEROLOGY PROCEDURE	19831115	22991231		
92018	NEW EYE EXAM & TREATMENT	19811001	22991231		
92019	EYE EXAM & TREATMENT	19841001	22991231		
92235	FLUORESCEIN ANGRPH UNI/BI	19811001	22991231		
92240	ICG ANGIOGRAPHY UNI/BI	19970101	22991231		
92242	FLUORESCEIN ICG ANGIOGRAPHY	20170101	22991231		
92502	EAR AND THROAT EXAMINATION	19811001	22991231	1	307.38
92504	EAR MICROSCOPY EXAMINATION	19850501	22991231		
92511	NASOPHARYNGOSCOPY	19811001	22991231	1	307.38
92540	BASIC VESTIBULAR EVALUATION	20100101	22991231		
92548	CDP-SOT 6 COND W/I&R	19970101	22991231		
92550	TYMPANOMETRY & REFLEX THRESH	19971101	22991231		
92570	ACOUSTIC IMMITANCE TESTING	20100101	22991231		
92585	AUDITOR EVOKE POTENT COMPRE	19780101	22991231		
92961	CARDIOVERSION ELECTRIC INT	20000101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

	CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
	92978	ENDOLUMINL IVUS OCT C 1ST	19970101	22991231		
	92979	ENDOLUMINL IVUS OCT C EA	19970101	22991231		
	93015	CARDIOVASCULAR STRESS TEST	19780101	22991231		
	93264	REM MNTR WRLS P-ART PRS SNR	20190101	22991231		
	93303	ECHO TRANSTHORACIC	19970101	22991231		
	93304	ECHO TRANSTHORACIC	19970101	22991231		
	93315	ECHO TRANSESOPHAGEAL	19970101	22991231		
	93316	ECHO TRANSESOPHAGEAL	19970101	22991231		
	93317	ECHO TRANSESOPHAGEAL	19970101	22991231		
	93318	ECHO TRANSESOPHAGEAL INTRAOP	20010101	22991231		
	93571	HEART FLOW RESERVE MEASURE	19990101	22991231		
	93572	HEART FLOW RESERVE MEASURE	19990101	22991231		
	93590	PERQ TRANSCATH CLS MITRAL	20170101	22991231		
	93591	PERQ TRANSCATH CLS AORTIC	20170101	22991231		
	93592	PERQ TRANSCATH CLOSURE EACH	20170101	22991231		
	93662	INTRACARDIAC ECG (ICE)	20010101	22991231		
	93792	PT/CAREGIVER TRAING HOME INR	20180101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
93793	ANTICOAG MGMT PT WARFARIN	20180101	22991231		
94617	EXERCISE TST BRNCSPSM	20180101	22991231		
94618	PULMONARY STRESS TESTING	20180101	22991231		
94621	CARDIOPULM EXERCISE TESTING	19990101	22991231		
95249	CONT GLUC MNTR PT PROV EQP	20180101	22991231		
95867	MUSCLE TEST CRAN NERV UNILAT	19811001	22991231		
95921	AUTONOMIC NRV PARASYM INERVJ	19970101	22991231		
95922	AUTONOMIC NRV ADRENRG INERVJ	19970101	22991231		
95923	AUTONOMIC NRV SYST FUNJ TEST	19970101	22991231		
95970	ALYS NPGT W/O PRGRMG	19990101	22991231		
95971	ALYS SMPL SP/PN NPGT W/PRGRM	19990101	22991231		
95976	ALYS SMPL CN NPGT PRGRMG	20190101	22991231		
95977	ALYS CPLX CN NPGT PRGRMG	20190101	22991231		
95980	IO ANAL GAST N-STIM INIT	20080101	22991231		
95981	IO ANAL GAST N-STIM SUBSQ	20080101	22991231		
95982	IO GA N-STIM SUBSQ W/REPROG	20080101	22991231		
95983	ALYS BRN NPGT PRGRMG 15 MIN	20190101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
95984	ALYS BRN NPGT PRGRMG ADDL 15	20190101	22991231		
96160	PT-FOCUSED HLTH RISK ASSMT	20170101	22991231		
96161	CAREGIVER HEALTH RISK ASSMT	20170101	22991231		
96360	HYDRATION IV INFUSION INIT	20090101	22991231		
96361	HYDRATE IV INFUSION ADD-ON	20090101	22991231		
96365	THER/PROPH/DIAG IV INF INIT	20090101	22991231		
96366	THER/PROPH/DIAG IV INF ADDON	20090101	22991231		
96367	TX/PROPH/DG ADDL SEQ IV INF	20090101	22991231		
96368	THER/DIAG CONCURRENT INF	20090101	22991231		
96369	SC THER INFUSION UP TO 1 HR	20090101	22991231		
96370	SC THER INFUSION ADDL HR	20090101	22991231		
96371	SC THER INFUSION RESET PUMP	20090101	22991231		
96372	THER/PROPH/DIAG INJ SC/IM	20090101	22991231		
96373	THER/PROPH/DIAG INJ IA	20090101	22991231		
96374	THER/PROPH/DIAG INJ IV PUSH	20090101	22991231		
96375	TX/PRO/DX INJ NEW DRUG ADDON	20090101	22991231		
96376	TX/PRO/DX INJ SAME DRUG ADON	20090101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
96377	APPLICATON ON-BODY INJECTOR	20170101	22991231		
96379	THER/PROP/DIAG INJ/INF PROC	20090101	22991231		
96521	REFILL/MAINT PORTABLE PUMP	20060101	22991231		
96522	REFILL/MAINT PUMP/RESVR SYST	20060101	22991231		
96523	IRRIG DRUG DELIVERY DEVICE	20060101	22991231		
96570	PHOTODYNMC TX 30 MIN ADD-ON	20000101	22991231		
96571	PHOTODYNAMIC TX ADDL 15 MIN	20000101	22991231		
96573	PDT DSTR PRMLG LES PHYS/QHP	20180101	22991231		
96574	DBRDMT PRMLG LES W/PDT	20180101	22991231		
97140	MANUAL THERAPY 1/> REGIONS	19990101	22991231		
97161	PT EVAL LOW COMPLEX 20 MIN	20170101	22991231		
97162	PT EVAL MOD COMPLEX 30 MIN	20170101	22991231		
97163	PT EVAL HIGH COMPLEX 45 MIN	20170101	22991231		
97164	PT RE-EVAL EST PLAN CARE	20170101	22991231		
97165	OT EVAL LOW COMPLEX 30 MIN	20170101	22991231		
97166	OT EVAL MOD COMPLEX 45 MIN	20170101	22991231		
97167	OT EVAL HIGH COMPLEX 60 MIN	20170101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
97168	OT RE-EVAL EST PLAN CARE	20170101	22991231		
97169	ATHLETIC TRN EVAL LOW CMPLX	20170101	22991231		
97170	ATHLETIC TRN EVAL MOD CMPLX	20170101	22991231		
97171	ATHLETIC TRN EVAL HIGH CMPLX	20170101	22991231		
97172	ATHLETIC TRN RE-EVAL PLAN CR	20170101	22991231		
97602	WOUND(S) CARE NON-SELECTIVE	20010101	22991231		
97763	ORTHC/PROSTC MGMT SBSQ ENC	20180101	22991231		
98940	CHIROPRACT MANJ 1-2 REGIONS	19970101	22991231		
98941	CHIROPRACT MANJ 3-4 REGIONS	19970101	22991231		
98942	CHIROPRACTIC MANJ 5 REGIONS	19970101	22991231		
98943	CHIROPRACT MANJ XTRSPINL 1/>	19970101	22991231		
99151	MOD SED SAME PHYS/QHP <5 YRS	20170101	22991231		
99152	MOD SED SAME PHYS/QHP 5/>YRS	20170101	22991231		
99153	MOD SED SAME PHYS/QHP EA	20170101	22991231		
99155	MOD SED OTH PHYS/QHP <5 YRS	20170101	22991231		
99156	MOD SED OTH PHYS/QHP 5/>YRS	20170101	22991231		
99157	MOD SED OTHER PHYS/QHP EA	20170101	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	99170	ANOGENITAL EXAM CHILD W IMAG	20000101	22991231		
	99174	OCULAR INSTRUMNT SCREEN BIL	20080101	22991231		
	99406	BEHAV CHNG SMOKING 3-10 MIN	20080101	22991231		
	99407	BEHAV CHNG SMOKING > 10 MIN	20080101	22991231		
	99421	OL DIG E/M SVC 5-10 MIN	20200101	22991231		
	99422	OL DIG E/M SVC 11-20 MIN	20200101	22991231		
	99423	OL DIG E/M SVC 21+ MIN	20200101	22991231		
	99441	PHONE E/M PHYS/QHP 5-10 MIN	20080101	22991231		
	99442	PHONE E/M PHYS/QHP 11-20 MIN	20080101	22991231		
	99443	PHONE E/M PHYS/QHP 21-30 MIN	20080101	22991231		
	99446	NTRPROF PH1/NTRNET/EHR 5-10	20140101	22991231		
	99447	NTRPROF PH1/NTRNET/EHR 11-20	20140101	22991231		
	99448	NTRPROF PH1/NTRNET/EHR 21-30	20140101	22991231		
	99449	NTRPROF PH1/NTRNET/EHR 31/>	20140101	22991231		
	99451	NTRPROF PH1/NTRNET/EHR 5/>	20190101	22991231		
	99452	NTRPROF PH1/NTRNET/EHR RFRL	20190101	22991231		
	99453	REM MNTR PHYSIOL PARAM SETUP	20190101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
99454	REM MNTR PHYSIOL PARAM DEV	20190101	22991231		
99457	REM PHYSIOL MNTR 1ST 20 MIN	20190101	22991231		
99458	REM PHYSIOL MNTR EA ADDL 20	20200101	22991231		
99473	SELF-MEAS BP PT EDUCAJ/TRAIN	20200101	22991231		
99474	SELF-MEAS BP 2 READG BID 30D	20200101	22991231		
99483	ASSMT & CARE PLN PT COG IMP	20180101	22991231		
99484	CARE MGMT SVC BHVL HLTH COND	20180101	22991231		
99492	1ST PSYC COLLAB CARE MGMT	20180101	22991231		
99493	SBSQ PSYC COLLAB CARE MGMT	20180101	22991231		
99494	1ST/SBSQ PSYC COLLAB CARE	20180101	22991231		
A4357	BEDSIDE DRAINAGE BAG	19910701	22991231		
A4554	DISPOSABLE UNDERPADS	19780101	22991231		
A4555	CA TX E-STIM ELECTR/TRANSDUC	20140101	22991231		
A4580	CAST SUPPLIES (PLASTER)	19780101	22991231		
A9561	TC99M OXIDRONATE	20060101	22991231		
A9562	TC99M MERTIATIDE	20060101	22991231		
C1721	AICD, DUAL CHAMBER	19971101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
C1894	INTRO/SHEATH, NON-LASER	19971101	22991231		
C8956	REFILL, MAINT OF PUMP OR RESERVOIR FOR D	20060101	22991231		
C8957	PROLONGED IV INF, REQ PUMP	20060101	22991231		
C9250	ARTISS FIBRIN SEALANT	20090701	22991231		
C9360	SURGIMEND, NEONATAL	20090701	22991231		
C9361	NEUROMEND NERVE WRAP	20090701	22991231		
C9362	IMPLNT,BON VOID FILLER-STRIP	20090701	22991231		
C9363	INTEGRA MESHED BIL WOUND MAT	20090701	22991231		
C9364	PORCINE IMPLANT, PERMACOL	20090701	22991231		
C9716	RADIOFREQUENCY ENERGY TO ANU	20050101	22991231		
C9725	PLACE ENDORECTAL APP	20060101	22991231	1	307.38
D0140	LIMIT ORAL EVAL PROBLM FOCUS	20031016	22991231	2	412.79
D0145	ORAL EVALUATION, PT < 3YRS	20070101	22991231	2	412.79
D0150	COMPREHENSVE ORAL EVALUATION	20031016	22991231	2	412.79
D0191	ASSESSMENT OF A PATIENT	20130101	22991231	2	412.79
D0210	INTRAOR COMPLETE FILM SERIES	20031016	22991231	2	412.79
D0220	INTRAORAL PERIAPICAL FIRST	20031016	22991231	2	412.79

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
D0230	INTRAORAL PERIAPICAL EA ADD	20031016	22991231	2	412.79
D0270	DENTAL BITEWING SINGLE IMAGE	20031016	22991231	2	412.79
D0272	DENTAL BITEWINGS TWO IMAGES	20031016	22991231	2	412.79
D0274	BITEWINGS FOUR IMAGES	20031016	22991231	2	412.79
D0330	PANORAMIC IMAGE	20031016	22991231	2	412.79
D0340	2D CEPHALOMETRIC IMAGE	20031016	22991231	2	412.79
D1110	DENTAL PROPHYLAXIS ADULT	20031016	22991231	2	412.79
D1120	DENTAL PROPHYLAXIS CHILD	19971101	22991231	2	412.79
D1351	DENTAL SEALANT PER TOOTH	20031016	22991231	2	412.79
D1510	SPACE MAINTAINER FXD UNILAT	20031016	22991231	2	412.79
D1520	REMOVE UNILAT SPACE MAINTAIN	20031016	22991231		
D2140	AMALGAM ONE SURFACE PERMANEN	20031016	22991231	2	412.79
D2150	AMALGAM TWO SURFACES PERMANE	20031016	22991231	2	412.79
D2160	AMALGAM THREE SURFACES PERMA	20031016	22991231	2	412.79
D2161	AMALGAM 4 OR > SURFACES PERM	20031016	22991231	2	412.79
D2330	RESIN ONE SURFACE-ANTERIOR	20031016	22991231	2	412.79
D2331	RESIN TWO SURFACES-ANTERIOR	20031016	22991231	2	412.79

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
D2332	RESIN THREE SURFACES-ANTERIO	20031016	22991231	2	412.79
D2335	RESIN 4/> SURF OR W INCIS AN	20031016	22991231	2	412.79
D2390	ANT RESIN-BASED CMPST CROWN	20050101	22991231	2	412.79
D2391	POST 1 SRFC RESINBASED CMPST	20031016	22991231		
D2392	POST 2 SRFC RESINBASED CMPST	20031016	22991231	2	412.79
D2393	POST 3 SRFC RESINBASED CMPST	20031016	22991231	2	412.79
D2394	POST >=4SRFC RESINBASE CMPST	20031016	22991231	2	412.79
D2930	PREFAB STNLSS STEEL CRWN PRI	20031016	22991231	2	412.79
D2931	PREFAB STNLSS STEEL CROWN PE	20031016	22991231	2	412.79
D2932	PREFABRICATED RESIN CROWN	20031016	22991231	2	412.79
D2934	PREFAB STEEL CROWN PRIMARY	20050101	22991231	2	412.79
D2951	TOOTH PIN RETENTION	20031016	22991231		
D3110	PULP CAP DIRECT	20031016	22991231		
D3220	THERAPEUTIC PULPOTOMY	20031016	22991231	2	412.79
D3310	END THXPY, ANTERIOR TOOTH	20031016	22991231	2	412.79
D3320	END THXPY, PREMOLAR TOOTH	20031016	22991231	2	412.79
D3330	END THXPY, MOLAR TOOTH	20031016	22991231	2	412.79

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
D3410	APICOECTOMY - ANTERIOR	20031016	22991231	2	412.79
D3421	ROOT SURGERY PREMOLAR	20031016	22991231		
D3425	ROOT SURGERY MOLAR	20031016	22991231		
D3426	ROOT SURGERY EA ADD ROOT	20031016	22991231		
D4210	GINGIVECTOMY/PLASTY 4 OR MOR	20031016	22991231	2	412.79
D4211	GINGIVECTOMY/PLASTY 1 TO 3	20031016	22991231	2	412.79
D4341	PERIODONTAL SCALING & ROOT	20031016	22991231	2	412.79
D5520	REPLACE DENTURE TEETH COMPLT	20031016	22991231	2	412.79
D5640	REPLACE PART DENTURE TEETH	20031016	22991231		
D5750	DENTURE RELN CMPLT MAX LAB	20031016	22991231	2	412.79
D5751	DENTURE RELN CMPLT MAND LAB	20031016	22991231	2	412.79
D5820	DENTURE INTERM PART MAXILL	20031016	22991231		
D5821	DENTURE INTERM PART MANDBL	20031016	22991231		
D5913	NASAL PROSTHESIS	20031016	22991231		
D5914	AURICULAR PROSTHESIS	20031016	22991231		
D5919	FACIAL PROSTHESIS	20031016	22991231		
D5931	SURGICAL OBTURATOR	20031016	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	D5932	POSTSURGICAL OBTURATOR	20031016	22991231		
	D5934	MANDIBULAR FLANGE PROSTHESIS	20031016	22991231		
	D5952	PEDIATRIC SPEECH AID	20031016	22991231		
	D5953	ADULT SPEECH AID	20031016	22991231		
	D5954	SUPERIMPOSED PROSTHESIS	20031016	22991231		
	D5955	PALATAL LIFT PROSTHESIS	20031016	22991231		
	D5988	SURGICAL SPLINT	20031016	22991231		
	D5999	MAXILLOFACIAL PROSTHESIS	20031016	22991231		
	D7111	EXTRACTION CORONAL REMNANTS	20031016	22991231	2	412.79
	D7140	EXTRACTION ERUPTED TOOTH/EXR	20031016	22991231	2	412.79
	D7210	REM IMP TOOTH W MUCOPER FLP	20031016	22991231	2	412.79
	D7220	IMPACT TOOTH REMOV SOFT TISS	20031016	22991231	2	412.79
	D7230	IMPACT TOOTH REMOV PART BONY	20031016	22991231	2	412.79
	D7240	IMPACT TOOTH REMOV COMP BONY	20031016	22991231	2	412.79
	D7241	IMPACT TOOTH REM BONY W/COMP	20031016	22991231	2	412.79
	D7250	TOOTH ROOT REMOVAL	20031016	22991231	2	412.79
	D7260	ORAL ANTRAL FISTULA CLOSURE	20031016	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
D7280	EXPOSURE OF UNERUPTED TOOTH	20031016	22991231	2	412.79
D7282	MOBILIZE ERUPTED/MALPOS TOOT	20050101	22991231		
D7310	ALVEOPLASTY W/ EXTRACTION	20031016	22991231		
D7320	ALVEOPLASTY W/O EXTRACTION	20031016	22991231	2	412.79
D7410	RAD EXC LESION UP TO 1.25 CM	20031016	22991231	2	412.79
D7411	EXCISION BENIGN LESION>1.25C	20050101	22991231		
D7472	REMOVAL OF TORUS PALATINUS	20050101	22991231	2	412.79
D7473	REMOVE TORUS MANDIBULARIS	20050101	22991231	2	412.79
D7510	I&D ABSC INTRAORAL SOFT TISS	20031016	22991231	2	412.79
D7520	I&D ABSCESS EXTRAORAL	20031016	22991231	2	412.79
D7530	REMOVAL FB SKIN/AREOLAR TISS	20031016	22991231	2	412.79
D7880	OCCLUSAL ORTHOTIC APPLIANCE	20031016	22991231	2	412.79
D7910	DENT SUTUR RECENT WND TO 5CM	20031016	22991231		
D7960	FRENULECTOMY/FRENECTOMY	20031016	22991231	2	412.79
D8210	ORTHODONTIC REM APPLIANCE TX	20031016	22991231		
D8220	FIXED APPLIANCE THERAPY HABT	20031016	22991231	2	412.79
D8660	PREORTHODONTIC TX VISIT	20031016	22991231	2	412.79

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
D8670	PERIODIC ORTHODONTC TX VISIT	20031016	22991231		
D8999	ORTHODONTIC PROCEDURE	20031016	22991231		
D9110	TX DENTAL PAIN MINOR PROC	20031016	22991231	2	412.79
D9223	GENERAL ANESTH EA ADDL 15 MI	20160101	22991231		
D9243	IV SEDATION EA ADDL 15M	20160101	22991231		
D9420	HOSPITAL/ASC CALL	20031016	22991231		
G0105	COLORECTAL SCRN; HI RISK IND	19971101	22991231	2	412.79
G0260	INJ FOR SACROILIAC JT ANESTH	20050101	22991231	1	307.38
G0329	ELECTROMAGNTIC TX FOR ULCERS	20050101	22991231		
G0341	PERCUTANEOUS ISLET CELLTRANS	20050101	22991231		
G0342	LAPAROSCOPY ISLET CELL TRANS	20050101	22991231		
G0343	LAPAROTOMY ISLET CELL TRANSP	20050101	22991231		
G0378	HOSPITAL OBSERVATION PER HR	20060101	22991231		
G0433	ELISA HIV-1/HIV-2 SCREEN	20091208	22991231		
G0435	ORAL HIV-1/HIV-2 SCREEN	20091208	22991231		
G0475	HIV COMBINATION ASSAY	20150413	22991231		
G0476	HPV COMBO ASSAY CA SCREEN	20150709	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
G0659	DRUG TEST DEF SIMPLE ALL CL	20170101	22991231		
G9143	WARFARIN RESPON GENETIC TEST	20090803	22991231		
J0132	ACETYLCYSTEINE INJECTION	20060101	22991231		
J0133	ACYCLOVIR INJECTION	20060101	22991231		
J0135	ADALIMUMAB INJECTION	20050101	22991231		
J0180	AGALSIDASE BETA INJECTION	20050101	22991231		
J0278	AMIKACIN SULFATE INJECTION	20060101	22991231		
J0461	ATROPINE SULFATE INJECTION	20100101	22991231		
J0586	ABOBOTULINUMTOXINA	20100101	22991231		
J0641	INJ LEVOLEUCOVORIN NOS 0.5MG	20090101	22991231		
J0878	DAPTOMYCIN INJECTION	20050101	22991231		
J0881	DARBEPOETIN ALFA, NON-ESRD	20060101	22991231		
J0882	DARBEPOETIN ALFA, ESRD USE	20060101	22991231		
J0885	EPOETIN ALFA, NON-ESRD	20060101	22991231		
J1162	DIGOXIN IMMUNE FAB (OVINE)	20060101	22991231		
J1265	DOPAMINE INJECTION	20060101	22991231		
J1267	DORIPENEM INJECTION	20090101	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	J1430	ETHANOLAMINE OLEATE 100 MG	20060101	22991231		
	J1453	FOSAPREPITANT INJECTION	20090101	22991231		
	J1457	GALLIUM NITRATE INJECTION	20050101	22991231		
	J1459	INJ IVIG PRIVIGEN 500 MG	20090101	22991231		
	J1566	IMMUNE GLOBULIN, POWDER	20060101	22991231		
	J1930	LANREOTIDE INJECTION	20090101	22991231		
	J1931	LARONIDASE INJECTION	20050101	22991231		
	J1945	LEPIRUDIN	20060101	22991231		
	J1953	LEVETIRACETAM INJECTION	20090101	22991231		
	J2278	ZICONOTIDE INJECTION	20060101	22991231		
	J2350	INJECTION, OCRELIZUMAB, 1 MG	19971101	22991231		
	J2357	OMALIZUMAB INJECTION	20050101	22991231		
	J2425	PALIFERMIN INJECTION	20060101	22991231		
	J2469	PALONOSETRON HCL	20050101	22991231		
	J2513	PENTASTARCH 10% SOLUTION	20060101	22991231		
	J2794	INJ RISPERDAL CONSTA, 0.5 MG	20050101	22991231		
	J2805	SINCALIDE INJECTION	20060101	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
J3101	TENECTEPLASE INJECTION	20090101	22991231		
J3110	TERIPARATIDE INJECTION	20050101	22991231		
J3246	TIROFIBAN HCL	20050101	22991231		
J3300	TRIAMCINOLONE A INJ PRS-FREE	20090101	22991231		
J3396	VERTEPORFIN INJECTION	20050101	22991231		
J3471	OVINE, UP TO 999 USP UNITS	20060101	22991231		
J3472	OVINE, 1000 USP UNITS	20060101	22991231		
J7186	ANTIHEMOPHILIC VIII/VWF COMP	20090101	22991231		
J7318	INJ, DUROLANE 1 MG	20060101	22991231		
J7325	SYNVISC OR SYNVISC-ONE	20100101	22991231		
J7340	CARBIDOPA LEVODOPA ENT 100ML	20160101	22991231		
J7342	CIPROFLOXACIN OTIC SUSP 6 MG	20170101	22991231		
J7518	MYCOPHENOLIC ACID	20050101	22991231		
J7611	ALBUTEROL NON-COMP CON	20080401	22991231		
J7612	LEVALBUTEROL NON-COMP CON	20080401	22991231		
J7613	ALBUTEROL NON-COMP UNIT	20080401	22991231		
J7614	LEVALBUTEROL NON-COMP UNIT	20080401	22991231		

2020 ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES

Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CDE_PROC	DSC_PROCEDURE	PROC_EFFECTIVE_DATE	PROC_END_DATE	GROUPER	AMT_PRICE_ASC
J7674	METHACHOLINE CHLORIDE, NEB	20050101	22991231		
J8501	ORAL APREPITANT	20050101	22991231		
J8540	ORAL DEXAMETHASONE	20060101	22991231		
J8565	GEFITINIB ORAL	20050101	22991231		
J8705	TOPOTECAN ORAL	20090101	22991231		
J9025	AZACITIDINE INJECTION	20060101	22991231		
J9033	INJ., TREANDA 1 MG	20090101	22991231		
J9035	BEVACIZUMAB INJECTION	20050101	22991231		
J9041	INJ., VELCADE 0.1 MG	20050101	22991231		
J9055	CETUXIMAB INJECTION	20050101	22991231		
J9175	ELLIOTTS B SOLUTION PER ML	20060101	22991231		
J9207	IXABEPILONE INJECTION	20090101	22991231		
J9225	VANTAS IMPLANT	20060101	22991231		
J9264	PACLITAXEL PROTEIN BOUND	20060101	22991231		
J9305	PEMETREXED INJECTION	20050101	22991231		
J9330	TEMSIROLIMUS INJECTION	20090101	22991231		
L8680	IMPLT NEUROSTIM ELCTR EACH	20060101	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	L8681	PT PRGRM FOR IMPLT NEUROSTIM	20060101	22991231		
	L8686	IMPLT NROSTM PLS GEN SNG NON	20060101	22991231		
	L8699	PROSTHETIC IMPLANT NOS	20030201	22991231		
	M0050	HCFA ASSIGNMENT ASC SERVICES M0050 - M	19780101	22991231		
	M0051	AMBULATORY SURGICAL CENTER FACILITY CHA	19780101	22991231		
	M0052	AMBULATORY SURGICAL CENTER FACILITY CHA	19780101	22991231		
	M0053	AMBULATORY SURGICAL CENTER FACILITY CHA	19780101	22991231		
	P9034	PLATELETS, PHERESIS	19971101	22991231		
	Q0115	POST-COITAL MUCOUS EXAM	19980101	22991231		
	Q4100	SKIN SUBSTITUTE, NOS	20090101	22991231		
	Q4101	APLIGRAF	20090101	22991231		
	Q4102	OASIS WOUND MATRIX	20090101	22991231		
	Q4103	OASIS BURN MATRIX	20090101	22991231		
	Q4104	INTEGRA BMWD	20090101	22991231		
	Q4105	INTEGRA DRT OR OMNIGRAFT	20090101	22991231		
	Q4106	DERMAGRAFT	20090101	22991231		
	Q4107	GRAFTJACKET	20090101	22991231		

		2020 ASC Fee Schedule				
		CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES				
		Attached is the list of procedure codes that are covered for provider type 36. If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.				
		A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group. The reimbursement rule is set up to look for a ASD rate (a provider percent rate. Found on the provider panel. If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)				
	CDE_PROC	**DSC_PROCEDURE**	**PROC_EFFECTIVE_DATE**	**PROC_END_DATE**	**GROUPER**	**AMT_PRICE_ASC**
	Q4108	INTEGRA MATRIX	20090101	22991231		
	Q4110	PRIMATRIX	20090101	22991231		
	Q4111	GAMMAGRAFT	20090101	22991231		
	Q4112	CYMETRA INJECTABLE	20090101	22991231		
	Q4113	GRAFTJACKET XPRESS	20090101	22991231		
	Q4114	INTEGRA FLOWABLE WOUND MATRI	20090101	22991231		
	Q4115	ALLOSKIN	20090701	22991231		
	Q4116	ALLODERM	20090701	22991231		
	S2068	BREAST DIEP OR SIEA FLAP	20060101	22991231		
	S2079	LAP ESOPHAGOMYOTOMY	20060101	22991231		
	S2117	ARTHROEREISIS, SUBTALAR	20060101	22991231		
	S2900	ROBOTIC SURGICAL SYSTEM	20060101	22991231		
	V2630	ANTER CHAMBER INTRAOCUL LENS	19830101	22991231		
	V2632	POST CHMBR INTRAOCULAR LENS	19830101	22991231		
	V2785	CORNEAL TISSUE PROCESSING	19900401	22991231		
	V2799	MISC VISION ITEM OR SERVICE	19830101	22991231		