

# **Ambulatory Surgery Center Fees**

**Field Key: Comma Delimited File**

Effective for Dates of Service on or After

**July 1, 2008**

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**AMBULATORY SURGERY CENTER CSV  
FIELD KEY:**

Field #	Column Title	Column Description	Column Values	Value Definitions
1	<b>CPT(c) HCPCS Code</b>	2007 CPT <sup>(R)</sup> or HCPCS code		2007 CPT <sup>(R)</sup> or HCPCS code
2	<b>2008 ASC Payment Amount</b>	The maximum fee paid for the allowed service	Bundled	Bundled code, not separately payable. Certain bundled codes are required to pay for the payable service.
			Dollar amount	The maximum fee allowed
			Not covered	L&I does not cover this service
			UR, BR	This service requires Utilization Review approval and will be paid based upon the report generated.
	<b>Multiple Proc Discount</b>	Whether the service is subject to the multiple procedure discount.	N	Service is not subject to multiple procedure discount
			NC	Service is not covered by L&I
			Y	Service is subject to multiple procedure discounting.



Washington State Department of  
**Labor & Industries**

**Facility Fee Schedule**  
**ASC CSV Key**  
**July 1, 2008**

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