

# 2018 ASC Fee Schedule CSV Field Key

Effective for Dates of Service on or After

**July 1, 2018**

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**AMBULATORY SURGERY CENTER**

**FIELD KEY:**

Column Title	Column Description	Column Values	Value Definitions
<b>CPT(c) HCPCS Code</b>	2017 CPT <sup>(R)</sup> or HCPCS code		2017 CPT <sup>(R)</sup> or HCPCS code
<b>Jul 2018 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
		NA	Not Applicable
		Y	Service is subject to multiple procedure discounting.



