

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice
Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
10022	SG	\$153.14	\$153.14
10060	SG	\$44.29	\$44.29
10061	SG	\$49.78	\$49.78
10080	SG	\$49.78	\$49.78
10081	SG	\$123.08	\$123.08
10120	SG	\$49.78	\$49.78
10121	SG	\$428.42	\$428.42
10140	SG	\$84.82	\$84.82
10180	SG	\$448.06	\$448.06
11042	SG	\$128.96	\$128.96
11043	SG	\$128.96	\$128.96
11044	SG	\$332.16	\$332.16
11045	SG	\$94.31	\$94.31
11046	SG	\$94.31	\$94.31
11047	SG	\$151.30	\$151.30
11100	SG	\$28.07	\$28.07
11101	SG	\$12.04	\$12.04
11200	SG	\$28.07	\$28.07
11201	SG	\$5.20	\$5.20
11300	SG	\$28.07	\$28.07
11301	SG	\$28.07	\$28.07
11302	SG	\$28.07	\$28.07
11303	SG	\$51.66	\$51.66
11305	SG	\$28.07	\$28.07
11306	SG	\$28.07	\$28.07
11307	SG	\$28.07	\$28.07
11308	SG	\$28.07	\$28.07
11310	SG	\$28.07	\$28.07
11311	SG	\$28.07	\$28.07
11312	SG	\$28.07	\$28.07
11313	SG	\$28.07	\$28.07
11400	SG	\$63.17	\$63.17
11401	SG	\$69.02	\$69.02
11402	SG	\$75.22	\$75.22
11403	SG	\$80.75	\$80.75
11404	SG	\$355.97	\$355.97
11406	SG	\$428.42	\$428.42
11420	SG	\$58.61	\$58.61
11421	SG	\$69.68	\$69.68
11422	SG	\$76.51	\$76.51
11423	SG	\$85.63	\$85.63
11424	SG	\$428.42	\$428.42
11426	SG	\$472.74	\$472.74
11440	SG	\$68.37	\$68.37
11441	SG	\$76.84	\$76.84
11442	SG	\$84.33	\$84.33
11443	SG	\$94.42	\$94.42
11444	SG	\$290.35	\$290.35
11446	SG	\$472.74	\$472.74
11450	SG	\$472.74	\$472.74
11451	SG	\$472.74	\$472.74
11462	SG	\$472.74	\$472.74
11463	SG	\$472.74	\$472.74
11470	SG	\$472.74	\$472.74
11471	SG	\$472.74	\$472.74
11600	SG	\$87.58	\$87.58
11601	SG	\$99.96	\$99.96
11602	SG	\$108.75	\$108.75

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice
Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
11603	SG	\$115.91	\$115.91
11604	SG	\$345.17	\$345.17
11606	SG	\$428.42	\$428.42
11620	SG	\$88.56	\$88.56
11621	SG	\$100.93	\$100.93
11622	SG	\$111.68	\$111.68
11623	SG	\$121.44	\$121.44
11624	SG	\$428.42	\$428.42
11626	SG	\$472.74	\$472.74
11640	SG	\$93.12	\$93.12
11641	SG	\$108.43	\$108.43
11642	SG	\$121.12	\$121.12
11643	SG	\$131.55	\$131.55
11644	SG	\$428.42	\$428.42
11646	SG	\$472.74	\$472.74
11720	SG	\$13.02	\$13.02
11721	SG	\$15.95	\$15.95
11730	SG	\$28.07	\$28.07
11732	SG	\$15.95	\$15.95
11740	SG	\$10.49	\$10.49
11750	SG	\$83.35	\$83.35
11752	SG	\$114.93	\$114.93
11755	SG	\$58.61	\$58.61
11760	SG	\$74.50	\$74.50
11762	SG	\$107.12	\$107.12
11765	SG	\$51.66	\$51.66
11770	SG	\$513.77	\$513.77
11771	SG	\$513.77	\$513.77
11772	SG	\$513.77	\$513.77
11900	SG	\$25.40	\$25.40
11901	SG	\$27.02	\$27.02
11921	SG	\$74.50	\$74.50
11950	SG	\$32.89	\$32.89
11951	SG	\$39.07	\$39.07
11952	SG	\$45.28	\$45.28
11954	SG	\$45.28	\$45.28
11960	SG	\$464.76	\$464.76
11970	SG	\$707.34	\$707.34
11971	SG	\$400.29	\$400.29
11976	SG	\$56.01	\$56.01
11980	SG	\$22.33	\$22.33
11981	SG	\$22.33	\$22.33
11982	SG	\$22.33	\$22.33
11983	SG	\$22.33	\$22.33
12001	SG	\$45.28	\$45.28
12002	SG	\$45.28	\$45.28
12004	SG	\$45.28	\$45.28
12005	SG	\$69.83	\$69.83
12006	SG	\$69.83	\$69.83
12007	SG	\$69.83	\$69.83
12011	SG	\$45.28	\$45.28
12013	SG	\$45.28	\$45.28
12014	SG	\$45.28	\$45.28
12015	SG	\$45.28	\$45.28
12016	SG	\$69.83	\$69.83
12017	SG	\$69.83	\$69.83
12018	SG	\$69.83	\$69.83
12020	SG	\$98.55	\$98.55

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
12021	SG	\$98.55	\$98.55
12031	SG	\$74.50	\$74.50
12032	SG	\$74.50	\$74.50
12034	SG	\$77.13	\$77.13
12035	SG	\$77.13	\$77.13
12036	SG	\$77.13	\$77.13
12037	SG	\$225.91	\$225.91
12041	SG	\$74.50	\$74.50
12042	SG	\$74.50	\$74.50
12044	SG	\$77.13	\$77.13
12045	SG	\$77.13	\$77.13
12046	SG	\$77.13	\$77.13
12047	SG	\$225.91	\$225.91
12051	SG	\$74.50	\$74.50
12052	SG	\$74.50	\$74.50
12053	SG	\$74.50	\$74.50
12054	SG	\$77.13	\$77.13
12055	SG	\$77.13	\$77.13
12056	SG	\$77.13	\$77.13
12057	SG	\$225.91	\$225.91
13100	SG	\$247.32	\$247.32
13101	SG	\$247.32	\$247.32
13102	SG	\$98.55	\$98.55
13120	SG	\$77.13	\$77.13
13121	SG	\$98.55	\$98.55
13131	SG	\$98.55	\$98.55
13132	SG	\$98.55	\$98.55
13133	SG	\$98.55	\$98.55
13150	SG	\$247.32	\$247.32
13151	SG	\$247.32	\$247.32
13152	SG	\$247.32	\$247.32
13153	SG	\$77.13	\$77.13
13160	SG	\$464.76	\$464.76
14000	SG	\$419.09	\$419.09
14001	SG	\$460.12	\$460.12
14020	SG	\$460.12	\$460.12
14021	SG	\$460.12	\$460.12
14040	SG	\$419.09	\$419.09
14041	SG	\$460.12	\$460.12
14060	SG	\$460.12	\$460.12
14061	SG	\$460.12	\$460.12
14301	SG	\$822.22	\$822.22
14302	SG	\$822.22	\$822.22
14350	SG	\$505.79	\$505.79
15002	SG	\$247.32	\$247.32
15003	SG	\$247.32	\$247.32
15004	SG	\$247.32	\$247.32
15005	SG	\$247.32	\$247.32
15040	SG	\$77.13	\$77.13
15050	SG	\$247.32	\$247.32
15100	SG	\$464.76	\$464.76
15101	SG	\$505.79	\$505.79
15110	SG	\$326.01	\$326.01
15111	SG	\$253.56	\$253.56
15115	SG	\$326.01	\$326.01
15116	SG	\$253.56	\$253.56
15120	SG	\$464.76	\$464.76
15121	SG	\$505.79	\$505.79

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice
Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
15130	SG	\$419.09	\$419.09
15131	SG	\$346.64	\$346.64
15135	SG	\$419.09	\$419.09
15136	SG	\$346.64	\$346.64
15150	SG	\$326.01	\$326.01
15151	SG	\$253.56	\$253.56
15152	SG	\$253.56	\$253.56
15155	SG	\$326.01	\$326.01
15156	SG	\$253.56	\$253.56
15157	SG	\$253.56	\$253.56
15200	SG	\$460.12	\$460.12
15201	SG	\$340.40	\$340.40
15220	SG	\$419.09	\$419.09
15221	SG	\$247.32	\$247.32
15240	SG	\$460.12	\$460.12
15241	SG	\$247.32	\$247.32
15260	SG	\$419.09	\$419.09
15261	SG	\$340.40	\$340.40
15271	SG	\$113.12	\$113.12
15272	SG	\$38.56	\$38.56
15273	SG	\$176.96	\$176.96
15274	SG	\$113.12	\$113.12
15275	SG	\$113.12	\$113.12
15276	SG	\$38.56	\$38.56
15277	SG	\$176.96	\$176.96
15278	SG	\$113.12	\$113.12
15300	SG	\$247.32	\$247.32
15301	SG	\$247.32	\$247.32
15320	SG	\$247.32	\$247.32
15321	SG	\$247.32	\$247.32
15330	SG	\$247.32	\$247.32
15331	SG	\$247.32	\$247.32
15335	SG	\$247.32	\$247.32
15336	SG	\$247.32	\$247.32
15340	SG	\$74.50	\$74.50
15341	SG	\$74.50	\$74.50
15400	SG	\$247.32	\$247.32
15420	SG	\$247.32	\$247.32
15421	SG	\$247.32	\$247.32
15430	SG	\$247.32	\$247.32
15431	SG	\$247.32	\$247.32
15570	SG	\$505.79	\$505.79
15572	SG	\$505.79	\$505.79
15574	SG	\$505.79	\$505.79
15576	SG	\$505.79	\$505.79
15600	SG	\$505.79	\$505.79
15610	SG	\$505.79	\$505.79
15620	SG	\$582.73	\$582.73
15630	SG	\$505.79	\$505.79
15650	SG	\$638.51	\$638.51
15731	SG	\$505.79	\$505.79
15732	SG	\$505.79	\$505.79
15734	SG	\$505.79	\$505.79
15736	SG	\$505.79	\$505.79
15738	SG	\$505.79	\$505.79
15740	SG	\$419.09	\$419.09
15750	SG	\$464.76	\$464.76
15756	SG	\$1,787.88	\$1,787.88

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice
Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
15757	SG	\$1,784.26	\$1,784.26
15758	SG	\$1,779.13	\$1,779.13
15760	SG	\$464.76	\$464.76
15770	SG	\$505.79	\$505.79
15777	SG	\$500.03	\$500.03
15780	SG	\$370.53	\$370.53
15781	SG	\$152.33	\$152.33
15782	SG	\$152.33	\$152.33
15783	SG	\$94.16	\$94.16
15786	SG	\$28.07	\$28.07
15787	SG	\$28.07	\$28.07
15788	SG	\$28.07	\$28.07
15789	SG	\$51.66	\$51.66
15792	SG	\$51.66	\$51.66
15793	SG	\$28.07	\$28.07
15819	SG	\$74.50	\$74.50
15820	SG	\$505.79	\$505.79
15821	SG	\$505.79	\$505.79
15822	SG	\$505.79	\$505.79
15823	SG	\$638.51	\$638.51
15830	SG	\$513.77	\$513.77
15832	SG	\$513.77	\$513.77
15833	SG	\$513.77	\$513.77
15834	SG	\$513.77	\$513.77
15835	SG	\$394.06	\$394.06
15836	SG	\$469.44	\$469.44
15837	SG	\$569.83	\$569.83
15838	SG	\$569.83	\$569.83
15839	SG	\$469.44	\$469.44
15840	SG	\$582.73	\$582.73
15841	SG	\$582.73	\$582.73
15842	SG	\$715.18	\$715.18
15845	SG	\$582.73	\$582.73
15847	SG	\$513.77	\$513.77
15850	SG	\$94.16	\$94.16
15851	SG	\$49.16	\$49.16
15852	SG	\$22.33	\$22.33
15860	SG	\$22.33	\$22.33
15920	SG	\$199.35	\$199.35
15922	SG	\$582.73	\$582.73
15931	SG	\$513.77	\$513.77
15933	SG	\$513.77	\$513.77
15934	SG	\$505.79	\$505.79
15935	SG	\$582.73	\$582.73
15936	SG	\$537.06	\$537.06
15937	SG	\$582.73	\$582.73
15940	SG	\$513.77	\$513.77
15941	SG	\$513.77	\$513.77
15944	SG	\$505.79	\$505.79
15945	SG	\$582.73	\$582.73
15946	SG	\$582.73	\$582.73
15950	SG	\$513.77	\$513.77
15951	SG	\$590.71	\$590.71
15952	SG	\$460.12	\$460.12
15953	SG	\$537.06	\$537.06
15956	SG	\$460.12	\$460.12
15958	SG	\$537.06	\$537.06
16000	SG	\$25.25	\$25.25

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
16020	SG	\$39.07	\$39.07
16025	SG	\$66.57	\$66.57
16030	SG	\$87.54	\$87.54
16035	SG	\$94.16	\$94.16
17000	SG	\$28.07	\$28.07
17003	SG	\$3.59	\$3.59
17004	SG	\$77.17	\$77.17
17106	SG	\$94.16	\$94.16
17107	SG	\$94.16	\$94.16
17108	SG	\$94.16	\$94.16
17110	SG	\$28.07	\$28.07
17111	SG	\$51.66	\$51.66
17250	SG	\$41.35	\$41.35
17260	SG	\$43.63	\$43.63
17261	SG	\$51.66	\$51.66
17262	SG	\$51.66	\$51.66
17263	SG	\$51.66	\$51.66
17264	SG	\$51.66	\$51.66
17266	SG	\$94.16	\$94.16
17270	SG	\$51.66	\$51.66
17271	SG	\$51.66	\$51.66
17272	SG	\$51.66	\$51.66
17273	SG	\$88.24	\$88.24
17274	SG	\$94.16	\$94.16
17276	SG	\$94.16	\$94.16
17280	SG	\$51.66	\$51.66
17281	SG	\$75.54	\$75.54
17282	SG	\$86.29	\$86.29
17283	SG	\$94.16	\$94.16
17284	SG	\$94.16	\$94.16
17286	SG	\$94.16	\$94.16
17311	SG	\$128.55	\$128.55
17312	SG	\$128.55	\$128.55
17313	SG	\$128.55	\$128.55
17314	SG	\$128.55	\$128.55
17315	SG	\$37.12	\$37.12
17340	SG	\$11.72	\$11.72
17360	SG	\$28.07	\$28.07
19000	SG	\$63.49	\$63.49
19001	SG	\$8.13	\$8.13
19020	SG	\$448.06	\$448.06
19100	SG	\$192.17	\$192.17
19101	SG	\$468.60	\$468.60
19102	SG	\$216.83	\$216.83
19103	SG	\$373.89	\$373.89
19110	SG	\$468.60	\$468.60
19112	SG	\$509.64	\$509.64
19120	SG	\$509.64	\$509.64
19125	SG	\$509.64	\$509.64
19126	SG	\$509.64	\$509.64
19260	SG	\$894.48	\$894.48
19290	SG	\$52.34	\$52.34
19291	SG	\$25.78	\$25.78
19295	SG	\$25.78	\$25.78
19296	SG	\$1,359.12	\$1,359.12
19297	SG	\$1,359.12	\$1,359.12
19298	SG	\$1,359.12	\$1,359.12
19300	SG	\$586.57	\$586.57

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice
Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
19301	SG	\$509.64	\$509.64
19302	SG	\$990.28	\$990.28
19303	SG	\$684.54	\$684.54
19304	SG	\$684.54	\$684.54
19316	SG	\$684.54	\$684.54
19318	SG	\$756.26	\$756.26
19324	SG	\$756.26	\$756.26
19325	SG	\$1,359.12	\$1,359.12
19328	SG	\$494.11	\$494.11
19330	SG	\$494.11	\$494.11
19340	SG	\$638.28	\$638.28
19342	SG	\$827.60	\$827.60
19350	SG	\$586.57	\$586.57
19355	SG	\$684.54	\$684.54
19357	SG	\$960.32	\$960.32
19364	SG	\$2,091.58	\$2,091.58
19366	SG	\$740.31	\$740.31
19370	SG	\$684.54	\$684.54
19371	SG	\$684.54	\$684.54
19380	SG	\$812.04	\$812.04
20005	SG	\$474.15	\$474.15
20103	SG	\$340.98	\$340.98
20150	SG	\$1,521.36	\$1,521.36
20200	SG	\$428.42	\$428.42
20205	SG	\$469.44	\$469.44
20206	SG	\$216.83	\$216.83
20220	SG	\$238.11	\$238.11
20225	SG	\$345.17	\$345.17
20240	SG	\$472.74	\$472.74
20245	SG	\$513.77	\$513.77
20250	SG	\$515.19	\$515.19
20251	SG	\$515.19	\$515.19
20500	SG	\$58.61	\$58.61
20520	SG	\$89.87	\$89.87
20525	SG	\$513.77	\$513.77
20526	SG	\$28.98	\$28.98
20527	SG	\$30.00	\$30.00
20550	SG	\$21.81	\$21.81
20551	SG	\$21.49	\$21.49
20552	SG	\$21.17	\$21.17
20553	SG	\$23.77	\$23.77
20600	SG	\$21.49	\$21.49
20605	SG	\$24.42	\$24.42
20610	SG	\$32.89	\$32.89
20612	SG	\$22.79	\$22.79
20615	SG	\$101.26	\$101.26
20650	SG	\$515.19	\$515.19
20660	SG	\$178.46	\$178.46
20661	SG	\$345.57	\$345.57
20662	SG	\$752.77	\$752.77
20663	SG	\$752.77	\$752.77
20665	SG	\$22.32	\$22.32
20670	SG	\$355.97	\$355.97
20680	SG	\$513.77	\$513.77
20690	SG	\$544.24	\$544.24
20692	SG	\$585.28	\$585.28
20693	SG	\$515.19	\$515.19
20694	SG	\$401.70	\$401.70

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
20696	SG	\$841.11	\$841.11
20697	SG	\$971.55	\$971.55
20822	SG	\$931.21	\$931.21
20900	SG	\$585.28	\$585.28
20902	SG	\$662.22	\$662.22
20910	SG	\$505.79	\$505.79
20912	SG	\$505.79	\$505.79
20920	SG	\$537.06	\$537.06
20922	SG	\$460.12	\$460.12
20924	SG	\$662.22	\$662.22
20926	SG	\$443.99	\$443.99
20950	SG	\$49.78	\$49.78
20955	SG	\$1,947.93	\$1,947.93
20962	SG	\$2,037.18	\$2,037.18
20969	SG	\$2,172.11	\$2,172.11
20970	SG	\$2,163.59	\$2,163.59
20972	SG	\$1,566.80	\$1,566.80
20973	SG	\$1,566.80	\$1,566.80
20979	SG	\$22.33	\$22.33
20982	SG	\$1,521.36	\$1,521.36
21010	SG	\$498.10	\$498.10
21011	SG	\$159.85	\$159.85
21012	SG	\$281.83	\$281.83
21013	SG	\$222.12	\$222.12
21014	SG	\$281.83	\$281.83
21015	SG	\$471.48	\$471.48
21016	SG	\$803.54	\$803.54
21025	SG	\$638.79	\$638.79
21026	SG	\$638.79	\$638.79
21029	SG	\$638.80	\$638.80
21030	SG	\$220.11	\$220.11
21031	SG	\$180.38	\$180.38
21034	SG	\$679.84	\$679.84
21040	SG	\$498.10	\$498.10
21044	SG	\$638.79	\$638.79
21046	SG	\$638.79	\$638.79
21047	SG	\$638.79	\$638.79
21048	SG	\$1,411.38	\$1,411.38
21050	SG	\$679.84	\$679.84
21060	SG	\$638.79	\$638.79
21070	SG	\$679.84	\$679.84
21100	SG	\$638.79	\$638.79
21110	SG	\$263.58	\$263.58
21120	SG	\$850.10	\$850.10
21121	SG	\$850.10	\$850.10
21122	SG	\$850.10	\$850.10
21123	SG	\$850.10	\$850.10
21125	SG	\$850.10	\$850.10
21127	SG	\$1,211.36	\$1,211.36
21137	SG	\$848.59	\$848.59
21138	SG	\$1,411.38	\$1,411.38
21139	SG	\$1,411.38	\$1,411.38
21150	SG	\$1,411.38	\$1,411.38
21181	SG	\$850.10	\$850.10
21198	SG	\$1,411.38	\$1,411.38
21199	SG	\$1,411.38	\$1,411.38
21206	SG	\$812.55	\$812.55
21208	SG	\$990.80	\$990.80

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice
Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
21209	SG	\$812.55	\$812.55
21210	SG	\$990.80	\$990.80
21215	SG	\$990.80	\$990.80
21230	SG	\$990.80	\$990.80
21235	SG	\$850.10	\$850.10
21240	SG	\$756.78	\$756.78
21242	SG	\$812.55	\$812.55
21243	SG	\$812.55	\$812.55
21244	SG	\$990.80	\$990.80
21245	SG	\$990.80	\$990.80
21246	SG	\$990.80	\$990.80
21248	SG	\$990.80	\$990.80
21249	SG	\$990.80	\$990.80
21260	SG	\$1,411.38	\$1,411.38
21267	SG	\$990.80	\$990.80
21270	SG	\$812.55	\$812.55
21275	SG	\$990.80	\$990.80
21280	SG	\$812.55	\$812.55
21282	SG	\$604.19	\$604.19
21295	SG	\$279.40	\$279.40
21296	SG	\$425.65	\$425.65
21310	SG	\$118.76	\$118.76
21315	SG	\$118.76	\$118.76
21320	SG	\$430.44	\$430.44
21325	SG	\$616.08	\$616.08
21330	SG	\$671.86	\$671.86
21335	SG	\$850.10	\$850.10
21336	SG	\$635.39	\$635.39
21337	SG	\$430.44	\$430.44
21338	SG	\$616.08	\$616.08
21339	SG	\$671.86	\$671.86
21340	SG	\$756.78	\$756.78
21345	SG	\$850.10	\$850.10
21355	SG	\$679.84	\$679.84
21356	SG	\$539.14	\$539.14
21360	SG	\$848.59	\$848.59
21365	SG	\$832.27	\$832.27
21366	SG	\$935.27	\$935.27
21385	SG	\$538.35	\$538.35
21386	SG	\$502.16	\$502.16
21387	SG	\$572.25	\$572.25
21390	SG	\$1,411.38	\$1,411.38
21395	SG	\$730.84	\$730.84
21400	SG	\$351.85	\$351.85
21401	SG	\$471.48	\$471.48
21406	SG	\$1,411.38	\$1,411.38
21407	SG	\$1,411.38	\$1,411.38
21421	SG	\$616.08	\$616.08
21422	SG	\$509.33	\$509.33
21423	SG	\$602.01	\$602.01
21440	SG	\$279.69	\$279.69
21445	SG	\$616.08	\$616.08
21450	SG	\$118.76	\$118.76
21451	SG	\$363.49	\$363.49
21452	SG	\$430.44	\$430.44
21453	SG	\$679.84	\$679.84
21454	SG	\$671.86	\$671.86
21461	SG	\$756.78	\$756.78

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
21462	SG	\$812.55	\$812.55
21465	SG	\$756.78	\$756.78
21470	SG	\$894.06	\$894.06
21480	SG	\$118.76	\$118.76
21485	SG	\$430.44	\$430.44
21490	SG	\$679.84	\$679.84
21495	SG	\$577.93	\$577.93
21497	SG	\$430.44	\$430.44
21501	SG	\$448.06	\$448.06
21502	SG	\$474.15	\$474.15
21510	SG	\$358.10	\$358.10
21550	SG	\$307.39	\$307.39
21552	SG	\$803.54	\$803.54
21554	SG	\$803.54	\$803.54
21555	SG	\$472.74	\$472.74
21556	SG	\$472.74	\$472.74
21557	SG	\$747.14	\$747.14
21558	SG	\$803.54	\$803.54
21600	SG	\$544.24	\$544.24
21610	SG	\$544.24	\$544.24
21620	SG	\$398.45	\$398.45
21685	SG	\$263.58	\$263.58
21700	SG	\$474.15	\$474.15
21720	SG	\$515.19	\$515.19
21725	SG	\$69.16	\$69.16
21800	SG	\$82.08	\$82.08
21805	SG	\$517.43	\$517.43
21810	SG	\$384.04	\$384.04
21820	SG	\$82.08	\$82.08
21920	SG	\$125.69	\$125.69
21925	SG	\$472.74	\$472.74
21930	SG	\$472.74	\$472.74
21931	SG	\$803.54	\$803.54
21932	SG	\$601.15	\$601.15
21933	SG	\$803.54	\$803.54
21935	SG	\$513.77	\$513.77
21936	SG	\$803.54	\$803.54
22100	SG	\$607.65	\$607.65
22101	SG	\$607.30	\$607.30
22102	SG	\$1,655.41	\$1,655.41
22103	SG	\$1,655.41	\$1,655.41
22305	SG	\$82.08	\$82.08
22310	SG	\$82.08	\$82.08
22315	SG	\$82.08	\$82.08
22325	SG	\$1,036.49	\$1,036.49
22326	SG	\$1,086.05	\$1,086.05
22327	SG	\$1,072.73	\$1,072.73
22328	SG	\$217.87	\$217.87
22505	SG	\$416.61	\$416.61
22520	SG	\$1,116.80	\$1,116.80
22521	SG	\$1,116.80	\$1,116.80
22522	SG	\$1,116.80	\$1,116.80
22900	SG	\$590.71	\$590.71
22901	SG	\$803.54	\$803.54
22902	SG	\$601.15	\$601.15
22903	SG	\$803.54	\$803.54
22904	SG	\$601.15	\$601.15
22905	SG	\$803.54	\$803.54

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
23000	SG	\$428.42	\$428.42
23020	SG	\$666.30	\$666.30
23030	SG	\$375.60	\$375.60
23031	SG	\$489.09	\$489.09
23035	SG	\$515.19	\$515.19
23040	SG	\$585.28	\$585.28
23044	SG	\$662.22	\$662.22
23065	SG	\$88.56	\$88.56
23066	SG	\$472.74	\$472.74
23071	SG	\$803.54	\$803.54
23073	SG	\$803.54	\$803.54
23075	SG	\$428.42	\$428.42
23076	SG	\$472.74	\$472.74
23077	SG	\$513.77	\$513.77
23078	SG	\$803.54	\$803.54
23100	SG	\$474.15	\$474.15
23101	SG	\$896.24	\$896.24
23105	SG	\$662.22	\$662.22
23106	SG	\$662.22	\$662.22
23107	SG	\$662.22	\$662.22
23120	SG	\$718.00	\$718.00
23125	SG	\$718.00	\$718.00
23130	SG	\$840.06	\$840.06
23140	SG	\$592.13	\$592.13
23145	SG	\$718.00	\$718.00
23146	SG	\$718.00	\$718.00
23150	SG	\$662.22	\$662.22
23155	SG	\$718.00	\$718.00
23156	SG	\$718.00	\$718.00
23170	SG	\$544.24	\$544.24
23172	SG	\$544.24	\$544.24
23174	SG	\$544.24	\$544.24
23180	SG	\$662.22	\$662.22
23182	SG	\$662.22	\$662.22
23184	SG	\$662.22	\$662.22
23190	SG	\$662.22	\$662.22
23195	SG	\$718.00	\$718.00
23330	SG	\$290.35	\$290.35
23331	SG	\$400.29	\$400.29
23395	SG	\$840.06	\$840.06
23397	SG	\$1,340.72	\$1,340.72
23400	SG	\$896.24	\$896.24
23405	SG	\$544.24	\$544.24
23406	SG	\$544.24	\$544.24
23410	SG	\$840.06	\$840.06
23412	SG	\$1,018.30	\$1,018.30
23415	SG	\$840.06	\$840.06
23420	SG	\$1,018.30	\$1,018.30
23430	SG	\$784.27	\$784.27
23440	SG	\$784.27	\$784.27
23450	SG	\$1,162.48	\$1,162.48
23455	SG	\$1,340.72	\$1,340.72
23460	SG	\$1,162.48	\$1,162.48
23462	SG	\$1,018.30	\$1,018.30
23465	SG	\$1,162.48	\$1,162.48
23466	SG	\$1,018.30	\$1,018.30
23480	SG	\$784.27	\$784.27
23485	SG	\$1,340.72	\$1,340.72

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice
Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
23490	SG	\$707.34	\$707.34
23491	SG	\$1,029.75	\$1,029.75
23500	SG	\$82.08	\$82.08
23505	SG	\$82.08	\$82.08
23515	SG	\$851.02	\$851.02
23520	SG	\$82.08	\$82.08
23525	SG	\$82.08	\$82.08
23530	SG	\$690.73	\$690.73
23532	SG	\$635.39	\$635.39
23540	SG	\$82.08	\$82.08
23545	SG	\$82.08	\$82.08
23550	SG	\$690.73	\$690.73
23552	SG	\$767.67	\$767.67
23570	SG	\$82.08	\$82.08
23575	SG	\$82.08	\$82.08
23585	SG	\$851.02	\$851.02
23600	SG	\$62.58	\$62.58
23605	SG	\$82.08	\$82.08
23615	SG	\$927.95	\$927.95
23616	SG	\$927.95	\$927.95
23620	SG	\$62.58	\$62.58
23625	SG	\$82.08	\$82.08
23630	SG	\$983.74	\$983.74
23650	SG	\$82.08	\$82.08
23655	SG	\$344.16	\$344.16
23660	SG	\$690.73	\$690.73
23665	SG	\$82.08	\$82.08
23670	SG	\$851.02	\$851.02
23675	SG	\$82.08	\$82.08
23680	SG	\$690.73	\$690.73
23700	SG	\$344.16	\$344.16
23800	SG	\$1,106.69	\$1,106.69
23802	SG	\$1,018.30	\$1,018.30
23921	SG	\$340.40	\$340.40
23930	SG	\$375.60	\$375.60
23931	SG	\$448.06	\$448.06
23935	SG	\$474.15	\$474.15
24000	SG	\$662.22	\$662.22
24006	SG	\$662.22	\$662.22
24065	SG	\$119.82	\$119.82
24066	SG	\$428.42	\$428.42
24071	SG	\$803.54	\$803.54
24073	SG	\$803.54	\$803.54
24075	SG	\$428.42	\$428.42
24076	SG	\$472.74	\$472.74
24077	SG	\$513.77	\$513.77
24079	SG	\$803.54	\$803.54
24100	SG	\$401.70	\$401.70
24101	SG	\$662.22	\$662.22
24102	SG	\$662.22	\$662.22
24105	SG	\$515.19	\$515.19
24110	SG	\$474.15	\$474.15
24115	SG	\$585.28	\$585.28
24116	SG	\$585.28	\$585.28
24120	SG	\$515.19	\$515.19
24125	SG	\$585.28	\$585.28
24126	SG	\$585.28	\$585.28
24130	SG	\$585.28	\$585.28

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice
Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
24134	SG	\$544.24	\$544.24
24136	SG	\$544.24	\$544.24
24138	SG	\$544.24	\$544.24
24140	SG	\$585.28	\$585.28
24145	SG	\$585.28	\$585.28
24147	SG	\$544.24	\$544.24
24149	SG	\$1,033.13	\$1,033.13
24150	SG	\$739.86	\$739.86
24152	SG	\$1,521.36	\$1,521.36
24155	SG	\$707.34	\$707.34
24160	SG	\$544.24	\$544.24
24164	SG	\$585.28	\$585.28
24200	SG	\$100.28	\$100.28
24201	SG	\$428.42	\$428.42
24300	SG	\$522.60	\$522.60
24301	SG	\$662.22	\$662.22
24305	SG	\$662.22	\$662.22
24310	SG	\$515.19	\$515.19
24320	SG	\$707.34	\$707.34
24330	SG	\$1,029.75	\$1,029.75
24331	SG	\$707.34	\$707.34
24332	SG	\$752.77	\$752.77
24340	SG	\$707.34	\$707.34
24341	SG	\$707.33	\$707.33
24342	SG	\$707.34	\$707.34
24343	SG	\$1,033.13	\$1,033.13
24344	SG	\$2,811.06	\$2,811.06
24345	SG	\$544.24	\$544.24
24346	SG	\$1,521.36	\$1,521.36
24360	SG	\$777.40	\$777.40
24361	SG	\$1,541.01	\$1,541.01
24362	SG	\$909.98	\$909.98
24363	SG	\$1,719.25	\$1,719.25
24365	SG	\$777.40	\$777.40
24366	SG	\$1,541.01	\$1,541.01
24370	SG	\$6,324.00	\$6,324.00
24371	SG	\$6,324.00	\$6,324.00
24400	SG	\$662.22	\$662.22
24410	SG	\$662.22	\$662.22
24420	SG	\$707.34	\$707.34
24430	SG	\$1,029.75	\$1,029.75
24435	SG	\$1,106.69	\$1,106.69
24470	SG	\$707.34	\$707.34
24495	SG	\$544.24	\$544.24
24498	SG	\$1,029.75	\$1,029.75
24500	SG	\$82.08	\$82.08
24505	SG	\$82.08	\$82.08
24515	SG	\$927.95	\$927.95
24516	SG	\$927.95	\$927.95
24530	SG	\$82.08	\$82.08
24535	SG	\$82.08	\$82.08
24538	SG	\$517.43	\$517.43
24545	SG	\$927.95	\$927.95
24546	SG	\$983.74	\$983.74
24560	SG	\$82.08	\$82.08
24565	SG	\$82.08	\$82.08
24566	SG	\$517.43	\$517.43
24575	SG	\$851.02	\$851.02

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
24576	SG	\$82.08	\$82.08
24577	SG	\$82.08	\$82.08
24579	SG	\$851.02	\$851.02
24582	SG	\$517.42	\$517.42
24586	SG	\$927.95	\$927.95
24587	SG	\$983.74	\$983.74
24600	SG	\$82.08	\$82.08
24605	SG	\$416.61	\$416.61
24615	SG	\$851.02	\$851.02
24620	SG	\$82.08	\$82.08
24635	SG	\$851.02	\$851.02
24640	SG	\$55.03	\$55.03
24650	SG	\$62.58	\$62.58
24655	SG	\$82.08	\$82.08
24665	SG	\$767.67	\$767.67
24666	SG	\$927.95	\$927.95
24670	SG	\$82.08	\$82.08
24675	SG	\$82.08	\$82.08
24685	SG	\$690.73	\$690.73
24800	SG	\$784.27	\$784.27
24802	SG	\$840.06	\$840.06
24925	SG	\$515.19	\$515.19
25000	SG	\$515.19	\$515.19
25001	SG	\$752.77	\$752.77
25020	SG	\$515.19	\$515.19
25023	SG	\$585.28	\$585.28
25024	SG	\$585.28	\$585.28
25025	SG	\$585.28	\$585.28
25028	SG	\$401.70	\$401.70
25031	SG	\$474.15	\$474.15
25035	SG	\$474.15	\$474.15
25040	SG	\$718.00	\$718.00
25065	SG	\$123.08	\$123.08
25066	SG	\$472.74	\$472.74
25071	SG	\$803.54	\$803.54
25073	SG	\$803.54	\$803.54
25075	SG	\$428.42	\$428.42
25076	SG	\$513.77	\$513.77
25077	SG	\$513.77	\$513.77
25078	SG	\$803.54	\$803.54
25085	SG	\$515.19	\$515.19
25100	SG	\$474.15	\$474.15
25101	SG	\$585.28	\$585.28
25105	SG	\$662.22	\$662.22
25107	SG	\$585.28	\$585.28
25109	SG	\$752.77	\$752.77
25110	SG	\$515.19	\$515.19
25111	SG	\$472.66	\$472.66
25112	SG	\$549.60	\$549.60
25115	SG	\$592.13	\$592.13
25116	SG	\$592.13	\$592.13
25118	SG	\$544.24	\$544.24
25119	SG	\$585.28	\$585.28
25120	SG	\$585.28	\$585.28
25125	SG	\$585.28	\$585.28
25126	SG	\$585.28	\$585.28
25130	SG	\$585.28	\$585.28
25135	SG	\$585.28	\$585.28

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
25136	SG	\$585.28	\$585.28
25145	SG	\$544.24	\$544.24
25150	SG	\$544.24	\$544.24
25151	SG	\$544.24	\$544.24
25170	SG	\$721.01	\$721.01
25210	SG	\$559.80	\$559.80
25215	SG	\$636.74	\$636.74
25230	SG	\$662.22	\$662.22
25240	SG	\$662.22	\$662.22
25248	SG	\$474.15	\$474.15
25250	SG	\$471.79	\$471.79
25251	SG	\$471.79	\$471.79
25259	SG	\$62.58	\$62.58
25260	SG	\$662.22	\$662.22
25263	SG	\$544.24	\$544.24
25265	SG	\$585.28	\$585.28
25270	SG	\$662.22	\$662.22
25272	SG	\$585.28	\$585.28
25274	SG	\$662.22	\$662.22
25275	SG	\$662.22	\$662.22
25280	SG	\$662.22	\$662.22
25290	SG	\$585.28	\$585.28
25295	SG	\$515.19	\$515.19
25300	SG	\$585.28	\$585.28
25301	SG	\$585.28	\$585.28
25310	SG	\$707.34	\$707.34
25312	SG	\$784.27	\$784.27
25315	SG	\$707.34	\$707.34
25316	SG	\$1,029.75	\$1,029.75
25320	SG	\$707.34	\$707.34
25332	SG	\$777.40	\$777.40
25335	SG	\$707.34	\$707.34
25350	SG	\$1,029.75	\$1,029.75
25355	SG	\$707.34	\$707.34
25360	SG	\$585.28	\$585.28
25365	SG	\$585.28	\$585.28
25370	SG	\$707.34	\$707.34
25375	SG	\$784.27	\$784.27
25390	SG	\$585.28	\$585.28
25391	SG	\$784.27	\$784.27
25392	SG	\$585.28	\$585.28
25393	SG	\$784.27	\$784.27
25394	SG	\$582.70	\$582.70
25400	SG	\$1,029.75	\$1,029.75
25405	SG	\$1,106.69	\$1,106.69
25415	SG	\$1,029.75	\$1,029.75
25420	SG	\$1,106.69	\$1,106.69
25425	SG	\$707.34	\$707.34
25426	SG	\$784.27	\$784.27
25430	SG	\$931.21	\$931.21
25431	SG	\$931.21	\$931.21
25440	SG	\$1,106.69	\$1,106.69
25441	SG	\$1,541.01	\$1,541.01
25442	SG	\$1,541.01	\$1,541.01
25443	SG	\$909.97	\$909.97
25444	SG	\$909.97	\$909.97
25445	SG	\$909.97	\$909.97
25446	SG	\$1,719.25	\$1,719.25

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice
Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
25447	SG	\$777.40	\$777.40
25449	SG	\$777.40	\$777.40
25450	SG	\$707.34	\$707.34
25455	SG	\$707.34	\$707.34
25490	SG	\$707.34	\$707.34
25491	SG	\$707.34	\$707.34
25492	SG	\$707.34	\$707.34
25500	SG	\$62.58	\$62.58
25505	SG	\$82.08	\$82.08
25515	SG	\$690.73	\$690.73
25520	SG	\$82.08	\$82.08
25525	SG	\$767.67	\$767.67
25526	SG	\$823.45	\$823.45
25530	SG	\$62.58	\$62.58
25535	SG	\$82.08	\$82.08
25545	SG	\$690.73	\$690.73
25560	SG	\$62.58	\$62.58
25565	SG	\$82.08	\$82.08
25574	SG	\$851.02	\$851.02
25575	SG	\$851.02	\$851.02
25600	SG	\$62.58	\$62.58
25605	SG	\$82.08	\$82.08
25606	SG	\$558.46	\$558.46
25607	SG	\$983.74	\$983.74
25608	SG	\$983.74	\$983.74
25609	SG	\$983.74	\$983.74
25622	SG	\$62.58	\$62.58
25624	SG	\$82.08	\$82.08
25628	SG	\$690.73	\$690.73
25630	SG	\$62.58	\$62.58
25635	SG	\$82.08	\$82.08
25645	SG	\$690.73	\$690.73
25650	SG	\$62.58	\$62.58
25651	SG	\$925.86	\$925.86
25652	SG	\$1,454.97	\$1,454.97
25660	SG	\$82.08	\$82.08
25670	SG	\$558.46	\$558.46
25671	SG	\$444.98	\$444.98
25675	SG	\$82.08	\$82.08
25676	SG	\$517.43	\$517.43
25680	SG	\$82.08	\$82.08
25685	SG	\$558.46	\$558.46
25690	SG	\$82.08	\$82.08
25695	SG	\$517.43	\$517.43
25800	SG	\$1,106.69	\$1,106.69
25805	SG	\$840.06	\$840.06
25810	SG	\$1,162.48	\$1,162.48
25820	SG	\$549.60	\$549.60
25825	SG	\$1,162.48	\$1,162.48
25830	SG	\$1,162.48	\$1,162.48
25907	SG	\$515.19	\$515.19
25922	SG	\$515.19	\$515.19
25929	SG	\$460.12	\$460.12
26010	SG	\$49.78	\$49.78
26011	SG	\$315.79	\$315.79
26020	SG	\$431.62	\$431.62
26025	SG	\$359.18	\$359.18
26030	SG	\$431.62	\$431.62

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice
Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
26034	SG	\$431.62	\$431.62
26035	SG	\$582.70	\$582.70
26037	SG	\$427.72	\$427.72
26040	SG	\$636.74	\$636.74
26045	SG	\$559.80	\$559.80
26055	SG	\$431.62	\$431.62
26060	SG	\$431.62	\$431.62
26070	SG	\$431.62	\$431.62
26075	SG	\$549.60	\$549.60
26080	SG	\$549.60	\$549.60
26100	SG	\$431.62	\$431.62
26105	SG	\$359.18	\$359.18
26110	SG	\$359.18	\$359.18
26111	SG	\$803.54	\$803.54
26113	SG	\$803.54	\$803.54
26115	SG	\$472.74	\$472.74
26116	SG	\$472.74	\$472.74
26117	SG	\$513.77	\$513.77
26118	SG	\$803.54	\$803.54
26121	SG	\$636.74	\$636.74
26123	SG	\$636.74	\$636.74
26125	SG	\$549.60	\$549.60
26130	SG	\$472.66	\$472.66
26135	SG	\$636.74	\$636.74
26140	SG	\$431.62	\$431.62
26145	SG	\$472.66	\$472.66
26160	SG	\$472.66	\$472.66
26170	SG	\$472.66	\$472.66
26180	SG	\$472.66	\$472.66
26185	SG	\$549.60	\$549.60
26200	SG	\$431.62	\$431.62
26205	SG	\$559.80	\$559.80
26210	SG	\$431.62	\$431.62
26215	SG	\$472.66	\$472.66
26230	SG	\$782.32	\$782.32
26235	SG	\$472.66	\$472.66
26236	SG	\$472.66	\$472.66
26250	SG	\$472.66	\$472.66
26260	SG	\$472.66	\$472.66
26262	SG	\$431.62	\$431.62
26320	SG	\$428.42	\$428.42
26340	SG	\$62.58	\$62.58
26341	SG	\$179.41	\$179.41
26350	SG	\$446.31	\$446.31
26352	SG	\$636.74	\$636.74
26356	SG	\$636.74	\$636.74
26357	SG	\$636.74	\$636.74
26358	SG	\$636.74	\$636.74
26370	SG	\$636.74	\$636.74
26372	SG	\$636.74	\$636.74
26373	SG	\$559.80	\$559.80
26390	SG	\$636.74	\$636.74
26392	SG	\$559.80	\$559.80
26410	SG	\$472.66	\$472.66
26412	SG	\$559.80	\$559.80
26415	SG	\$636.74	\$636.74
26416	SG	\$559.80	\$559.80
26418	SG	\$549.60	\$549.60

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
26420	SG	\$636.74	\$636.74
26426	SG	\$559.80	\$559.80
26428	SG	\$559.80	\$559.80
26432	SG	\$472.66	\$472.66
26433	SG	\$472.66	\$472.66
26434	SG	\$559.80	\$559.80
26437	SG	\$472.66	\$472.66
26440	SG	\$472.66	\$472.66
26442	SG	\$559.80	\$559.80
26445	SG	\$472.66	\$472.66
26449	SG	\$559.80	\$559.80
26450	SG	\$472.66	\$472.66
26455	SG	\$472.66	\$472.66
26460	SG	\$472.66	\$472.66
26471	SG	\$431.62	\$431.62
26474	SG	\$431.62	\$431.62
26476	SG	\$359.18	\$359.18
26477	SG	\$359.18	\$359.18
26478	SG	\$359.18	\$359.18
26479	SG	\$359.18	\$359.18
26480	SG	\$559.80	\$559.80
26483	SG	\$559.80	\$559.80
26485	SG	\$518.76	\$518.76
26489	SG	\$559.80	\$559.80
26490	SG	\$559.80	\$559.80
26492	SG	\$559.80	\$559.80
26494	SG	\$559.80	\$559.80
26496	SG	\$559.80	\$559.80
26497	SG	\$559.80	\$559.80
26498	SG	\$636.74	\$636.74
26499	SG	\$559.80	\$559.80
26500	SG	\$549.60	\$549.60
26502	SG	\$636.74	\$636.74
26508	SG	\$472.66	\$472.66
26510	SG	\$559.80	\$559.80
26516	SG	\$446.31	\$446.31
26517	SG	\$559.80	\$559.80
26518	SG	\$559.80	\$559.80
26520	SG	\$472.66	\$472.66
26525	SG	\$472.66	\$472.66
26530	SG	\$644.68	\$644.68
26531	SG	\$1,088.22	\$1,088.22
26535	SG	\$777.40	\$777.40
26536	SG	\$909.97	\$909.97
26540	SG	\$549.60	\$549.60
26541	SG	\$870.75	\$870.75
26542	SG	\$549.60	\$549.60
26545	SG	\$636.74	\$636.74
26546	SG	\$636.74	\$636.74
26548	SG	\$636.74	\$636.74
26550	SG	\$518.76	\$518.76
26553	SG	\$2,240.72	\$2,240.72
26554	SG	\$3,010.05	\$3,010.05
26555	SG	\$559.80	\$559.80
26560	SG	\$431.62	\$431.62
26561	SG	\$559.80	\$559.80
26562	SG	\$636.74	\$636.74
26565	SG	\$692.52	\$692.52

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
26567	SG	\$692.52	\$692.52
26568	SG	\$559.80	\$559.80
26580	SG	\$605.38	\$605.38
26587	SG	\$605.38	\$605.38
26590	SG	\$605.38	\$605.38
26591	SG	\$559.80	\$559.80
26593	SG	\$472.66	\$472.66
26596	SG	\$431.62	\$431.62
26600	SG	\$62.58	\$62.58
26605	SG	\$82.08	\$82.08
26607	SG	\$82.08	\$82.08
26608	SG	\$635.39	\$635.39
26615	SG	\$767.67	\$767.67
26641	SG	\$62.58	\$62.58
26645	SG	\$82.08	\$82.08
26650	SG	\$517.43	\$517.43
26665	SG	\$767.67	\$767.67
26670	SG	\$62.58	\$62.58
26675	SG	\$82.08	\$82.08
26676	SG	\$517.43	\$517.43
26685	SG	\$558.46	\$558.46
26686	SG	\$851.02	\$851.02
26700	SG	\$62.58	\$62.58
26705	SG	\$82.08	\$82.08
26706	SG	\$82.08	\$82.08
26715	SG	\$635.39	\$635.39
26720	SG	\$62.58	\$62.58
26725	SG	\$62.58	\$62.58
26727	SG	\$869.42	\$869.42
26735	SG	\$635.39	\$635.39
26740	SG	\$62.58	\$62.58
26742	SG	\$82.08	\$82.08
26746	SG	\$691.18	\$691.18
26750	SG	\$62.58	\$62.58
26755	SG	\$62.58	\$62.58
26756	SG	\$517.43	\$517.43
26765	SG	\$635.39	\$635.39
26770	SG	\$62.58	\$62.58
26775	SG	\$159.87	\$159.87
26776	SG	\$517.43	\$517.43
26785	SG	\$517.43	\$517.43
26820	SG	\$692.52	\$692.52
26841	SG	\$636.74	\$636.74
26842	SG	\$636.74	\$636.74
26843	SG	\$559.80	\$559.80
26844	SG	\$559.80	\$559.80
26850	SG	\$636.74	\$636.74
26852	SG	\$636.74	\$636.74
26860	SG	\$559.80	\$559.80
26861	SG	\$518.76	\$518.76
26862	SG	\$636.74	\$636.74
26863	SG	\$559.80	\$559.80
26910	SG	\$559.80	\$559.80
26951	SG	\$431.62	\$431.62
26952	SG	\$549.60	\$549.60
26990	SG	\$401.70	\$401.70
26991	SG	\$401.70	\$401.70
26992	SG	\$731.39	\$731.39

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
27000	SG	\$474.15	\$474.15
27001	SG	\$585.28	\$585.28
27003	SG	\$585.28	\$585.28
27030	SG	\$721.21	\$721.21
27033	SG	\$707.34	\$707.34
27035	SG	\$784.27	\$784.27
27040	SG	\$290.35	\$290.35
27041	SG	\$345.17	\$345.17
27043	SG	\$803.54	\$803.54
27045	SG	\$803.54	\$803.54
27047	SG	\$472.74	\$472.74
27048	SG	\$513.77	\$513.77
27049	SG	\$513.77	\$513.77
27050	SG	\$515.19	\$515.19
27052	SG	\$515.19	\$515.19
27059	SG	\$803.54	\$803.54
27060	SG	\$647.91	\$647.91
27062	SG	\$647.91	\$647.91
27065	SG	\$647.91	\$647.91
27066	SG	\$718.00	\$718.00
27067	SG	\$718.00	\$718.00
27080	SG	\$544.24	\$544.24
27086	SG	\$290.35	\$290.35
27087	SG	\$515.19	\$515.19
27095	SG	\$62.99	\$62.99
27096	SG	\$53.13	\$53.13
27097	SG	\$585.28	\$585.28
27098	SG	\$585.28	\$585.28
27100	SG	\$784.27	\$784.27
27105	SG	\$784.27	\$784.27
27110	SG	\$784.27	\$784.27
27111	SG	\$784.27	\$784.27
27193	SG	\$82.08	\$82.08
27194	SG	\$416.61	\$416.61
27200	SG	\$62.58	\$62.58
27202	SG	\$649.70	\$649.70
27220	SG	\$62.58	\$62.58
27230	SG	\$82.08	\$82.08
27238	SG	\$82.08	\$82.08
27246	SG	\$82.08	\$82.08
27250	SG	\$82.08	\$82.08
27252	SG	\$416.61	\$416.61
27256	SG	\$62.58	\$62.58
27257	SG	\$457.64	\$457.64
27265	SG	\$82.08	\$82.08
27266	SG	\$416.61	\$416.61
27275	SG	\$416.61	\$416.61
27301	SG	\$489.09	\$489.09
27303	SG	\$482.52	\$482.52
27305	SG	\$474.15	\$474.15
27306	SG	\$515.19	\$515.19
27307	SG	\$515.19	\$515.19
27310	SG	\$662.22	\$662.22
27323	SG	\$290.35	\$290.35
27324	SG	\$400.29	\$400.29
27325	SG	\$445.68	\$445.68
27326	SG	\$445.68	\$445.68
27327	SG	\$472.74	\$472.74

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice
Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
27328	SG	\$513.77	\$513.77
27329	SG	\$590.71	\$590.71
27330	SG	\$662.22	\$662.22
27331	SG	\$662.22	\$662.22
27332	SG	\$662.22	\$662.22
27333	SG	\$662.22	\$662.22
27334	SG	\$662.22	\$662.22
27335	SG	\$662.22	\$662.22
27337	SG	\$803.54	\$803.54
27339	SG	\$803.54	\$803.54
27340	SG	\$515.19	\$515.19
27345	SG	\$592.13	\$592.13
27347	SG	\$592.13	\$592.13
27350	SG	\$662.22	\$662.22
27355	SG	\$585.28	\$585.28
27356	SG	\$662.22	\$662.22
27357	SG	\$718.00	\$718.00
27358	SG	\$718.00	\$718.00
27360	SG	\$718.00	\$718.00
27364	SG	\$803.54	\$803.54
27372	SG	\$824.74	\$824.74
27380	SG	\$401.70	\$401.70
27381	SG	\$515.19	\$515.19
27385	SG	\$515.19	\$515.19
27386	SG	\$515.19	\$515.19
27390	SG	\$401.70	\$401.70
27391	SG	\$474.15	\$474.15
27392	SG	\$515.19	\$515.19
27393	SG	\$544.24	\$544.24
27394	SG	\$585.28	\$585.28
27395	SG	\$707.34	\$707.34
27396	SG	\$585.28	\$585.28
27397	SG	\$707.34	\$707.34
27400	SG	\$707.34	\$707.34
27403	SG	\$662.22	\$662.22
27405	SG	\$784.27	\$784.27
27407	SG	\$1,106.69	\$1,106.69
27409	SG	\$784.27	\$784.27
27416	SG	\$745.70	\$745.70
27418	SG	\$707.34	\$707.34
27420	SG	\$707.34	\$707.34
27422	SG	\$1,018.30	\$1,018.30
27424	SG	\$707.34	\$707.34
27425	SG	\$896.24	\$896.24
27427	SG	\$707.34	\$707.34
27428	SG	\$1,106.69	\$1,106.69
27429	SG	\$1,106.69	\$1,106.69
27430	SG	\$784.27	\$784.27
27435	SG	\$784.27	\$784.27
27437	SG	\$721.61	\$721.61
27438	SG	\$909.97	\$909.97
27440	SG	\$1,270.75	\$1,270.75
27441	SG	\$777.40	\$777.40
27442	SG	\$777.40	\$777.40
27443	SG	\$777.40	\$777.40
27446	SG	\$9,721.41	\$9,721.41
27496	SG	\$647.91	\$647.91
27497	SG	\$515.19	\$515.19

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice
Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
27498	SG	\$515.19	\$515.19
27499	SG	\$515.19	\$515.19
27500	SG	\$82.08	\$82.08
27501	SG	\$82.08	\$82.08
27502	SG	\$82.08	\$82.08
27503	SG	\$82.08	\$82.08
27507	SG	\$754.38	\$754.38
27508	SG	\$82.08	\$82.08
27509	SG	\$558.46	\$558.46
27510	SG	\$82.08	\$82.08
27511	SG	\$791.15	\$791.15
27513	SG	\$996.24	\$996.24
27516	SG	\$82.08	\$82.08
27517	SG	\$82.08	\$82.08
27520	SG	\$82.08	\$82.08
27524	SG	\$574.64	\$574.64
27530	SG	\$82.08	\$82.08
27532	SG	\$82.08	\$82.08
27535	SG	\$706.14	\$706.14
27538	SG	\$82.08	\$82.08
27550	SG	\$82.08	\$82.08
27552	SG	\$344.16	\$344.16
27560	SG	\$82.08	\$82.08
27562	SG	\$344.16	\$344.16
27566	SG	\$649.70	\$649.70
27570	SG	\$344.16	\$344.16
27594	SG	\$515.19	\$515.19
27600	SG	\$515.19	\$515.19
27601	SG	\$515.19	\$515.19
27602	SG	\$515.19	\$515.19
27603	SG	\$448.06	\$448.06
27604	SG	\$474.15	\$474.15
27605	SG	\$397.80	\$397.80
27606	SG	\$401.70	\$401.70
27607	SG	\$474.15	\$474.15
27610	SG	\$544.24	\$544.24
27612	SG	\$585.28	\$585.28
27613	SG	\$116.24	\$116.24
27614	SG	\$472.74	\$472.74
27615	SG	\$585.28	\$585.28
27616	SG	\$803.54	\$803.54
27618	SG	\$428.42	\$428.42
27619	SG	\$513.77	\$513.77
27620	SG	\$662.22	\$662.22
27625	SG	\$662.22	\$662.22
27626	SG	\$662.22	\$662.22
27630	SG	\$515.19	\$515.19
27632	SG	\$803.54	\$803.54
27634	SG	\$803.54	\$803.54
27635	SG	\$585.28	\$585.28
27637	SG	\$585.28	\$585.28
27638	SG	\$585.28	\$585.28
27640	SG	\$666.30	\$666.30
27641	SG	\$544.24	\$544.24
27647	SG	\$707.33	\$707.33
27650	SG	\$707.34	\$707.34
27652	SG	\$1,029.75	\$1,029.75
27654	SG	\$707.34	\$707.34

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
27656	SG	\$474.15	\$474.15
27658	SG	\$401.70	\$401.70
27659	SG	\$474.15	\$474.15
27664	SG	\$474.15	\$474.15
27665	SG	\$544.24	\$544.24
27675	SG	\$474.15	\$474.15
27676	SG	\$585.28	\$585.28
27680	SG	\$585.28	\$585.28
27681	SG	\$544.24	\$544.24
27685	SG	\$585.28	\$585.28
27686	SG	\$585.28	\$585.28
27687	SG	\$585.28	\$585.28
27690	SG	\$784.27	\$784.27
27691	SG	\$784.27	\$784.27
27692	SG	\$707.33	\$707.33
27695	SG	\$544.24	\$544.24
27696	SG	\$544.24	\$544.24
27698	SG	\$544.24	\$544.24
27700	SG	\$777.40	\$777.40
27704	SG	\$474.15	\$474.15
27705	SG	\$666.30	\$666.30
27707	SG	\$474.15	\$474.15
27709	SG	\$544.24	\$544.24
27715	SG	\$813.16	\$813.16
27730	SG	\$544.24	\$544.24
27732	SG	\$544.24	\$544.24
27734	SG	\$544.24	\$544.24
27740	SG	\$544.24	\$544.24
27742	SG	\$666.30	\$666.30
27745	SG	\$1,029.75	\$1,029.75
27750	SG	\$82.08	\$82.08
27752	SG	\$82.08	\$82.08
27756	SG	\$558.46	\$558.46
27758	SG	\$767.67	\$767.67
27759	SG	\$927.95	\$927.95
27760	SG	\$82.08	\$82.08
27762	SG	\$82.08	\$82.08
27766	SG	\$690.73	\$690.73
27780	SG	\$82.08	\$82.08
27781	SG	\$82.08	\$82.08
27784	SG	\$690.73	\$690.73
27786	SG	\$82.08	\$82.08
27788	SG	\$82.08	\$82.08
27792	SG	\$690.73	\$690.73
27808	SG	\$82.08	\$82.08
27810	SG	\$82.08	\$82.08
27814	SG	\$690.73	\$690.73
27816	SG	\$82.08	\$82.08
27818	SG	\$82.08	\$82.08
27822	SG	\$690.73	\$690.73
27823	SG	\$851.02	\$851.02
27824	SG	\$82.08	\$82.08
27825	SG	\$82.08	\$82.08
27826	SG	\$690.73	\$690.73
27827	SG	\$851.02	\$851.02
27828	SG	\$927.95	\$927.95
27829	SG	\$649.70	\$649.70
27830	SG	\$82.08	\$82.08

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
27831	SG	\$82.08	\$82.08
27832	SG	\$649.70	\$649.70
27840	SG	\$82.08	\$82.08
27842	SG	\$344.16	\$344.16
27846	SG	\$690.73	\$690.73
27848	SG	\$690.73	\$690.73
27860	SG	\$344.16	\$344.16
27870	SG	\$1,106.69	\$1,106.69
27871	SG	\$1,106.69	\$1,106.69
27884	SG	\$515.19	\$515.19
27889	SG	\$585.28	\$585.28
27892	SG	\$515.19	\$515.19
27893	SG	\$515.19	\$515.19
27894	SG	\$515.19	\$515.19
28002	SG	\$515.19	\$515.19
28003	SG	\$515.19	\$515.19
28005	SG	\$511.29	\$511.29
28008	SG	\$511.29	\$511.29
28010	SG	\$85.31	\$85.31
28011	SG	\$511.29	\$511.29
28020	SG	\$470.25	\$470.25
28022	SG	\$470.25	\$470.25
28024	SG	\$470.25	\$470.25
28035	SG	\$563.66	\$563.66
28039	SG	\$217.15	\$217.15
28041	SG	\$803.54	\$803.54
28043	SG	\$472.74	\$472.74
28045	SG	\$511.29	\$511.29
28046	SG	\$511.29	\$511.29
28047	SG	\$803.54	\$803.54
28050	SG	\$470.25	\$470.25
28052	SG	\$470.25	\$470.25
28054	SG	\$470.25	\$470.25
28055	SG	\$563.66	\$563.66
28060	SG	\$470.25	\$470.25
28062	SG	\$511.29	\$511.29
28070	SG	\$511.29	\$511.29
28072	SG	\$511.29	\$511.29
28080	SG	\$511.29	\$511.29
28086	SG	\$470.25	\$470.25
28088	SG	\$470.25	\$470.25
28090	SG	\$511.29	\$511.29
28092	SG	\$511.29	\$511.29
28100	SG	\$470.25	\$470.25
28102	SG	\$718.69	\$718.69
28103	SG	\$718.69	\$718.69
28104	SG	\$470.25	\$470.25
28106	SG	\$718.69	\$718.69
28107	SG	\$718.69	\$718.69
28108	SG	\$470.25	\$470.25
28110	SG	\$511.29	\$511.29
28111	SG	\$511.29	\$511.29
28112	SG	\$511.29	\$511.29
28113	SG	\$511.29	\$511.29
28114	SG	\$511.29	\$511.29
28116	SG	\$511.29	\$511.29
28118	SG	\$588.23	\$588.23
28119	SG	\$588.23	\$588.23

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
28120	SG	\$822.25	\$822.25
28122	SG	\$511.29	\$511.29
28124	SG	\$191.45	\$191.45
28126	SG	\$511.29	\$511.29
28130	SG	\$511.29	\$511.29
28140	SG	\$511.29	\$511.29
28150	SG	\$511.29	\$511.29
28153	SG	\$511.29	\$511.29
28160	SG	\$511.29	\$511.29
28171	SG	\$511.29	\$511.29
28173	SG	\$511.29	\$511.29
28175	SG	\$511.29	\$511.29
28190	SG	\$120.47	\$120.47
28192	SG	\$428.42	\$428.42
28193	SG	\$345.17	\$345.17
28200	SG	\$511.29	\$511.29
28202	SG	\$511.29	\$511.29
28208	SG	\$511.29	\$511.29
28210	SG	\$718.69	\$718.69
28220	SG	\$180.38	\$180.38
28222	SG	\$397.80	\$397.80
28225	SG	\$397.80	\$397.80
28226	SG	\$397.80	\$397.80
28230	SG	\$178.11	\$178.11
28232	SG	\$170.28	\$170.28
28234	SG	\$470.25	\$470.25
28238	SG	\$718.69	\$718.69
28240	SG	\$470.25	\$470.25
28250	SG	\$511.29	\$511.29
28260	SG	\$511.29	\$511.29
28261	SG	\$511.29	\$511.29
28262	SG	\$588.23	\$588.23
28264	SG	\$605.20	\$605.20
28270	SG	\$511.29	\$511.29
28272	SG	\$163.13	\$163.13
28280	SG	\$470.25	\$470.25
28285	SG	\$511.29	\$511.29
28286	SG	\$588.23	\$588.23
28288	SG	\$511.29	\$511.29
28289	SG	\$511.29	\$511.29
28290	SG	\$546.24	\$546.24
28292	SG	\$546.24	\$546.24
28293	SG	\$587.27	\$587.27
28294	SG	\$587.27	\$587.27
28296	SG	\$587.27	\$587.27
28297	SG	\$587.27	\$587.27
28298	SG	\$587.27	\$587.27
28299	SG	\$720.00	\$720.00
28300	SG	\$677.65	\$677.65
28302	SG	\$470.25	\$470.25
28304	SG	\$677.65	\$677.65
28305	SG	\$718.69	\$718.69
28306	SG	\$588.23	\$588.23
28307	SG	\$588.23	\$588.23
28308	SG	\$470.25	\$470.25
28309	SG	\$795.62	\$795.62
28310	SG	\$511.29	\$511.29
28312	SG	\$511.29	\$511.29

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice
Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
28313	SG	\$470.25	\$470.25
28315	SG	\$588.23	\$588.23
28320	SG	\$795.62	\$795.62
28322	SG	\$795.62	\$795.62
28340	SG	\$588.23	\$588.23
28341	SG	\$588.23	\$588.23
28344	SG	\$588.23	\$588.23
28345	SG	\$588.23	\$588.23
28400	SG	\$82.08	\$82.08
28405	SG	\$82.08	\$82.08
28406	SG	\$517.43	\$517.43
28415	SG	\$851.02	\$851.02
28420	SG	\$767.67	\$767.67
28430	SG	\$62.58	\$62.58
28435	SG	\$82.08	\$82.08
28436	SG	\$517.43	\$517.43
28445	SG	\$690.73	\$690.73
28450	SG	\$62.58	\$62.58
28455	SG	\$62.58	\$62.58
28456	SG	\$517.43	\$517.43
28465	SG	\$690.73	\$690.73
28470	SG	\$62.58	\$62.58
28475	SG	\$62.58	\$62.58
28476	SG	\$517.43	\$517.43
28485	SG	\$767.67	\$767.67
28490	SG	\$62.58	\$62.58
28495	SG	\$62.58	\$62.58
28496	SG	\$517.43	\$517.43
28505	SG	\$558.46	\$558.46
28510	SG	\$52.42	\$52.42
28515	SG	\$62.58	\$62.58
28525	SG	\$558.46	\$558.46
28530	SG	\$49.81	\$49.81
28531	SG	\$558.46	\$558.46
28540	SG	\$62.58	\$62.58
28545	SG	\$444.98	\$444.98
28546	SG	\$517.43	\$517.43
28555	SG	\$649.70	\$649.70
28570	SG	\$62.58	\$62.58
28575	SG	\$82.08	\$82.08
28576	SG	\$558.46	\$558.46
28585	SG	\$558.46	\$558.46
28600	SG	\$62.58	\$62.58
28605	SG	\$82.08	\$82.08
28606	SG	\$517.43	\$517.43
28615	SG	\$690.73	\$690.73
28630	SG	\$55.67	\$55.67
28635	SG	\$344.16	\$344.16
28636	SG	\$558.46	\$558.46
28645	SG	\$558.46	\$558.46
28660	SG	\$41.68	\$41.68
28665	SG	\$344.16	\$344.16
28666	SG	\$558.46	\$558.46
28675	SG	\$558.46	\$558.46
28705	SG	\$795.62	\$795.62
28715	SG	\$1,106.69	\$1,106.69
28725	SG	\$795.62	\$795.62
28730	SG	\$795.62	\$795.62

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
28735	SG	\$795.62	\$795.62
28737	SG	\$851.40	\$851.40
28740	SG	\$795.62	\$795.62
28750	SG	\$795.62	\$795.62
28755	SG	\$588.23	\$588.23
28760	SG	\$795.62	\$795.62
28810	SG	\$470.25	\$470.25
28820	SG	\$470.25	\$470.25
28825	SG	\$470.25	\$470.25
29000	SG	\$38.69	\$38.69
29010	SG	\$81.09	\$81.09
29015	SG	\$81.09	\$81.09
29020	SG	\$38.69	\$38.69
29025	SG	\$38.69	\$38.69
29035	SG	\$81.09	\$81.09
29040	SG	\$38.69	\$38.69
29044	SG	\$81.09	\$81.09
29046	SG	\$81.09	\$81.09
29049	SG	\$38.69	\$38.69
29055	SG	\$81.09	\$81.09
29058	SG	\$38.69	\$38.69
29065	SG	\$42.33	\$42.33
29075	SG	\$40.70	\$40.70
29085	SG	\$38.69	\$38.69
29086	SG	\$33.21	\$33.21
29105	SG	\$37.77	\$37.77
29125	SG	\$32.24	\$32.24
29126	SG	\$36.14	\$36.14
29130	SG	\$14.65	\$14.65
29131	SG	\$21.49	\$21.49
29200	SG	\$21.49	\$21.49
29240	SG	\$24.75	\$24.75
29260	SG	\$23.12	\$23.12
29280	SG	\$23.77	\$23.77
29305	SG	\$81.09	\$81.09
29325	SG	\$81.09	\$81.09
29345	SG	\$56.01	\$56.01
29355	SG	\$54.05	\$54.05
29358	SG	\$66.42	\$66.42
29365	SG	\$52.74	\$52.74
29405	SG	\$39.41	\$39.41
29425	SG	\$40.05	\$40.05
29435	SG	\$50.14	\$50.14
29440	SG	\$21.81	\$21.81
29445	SG	\$54.70	\$54.70
29450	SG	\$38.69	\$38.69
29505	SG	\$36.79	\$36.79
29515	SG	\$29.63	\$29.63
29520	SG	\$24.42	\$24.42
29530	SG	\$23.44	\$23.44
29540	SG	\$15.63	\$15.63
29550	SG	\$15.95	\$15.95
29580	SG	\$22.14	\$22.14
29581	SG	\$36.20	\$36.20
29582	SG	\$24.26	\$24.26
29583	SG	\$24.26	\$24.26
29584	SG	\$24.26	\$24.26
29700	SG	\$29.96	\$29.96

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
29705	SG	\$25.73	\$25.73
29710	SG	\$46.56	\$46.56
29715	SG	\$38.69	\$38.69
29720	SG	\$37.77	\$37.77
29730	SG	\$25.08	\$25.08
29740	SG	\$35.49	\$35.49
29750	SG	\$34.52	\$34.52
29800	SG	\$581.64	\$581.64
29804	SG	\$581.64	\$581.64
29805	SG	\$581.64	\$581.64
29806	SG	\$731.42	\$731.42
29807	SG	\$731.42	\$731.42
29819	SG	\$731.42	\$731.42
29820	SG	\$731.42	\$731.42
29821	SG	\$731.42	\$731.42
29822	SG	\$581.64	\$581.64
29823	SG	\$731.42	\$731.42
29824	SG	\$714.36	\$714.36
29825	SG	\$731.42	\$731.42
29826	SG	\$731.42	\$731.42
29827	SG	\$864.13	\$864.13
29830	SG	\$581.64	\$581.64
29834	SG	\$581.64	\$581.64
29835	SG	\$581.64	\$581.64
29836	SG	\$581.64	\$581.64
29837	SG	\$581.64	\$581.64
29838	SG	\$581.64	\$581.64
29840	SG	\$581.64	\$581.64
29843	SG	\$581.64	\$581.64
29844	SG	\$581.64	\$581.64
29845	SG	\$581.64	\$581.64
29846	SG	\$581.64	\$581.64
29847	SG	\$731.42	\$731.42
29848	SG	\$1,113.16	\$1,113.16
29850	SG	\$658.58	\$658.58
29851	SG	\$808.35	\$808.35
29855	SG	\$808.35	\$808.35
29856	SG	\$808.35	\$808.35
29860	SG	\$808.35	\$808.35
29861	SG	\$808.35	\$808.35
29862	SG	\$1,262.94	\$1,262.94
29863	SG	\$808.35	\$808.35
29866	SG	\$804.54	\$804.54
29870	SG	\$581.64	\$581.64
29871	SG	\$581.64	\$581.64
29873	SG	\$581.64	\$581.64
29874	SG	\$581.64	\$581.64
29875	SG	\$658.58	\$658.58
29876	SG	\$658.58	\$658.58
29877	SG	\$658.58	\$658.58
29879	SG	\$581.64	\$581.64
29880	SG	\$658.58	\$658.58
29881	SG	\$658.58	\$658.58
29882	SG	\$581.64	\$581.64
29883	SG	\$581.64	\$581.64
29884	SG	\$581.64	\$581.64
29885	SG	\$731.42	\$731.42
29886	SG	\$581.64	\$581.64

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice
Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
29887	SG	\$581.64	\$581.64
29888	SG	\$731.42	\$731.42
29889	SG	\$731.42	\$731.42
29891	SG	\$731.42	\$731.42
29892	SG	\$731.42	\$731.42
29893	SG	\$989.31	\$989.31
29894	SG	\$581.64	\$581.64
29895	SG	\$581.64	\$581.64
29897	SG	\$581.64	\$581.64
29898	SG	\$581.64	\$581.64
29899	SG	\$731.42	\$731.42
29900	SG	\$581.64	\$581.64
29901	SG	\$581.64	\$581.64
29902	SG	\$581.64	\$581.64
29914	SG	\$1,745.39	\$1,745.39
29915	SG	\$1,745.39	\$1,745.39
29916	SG	\$1,745.39	\$1,745.39
30000	SG	\$88.48	\$88.48
30020	SG	\$88.49	\$88.49
30100	SG	\$74.24	\$74.24
30110	SG	\$116.24	\$116.24
30115	SG	\$430.44	\$430.44
30117	SG	\$471.48	\$471.48
30118	SG	\$539.14	\$539.14
30120	SG	\$357.98	\$357.98
30124	SG	\$263.59	\$263.59
30125	SG	\$638.79	\$638.79
30130	SG	\$471.48	\$471.48
30140	SG	\$498.10	\$498.10
30150	SG	\$679.84	\$679.84
30160	SG	\$756.78	\$756.78
30200	SG	\$59.26	\$59.26
30210	SG	\$75.22	\$75.22
30220	SG	\$363.49	\$363.49
30300	SG	\$22.33	\$22.33
30310	SG	\$357.98	\$357.98
30320	SG	\$430.44	\$430.44
30400	SG	\$756.78	\$756.78
30410	SG	\$812.55	\$812.55
30420	SG	\$812.55	\$812.55
30430	SG	\$539.14	\$539.14
30435	SG	\$812.55	\$812.55
30450	SG	\$990.80	\$990.80
30460	SG	\$990.80	\$990.80
30462	SG	\$1,211.36	\$1,211.36
30465	SG	\$1,211.36	\$1,211.36
30520	SG	\$616.08	\$616.08
30540	SG	\$812.55	\$812.55
30545	SG	\$812.56	\$812.56
30560	SG	\$118.76	\$118.76
30580	SG	\$756.78	\$756.78
30600	SG	\$756.78	\$756.78
30620	SG	\$990.80	\$990.80
30630	SG	\$850.10	\$850.10
30801	SG	\$279.40	\$279.40
30802	SG	\$279.40	\$279.40
30901	SG	\$39.82	\$39.82
30903	SG	\$56.43	\$56.43

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
30905	SG	\$56.43	\$56.43
30906	SG	\$56.43	\$56.43
30915	SG	\$514.61	\$514.61
30920	SG	\$555.64	\$555.64
30930	SG	\$548.42	\$548.42
31000	SG	\$88.48	\$88.48
31002	SG	\$263.58	\$263.58
31020	SG	\$498.10	\$498.10
31030	SG	\$679.84	\$679.84
31032	SG	\$756.78	\$756.78
31040	SG	\$848.59	\$848.59
31050	SG	\$638.79	\$638.79
31051	SG	\$756.78	\$756.78
31070	SG	\$498.10	\$498.10
31075	SG	\$756.78	\$756.78
31080	SG	\$756.78	\$756.78
31081	SG	\$756.78	\$756.78
31084	SG	\$756.78	\$756.78
31085	SG	\$756.78	\$756.78
31086	SG	\$756.78	\$756.78
31087	SG	\$756.78	\$756.78
31090	SG	\$812.55	\$812.55
31200	SG	\$638.79	\$638.79
31201	SG	\$812.55	\$812.55
31205	SG	\$679.84	\$679.84
31231	SG	\$57.04	\$57.04
31233	SG	\$69.65	\$69.65
31235	SG	\$364.06	\$364.06
31237	SG	\$436.52	\$436.52
31238	SG	\$364.06	\$364.06
31239	SG	\$604.95	\$604.95
31240	SG	\$436.52	\$436.52
31254	SG	\$528.01	\$528.01
31255	SG	\$660.74	\$660.74
31256	SG	\$528.01	\$528.01
31267	SG	\$528.01	\$528.01
31276	SG	\$528.01	\$528.01
31287	SG	\$528.01	\$528.01
31288	SG	\$528.01	\$528.01
31290	SG	\$902.18	\$902.18
31291	SG	\$950.72	\$950.72
31292	SG	\$780.60	\$780.60
31293	SG	\$850.33	\$850.33
31294	SG	\$977.81	\$977.81
31300	SG	\$671.86	\$671.86
31320	SG	\$638.79	\$638.79
31400	SG	\$638.80	\$638.80
31420	SG	\$638.80	\$638.80
31500	SG	\$87.03	\$87.03
31502	SG	\$47.29	\$47.29
31505	SG	\$29.11	\$29.11
31510	SG	\$436.52	\$436.52
31511	SG	\$69.65	\$69.65
31512	SG	\$436.52	\$436.52
31513	SG	\$69.65	\$69.65
31515	SG	\$364.06	\$364.06
31520	SG	\$57.04	\$57.04
31525	SG	\$364.06	\$364.06

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
31526	SG	\$486.98	\$486.98
31527	SG	\$414.53	\$414.53
31528	SG	\$436.52	\$436.52
31529	SG	\$436.52	\$436.52
31530	SG	\$486.98	\$486.98
31531	SG	\$528.01	\$528.01
31535	SG	\$486.98	\$486.98
31536	SG	\$528.01	\$528.01
31540	SG	\$528.01	\$528.01
31541	SG	\$604.95	\$604.95
31545	SG	\$604.95	\$604.95
31546	SG	\$604.95	\$604.95
31560	SG	\$660.74	\$660.74
31561	SG	\$660.74	\$660.74
31570	SG	\$436.52	\$436.52
31571	SG	\$486.98	\$486.98
31575	SG	\$57.04	\$57.04
31576	SG	\$486.98	\$486.98
31577	SG	\$186.93	\$186.93
31578	SG	\$486.98	\$486.98
31579	SG	\$108.10	\$108.10
31580	SG	\$812.55	\$812.55
31582	SG	\$812.55	\$812.55
31584	SG	\$1,154.52	\$1,154.52
31588	SG	\$812.55	\$812.55
31590	SG	\$812.55	\$812.55
31595	SG	\$638.79	\$638.79
31600	SG	\$313.26	\$313.26
31603	SG	\$279.40	\$279.40
31605	SG	\$263.58	\$263.58
31611	SG	\$539.14	\$539.14
31612	SG	\$425.65	\$425.65
31613	SG	\$498.10	\$498.10
31614	SG	\$638.79	\$638.79
31615	SG	\$301.61	\$301.61
31620	SG	\$57.17	\$57.17
31622	SG	\$301.61	\$301.61
31623	SG	\$374.07	\$374.07
31624	SG	\$374.07	\$374.07
31625	SG	\$374.07	\$374.07
31628	SG	\$374.07	\$374.07
31629	SG	\$374.07	\$374.07
31630	SG	\$498.89	\$498.89
31631	SG	\$498.89	\$498.89
31632	SG	\$352.43	\$352.43
31633	SG	\$352.43	\$352.43
31635	SG	\$374.07	\$374.07
31636	SG	\$498.89	\$498.89
31637	SG	\$301.61	\$301.61
31638	SG	\$498.89	\$498.89
31640	SG	\$498.89	\$498.89
31641	SG	\$498.89	\$498.89
31643	SG	\$374.07	\$374.07
31645	SG	\$301.61	\$301.61
31646	SG	\$301.61	\$301.61
31717	SG	\$186.93	\$186.93
31720	SG	\$33.77	\$33.77
31730	SG	\$186.93	\$186.93

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
31750	SG	\$812.55	\$812.55
31755	SG	\$638.79	\$638.79
31785	SG	\$850.05	\$850.05
31800	SG	\$533.30	\$533.30
31820	SG	\$357.98	\$357.98
31825	SG	\$498.10	\$498.10
31830	SG	\$498.10	\$498.10
32400	SG	\$296.11	\$296.11
32405	SG	\$296.11	\$296.11
32420	SG	\$188.87	\$188.87
32552	SG	\$48.59	\$48.59
32554	SG	\$185.50	\$185.50
32555	SG	\$185.50	\$185.50
32556	SG	\$185.50	\$185.50
32557	SG	\$185.50	\$185.50
32960	SG	\$184.12	\$184.12
33010	SG	\$188.87	\$188.87
33011	SG	\$188.87	\$188.87
33206	SG	\$5,997.78	\$5,997.78
33207	SG	\$5,997.78	\$5,997.78
33208	SG	\$6,947.50	\$6,947.50
33210	SG	\$3,205.85	\$3,205.85
33211	SG	\$3,205.85	\$3,205.85
33212	SG	\$4,714.35	\$4,714.35
33213	SG	\$5,137.88	\$5,137.88
33214	SG	\$6,947.50	\$6,947.50
33215	SG	\$848.73	\$848.73
33216	SG	\$3,205.85	\$3,205.85
33217	SG	\$3,205.85	\$3,205.85
33218	SG	\$848.73	\$848.73
33220	SG	\$848.73	\$848.73
33221	SG	\$5,478.14	\$5,478.14
33222	SG	\$419.09	\$419.09
33223	SG	\$419.09	\$419.09
33224	SG	\$13,278.20	\$13,278.20
33225	SG	\$13,278.20	\$13,278.20
33226	SG	\$848.73	\$848.73
33227	SG	\$4,627.44	\$4,627.44
33228	SG	\$5,478.14	\$5,478.14
33229	SG	\$5,478.14	\$5,478.14
33230	SG	\$16,787.11	\$16,787.11
33231	SG	\$16,787.11	\$16,787.11
33233	SG	\$498.13	\$498.13
33234	SG	\$848.73	\$848.73
33235	SG	\$848.73	\$848.73
33241	SG	\$848.73	\$848.73
33262	SG	\$16,787.11	\$16,787.11
33263	SG	\$16,787.11	\$16,787.11
33264	SG	\$16,787.11	\$16,787.11
33282	SG	\$3,483.32	\$3,483.32
33284	SG	\$307.39	\$307.39
34101	SG	\$499.46	\$499.46
35188	SG	\$746.96	\$746.96
35207	SG	\$746.96	\$746.96
35476	SG	\$1,606.29	\$1,606.29
35761	SG	\$1,051.04	\$1,051.04
35875	SG	\$1,201.53	\$1,201.53
35876	SG	\$1,201.53	\$1,201.53

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
36002	SG	\$84.20	\$84.20
36147	SG	\$82.30	\$82.30
36260	SG	\$582.48	\$582.48
36261	SG	\$498.13	\$498.13
36262	SG	\$425.68	\$425.68
36420	SG	\$7.59	\$7.59
36425	SG	\$7.59	\$7.59
36430	SG	\$31.58	\$31.58
36440	SG	\$120.23	\$120.23
36450	SG	\$120.23	\$120.23
36470	SG	\$28.07	\$28.07
36471	SG	\$28.07	\$28.07
36475	SG	\$1,235.55	\$1,235.55
36476	SG	\$1,087.15	\$1,087.15
36478	SG	\$1,087.15	\$1,087.15
36479	SG	\$1,087.15	\$1,087.15
36511	SG	\$407.22	\$407.22
36512	SG	\$407.22	\$407.22
36513	SG	\$407.22	\$407.22
36514	SG	\$407.22	\$407.22
36515	SG	\$1,083.15	\$1,083.15
36516	SG	\$1,083.15	\$1,083.15
36522	SG	\$1,083.15	\$1,083.15
36555	SG	\$310.03	\$310.03
36556	SG	\$310.03	\$310.03
36557	SG	\$499.26	\$499.26
36558	SG	\$499.26	\$499.26
36560	SG	\$582.48	\$582.48
36561	SG	\$582.48	\$582.48
36563	SG	\$582.48	\$582.48
36565	SG	\$582.48	\$582.48
36566	SG	\$3,245.33	\$3,245.33
36568	SG	\$310.03	\$310.03
36569	SG	\$310.03	\$310.03
36570	SG	\$540.29	\$540.29
36571	SG	\$540.29	\$540.29
36575	SG	\$336.06	\$336.06
36576	SG	\$382.48	\$382.48
36578	SG	\$499.26	\$499.26
36580	SG	\$310.03	\$310.03
36581	SG	\$499.26	\$499.26
36582	SG	\$582.48	\$582.48
36583	SG	\$582.48	\$582.48
36584	SG	\$310.03	\$310.03
36585	SG	\$540.29	\$540.29
36589	SG	\$263.61	\$263.61
36590	SG	\$310.03	\$310.03
36595	SG	\$853.22	\$853.22
36596	SG	\$386.11	\$386.11
36597	SG	\$386.11	\$386.11
36598	SG	\$79.12	\$79.12
36640	SG	\$469.00	\$469.00
36680	SG	\$39.27	\$39.27
36800	SG	\$589.75	\$589.75
36810	SG	\$589.75	\$589.75
36815	SG	\$589.75	\$589.75
36818	SG	\$670.02	\$670.02
36819	SG	\$670.02	\$670.02

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice
Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
36820	SG	\$670.01	\$670.01
36821	SG	\$670.01	\$670.01
36825	SG	\$746.95	\$746.95
36830	SG	\$746.95	\$746.95
36831	SG	\$1,201.53	\$1,201.53
36832	SG	\$746.95	\$746.95
36833	SG	\$746.95	\$746.95
36835	SG	\$666.69	\$666.69
36860	SG	\$103.64	\$103.64
36861	SG	\$589.75	\$589.75
36870	SG	\$1,216.57	\$1,216.57
37184	SG	\$1,372.08	\$1,372.08
37185	SG	\$1,372.08	\$1,372.08
37186	SG	\$1,372.08	\$1,372.08
37187	SG	\$1,372.08	\$1,372.08
37188	SG	\$1,372.08	\$1,372.08
37197	SG	\$1,002.20	\$1,002.20
37200	SG	\$1,021.94	\$1,021.94
37211	SG	\$353.59	\$353.59
37212	SG	\$353.59	\$353.59
37220	SG	\$1,809.64	\$1,809.64
37221	SG	\$3,894.00	\$3,894.00
37222	SG	\$1,809.64	\$1,809.64
37223	SG	\$1,809.64	\$1,809.64
37250	SG	\$89.98	\$89.98
37251	SG	\$67.38	\$67.38
37500	SG	\$704.03	\$704.03
37607	SG	\$555.64	\$555.64
37609	SG	\$428.42	\$428.42
37650	SG	\$514.61	\$514.61
37700	SG	\$514.60	\$514.60
37718	SG	\$555.64	\$555.64
37722	SG	\$704.03	\$704.03
37735	SG	\$704.03	\$704.03
37760	SG	\$555.64	\$555.64
37761	SG	\$912.91	\$912.91
37765	SG	\$914.59	\$914.59
37766	SG	\$914.59	\$914.59
37780	SG	\$555.64	\$555.64
37785	SG	\$555.64	\$555.64
38205	SG	\$407.22	\$407.22
38206	SG	\$407.22	\$407.22
38220	SG	\$104.19	\$104.19
38221	SG	\$109.40	\$109.40
38230	SG	\$1,083.15	\$1,083.15
38232	SG	\$1,299.40	\$1,299.40
38241	SG	\$1,083.15	\$1,083.15
38242	SG	\$407.22	\$407.22
38243	SG	\$427.62	\$427.62
38300	SG	\$315.79	\$315.79
38305	SG	\$448.06	\$448.06
38308	SG	\$489.11	\$489.11
38500	SG	\$489.11	\$489.11
38505	SG	\$216.83	\$216.83
38510	SG	\$489.11	\$489.11
38520	SG	\$489.11	\$489.11
38525	SG	\$489.11	\$489.11
38530	SG	\$489.11	\$489.11

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
38542	SG	\$678.15	\$678.15
38550	SG	\$530.14	\$530.14
38555	SG	\$607.07	\$607.07
38570	SG	\$1,261.40	\$1,261.40
38571	SG	\$1,474.92	\$1,474.92
38572	SG	\$1,261.40	\$1,261.40
38700	SG	\$812.56	\$812.56
38740	SG	\$678.15	\$678.15
38745	SG	\$796.12	\$796.12
38760	SG	\$489.11	\$489.11
38765	SG	\$951.82	\$951.82
38790	SG	\$64.18	\$64.18
40500	SG	\$430.44	\$430.44
40510	SG	\$498.10	\$498.10
40520	SG	\$430.44	\$430.44
40525	SG	\$498.10	\$498.10
40527	SG	\$498.10	\$498.10
40530	SG	\$498.10	\$498.10
40650	SG	\$363.49	\$363.49
40652	SG	\$363.49	\$363.49
40654	SG	\$363.49	\$363.49
40700	SG	\$990.80	\$990.80
40701	SG	\$990.80	\$990.80
40702	SG	\$1,411.38	\$1,411.38
40720	SG	\$990.80	\$990.80
40761	SG	\$679.84	\$679.84
40800	SG	\$49.78	\$49.78
40801	SG	\$351.85	\$351.85
40804	SG	\$22.33	\$22.33
40805	SG	\$156.61	\$156.61
40806	SG	\$69.35	\$69.35
40808	SG	\$88.48	\$88.48
40810	SG	\$107.12	\$107.12
40812	SG	\$134.48	\$134.48
40814	SG	\$430.44	\$430.44
40816	SG	\$498.10	\$498.10
40818	SG	\$118.76	\$118.76
40819	SG	\$279.40	\$279.40
40820	SG	\$150.43	\$150.43
40830	SG	\$88.48	\$88.48
40831	SG	\$279.40	\$279.40
40840	SG	\$498.10	\$498.10
40842	SG	\$539.14	\$539.14
40843	SG	\$539.14	\$539.14
40844	SG	\$812.55	\$812.55
40845	SG	\$812.55	\$812.55
41000	SG	\$79.45	\$79.45
41005	SG	\$118.76	\$118.76
41006	SG	\$425.65	\$425.65
41007	SG	\$357.98	\$357.98
41008	SG	\$357.98	\$357.98
41009	SG	\$118.76	\$118.76
41010	SG	\$279.40	\$279.40
41015	SG	\$118.76	\$118.76
41016	SG	\$279.40	\$279.40
41017	SG	\$279.40	\$279.40
41018	SG	\$279.40	\$279.40
41100	SG	\$83.03	\$83.03

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
41105	SG	\$81.08	\$81.08
41108	SG	\$74.89	\$74.89
41110	SG	\$108.10	\$108.10
41112	SG	\$430.44	\$430.44
41113	SG	\$430.44	\$430.44
41114	SG	\$498.10	\$498.10
41115	SG	\$121.77	\$121.77
41116	SG	\$357.98	\$357.98
41120	SG	\$671.86	\$671.86
41250	SG	\$118.76	\$118.76
41251	SG	\$118.76	\$118.76
41252	SG	\$351.85	\$351.85
41500	SG	\$425.65	\$425.65
41510	SG	\$357.98	\$357.98
41520	SG	\$351.85	\$351.85
41800	SG	\$69.16	\$69.16
41805	SG	\$119.18	\$119.18
41806	SG	\$153.35	\$153.35
41820	SG	\$263.58	\$263.58
41821	SG	\$263.58	\$263.58
41822	SG	\$141.64	\$141.64
41823	SG	\$195.69	\$195.69
41825	SG	\$110.04	\$110.04
41826	SG	\$122.43	\$122.43
41827	SG	\$498.10	\$498.10
41830	SG	\$178.11	\$178.11
41850	SG	\$577.93	\$577.93
41870	SG	\$848.59	\$848.59
41872	SG	\$180.06	\$180.06
41874	SG	\$170.94	\$170.94
42000	SG	\$118.76	\$118.76
42100	SG	\$70.98	\$70.98
42104	SG	\$99.64	\$99.64
42106	SG	\$125.03	\$125.03
42107	SG	\$498.10	\$498.10
42120	SG	\$756.78	\$756.78
42140	SG	\$351.85	\$351.85
42145	SG	\$671.86	\$671.86
42160	SG	\$130.57	\$130.57
42180	SG	\$118.76	\$118.76
42182	SG	\$638.79	\$638.79
42200	SG	\$812.55	\$812.55
42205	SG	\$812.55	\$812.55
42210	SG	\$812.55	\$812.55
42215	SG	\$990.80	\$990.80
42220	SG	\$812.55	\$812.55
42225	SG	\$757.10	\$757.10
42226	SG	\$812.56	\$812.56
42235	SG	\$604.19	\$604.19
42260	SG	\$616.08	\$616.08
42281	SG	\$577.93	\$577.93
42300	SG	\$357.98	\$357.98
42305	SG	\$430.44	\$430.44
42310	SG	\$118.76	\$118.76
42320	SG	\$118.76	\$118.76
42335	SG	\$173.86	\$173.86
42340	SG	\$430.44	\$430.44
42400	SG	\$59.26	\$59.26

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
42405	SG	\$430.44	\$430.44
42408	SG	\$471.48	\$471.48
42409	SG	\$471.48	\$471.48
42410	SG	\$679.84	\$679.84
42415	SG	\$990.80	\$990.80
42420	SG	\$990.80	\$990.80
42425	SG	\$990.80	\$990.80
42440	SG	\$679.84	\$679.84
42450	SG	\$498.10	\$498.10
42500	SG	\$539.14	\$539.14
42505	SG	\$756.78	\$756.78
42507	SG	\$679.84	\$679.84
42508	SG	\$756.78	\$756.78
42509	SG	\$756.78	\$756.78
42510	SG	\$756.78	\$756.78
42600	SG	\$357.98	\$357.98
42650	SG	\$38.74	\$38.74
42660	SG	\$45.58	\$45.58
42665	SG	\$850.10	\$850.10
42700	SG	\$118.76	\$118.76
42720	SG	\$357.98	\$357.98
42725	SG	\$638.79	\$638.79
42800	SG	\$75.86	\$75.86
42802	SG	\$357.98	\$357.98
42804	SG	\$357.98	\$357.98
42806	SG	\$498.10	\$498.10
42808	SG	\$430.44	\$430.44
42809	SG	\$22.33	\$22.33
42810	SG	\$539.14	\$539.14
42815	SG	\$812.55	\$812.55
42820	SG	\$523.91	\$523.91
42821	SG	\$656.63	\$656.63
42825	SG	\$600.85	\$600.85
42826	SG	\$600.85	\$600.85
42830	SG	\$600.85	\$600.85
42831	SG	\$600.85	\$600.85
42835	SG	\$600.85	\$600.85
42836	SG	\$600.85	\$600.85
42860	SG	\$523.91	\$523.91
42870	SG	\$523.91	\$523.91
42890	SG	\$990.80	\$990.80
42892	SG	\$990.80	\$990.80
42900	SG	\$279.40	\$279.40
42950	SG	\$498.10	\$498.10
42955	SG	\$498.10	\$498.10
42960	SG	\$56.43	\$56.43
42962	SG	\$638.79	\$638.79
42970	SG	\$39.82	\$39.82
42972	SG	\$471.48	\$471.48
43030	SG	\$577.93	\$577.93
43200	SG	\$288.74	\$288.74
43201	SG	\$288.74	\$288.74
43202	SG	\$288.74	\$288.74
43204	SG	\$288.74	\$288.74
43205	SG	\$288.74	\$288.74
43215	SG	\$288.74	\$288.74
43216	SG	\$288.74	\$288.74
43217	SG	\$288.74	\$288.74

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
43219	SG	\$434.54	\$434.54
43220	SG	\$288.74	\$288.74
43226	SG	\$288.74	\$288.74
43227	SG	\$361.19	\$361.19
43228	SG	\$510.02	\$510.02
43231	SG	\$361.20	\$361.20
43232	SG	\$361.20	\$361.20
43235	SG	\$288.74	\$288.74
43236	SG	\$361.19	\$361.19
43237	SG	\$361.19	\$361.19
43238	SG	\$361.19	\$361.19
43239	SG	\$361.19	\$361.19
43240	SG	\$361.20	\$361.20
43241	SG	\$361.19	\$361.19
43242	SG	\$361.20	\$361.20
43243	SG	\$361.19	\$361.19
43244	SG	\$361.19	\$361.19
43245	SG	\$361.19	\$361.19
43246	SG	\$361.19	\$361.19
43247	SG	\$361.19	\$361.19
43248	SG	\$361.19	\$361.19
43249	SG	\$361.19	\$361.19
43250	SG	\$361.19	\$361.19
43251	SG	\$361.19	\$361.19
43255	SG	\$361.19	\$361.19
43256	SG	\$548.03	\$548.03
43258	SG	\$402.23	\$402.23
43259	SG	\$402.23	\$402.23
43260	SG	\$471.33	\$471.33
43261	SG	\$471.33	\$471.33
43262	SG	\$471.33	\$471.33
43263	SG	\$471.33	\$471.33
43264	SG	\$471.33	\$471.33
43265	SG	\$471.33	\$471.33
43267	SG	\$471.33	\$471.33
43268	SG	\$506.99	\$506.99
43269	SG	\$506.99	\$506.99
43271	SG	\$471.33	\$471.33
43272	SG	\$471.33	\$471.33
43350	SG	\$866.08	\$866.08
43351	SG	\$1,017.61	\$1,017.61
43352	SG	\$818.39	\$818.39
43450	SG	\$265.21	\$265.21
43453	SG	\$265.21	\$265.21
43456	SG	\$266.76	\$266.76
43458	SG	\$290.29	\$290.29
43653	SG	\$1,261.40	\$1,261.40
43753	SG	\$22.32	\$22.32
43754	SG	\$22.32	\$22.32
43755	SG	\$29.91	\$29.91
43756	SG	\$51.40	\$51.40
43757	SG	\$51.40	\$51.40
43760	SG	\$121.60	\$121.60
43761	SG	\$288.75	\$288.75
43770	SG	\$1,261.40	\$1,261.40
43771	SG	\$708.28	\$708.28
43772	SG	\$631.34	\$631.34
43773	SG	\$1,147.56	\$1,147.56

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice
Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
43774	SG	\$631.34	\$631.34
43870	SG	\$288.74	\$288.74
44100	SG	\$288.74	\$288.74
44312	SG	\$392.30	\$392.30
44340	SG	\$505.79	\$505.79
44345	SG	\$758.75	\$758.75
44346	SG	\$850.87	\$850.87
44360	SG	\$370.27	\$370.27
44361	SG	\$370.27	\$370.27
44363	SG	\$370.27	\$370.27
44364	SG	\$370.27	\$370.27
44365	SG	\$370.27	\$370.27
44366	SG	\$370.27	\$370.27
44369	SG	\$370.27	\$370.27
44370	SG	\$1,079.55	\$1,079.55
44372	SG	\$370.27	\$370.27
44373	SG	\$370.27	\$370.27
44376	SG	\$370.27	\$370.27
44377	SG	\$370.27	\$370.27
44378	SG	\$370.27	\$370.27
44379	SG	\$1,079.55	\$1,079.55
44380	SG	\$297.82	\$297.82
44382	SG	\$297.82	\$297.82
44383	SG	\$1,079.55	\$1,079.55
44385	SG	\$291.80	\$291.80
44386	SG	\$291.80	\$291.80
44388	SG	\$291.80	\$291.80
44389	SG	\$291.80	\$291.80
44390	SG	\$291.80	\$291.80
44391	SG	\$291.80	\$291.80
44392	SG	\$291.80	\$291.80
44393	SG	\$291.80	\$291.80
44394	SG	\$291.80	\$291.80
44397	SG	\$434.54	\$434.54
45000	SG	\$296.66	\$296.66
45005	SG	\$382.52	\$382.52
45020	SG	\$382.52	\$382.52
45100	SG	\$414.77	\$414.77
45108	SG	\$487.22	\$487.22
45150	SG	\$487.22	\$487.22
45160	SG	\$487.22	\$487.22
45171	SG	\$484.91	\$484.91
45172	SG	\$823.54	\$823.54
45190	SG	\$1,059.77	\$1,059.77
45300	SG	\$56.65	\$56.65
45303	SG	\$308.03	\$308.03
45305	SG	\$290.51	\$290.51
45307	SG	\$403.43	\$403.43
45308	SG	\$290.51	\$290.51
45309	SG	\$290.51	\$290.51
45315	SG	\$290.51	\$290.51
45317	SG	\$290.51	\$290.51
45320	SG	\$403.43	\$403.43
45321	SG	\$403.43	\$403.43
45327	SG	\$434.54	\$434.54
45330	SG	\$78.15	\$78.15
45331	SG	\$236.96	\$236.96
45332	SG	\$236.96	\$236.96

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
45333	SG	\$290.51	\$290.51
45334	SG	\$290.51	\$290.51
45335	SG	\$236.96	\$236.96
45337	SG	\$236.96	\$236.96
45338	SG	\$290.51	\$290.51
45339	SG	\$290.51	\$290.51
45340	SG	\$290.51	\$290.51
45341	SG	\$290.51	\$290.51
45342	SG	\$290.51	\$290.51
45345	SG	\$434.54	\$434.54
45355	SG	\$291.80	\$291.80
45378	SG	\$364.26	\$364.26
45379	SG	\$364.26	\$364.26
45380	SG	\$364.26	\$364.26
45381	SG	\$364.26	\$364.26
45382	SG	\$364.26	\$364.26
45383	SG	\$364.26	\$364.26
45384	SG	\$364.26	\$364.26
45385	SG	\$364.26	\$364.26
45386	SG	\$364.26	\$364.26
45387	SG	\$434.54	\$434.54
45391	SG	\$364.26	\$364.26
45392	SG	\$364.26	\$364.26
45500	SG	\$487.22	\$487.22
45505	SG	\$552.83	\$552.83
45520	SG	\$28.07	\$28.07
45560	SG	\$552.83	\$552.83
45900	SG	\$242.50	\$242.50
45905	SG	\$414.77	\$414.77
45910	SG	\$414.77	\$414.77
45915	SG	\$296.66	\$296.66
45990	SG	\$401.34	\$401.34
46020	SG	\$528.25	\$528.25
46030	SG	\$242.50	\$242.50
46040	SG	\$528.25	\$528.25
46045	SG	\$487.22	\$487.22
46050	SG	\$296.66	\$296.66
46060	SG	\$487.22	\$487.22
46070	SG	\$386.25	\$386.25
46080	SG	\$528.25	\$528.25
46083	SG	\$71.06	\$71.06
46200	SG	\$487.22	\$487.22
46220	SG	\$414.77	\$414.77
46221	SG	\$103.87	\$103.87
46230	SG	\$414.77	\$414.77
46250	SG	\$528.25	\$528.25
46255	SG	\$528.25	\$528.25
46257	SG	\$528.25	\$528.25
46258	SG	\$528.25	\$528.25
46260	SG	\$528.25	\$528.25
46261	SG	\$605.19	\$605.19
46262	SG	\$605.19	\$605.19
46270	SG	\$528.25	\$528.25
46275	SG	\$528.25	\$528.25
46280	SG	\$605.19	\$605.19
46285	SG	\$414.77	\$414.77
46288	SG	\$605.19	\$605.19
46320	SG	\$73.91	\$73.91

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
46500	SG	\$93.12	\$93.12
46505	SG	\$169.66	\$169.66
46600	SG	\$22.33	\$22.33
46604	SG	\$308.03	\$308.03
46606	SG	\$124.71	\$124.71
46608	SG	\$290.51	\$290.51
46610	SG	\$403.43	\$403.43
46611	SG	\$290.51	\$290.51
46612	SG	\$403.43	\$403.43
46614	SG	\$69.35	\$69.35
46615	SG	\$475.87	\$475.87
46700	SG	\$528.25	\$528.25
46706	SG	\$480.38	\$480.38
46707	SG	\$1,105.66	\$1,105.66
46750	SG	\$593.86	\$593.86
46753	SG	\$528.25	\$528.25
46754	SG	\$487.22	\$487.22
46760	SG	\$552.83	\$552.83
46761	SG	\$593.86	\$593.86
46762	SG	\$904.82	\$904.82
46900	SG	\$94.16	\$94.16
46910	SG	\$110.38	\$110.38
46916	SG	\$51.66	\$51.66
46917	SG	\$389.62	\$389.62
46922	SG	\$389.62	\$389.62
46924	SG	\$389.62	\$389.62
46930	SG	\$114.11	\$114.11
46934	SG	\$173.22	\$173.22
46935	SG	\$119.17	\$119.17
46936	SG	\$181.03	\$181.03
46940	SG	\$78.79	\$78.79
46942	SG	\$75.54	\$75.54
46945	SG	\$131.21	\$131.21
46946	SG	\$310.07	\$310.07
46947	SG	\$904.82	\$904.82
47000	SG	\$296.11	\$296.11
47001	SG	\$78.92	\$78.92
47382	SG	\$1,521.82	\$1,521.82
47510	SG	\$539.79	\$539.79
47511	SG	\$1,052.63	\$1,052.63
47525	SG	\$349.36	\$349.36
47530	SG	\$349.36	\$349.36
47552	SG	\$539.79	\$539.79
47553	SG	\$580.83	\$580.83
47554	SG	\$580.83	\$580.83
47555	SG	\$580.83	\$580.83
47556	SG	\$1,052.63	\$1,052.63
47560	SG	\$631.34	\$631.34
47561	SG	\$631.34	\$631.34
47562	SG	\$1,611.50	\$1,611.50
47563	SG	\$1,611.50	\$1,611.50
47630	SG	\$580.83	\$580.83
48102	SG	\$296.11	\$296.11
49000	SG	\$562.96	\$562.96
49080	SG	\$188.87	\$188.87
49081	SG	\$188.87	\$188.87
49082	SG	\$185.50	\$185.50
49083	SG	\$185.50	\$185.50

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
49084	SG	\$185.50	\$185.50
49180	SG	\$296.11	\$296.11
49250	SG	\$631.29	\$631.29
49320	SG	\$631.34	\$631.34
49321	SG	\$708.28	\$708.28
49322	SG	\$708.28	\$708.28
49400	SG	\$78.01	\$78.01
49402	SG	\$513.31	\$513.31
49418	SG	\$1,016.18	\$1,016.18
49419	SG	\$476.27	\$476.27
49421	SG	\$485.23	\$485.23
49422	SG	\$425.68	\$425.68
49423	SG	\$543.44	\$543.44
49425	SG	\$558.97	\$558.97
49426	SG	\$513.31	\$513.31
49429	SG	\$848.73	\$848.73
49495	SG	\$675.39	\$675.39
49496	SG	\$675.38	\$675.38
49500	SG	\$675.39	\$675.39
49501	SG	\$1,129.96	\$1,129.96
49505	SG	\$675.39	\$675.39
49507	SG	\$1,129.96	\$1,129.96
49520	SG	\$909.41	\$909.41
49521	SG	\$1,129.96	\$1,129.96
49525	SG	\$675.39	\$675.39
49540	SG	\$557.40	\$557.40
49550	SG	\$731.16	\$731.16
49553	SG	\$1,129.96	\$1,129.96
49555	SG	\$731.16	\$731.16
49557	SG	\$1,129.96	\$1,129.96
49560	SG	\$675.39	\$675.39
49561	SG	\$1,129.96	\$1,129.96
49565	SG	\$675.39	\$675.39
49566	SG	\$1,129.96	\$1,129.96
49568	SG	\$909.40	\$909.40
49570	SG	\$675.39	\$675.39
49572	SG	\$1,129.96	\$1,129.96
49580	SG	\$675.39	\$675.39
49582	SG	\$1,129.96	\$1,129.96
49585	SG	\$675.39	\$675.39
49587	SG	\$1,129.96	\$1,129.96
49590	SG	\$598.44	\$598.44
49650	SG	\$806.80	\$806.80
49651	SG	\$1,040.83	\$1,040.83
49652	SG	\$598.78	\$598.78
49653	SG	\$748.17	\$748.17
49654	SG	\$688.19	\$688.19
49655	SG	\$828.38	\$828.38
49656	SG	\$690.67	\$690.67
49657	SG	\$997.64	\$997.64
50020	SG	\$807.62	\$807.62
50040	SG	\$750.21	\$750.21
50200	SG	\$296.11	\$296.11
50205	SG	\$549.99	\$549.99
50382	SG	\$876.86	\$876.86
50384	SG	\$635.02	\$635.02
50387	SG	\$543.44	\$543.44
50389	SG	\$211.43	\$211.43

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
50390	SG	\$296.11	\$296.11
50391	SG	\$36.65	\$36.65
50392	SG	\$372.26	\$372.26
50393	SG	\$432.73	\$432.73
50394	SG	\$42.70	\$42.70
50395	SG	\$372.26	\$372.26
50396	SG	\$102.08	\$102.08
50398	SG	\$349.36	\$349.36
50520	SG	\$842.41	\$842.41
50551	SG	\$266.36	\$266.36
50553	SG	\$432.73	\$432.73
50555	SG	\$266.36	\$266.36
50557	SG	\$432.73	\$432.73
50561	SG	\$432.73	\$432.73
50562	SG	\$211.43	\$211.43
50570	SG	\$211.42	\$211.42
50572	SG	\$211.42	\$211.42
50574	SG	\$211.42	\$211.42
50575	SG	\$1,276.88	\$1,276.88
50576	SG	\$635.02	\$635.02
50580	SG	\$635.02	\$635.02
50590	SG	\$1,469.86	\$1,469.86
50592	SG	\$318.71	\$318.71
50684	SG	\$40.53	\$40.53
50686	SG	\$36.65	\$36.65
50688	SG	\$349.36	\$349.36
50690	SG	\$58.27	\$58.27
50947	SG	\$1,261.40	\$1,261.40
50948	SG	\$1,261.40	\$1,261.40
50951	SG	\$266.36	\$266.36
50953	SG	\$266.36	\$266.36
50955	SG	\$432.73	\$432.73
50957	SG	\$432.73	\$432.73
50961	SG	\$432.73	\$432.73
50970	SG	\$266.36	\$266.36
50972	SG	\$266.36	\$266.36
50974	SG	\$372.26	\$372.26
50976	SG	\$372.26	\$372.26
50980	SG	\$432.73	\$432.73
51020	SG	\$623.15	\$623.15
51030	SG	\$623.15	\$623.15
51040	SG	\$623.15	\$623.15
51045	SG	\$308.84	\$308.84
51050	SG	\$623.14	\$623.14
51065	SG	\$623.14	\$623.14
51080	SG	\$375.60	\$375.60
51500	SG	\$675.39	\$675.39
51520	SG	\$623.14	\$623.14
51600	SG	\$36.68	\$36.68
51605	SG	\$31.69	\$31.69
51610	SG	\$52.44	\$52.44
51700	SG	\$50.46	\$50.46
51701	SG	\$22.33	\$22.33
51702	SG	\$22.33	\$22.33
51703	SG	\$36.65	\$36.65
51705	SG	\$70.00	\$70.00
51710	SG	\$349.36	\$349.36
51715	SG	\$590.55	\$590.55

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
51720	SG	\$54.70	\$54.70
51725	SG	\$107.84	\$107.84
51726	SG	\$161.28	\$161.28
51727	SG	\$103.80	\$103.80
51728	SG	\$103.80	\$103.80
51729	SG	\$103.80	\$103.80
51736	SG	\$17.58	\$17.58
51741	SG	\$20.19	\$20.19
51784	SG	\$36.65	\$36.65
51785	SG	\$60.66	\$60.66
51792	SG	\$36.65	\$36.65
51797	SG	\$71.06	\$71.06
51865	SG	\$721.41	\$721.41
51880	SG	\$432.73	\$432.73
51900	SG	\$670.26	\$670.26
51920	SG	\$628.19	\$628.19
52000	SG	\$266.36	\$266.36
52001	SG	\$414.74	\$414.74
52005	SG	\$444.71	\$444.71
52007	SG	\$505.17	\$505.17
52010	SG	\$308.84	\$308.84
52204	SG	\$444.71	\$444.71
52214	SG	\$505.17	\$505.17
52224	SG	\$505.17	\$505.17
52234	SG	\$505.17	\$505.17
52235	SG	\$546.20	\$546.20
52240	SG	\$546.20	\$546.20
52250	SG	\$623.15	\$623.15
52260	SG	\$444.71	\$444.71
52265	SG	\$211.42	\$211.42
52270	SG	\$444.71	\$444.71
52275	SG	\$505.17	\$505.17
52276	SG	\$546.20	\$546.20
52277	SG	\$505.17	\$505.17
52281	SG	\$444.71	\$444.71
52282	SG	\$1,177.73	\$1,177.73
52283	SG	\$505.17	\$505.17
52285	SG	\$444.71	\$444.71
52287	SG	\$508.08	\$508.08
52290	SG	\$444.71	\$444.71
52300	SG	\$505.17	\$505.17
52301	SG	\$546.20	\$546.20
52305	SG	\$505.17	\$505.17
52310	SG	\$414.74	\$414.74
52315	SG	\$505.17	\$505.17
52317	SG	\$432.73	\$432.73
52318	SG	\$505.17	\$505.17
52320	SG	\$678.92	\$678.92
52325	SG	\$623.15	\$623.15
52327	SG	\$505.17	\$505.17
52330	SG	\$505.17	\$505.17
52332	SG	\$505.17	\$505.17
52334	SG	\$546.20	\$546.20
52341	SG	\$546.21	\$546.21
52342	SG	\$546.21	\$546.21
52343	SG	\$546.21	\$546.21
52344	SG	\$546.21	\$546.21
52345	SG	\$546.21	\$546.21

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice
Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
52346	SG	\$546.21	\$546.21
52351	SG	\$546.20	\$546.20
52352	SG	\$623.15	\$623.15
52353	SG	\$723.15	\$723.15
52354	SG	\$623.15	\$623.15
52355	SG	\$623.14	\$623.14
52400	SG	\$546.20	\$546.20
52450	SG	\$546.20	\$546.20
52500	SG	\$546.20	\$546.20
52601	SG	\$723.15	\$723.15
52630	SG	\$605.18	\$605.18
52640	SG	\$505.17	\$505.17
52647	SG	\$1,258.50	\$1,258.50
52648	SG	\$1,258.50	\$1,258.50
52700	SG	\$505.17	\$505.17
53000	SG	\$382.95	\$382.95
53010	SG	\$382.95	\$382.95
53020	SG	\$382.95	\$382.95
53025	SG	\$677.80	\$677.80
53040	SG	\$455.40	\$455.40
53060	SG	\$68.05	\$68.05
53080	SG	\$496.44	\$496.44
53085	SG	\$677.79	\$677.79
53200	SG	\$382.95	\$382.95
53210	SG	\$723.28	\$723.28
53215	SG	\$629.15	\$629.15
53220	SG	\$549.53	\$549.53
53230	SG	\$549.53	\$549.53
53235	SG	\$496.43	\$496.43
53240	SG	\$549.53	\$549.53
53250	SG	\$455.40	\$455.40
53260	SG	\$455.40	\$455.40
53265	SG	\$455.40	\$455.40
53270	SG	\$455.41	\$455.41
53275	SG	\$455.40	\$455.40
53400	SG	\$590.56	\$590.56
53405	SG	\$549.53	\$549.53
53410	SG	\$549.53	\$549.53
53420	SG	\$590.56	\$590.56
53425	SG	\$549.53	\$549.53
53430	SG	\$549.53	\$549.53
53431	SG	\$549.52	\$549.52
53440	SG	\$2,992.51	\$2,992.51
53442	SG	\$477.07	\$477.07
53444	SG	\$2,992.51	\$2,992.51
53445	SG	\$5,664.22	\$5,664.22
53446	SG	\$477.07	\$477.07
53447	SG	\$5,664.22	\$5,664.22
53449	SG	\$477.07	\$477.07
53450	SG	\$477.07	\$477.07
53460	SG	\$382.95	\$382.95
53502	SG	\$455.40	\$455.40
53505	SG	\$549.53	\$549.53
53510	SG	\$455.40	\$455.40
53515	SG	\$549.53	\$549.53
53520	SG	\$549.53	\$549.53
53600	SG	\$37.11	\$37.11
53601	SG	\$36.65	\$36.65

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice
Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
53605	SG	\$444.71	\$444.71
53620	SG	\$60.23	\$60.23
53621	SG	\$63.17	\$63.17
53660	SG	\$36.65	\$36.65
53661	SG	\$36.65	\$36.65
53665	SG	\$382.95	\$382.95
53850	SG	\$1,599.91	\$1,599.91
53852	SG	\$1,599.91	\$1,599.91
53853	SG	\$876.86	\$876.86
53855	SG	\$69.38	\$69.38
54000	SG	\$455.41	\$455.41
54001	SG	\$455.40	\$455.40
54015	SG	\$566.02	\$566.02
54050	SG	\$51.66	\$51.66
54055	SG	\$57.62	\$57.62
54056	SG	\$28.07	\$28.07
54057	SG	\$389.62	\$389.62
54060	SG	\$389.62	\$389.62
54065	SG	\$389.62	\$389.62
54100	SG	\$355.97	\$355.97
54105	SG	\$400.29	\$400.29
54110	SG	\$586.19	\$586.19
54111	SG	\$586.19	\$586.19
54112	SG	\$586.19	\$586.19
54115	SG	\$375.60	\$375.60
54120	SG	\$586.19	\$586.19
54125	SG	\$661.25	\$661.25
54150	SG	\$411.05	\$411.05
54160	SG	\$483.49	\$483.49
54161	SG	\$483.49	\$483.49
54162	SG	\$483.49	\$483.49
54163	SG	\$483.49	\$483.49
54164	SG	\$483.49	\$483.49
54200	SG	\$62.19	\$62.19
54205	SG	\$704.15	\$704.15
54220	SG	\$102.08	\$102.08
54230	SG	\$65.29	\$65.29
54240	SG	\$26.37	\$26.37
54300	SG	\$627.22	\$627.22
54304	SG	\$627.22	\$627.22
54308	SG	\$627.22	\$627.22
54312	SG	\$627.22	\$627.22
54316	SG	\$627.22	\$627.22
54318	SG	\$627.22	\$627.22
54322	SG	\$627.22	\$627.22
54324	SG	\$627.22	\$627.22
54326	SG	\$627.22	\$627.22
54328	SG	\$627.22	\$627.22
54340	SG	\$627.22	\$627.22
54344	SG	\$627.22	\$627.22
54348	SG	\$627.22	\$627.22
54352	SG	\$627.22	\$627.22
54360	SG	\$627.22	\$627.22
54380	SG	\$627.22	\$627.22
54385	SG	\$627.22	\$627.22
54400	SG	\$3,033.54	\$3,033.54
54406	SG	\$627.22	\$627.22
54415	SG	\$627.22	\$627.22

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice
Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
54420	SG	\$704.15	\$704.15
54435	SG	\$704.15	\$704.15
54440	SG	\$704.15	\$704.15
54450	SG	\$161.28	\$161.28
54500	SG	\$333.63	\$333.63
54505	SG	\$411.05	\$411.05
54512	SG	\$483.49	\$483.49
54520	SG	\$524.53	\$524.53
54522	SG	\$524.53	\$524.53
54530	SG	\$675.39	\$675.39
54535	SG	\$598.10	\$598.10
54550	SG	\$675.39	\$675.39
54560	SG	\$790.14	\$790.14
54600	SG	\$601.47	\$601.47
54620	SG	\$524.53	\$524.53
54640	SG	\$675.39	\$675.39
54660	SG	\$483.49	\$483.49
54670	SG	\$524.53	\$524.53
54680	SG	\$524.53	\$524.53
54690	SG	\$1,261.40	\$1,261.40
54692	SG	\$2,465.65	\$2,465.65
54700	SG	\$483.49	\$483.49
54800	SG	\$119.82	\$119.82
54830	SG	\$524.53	\$524.53
54840	SG	\$601.47	\$601.47
54860	SG	\$524.53	\$524.53
54861	SG	\$601.47	\$601.47
54865	SG	\$411.05	\$411.05
54900	SG	\$601.47	\$601.47
54901	SG	\$601.47	\$601.47
55000	SG	\$63.82	\$63.82
55040	SG	\$598.44	\$598.44
55041	SG	\$731.16	\$731.16
55060	SG	\$601.47	\$601.47
55100	SG	\$315.79	\$315.79
55110	SG	\$483.49	\$483.49
55120	SG	\$483.49	\$483.49
55150	SG	\$411.05	\$411.05
55175	SG	\$411.05	\$411.05
55180	SG	\$483.49	\$483.49
55200	SG	\$483.49	\$483.49
55250	SG	\$483.49	\$483.49
55400	SG	\$411.05	\$411.05
55450	SG	\$202.85	\$202.85
55500	SG	\$524.53	\$524.53
55520	SG	\$601.47	\$601.47
55530	SG	\$601.47	\$601.47
55535	SG	\$675.39	\$675.39
55540	SG	\$731.16	\$731.16
55550	SG	\$1,261.40	\$1,261.40
55600	SG	\$790.14	\$790.14
55680	SG	\$411.05	\$411.05
55700	SG	\$319.36	\$319.36
55705	SG	\$319.36	\$319.36
55706	SG	\$331.99	\$331.99
55720	SG	\$432.73	\$432.73
55725	SG	\$505.17	\$505.17
55860	SG	\$684.55	\$684.55

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice
Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
55873	SG	\$5,317.04	\$5,317.04
55875	SG	\$1,177.73	\$1,177.73
55876	SG	\$67.39	\$67.39
56405	SG	\$40.70	\$40.70
56420	SG	\$47.84	\$47.84
56440	SG	\$454.26	\$454.26
56441	SG	\$381.81	\$381.81
56442	SG	\$381.81	\$381.81
56501	SG	\$55.68	\$55.68
56515	SG	\$503.10	\$503.10
56605	SG	\$32.57	\$32.57
56606	SG	\$14.00	\$14.00
56620	SG	\$628.01	\$628.01
56625	SG	\$806.26	\$806.26
56700	SG	\$381.81	\$381.81
56740	SG	\$495.29	\$495.29
56800	SG	\$495.29	\$495.29
56805	SG	\$673.18	\$673.18
56810	SG	\$628.01	\$628.01
56820	SG	\$40.70	\$40.70
56821	SG	\$47.84	\$47.84
57000	SG	\$381.81	\$381.81
57010	SG	\$454.26	\$454.26
57020	SG	\$316.23	\$316.23
57022	SG	\$409.12	\$409.12
57023	SG	\$375.60	\$375.60
57061	SG	\$51.77	\$51.77
57065	SG	\$381.81	\$381.81
57100	SG	\$33.21	\$33.21
57105	SG	\$454.26	\$454.26
57130	SG	\$454.26	\$454.26
57135	SG	\$454.26	\$454.26
57150	SG	\$27.35	\$27.35
57155	SG	\$316.23	\$316.23
57156	SG	\$105.30	\$105.30
57160	SG	\$33.54	\$33.54
57170	SG	\$4.64	\$4.64
57180	SG	\$126.13	\$126.13
57200	SG	\$381.81	\$381.81
57210	SG	\$454.26	\$454.26
57220	SG	\$704.90	\$704.90
57230	SG	\$613.88	\$613.88
57240	SG	\$746.60	\$746.60
57250	SG	\$746.60	\$746.60
57260	SG	\$746.60	\$746.60
57265	SG	\$1,015.86	\$1,015.86
57267	SG	\$924.85	\$924.85
57268	SG	\$613.88	\$613.88
57287	SG	\$1,147.56	\$1,147.56
57288	SG	\$837.63	\$837.63
57289	SG	\$746.60	\$746.60
57291	SG	\$746.60	\$746.60
57300	SG	\$613.88	\$613.88
57310	SG	\$371.44	\$371.44
57311	SG	\$422.74	\$422.74
57320	SG	\$1,147.56	\$1,147.56
57400	SG	\$454.26	\$454.26
57410	SG	\$454.26	\$454.26

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice
Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
57415	SG	\$454.26	\$454.26
57420	SG	\$42.00	\$42.00
57421	SG	\$56.01	\$56.01
57426	SG	\$688.70	\$688.70
57452	SG	\$40.05	\$40.05
57454	SG	\$49.49	\$49.49
57455	SG	\$52.42	\$52.42
57456	SG	\$50.46	\$50.46
57460	SG	\$164.75	\$164.75
57461	SG	\$173.86	\$173.86
57500	SG	\$74.24	\$74.24
57505	SG	\$45.26	\$45.26
57510	SG	\$46.56	\$46.56
57511	SG	\$47.84	\$47.84
57513	SG	\$454.26	\$454.26
57520	SG	\$454.26	\$454.26
57522	SG	\$454.26	\$454.26
57530	SG	\$613.88	\$613.88
57550	SG	\$613.88	\$613.88
57556	SG	\$837.62	\$837.62
57558	SG	\$495.29	\$495.29
57700	SG	\$381.81	\$381.81
57720	SG	\$495.29	\$495.29
57800	SG	\$24.09	\$24.09
58100	SG	\$40.05	\$40.05
58110	SG	\$32.75	\$32.75
58120	SG	\$454.26	\$454.26
58140	SG	\$707.02	\$707.02
58145	SG	\$746.60	\$746.60
58301	SG	\$38.42	\$38.42
58346	SG	\$454.26	\$454.26
58353	SG	\$924.85	\$924.85
58545	SG	\$1,162.86	\$1,162.86
58546	SG	\$1,261.39	\$1,261.39
58550	SG	\$1,474.92	\$1,474.92
58552	SG	\$1,611.50	\$1,611.50
58555	SG	\$405.13	\$405.13
58558	SG	\$518.63	\$518.63
58559	SG	\$477.58	\$477.58
58560	SG	\$629.64	\$629.64
58561	SG	\$629.64	\$629.64
58562	SG	\$518.63	\$518.63
58563	SG	\$1,161.16	\$1,161.16
58565	SG	\$1,236.43	\$1,236.43
58600	SG	\$1,147.56	\$1,147.56
58615	SG	\$673.18	\$673.18
58660	SG	\$862.60	\$862.60
58661	SG	\$862.60	\$862.60
58662	SG	\$862.60	\$862.60
58670	SG	\$729.87	\$729.87
58671	SG	\$729.87	\$729.87
58672	SG	\$862.60	\$862.60
58673	SG	\$862.60	\$862.60
58800	SG	\$495.29	\$495.29
58820	SG	\$613.88	\$613.88
58900	SG	\$495.29	\$495.29
59000	SG	\$62.19	\$62.19
59001	SG	\$215.13	\$215.13

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
59012	SG	\$97.63	\$97.63
59020	SG	\$22.79	\$22.79
59025	SG	\$11.72	\$11.72
59150	SG	\$1,611.50	\$1,611.50
59151	SG	\$1,611.50	\$1,611.50
59160	SG	\$495.29	\$495.29
59200	SG	\$34.52	\$34.52
59300	SG	\$70.98	\$70.98
59320	SG	\$381.81	\$381.81
59325	SG	\$190.33	\$190.33
59812	SG	\$628.01	\$628.01
59820	SG	\$628.01	\$628.01
59821	SG	\$628.01	\$628.01
59840	SG	\$628.01	\$628.01
59841	SG	\$628.01	\$628.01
59850	SG	\$289.93	\$289.93
59851	SG	\$310.37	\$310.37
59852	SG	\$418.46	\$418.46
59866	SG	\$97.63	\$97.63
59870	SG	\$628.01	\$628.01
59871	SG	\$628.01	\$628.01
60000	SG	\$279.40	\$279.40
60100	SG	\$44.29	\$44.29
60200	SG	\$678.15	\$678.15
60220	SG	\$573.55	\$573.55
60225	SG	\$689.40	\$689.40
60280	SG	\$796.12	\$796.12
60281	SG	\$796.12	\$796.12
61000	SG	\$301.77	\$301.77
61001	SG	\$301.77	\$301.77
61020	SG	\$193.31	\$193.31
61026	SG	\$193.31	\$193.31
61050	SG	\$193.31	\$193.31
61055	SG	\$193.31	\$193.31
61070	SG	\$146.52	\$146.52
61215	SG	\$647.98	\$647.98
61330	SG	\$1,411.38	\$1,411.38
61334	SG	\$1,411.38	\$1,411.38
61556	SG	\$1,188.36	\$1,188.36
61790	SG	\$486.72	\$486.72
61791	SG	\$353.83	\$353.83
61796	SG	\$596.80	\$596.80
61797	SG	\$164.32	\$164.32
61798	SG	\$596.80	\$596.80
61799	SG	\$227.13	\$227.13
61800	SG	\$115.48	\$115.48
61880	SG	\$795.40	\$795.40
61885	SG	\$8,971.02	\$8,971.02
61886	SG	\$13,324.30	\$13,324.30
61888	SG	\$518.03	\$518.03
62140	SG	\$762.32	\$762.32
62146	SG	\$880.32	\$880.32
62194	SG	\$288.94	\$288.94
62225	SG	\$349.36	\$349.36
62230	SG	\$606.94	\$606.94
62252	SG	\$42.33	\$42.33
62258	SG	\$816.62	\$816.62
62263	SG	\$341.70	\$341.70

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
62264	SG	\$341.70	\$341.70
62267	SG	\$133.63	\$133.63
62268	SG	\$193.31	\$193.31
62269	SG	\$296.11	\$296.11
62270	SG	\$125.36	\$125.36
62272	SG	\$125.36	\$125.36
62273	SG	\$249.75	\$249.75
62280	SG	\$275.93	\$275.93
62281	SG	\$275.93	\$275.93
62282	SG	\$275.93	\$275.93
62287	SG	\$1,152.90	\$1,152.90
62292	SG	\$301.77	\$301.77
62294	SG	\$193.31	\$193.31
62310	SG	\$275.93	\$275.93
62311	SG	\$275.93	\$275.93
62318	SG	\$275.93	\$275.93
62319	SG	\$275.93	\$275.93
62350	SG	\$606.94	\$606.94
62351	SG	\$616.92	\$616.92
62355	SG	\$414.15	\$414.15
62360	SG	\$606.94	\$606.94
62361	SG	\$8,683.07	\$8,683.07
62362	SG	\$8,683.07	\$8,683.07
62365	SG	\$580.35	\$580.35
62367	SG	\$16.93	\$16.93
62368	SG	\$20.51	\$20.51
62369	SG	\$84.01	\$84.01
62370	SG	\$81.56	\$81.56
63600	SG	\$445.68	\$445.68
63610	SG	\$373.22	\$373.22
63615	SG	\$638.90	\$638.90
63620	SG	\$596.80	\$596.80
63621	SG	\$188.90	\$188.90
63650	SG	\$2,487.15	\$2,487.15
63655	SG	\$3,889.59	\$3,889.59
63661	SG	\$674.71	\$674.71
63662	SG	\$674.71	\$674.71
63663	SG	\$674.71	\$674.71
63664	SG	\$674.71	\$674.71
63685	SG	\$11,735.11	\$11,735.11
63688	SG	\$518.03	\$518.03
63744	SG	\$647.98	\$647.98
63746	SG	\$336.06	\$336.06
64400	SG	\$54.05	\$54.05
64402	SG	\$49.17	\$49.17
64405	SG	\$42.65	\$42.65
64408	SG	\$49.16	\$49.16
64410	SG	\$275.93	\$275.93
64412	SG	\$77.82	\$77.82
64413	SG	\$51.45	\$51.45
64415	SG	\$125.36	\$125.36
64416	SG	\$249.68	\$249.68
64417	SG	\$125.36	\$125.36
64418	SG	\$73.59	\$73.59
64420	SG	\$125.36	\$125.36
64421	SG	\$249.75	\$249.75
64425	SG	\$47.86	\$47.86
64430	SG	\$151.55	\$151.55

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice
Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
64435	SG	\$73.59	\$73.59
64445	SG	\$70.00	\$70.00
64446	SG	\$512.77	\$512.77
64447	SG	\$144.99	\$144.99
64450	SG	\$43.09	\$43.09
64455	SG	\$32.66	\$32.66
64479	SG	\$275.93	\$275.93
64480	SG	\$249.75	\$249.75
64483	SG	\$275.93	\$275.93
64484	SG	\$249.75	\$249.75
64490	SG	\$234.30	\$234.30
64491	SG	\$83.17	\$83.17
64492	SG	\$83.17	\$83.17
64493	SG	\$234.30	\$234.30
64494	SG	\$83.17	\$83.17
64495	SG	\$83.17	\$83.17
64505	SG	\$38.42	\$38.42
64508	SG	\$82.15	\$82.15
64510	SG	\$275.93	\$275.93
64517	SG	\$151.55	\$151.55
64520	SG	\$275.93	\$275.93
64530	SG	\$275.93	\$275.93
64555	SG	\$2,941.63	\$2,941.63
64561	SG	\$2,528.18	\$2,528.18
64568	SG	\$19,530.45	\$19,530.45
64569	SG	\$2,846.23	\$2,846.23
64570	SG	\$1,116.26	\$1,116.26
64575	SG	\$3,236.51	\$3,236.51
64577	SG	\$3,236.51	\$3,236.51
64581	SG	\$3,349.99	\$3,349.99
64585	SG	\$412.36	\$412.36
64590	SG	\$8,971.02	\$8,971.02
64595	SG	\$518.03	\$518.03
64600	SG	\$341.70	\$341.70
64605	SG	\$341.70	\$341.70
64610	SG	\$341.70	\$341.70
64611	SG	\$55.91	\$55.91
64612	SG	\$66.09	\$66.09
64613	SG	\$70.00	\$70.00
64614	SG	\$78.79	\$78.79
64615	SG	\$48.54	\$48.54
64620	SG	\$275.93	\$275.93
64622	SG	\$341.70	\$341.70
64623	SG	\$275.93	\$275.93
64626	SG	\$341.70	\$341.70
64627	SG	\$234.05	\$234.05
64630	SG	\$288.06	\$288.06
64632	SG	\$57.60	\$57.60
64633	SG	\$254.49	\$254.49
64634	SG	\$82.14	\$82.14
64635	SG	\$385.35	\$385.35
64636	SG	\$254.49	\$254.49
64640	SG	\$107.45	\$107.45
64680	SG	\$378.86	\$378.86
64681	SG	\$414.15	\$414.15
64702	SG	\$373.22	\$373.22
64704	SG	\$373.22	\$373.22
64708	SG	\$445.68	\$445.68

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice
Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
64712	SG	\$445.68	\$445.68
64713	SG	\$445.68	\$445.68
64714	SG	\$445.68	\$445.68
64716	SG	\$486.72	\$486.72
64718	SG	\$445.68	\$445.68
64719	SG	\$445.68	\$445.68
64721	SG	\$445.68	\$445.68
64722	SG	\$373.22	\$373.22
64726	SG	\$373.22	\$373.22
64727	SG	\$373.22	\$373.22
64732	SG	\$445.68	\$445.68
64734	SG	\$445.68	\$445.68
64736	SG	\$445.68	\$445.68
64738	SG	\$445.68	\$445.68
64740	SG	\$445.68	\$445.68
64742	SG	\$445.68	\$445.68
64744	SG	\$445.68	\$445.68
64746	SG	\$445.68	\$445.68
64761	SG	\$638.90	\$638.90
64763	SG	\$638.90	\$638.90
64766	SG	\$1,177.55	\$1,177.55
64771	SG	\$445.68	\$445.68
64772	SG	\$445.68	\$445.68
64774	SG	\$445.68	\$445.68
64776	SG	\$486.72	\$486.72
64778	SG	\$445.68	\$445.68
64782	SG	\$486.72	\$486.72
64783	SG	\$445.68	\$445.68
64784	SG	\$486.72	\$486.72
64786	SG	\$621.38	\$621.38
64787	SG	\$445.68	\$445.68
64788	SG	\$486.72	\$486.72
64790	SG	\$486.72	\$486.72
64792	SG	\$621.38	\$621.38
64795	SG	\$445.68	\$445.68
64802	SG	\$445.68	\$445.68
64820	SG	\$638.90	\$638.90
64821	SG	\$636.74	\$636.74
64822	SG	\$931.21	\$931.21
64823	SG	\$931.21	\$931.21
64831	SG	\$698.32	\$698.32
64832	SG	\$507.89	\$507.89
64834	SG	\$580.35	\$580.35
64835	SG	\$621.38	\$621.38
64836	SG	\$621.38	\$621.38
64837	SG	\$507.89	\$507.89
64840	SG	\$580.35	\$580.35
64856	SG	\$580.35	\$580.35
64857	SG	\$580.35	\$580.35
64858	SG	\$580.35	\$580.35
64859	SG	\$507.89	\$507.89
64861	SG	\$621.38	\$621.38
64862	SG	\$621.38	\$621.38
64864	SG	\$621.38	\$621.38
64865	SG	\$698.32	\$698.32
64870	SG	\$698.32	\$698.32
64872	SG	\$580.35	\$580.35
64874	SG	\$621.38	\$621.38

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice
Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
64876	SG	\$621.38	\$621.38
64885	SG	\$580.35	\$580.35
64886	SG	\$580.35	\$580.35
64890	SG	\$580.35	\$580.35
64891	SG	\$580.35	\$580.35
64892	SG	\$580.35	\$580.35
64893	SG	\$580.35	\$580.35
64895	SG	\$621.38	\$621.38
64896	SG	\$621.38	\$621.38
64897	SG	\$621.38	\$621.38
64898	SG	\$621.38	\$621.38
64901	SG	\$580.35	\$580.35
64902	SG	\$580.35	\$580.35
64905	SG	\$580.35	\$580.35
64907	SG	\$507.89	\$507.89
65091	SG	\$660.79	\$660.79
65093	SG	\$660.79	\$660.79
65101	SG	\$660.79	\$660.79
65103	SG	\$660.79	\$660.79
65105	SG	\$737.72	\$737.72
65110	SG	\$793.52	\$793.52
65112	SG	\$971.75	\$971.75
65114	SG	\$971.75	\$971.75
65130	SG	\$542.07	\$542.07
65135	SG	\$501.03	\$501.03
65140	SG	\$660.79	\$660.79
65150	SG	\$501.03	\$501.03
65155	SG	\$660.79	\$660.79
65175	SG	\$379.24	\$379.24
65205	SG	\$19.53	\$19.53
65210	SG	\$24.75	\$24.75
65220	SG	\$30.77	\$30.77
65222	SG	\$27.02	\$27.02
65235	SG	\$429.05	\$429.05
65260	SG	\$488.34	\$488.34
65265	SG	\$650.31	\$650.31
65270	SG	\$451.69	\$451.69
65272	SG	\$491.02	\$491.02
65275	SG	\$609.00	\$609.00
65280	SG	\$565.28	\$565.28
65285	SG	\$733.15	\$733.15
65286	SG	\$181.09	\$181.09
65290	SG	\$540.49	\$540.49
65400	SG	\$356.60	\$356.60
65410	SG	\$429.05	\$429.05
65420	SG	\$429.05	\$429.05
65426	SG	\$664.77	\$664.77
65430	SG	\$30.77	\$30.77
65435	SG	\$30.28	\$30.28
65436	SG	\$572.34	\$572.34
65450	SG	\$77.12	\$77.12
65600	SG	\$153.68	\$153.68
65710	SG	\$969.68	\$969.68
65730	SG	\$969.68	\$969.68
65750	SG	\$969.68	\$969.68
65755	SG	\$969.68	\$969.68
65770	SG	\$1,388.32	\$1,388.32
65772	SG	\$547.02	\$547.02

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice
Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
65775	SG	\$547.02	\$547.02
65800	SG	\$356.60	\$356.60
65810	SG	\$532.05	\$532.05
65815	SG	\$491.02	\$491.02
65820	SG	\$258.78	\$258.78
65850	SG	\$609.00	\$609.00
65855	SG	\$126.99	\$126.99
65860	SG	\$118.84	\$118.84
65865	SG	\$356.60	\$356.60
65870	SG	\$609.00	\$609.00
65875	SG	\$609.00	\$609.00
65880	SG	\$547.02	\$547.02
65900	SG	\$602.81	\$602.81
65920	SG	\$843.03	\$843.03
65930	SG	\$664.77	\$664.77
66020	SG	\$356.60	\$356.60
66030	SG	\$258.78	\$258.78
66130	SG	\$843.03	\$843.03
66150	SG	\$609.00	\$609.00
66155	SG	\$609.00	\$609.00
66160	SG	\$491.02	\$491.02
66165	SG	\$609.00	\$609.00
66170	SG	\$609.00	\$609.00
66172	SG	\$609.00	\$609.00
66180	SG	\$811.08	\$811.08
66185	SG	\$637.32	\$637.32
66220	SG	\$656.22	\$656.22
66225	SG	\$755.30	\$755.30
66250	SG	\$429.05	\$429.05
66500	SG	\$258.78	\$258.78
66505	SG	\$258.78	\$258.78
66600	SG	\$532.05	\$532.05
66605	SG	\$532.05	\$532.05
66625	SG	\$284.40	\$284.40
66630	SG	\$532.05	\$532.05
66635	SG	\$532.05	\$532.05
66680	SG	\$532.05	\$532.05
66682	SG	\$491.02	\$491.02
66700	SG	\$429.05	\$429.05
66710	SG	\$429.05	\$429.05
66711	SG	\$429.05	\$429.05
66720	SG	\$429.05	\$429.05
66740	SG	\$491.02	\$491.02
66761	SG	\$172.89	\$172.89
66762	SG	\$175.18	\$175.18
66770	SG	\$184.04	\$184.04
66820	SG	\$181.09	\$181.09
66821	SG	\$246.37	\$246.37
66825	SG	\$609.00	\$609.00
66830	SG	\$284.40	\$284.40
66840	SG	\$535.92	\$535.92
66850	SG	\$891.94	\$891.94
66852	SG	\$657.91	\$657.91
66920	SG	\$657.91	\$657.91
66930	SG	\$713.69	\$713.69
66940	SG	\$591.70	\$591.70
66982	SG	\$835.01	\$835.01
66983	SG	\$835.01	\$835.01

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice
Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
66984	SG	\$835.01	\$835.01
66985	SG	\$740.76	\$740.76
66986	SG	\$740.76	\$740.76
67005	SG	\$650.31	\$650.31
67010	SG	\$650.31	\$650.31
67015	SG	\$459.88	\$459.88
67025	SG	\$459.88	\$459.88
67027	SG	\$733.15	\$733.15
67028	SG	\$77.13	\$77.13
67030	SG	\$374.86	\$374.86
67031	SG	\$246.37	\$246.37
67036	SG	\$733.15	\$733.15
67039	SG	\$967.17	\$967.17
67040	SG	\$967.17	\$967.17
67101	SG	\$286.86	\$286.86
67105	SG	\$184.04	\$184.04
67107	SG	\$788.94	\$788.94
67108	SG	\$967.17	\$967.17
67110	SG	\$311.92	\$311.92
67112	SG	\$967.17	\$967.17
67115	SG	\$447.31	\$447.31
67120	SG	\$447.31	\$447.31
67121	SG	\$532.34	\$532.34
67141	SG	\$191.59	\$191.59
67145	SG	\$180.06	\$180.06
67208	SG	\$191.78	\$191.78
67210	SG	\$184.04	\$184.04
67218	SG	\$621.07	\$621.07
67220	SG	\$146.27	\$146.27
67221	SG	\$117.86	\$117.86
67225	SG	\$7.81	\$7.81
67227	SG	\$459.88	\$459.88
67228	SG	\$184.04	\$184.04
67250	SG	\$492.72	\$492.72
67255	SG	\$573.37	\$573.37
67311	SG	\$540.49	\$540.49
67312	SG	\$617.43	\$617.43
67314	SG	\$617.43	\$617.43
67316	SG	\$617.43	\$617.43
67318	SG	\$617.43	\$617.43
67320	SG	\$617.43	\$617.43
67331	SG	\$617.43	\$617.43
67332	SG	\$617.43	\$617.43
67334	SG	\$617.43	\$617.43
67335	SG	\$617.43	\$617.43
67340	SG	\$617.43	\$617.43
67343	SG	\$851.45	\$851.45
67345	SG	\$77.49	\$77.49
67346	SG	\$335.13	\$335.13
67400	SG	\$542.07	\$542.07
67405	SG	\$619.01	\$619.01
67412	SG	\$674.79	\$674.79
67413	SG	\$674.79	\$674.79
67414	SG	\$1,335.17	\$1,335.17
67415	SG	\$379.24	\$379.24
67420	SG	\$793.52	\$793.52
67430	SG	\$793.52	\$793.52
67440	SG	\$793.52	\$793.52

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice
Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
67445	SG	\$793.52	\$793.52
67450	SG	\$793.52	\$793.52
67500	SG	\$77.12	\$77.12
67505	SG	\$102.71	\$102.71
67515	SG	\$22.14	\$22.14
67550	SG	\$737.72	\$737.72
67560	SG	\$501.03	\$501.03
67570	SG	\$737.72	\$737.72
67700	SG	\$102.71	\$102.71
67710	SG	\$147.81	\$147.81
67715	SG	\$379.24	\$379.24
67800	SG	\$48.84	\$48.84
67801	SG	\$59.26	\$59.26
67805	SG	\$76.51	\$76.51
67808	SG	\$451.69	\$451.69
67810	SG	\$102.71	\$102.71
67820	SG	\$16.93	\$16.93
67825	SG	\$51.13	\$51.13
67830	SG	\$350.42	\$350.42
67835	SG	\$451.69	\$451.69
67840	SG	\$152.70	\$152.70
67850	SG	\$108.43	\$108.43
67875	SG	\$257.83	\$257.83
67880	SG	\$470.09	\$470.09
67882	SG	\$492.72	\$492.72
67901	SG	\$625.45	\$625.45
67902	SG	\$625.45	\$625.45
67903	SG	\$569.66	\$569.66
67904	SG	\$569.66	\$569.66
67906	SG	\$625.45	\$625.45
67908	SG	\$569.66	\$569.66
67909	SG	\$569.66	\$569.66
67911	SG	\$492.72	\$492.72
67912	SG	\$492.72	\$492.72
67914	SG	\$492.72	\$492.72
67915	SG	\$167.69	\$167.69
67916	SG	\$569.66	\$569.66
67917	SG	\$569.66	\$569.66
67921	SG	\$492.72	\$492.72
67922	SG	\$164.10	\$164.10
67923	SG	\$569.66	\$569.66
67924	SG	\$569.66	\$569.66
67930	SG	\$164.10	\$164.10
67935	SG	\$451.69	\$451.69
67938	SG	\$77.13	\$77.13
67950	SG	\$451.69	\$451.69
67961	SG	\$492.72	\$492.72
67966	SG	\$492.72	\$492.72
67971	SG	\$542.07	\$542.07
67973	SG	\$542.07	\$542.07
67974	SG	\$542.07	\$542.07
67975	SG	\$492.72	\$492.72

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice
Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
68020	SG	\$42.97	\$42.97
68040	SG	\$21.49	\$21.49
68100	SG	\$91.49	\$91.49
68110	SG	\$116.88	\$116.88
68115	SG	\$451.69	\$451.69
68130	SG	\$429.05	\$429.05
68135	SG	\$55.35	\$55.35
68200	SG	\$15.95	\$15.95
68320	SG	\$569.66	\$569.66
68325	SG	\$619.01	\$619.01
68326	SG	\$619.01	\$619.01
68328	SG	\$619.01	\$619.01
68330	SG	\$609.00	\$609.00
68335	SG	\$619.01	\$619.01
68340	SG	\$569.66	\$569.66
68360	SG	\$491.02	\$491.02
68362	SG	\$491.02	\$491.02
68400	SG	\$102.71	\$102.71
68420	SG	\$175.50	\$175.50
68440	SG	\$54.38	\$54.38
68500	SG	\$542.07	\$542.07
68505	SG	\$542.07	\$542.07
68510	SG	\$379.24	\$379.24
68520	SG	\$542.07	\$542.07
68525	SG	\$379.24	\$379.24
68530	SG	\$224.34	\$224.34
68540	SG	\$542.07	\$542.07
68550	SG	\$542.07	\$542.07
68700	SG	\$501.03	\$501.03
68705	SG	\$102.71	\$102.71
68720	SG	\$619.01	\$619.01
68745	SG	\$619.01	\$619.01
68750	SG	\$619.01	\$619.01
68760	SG	\$77.12	\$77.12
68761	SG	\$66.75	\$66.75
68770	SG	\$569.66	\$569.66
68801	SG	\$30.77	\$30.77
68810	SG	\$103.82	\$103.82
68811	SG	\$451.69	\$451.69
68815	SG	\$451.69	\$451.69
68840	SG	\$50.46	\$50.46
69000	SG	\$49.78	\$49.78
69005	SG	\$96.38	\$96.38
69020	SG	\$49.78	\$49.78
69100	SG	\$57.96	\$57.96
69105	SG	\$81.08	\$81.08
69110	SG	\$355.97	\$355.97
69120	SG	\$498.10	\$498.10
69140	SG	\$498.10	\$498.10
69145	SG	\$428.42	\$428.42
69150	SG	\$363.49	\$363.49
69200	SG	\$22.33	\$22.33
69205	SG	\$400.29	\$400.29
69210	SG	\$19.53	\$19.53
69220	SG	\$28.07	\$28.07
69222	SG	\$127.31	\$127.31
69310	SG	\$679.84	\$679.84
69320	SG	\$990.80	\$990.80

**Ambulatory Surgical Center Fee Schedule
Provider Specialty 068**

EFFECTIVE 1/1/2013

The inclusion of a rate on this table does not guarantee that a service is covered.
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice
Clinical Coverage Policies on the DMA Web site.

PCODE	MODIFIER	FACILITY	NON-FACILITY
69420	SG	\$88.49	\$88.49
69421	SG	\$471.48	\$471.48