



STATE OF WASHINGTON
DEPARTMENT OF LABOR AND INDUSTRIES

Ambulatory Surgery Center Fee Schedule

Effective for Dates of Service on or After
July 1, 2007

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FIELD KEY, AMBULATORY SURGERY CENTER FEE SCHEDULE

Column Title	Title Explanation	Indicator	Indicator Description
CPT® Code/ HCPCS Code			2007 CPT® or HCPCS code
L&I Groups	L&I's ASC Payment Group	Number (1-14)	Indicates L&I's ASC payment group for the procedure code.
		NC	Indicates that L&I does not cover this procedure
ASC Payment Amount	L&I's ASC Payment Rate. Indicates the maximum allowable fee or other payment method.	Dollar value	Maximum allowable fee.
		AC	Paid at acquisition cost.
		BR	Paid by report.
		BR, UR	Paid by report, UR authorization required.
		Bundled	Payment included in facility payment.
		Not Covered	Procedure is not covered by L&I

