

The five character codes included in the Ohio Bureau of Workers' Compensation (BWC) 2024 Ambulatory Surgical Center Fee Schedule are obtained from Current Procedural Terminology (CPT®), copyright 2023 by the American Medical Association (AMA) and from the Health Care Procedure Coding System (HCPCS) National Level II Medicare codes.

CPT® is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures performed by physicians.

HCPCS are released by the Center for Medicare and Medicaid Services (CMS) as a listing of five character codes and descriptive terminology used for reporting supplies, materials and services by health care providers.

The responsibility for the content of the BWC 2024 Ambulatory Surgical Center Fee Schedule is **with the State of Ohio Bureau of Workers' Compensation and no endorsement by the AMA** is intended or should be implied. The AMA disclaims responsibility for any consequences or liability attributable or related to any use, nonuse or interpretation of information contained in the BWC 2024 Ambulatory Surgical Center Fee Schedule. No fee schedules, basic unit values, relative value guides, conversion factors or scales are included in any part of CPT®. Any use of CPT® outside of the BWC 2024 Ambulatory Surgical Center Fee Schedule should refer to the most current *Current Procedural Terminology* which contains the complete and most current listing of CPT® codes and descriptive terms. Applicable FARS/DFARS apply.

For the purposes of this fee schedule services and/or supplies must be medically necessary for the treatment of the work related injury. The following definitions apply:

By Report (BR)	The procedure or service is not typically covered and will not routinely be reimbursed . Many of the -BR codes are unclassified/unspecified generic codes and are currently assigned a dollar amount of \$0.00. Authorization and payment of codes identified as -BR require an individual analysis by the MCO prior to submission to BWC. The MCO analysis shall include researching the appropriateness of the code in relation to the service or procedure. If the pricing is listed at \$0.00, the MCO shall perform a cost comparison to determine a reasonable price. The MCO shall utilize the price to negotiate a final reimbursement rate. The provider must submit a report to the MCO for reimbursement consideration.
Bundled (BN)	BN indicates that reimbursement for the covered procedure, service or supply is bundled into the payment rate for the associated surgical procedure. No separate payment for these services.
BWC-certified ASC arthroplasty center (AC)	These procedures may be reimbursed to ASCs which have been BWC-certified as ASC arthroplasty centers to perform the procedure according to rule OAC 4123-6-02.22. Not reimbursable to ASCs without this certification.
BWC Rate	Reimbursement rate for the ASC facility for CPT® and HCPCS Level II codes.

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Never Covered (NC)	The procedure or service is never covered.
Not Routinely Covered (NRC)	The procedure or service is not covered unless application of the <i>Miller</i> criteria requires an exception. See: OAC 4123-6-16.2(B)(1) through (B)(3). Where coverage is required, the pricing is listed on the fee schedule. If the pricing is listed at \$0.00, the MCO shall perform a cost comparison to determine a reasonable price. The MCO shall utilize the price to negotiate a final reimbursement rate.
ASC Reimbursement Levels 2024	The BWC 2024 Ambulatory Surgical Center Fee Schedule rates for all covered services other than orthopedic procedures (CPT® range 20100-29999), pain management (CPT® ranges 62280-62282, 62320-62327, 64400-64681) and device-intensive procedures (identified in Addendum AA of the Department of Health and Human Services, Centers for Medicare and Medicaid Services rule specified below with a payment indicator of J8) shall be calculated using the Medicare 2024 Ambulatory Surgical Center Prospective Payment System rates published in Addenda AA and BB of the Department of Health and Human Services, Centers for Medicare and Medicaid Services' "42 CFR Parts 405, 410, 416, 419, 424, 485, 488, and 489 Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems; Quality Reporting Programs; Payment for Intensive Outpatient Services in Hospital Outpatient Departments, Community Mental Health Centers Rural Health Clinics, Federally Qualified Health Centers, and Opioid Treatment Programs; Hospital Price Transparency; Changes to Community Mental Health Centers Conditions of Participation, Proposed Changes to the Inpatient Prospective Payment System Medicare Code Editor; Rural Emergency Hospital Conditions of Participation Technical Correction" final rule, Federal Register, Volume 88, Number 224, 81540-82185, November 22, 2023.

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<p>ASC Reimbursement Levels 2024</p>	<p>The BWC 2024 Ambulatory Surgical Center Fee Schedule rates for covered orthopedic procedures (CPT® range 20100-29999) shall be calculated using the Medicare 2024 Ambulatory Surgical Center Prospective Payment System rates published in Addenda AA and BB of the Department of Health and Human Services, Centers for Medicare and Medicaid Services rule specified above, multiplied by a payment adjustment factor of 1.12.</p> <p>The BWC 2024 Ambulatory Surgical Center Fee Schedule rates for covered pain management services (CPT® ranges 62280-62282, 62320-62327, 64400-64681, and HCPCS codes C9089, C9290, J1096 and J1097) shall be calculated using the Medicare 2024 Ambulatory Surgical Center Prospective Payment System rates published in Addenda AA and BB of the Department of Health and Human Services, Centers for Medicare and Medicaid Services rule specified above, multiplied by a payment adjustment factor of 1.10.</p> <p>The BWC 2024 Ambulatory Surgical Center Fee Schedule rates for covered, device-intensive services (payment indicator J8, identified in Addendum AA of the Medicare 2024 Ambulatory Surgical Center Prospective Payment System rates) shall be calculated using the Medicare 2024 Ambulatory Surgical Center Prospective Payment System rates published in Addenda AA and BB of the Department of Health and Human Services, Centers for Medicare and Medicaid Services rule specified above, multiplied by a payment adjustment factor of 1.14.</p>
<p>Modifiers: BWC accepts all industry-standard modifiers as published with CPT codes by the AMA and published by CMS with HCPCS level II codes in effect on the billed date of service. Unless otherwise specified in this document, modifiers will not affect the fee schedule amount calculated for a procedure.</p>	
<p>Modifier 50</p>	<p>Bilateral procedure. Reimbursement is 150% of fee schedule amount.</p>
<p>Modifier 52</p>	<p>Reduced services. Reimbursement is 50% of fee schedule amount.</p>
<p>Modifier 73</p>	<p>Discontinued procedure prior to administration of anesthesia. Reimbursement is 50% of fee schedule amount.</p>
<p>Modifier 74</p>	<p>Discontinued procedure after administration of anesthesia. Reimbursement is 100% of fee schedule amount.</p>

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Modifier FB	Item provided without cost to provider, or full credit received for replaced device (examples, but not limited to, covered under warranty, replaced due to defect, free samples). When this modifier is billed, BWC will subtract the no cost device offset amount from the final fee. Reimbursement when FB modifier is appended to the surgical procedure is listed in Column E of the fee tab.
Modifier FC	Partial credit received for replaced device. When this modifier is billed, BWC will subtract the partial cost device offset amount from the final fee. Reimbursement when FC modifier is appended to the surgical procedure is listed in Column F of the fee tab.
Modifier JW	Drug amount discarded/not administered to any patient. Payable in addition to the drug amount administered. Must be written as a separate line.
Multiple Procedure Discounting	Services eligible for multiple procedure discounting are labeled as “Y” in the column titled “Subject to Multiple Procedure Discounting” of this appendix. When multiple surgical procedures in the same operative session are subject to the multiple procedure discount, reimbursement shall be at 100% of the fee schedule amount for the highest paying surgical procedure on the bill, plus 50% of the applicable fee schedule amount(s) for the other ASC-covered surgical procedures subject to multiple procedure discounting.
Medically Unlikely Edits (MUE)	An MUE for a HCPCS/CPT code reflects the number of units of service a provider will use in most circumstances when treating an injured worker. Medical documentation supporting the necessity of additional units of service must be provided to an MCO when additional units of services beyond the listed MUE are necessary.

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HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
10004	N	BN	\$0.00		
10005	Y		\$364.98		
10006	N	BN	\$0.00		
10007	Y		\$231.83		
10008	N	BN	\$0.00		
10009	Y		\$364.98		
10010	N	BN	\$0.00		
10011	Y	NRC	\$364.98		
10012	N	BN	\$0.00		
10021	Y		\$61.23		
10030	Y		\$364.98		
10035	Y	BN	\$0.00		
10036	N	BN	\$0.00		
10040	N	BN	\$0.00		
10060	Y		\$81.21		
10061	Y		\$121.15		
10080	Y	NRC	\$200.39		
10081	Y	NRC	\$241.65		
10120	Y		\$105.44		
10121	Y		\$682.92		
10140	Y		\$109.04		
10160	Y		\$81.86		
10180	Y		\$1,157.18		
11000	Y		\$37.00		
11001	N	BN	\$0.00		
11010	Y		\$364.98		
11011	Y		\$364.98		
11012	Y		\$1,157.18		
11042	Y		\$206.85		
11043	Y		\$325.80		
11044	Y		\$682.92		
11045	N	BN	\$0.00		
11046	N	BN	\$0.00		
11047	N	BN	\$0.00		
11055	N	BN	\$0.00		
11056	N	BN	\$0.00		
11057	Y		\$65.82		
11102	Y		\$74.98		

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HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
11103	N	BN	\$0.00		
11104	Y		\$92.67		
11105	N	BN	\$0.00		
11106	Y		\$115.59		
11107	N	BN	\$0.00		
11200	N	BN	\$0.00		
11201	N	BN	\$0.00		
11300	N	BN	\$0.00		
11301	N	BN	\$0.00		
11302	N	BN	\$0.00		
11303	N	BN	\$0.00		
11305	N	BN	\$0.00		
11306	N	BN	\$0.00		
11307	Y		\$92.99		
11308	N	BN	\$0.00		
11310	Y		\$84.81		
11311	Y		\$94.63		
11312	Y		\$105.76		
11313	Y		\$116.90		
11400	Y	NRC	\$93.32		
11401	Y	NRC	\$107.07		
11402	Y	NRC	\$116.24		
11403	Y	NRC	\$126.72		
11404	Y	NRC	\$682.92		
11406	Y	NRC	\$682.92		
11420	Y	NRC	\$88.08		
11421	Y	NRC	\$104.13		
11422	Y	NRC	\$115.26		
11423	Y	NRC	\$126.72		
11424	Y	NRC	\$682.92		
11426	Y	NRC	\$1,157.18		
11440	Y	NRC	\$103.80		
11441	Y	NRC	\$115.59		
11442	Y	NRC	\$125.41		
11443	Y	NRC	\$138.18		
11444	Y	NRC	\$682.92		
11446	Y	NRC	\$1,157.18		
11450	Y	NRC	\$1,157.18		

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HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
11451	Y	NRC	\$1,157.18		
11462	Y	NRC	\$1,157.18		
11463	Y	NRC	\$1,157.18		
11470	Y	NRC	\$1,157.18		
11471	Y	NRC	\$1,157.18		
11600	Y		\$134.25		
11601	Y		\$149.64		
11602	Y		\$158.81		
11603	Y		\$171.25		
11604	Y		\$364.98		
11606	Y		\$682.92		
11620	Y		\$134.58		
11621	Y		\$149.64		
11622	Y		\$161.43		
11623	Y		\$176.82		
11624	Y		\$682.92		
11626	Y		\$1,157.18		
11640	Y		\$139.16		
11641	Y		\$153.90		
11642	Y		\$167.65		
11643	Y		\$183.37		
11644	Y		\$682.92		
11646	Y		\$1,157.18		
11719	N	BN	\$0.00		
11720	N	BN	\$0.00		
11721	N	BN	\$0.00		
11730	N	BN	\$0.00		
11732	N	BN	\$0.00		
11740	N	BN	\$0.00		
11750	Y		\$102.49		
11755	Y		\$75.97		
11760	Y		\$122.46		
11762	Y		\$176.49		
11765	N	BN	\$0.00		
11770	Y	NRC	\$1,157.18		
11771	Y	NRC	\$1,157.18		
11772	Y	NRC	\$1,157.18		
11900	N	BN	\$0.00		

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HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
11901	N	BN	\$0.00		
11920	Y	NRC	\$135.23		
11921	Y	NRC	\$143.75		
11922	N	BN	\$0.00		
11950	Y	NRC	\$47.81		
11951	Y	NRC	\$60.90		
11952	Y	NRC	\$77.60		
11954	Y	NRC	\$85.79		
11960	Y		\$1,861.08		
11970	Y		\$3,393.01		
11971	N		\$1,157.18		
11976	N	NRC	\$74.98		
11980	N	BN	\$0.00		
11981	N	BN	\$0.00		
11982	N	BN	\$0.00		
11983	N	BN	\$0.00		
12001	N	BN	\$0.00		
12002	N	BN	\$0.00		
12004	N	BN	\$0.00		
12005	N		\$206.85		
12006	N		\$206.85		
12007	Y		\$103.85		
12011	N	BN	\$0.00		
12013	N	BN	\$0.00		
12014	N	BN	\$0.00		
12015	N		\$103.85		
12016	N		\$206.85		
12017	N		\$206.85		
12018	N		\$103.85		
12020	Y		\$325.80		
12021	Y		\$206.85		
12031	Y		\$185.33		
12032	Y		\$206.85		
12034	Y		\$206.85		
12035	Y		\$206.85		
12036	Y		\$325.80		
12037	Y		\$945.99		
12041	N		\$182.39		

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HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
12042	Y		\$203.34		
12044	Y		\$325.80		
12045	Y		\$325.80		
12046	Y		\$325.80		
12047	Y		\$945.99		
12051	Y		\$192.86		
12052	Y		\$205.31		
12053	Y		\$206.85		
12054	N		\$206.85		
12055	Y		\$206.85		
12056	N		\$206.85		
12057	Y		\$206.85		
13100	Y		\$325.80		
13101	Y		\$325.80		
13102	N	BN	\$0.00		
13120	Y		\$325.80		
13121	Y		\$325.80		
13122	N	BN	\$0.00		
13131	Y		\$206.85		
13132	Y		\$325.80		
13133	N	BN	\$0.00		
13151	Y		\$325.80		
13152	Y		\$325.80		
13153	N	BN	\$0.00		
13160	Y		\$945.99		
14000	Y		\$945.99		
14001	Y		\$945.99		
14020	Y		\$945.99		
14021	Y		\$945.99		
14040	Y		\$945.99		
14041	Y		\$945.99		
14060	Y		\$945.99		
14061	Y		\$945.99		
14301	Y		\$1,861.08		
14302	N	BN	\$0.00		
14350	Y		\$945.99		
15002	Y		\$945.99		
15003	N	BN	\$0.00		

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HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
15004	Y		\$325.80		
15005	N	BN	\$0.00		
15040	Y		\$945.99		
15050	Y		\$325.80		
15100	Y		\$945.99		
15101	N	BN	\$0.00		
15110	Y		\$945.99		
15111	N	BN	\$0.00		
15115	Y		\$945.99		
15116	N	BN	\$0.00		
15120	Y		\$1,861.08		
15121	N	BN	\$0.00		
15130	Y		\$945.99		
15131	N	BN	\$0.00		
15135	Y		\$1,861.08		
15136	N	BN	\$0.00		
15150	Y		\$945.99		
15151	N	BN	\$0.00		
15152	N	BN	\$0.00		
15155	Y		\$1,861.08		
15156	N	BN	\$0.00		
15157	N	BN	\$0.00		
15200	Y		\$945.99		
15201	N	BN	\$0.00		
15220	Y		\$945.99		
15221	N	BN	\$0.00		
15240	Y		\$945.99		
15241	N	BN	\$0.00		
15260	Y		\$945.99		
15261	N	BN	\$0.00		
15271	Y		\$945.99		
15272	N	BN	\$0.00		
15273	Y		\$1,861.08		
15274	N	BN	\$0.00		
15275	Y		\$90.05		
15276	N	BN	\$0.00		
15277	Y		\$945.99		
15278	N	BN	\$0.00		

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HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
15570	Y		\$945.99		
15572	Y		\$1,861.08		
15574	Y		\$945.99		
15576	Y		\$945.99		
15600	Y		\$1,861.08		
15610	Y		\$945.99		
15620	Y		\$945.99		
15630	Y		\$945.99		
15650	Y		\$945.99		
15730	Y		\$1,861.08		
15731	Y		\$1,861.08		
15733	Y		\$1,861.08		
15734	Y		\$1,861.08		
15736	Y		\$945.99		
15738	Y		\$1,861.08		
15740	Y		\$945.99		
15750	Y		\$1,861.08		
15760	Y		\$945.99		
15769	Y	NRC	\$1,861.08		
15770	Y		\$1,861.08		
15771	Y	NRC	\$1,861.08		
15773	Y	NRC	\$945.99		
15775	Y	NRC	\$206.85		
15776	Y	NRC	\$206.85		
15777	N	BN	\$0.00		
15780	Y	NRC	\$519.00		
15781	Y	NRC	\$338.58		
15782	Y	NRC	\$318.93		
15783	Y	NRC	\$206.85		
15786	N	BN	\$0.00		
15787	N	BN	\$0.00		
15788	N	BN	\$0.00		
15789	Y	NRC	\$325.80		
15792	N	BN	\$0.00		
15793	N	BN	\$0.00		
15819	Y	NRC	\$945.99		
15820	Y	NRC	\$945.99		
15821	Y	NRC	\$945.99		

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HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
15822	Y	NRC	\$945.99		
15823	Y	NRC	\$945.99		
15824	Y	NRC	\$945.99		
15825	Y	NRC	\$1,861.08		
15826	Y	NRC	\$1,861.08		
15828	Y	NRC	\$1,861.08		
15829	Y	NRC	\$1,861.08		
15830	Y	NRC	\$2,536.04		
15832	Y	NRC	\$1,157.18		
15833	Y	NRC	\$1,157.18		
15834	Y	NRC	\$1,157.18		
15835	Y	NRC	\$1,157.18		
15836	Y	NRC	\$1,157.18		
15837	Y	NRC	\$1,157.18		
15838	Y	NRC	\$1,157.18		
15839	Y	NRC	\$1,157.18		
15840	Y		\$1,861.08		
15841	Y		\$1,861.08		
15842	Y		\$945.99		
15845	Y		\$1,861.08		
15847	N	BN	\$0.00		
15851	Y	NRC	\$15.72		
15852	N	BN	\$0.00		
15860	N	BN	\$0.00		
15876	Y	NRC	\$1,861.08		
15877	Y	NRC	\$1,861.08		
15878	Y	NRC	\$945.99		
15879	Y	NRC	\$1,861.08		
15920	Y		\$1,157.18		
15922	Y		\$1,861.08		
15931	Y		\$1,157.18		
15933	Y		\$1,157.18		
15934	Y		\$1,861.08		
15935	Y		\$1,861.08		
15936	Y		\$945.99		
15937	Y		\$945.99		
15940	Y		\$1,157.18		
15941	Y		\$1,157.18		

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HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
15944	Y		\$1,861.08		
15945	Y		\$945.99		
15946	Y		\$945.99		
15950	Y		\$682.92		
15951	Y		\$1,157.18		
15952	Y		\$945.99		
15953	Y		\$1,861.08		
15956	Y		\$945.99		
15958	Y		\$1,861.08		
16000	N	BN	\$0.00		
16020	N	BN	\$0.00		
16025	Y		\$103.85		
16030	Y		\$206.85		
16035	Y		\$206.85		
17000	N	BN	\$0.00		
17003	N	BN	\$0.00		
17004	Y		\$115.26		
17106	Y		\$205.63		
17107	Y		\$267.52		
17108	Y		\$348.73		
17110	N	BN	\$0.00		
17111	N	BN	\$0.00		
17250	N	BN	\$0.00		
17260	N	BN	\$0.00		
17261	N	BN	\$0.00		
17262	N	BN	\$0.00		
17263	N	BN	\$0.00		
17264	Y		\$132.29		
17266	Y		\$145.71		
17270	Y		\$98.23		
17271	Y		\$103.85		
17272	N	BN	\$0.00		
17273	Y		\$130.65		
17274	Y		\$146.04		
17276	Y		\$162.08		
17280	N	BN	\$0.00		
17281	Y		\$113.62		
17282	Y		\$127.37		

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HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
17283	Y		\$142.44		
17284	Y		\$156.52		
17286	Y		\$187.30		
17311	Y		\$325.80		
17312	N	BN	\$0.00		
17313	Y		\$325.80		
17314	N	BN	\$0.00		
17315	N	BN	\$0.00		
17340	N	BN	\$0.00		
17360	N	BN	\$0.00		
17380	Y	NRC	\$325.80		
19000	Y		\$67.45		
19001	N	BN	\$0.00		
19020	Y		\$682.92		
19030	N	BN	\$0.00		
19081	Y		\$682.92		
19082	N	BN	\$0.00		
19083	Y		\$682.92		
19084	N	BN	\$0.00		
19085	Y		\$682.92		
19086	N	BN	\$0.00		
19100	Y		\$682.92		
19101	Y		\$1,469.51		
19105	Y		\$2,392.72	\$1,012.87	\$1,702.79
19110	Y		\$1,469.51		
19112	Y		\$1,469.51		
19120	Y		\$1,469.51		
19125	Y		\$1,469.51		
19126	N	BN	\$0.00		
19281	N	BN	\$0.00		
19282	N	BN	\$0.00		
19283	N	BN	\$0.00		
19284	N	BN	\$0.00		
19285	N	BN	\$0.00		
19286	N	BN	\$0.00		
19287	N	BN	\$0.00		
19288	N	BN	\$0.00		
19294	N	BN	\$0.00		

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HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
19296	Y		\$4,987.31	\$1,984.32	\$3,485.81
19297	N	BN	\$0.00		
19298	Y		\$4,739.79	\$1,184.39	\$2,962.09
19300	Y	NRC	\$1,469.51		
19301	Y		\$1,469.51		
19302	Y		\$2,536.04		
19303	Y		\$2,536.04		
19307	Y		\$2,536.04		
19316	Y	NRC	\$2,536.04		
19318	Y	NRC	\$2,536.04		
19325	Y	NRC	\$3,005.12		
19328	N	NRC	\$1,469.51		
19330	N	NRC	\$1,469.51		
19340	Y	NRC	\$3,675.18	\$2,167.22	\$2,921.20
19342	Y	NRC	\$3,005.12		
19350	Y	NRC	\$1,469.51		
19355	Y	NRC	\$1,469.51		
19357	Y	NRC	\$6,167.40	\$3,435.12	\$4,801.26
19370	Y	NRC	\$1,469.51		
19371	Y	NRC	\$1,469.51		
19380	Y	NRC	\$2,536.04		
19396	Y	NRC	\$1,469.51		
20103	Y		\$764.87		
20150	Y		\$1,701.24		
20200	Y		\$764.87		
20205	Y		\$1,296.04		
20206	Y		\$764.87		
20220	Y		\$764.87		
20225	Y		\$764.87		
20240	Y		\$1,296.04		
20245	Y		\$1,296.04		
20250	Y		\$1,701.24		
20251	Y		\$3,800.17		
20500	Y		\$84.35		
20501	N	BN	\$0.00		
20520	Y		\$161.00		
20525	Y		\$1,296.04		
20526	Y		\$50.24		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
20527	Y		\$53.18		
20550	Y		\$32.64		
20551	Y		\$32.64		
20552	Y		\$30.81		
20553	Y		\$35.94		
20555	Y		\$1,701.24		
20600	Y		\$31.91		
20604	Y		\$55.01		
20605	Y		\$32.64		
20606	Y		\$57.95		
20610	Y		\$38.14		
20611	Y		\$63.81		
20612	Y		\$42.54		
20615	Y		\$184.11		
20650	Y		\$1,701.24		
20662	Y		\$917.34		
20663	Y		\$1,701.24		
20665	N		\$231.49		
20670	N		\$764.87		
20680	N		\$1,296.04		
20690	Y		\$5,284.94	\$2,559.98	\$3,922.46
20692	Y		\$9,337.28	\$5,632.10	\$7,484.69
20693	Y		\$3,800.17		
20694	N		\$917.34		
20696	Y		\$13,638.73	\$7,750.11	\$10,694.42
20697	Y		\$917.34		
20700	N	BN	\$0.00		
20822	Y		\$917.34		
20900	Y		\$5,793.24	\$2,090.71	\$3,941.97
20902	Y		\$3,800.17		
20910	Y		\$364.90		
20912	Y		\$2,084.41		
20920	Y		\$1,059.51		
20922	Y		\$1,059.51		
20924	Y		\$3,800.17		
20930	N	BN	\$0.00		
20931	N	BN	\$0.00		
20932	N	BN	\$0.00		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
20933	N	BN	\$0.00		
20934	N	BN	\$0.00		
20936	N	BN	\$0.00		
20937	N	BN	\$0.00		
20938	N	BN	\$0.00		
20939	N	BN	\$0.00		
20950	Y		\$408.78		
20972	Y		\$3,800.17		
20973	Y		\$3,800.17		
20975	N	BN	\$0.00		
20979	N	BN	\$0.00		
20982	Y		\$7,280.69		
20983	Y		\$5,340.08	\$2,509.06	\$3,924.57
20985	N	BN	\$0.00		
21010	Y		\$1,477.20		
21011	Y		\$286.05		
21012	Y		\$764.87		
21013	Y		\$358.67		
21014	Y		\$1,296.04		
21015	Y		\$1,296.04		
21016	Y		\$1,296.04		
21025	Y		\$3,092.20		
21026	Y		\$3,092.20		
21029	Y	NRC	\$1,477.20		
21030	Y	NRC	\$307.33		
21031	Y	NRC	\$288.98		
21032	Y	NRC	\$275.42		
21034	Y		\$3,092.20		
21040	Y	NRC	\$1,477.20		
21044	Y		\$3,092.20		
21046	Y	NRC	\$3,092.20		
21047	Y	NRC	\$3,092.20		
21048	Y	NRC	\$3,092.20		
21050	Y		\$3,092.20		
21060	Y		\$3,092.20		
21070	Y	NRC	\$3,092.20		
21073	Y	NRC	\$279.08		
21076	Y		\$411.48		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
21077	Y		\$972.22		
21079	Y		\$699.36		
21080	Y		\$813.78		
21081	Y		\$765.37		
21082	Y		\$736.04		
21083	Y		\$721.37		
21084	Y		\$802.78		
21085	Y		\$141.93		
21086	Y		\$728.34		
21087	Y		\$728.34		
21088	Y	NRC	\$1,477.20		
21100	Y		\$3,092.20		
21110	N	NRC	\$701.57		
21116	N	BN	\$0.00		
21120	Y	NRC	\$3,092.20		
21121	Y	NRC	\$2,290.78	\$776.84	\$1,533.81
21122	Y	NRC	\$3,965.67	\$2,392.03	\$3,178.85
21123	Y	NRC	\$1,477.20		
21125	Y	NRC	\$3,965.67	\$2,392.03	\$3,178.85
21127	Y	NRC	\$3,092.20		
21137	Y	NRC	\$1,477.20		
21138	Y	NRC	\$3,092.20		
21139	Y	NRC	\$3,092.20		
21150	Y	NRC	\$3,965.67	\$2,392.03	\$3,178.85
21181	Y	NRC	\$3,092.20		
21194	Y	NRC	\$3,092.20		
21195	Y	NRC	\$3,965.67	\$2,392.03	\$3,178.85
21198	Y	NRC	\$4,298.51	\$2,084.76	\$3,191.63
21199	Y	NRC	\$3,092.20		
21206	Y	NRC	\$3,092.20		
21208	Y	NRC	\$1,335.29		
21209	Y	NRC	\$3,092.20		
21210	Y		\$4,441.84	\$1,952.45	\$3,197.14
21215	Y		\$4,301.68	\$2,081.84	\$3,191.76
21230	Y		\$3,092.20		
21235	Y		\$3,092.20		
21240	Y		\$3,092.20		
21242	Y		\$3,092.20		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
21243	Y		\$14,583.38	\$6,878.02	\$10,730.70
21244	Y		\$4,304.05	\$2,079.64	\$3,191.84
21245	Y		\$3,965.67	\$2,392.03	\$3,178.85
21246	Y		\$3,965.67	\$2,392.03	\$3,178.85
21248	Y		\$3,092.20		
21249	Y		\$3,940.33	\$2,415.42	\$3,177.87
21260	Y		\$3,092.20		
21267	Y		\$5,230.53	\$1,224.35	\$3,227.44
21270	Y		\$5,158.45	\$1,290.86	\$3,224.65
21275	Y		\$3,092.20		
21280	Y	NRC	\$1,477.20		
21282	Y	NRC	\$1,477.20		
21295	Y	NRC	\$746.87		
21296	Y	NRC	\$1,477.20		
21315	Y		\$746.87		
21320	Y		\$1,477.20		
21325	Y		\$1,477.20		
21330	Y		\$3,092.20		
21335	Y		\$1,477.20		
21336	Y		\$1,701.24		
21337	Y		\$1,477.20		
21338	Y		\$3,092.20		
21339	Y		\$3,092.20		
21340	Y		\$1,477.20		
21345	Y		\$746.87		
21355	Y		\$1,908.47	\$1,129.80	\$1,519.13
21356	Y		\$3,092.20		
21360	Y		\$3,092.20		
21365	Y		\$3,965.67	\$2,392.03	\$3,178.85
21390	Y		\$3,092.20		
21400	Y		\$319.67		
21401	Y		\$959.44	\$576.29	\$767.86
21406	Y		\$3,092.20		
21407	Y		\$3,092.20		
21421	Y		\$1,477.20		
21440	Y		\$697.52		
21445	Y		\$3,980.18	\$2,378.62	\$3,179.40
21450	Y		\$319.67		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
21451	Y		\$746.87		
21452	Y		\$4,005.79	\$2,354.99	\$3,180.39
21453	Y		\$4,038.52	\$2,324.78	\$3,181.65
21454	Y		\$3,984.68	\$2,374.49	\$3,179.58
21461	Y		\$3,991.54	\$2,368.16	\$3,179.85
21462	Y		\$4,190.55	\$2,184.42	\$3,187.48
21465	Y		\$3,092.20		
21480	Y		\$137.01		
21485	Y		\$746.87		
21490	Y		\$1,477.20		
21497	Y		\$746.87		
21501	Y		\$1,296.04		
21502	Y		\$1,701.24		
21550	Y		\$764.87		
21552	Y		\$1,296.04		
21554	Y		\$1,296.04		
21555	Y		\$764.87		
21556	Y		\$1,296.04		
21557	Y		\$1,296.04		
21558	Y		\$1,296.04		
21600	Y	NRC	\$3,800.17		
21610	Y	NRC	\$1,701.24		
21685	Y	NRC	\$4,149.65	\$2,222.20	\$3,185.92
21700	Y	NRC	\$3,800.17		
21720	Y	NRC	\$1,701.24		
21725	Y	NRC	\$408.78		
21820	Y		\$137.01		
21920	Y		\$194.36		
21925	Y		\$764.87		
21930	Y		\$764.87		
21931	Y		\$764.87		
21932	Y		\$1,296.04		
21933	Y		\$1,296.04		
21935	Y		\$1,296.04		
21936	Y		\$1,296.04		
22102	Y		\$3,800.17		
22103	N	BN	\$0.00		
22310	Y		\$137.01		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
22315	Y		\$1,701.24		
22505	Y		\$917.34		
22510	Y		\$1,701.24		
22511	Y		\$1,701.24		
22512	N	BN	\$0.00		
22513	Y		\$3,800.17		
22514	Y		\$3,800.17		
22515	N	BN	\$0.00		
22551	Y		\$10,111.65	\$4,917.23	\$7,514.44
22552	N	BN	\$0.00		
22554	Y		\$9,905.32	\$5,107.71	\$7,506.51
22585	N	BN	\$0.00		
22612	Y		\$15,426.02	\$6,100.09	\$10,763.05
22614	N	BN	\$0.00		
22840	N	BN	\$0.00		
22842	N	BN	\$0.00		
22845	N	BN	\$0.00		
22853	N	BN	\$0.00		
22854	N	BN	\$0.00		
22856	Y		\$15,044.61	\$6,452.20	\$10,748.40
22858	N	BN	\$0.00		
22859	N	BN	\$0.00		
22867	Y		\$16,054.02	\$5,520.35	\$10,787.18
22868	N	BN	\$0.00		
22869	Y		\$11,982.30	\$3,190.27	\$7,586.28
22870	N	BN	\$0.00		
22900	Y		\$1,296.04		
22901	Y		\$1,296.04		
22902	Y		\$764.87		
22903	Y		\$1,296.04		
22904	Y		\$1,296.04		
22905	Y		\$1,296.04		
23000	Y		\$1,296.04		
23020	Y		\$1,701.24		
23030	Y		\$1,296.04		
23031	Y		\$1,296.04		
23035	Y		\$917.34		
23040	Y		\$1,701.24		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
23044	Y		\$1,701.24		
23065	Y		\$152.57		
23066	Y		\$1,296.04		
23071	Y		\$764.87		
23073	Y		\$1,296.04		
23075	Y		\$764.87		
23076	Y		\$1,296.04		
23077	Y		\$1,296.04		
23078	Y		\$1,296.04		
23100	Y		\$1,701.24		
23101	Y		\$1,701.24		
23105	Y		\$3,800.17		
23106	Y		\$1,701.24		
23107	Y		\$3,800.17		
23120	Y		\$1,701.24		
23125	Y		\$1,701.24		
23130	Y		\$1,701.24		
23140	Y		\$1,701.24		
23145	Y		\$1,701.24		
23146	Y		\$3,800.17		
23150	Y		\$1,701.24		
23155	Y		\$3,800.17		
23156	Y		\$3,800.17		
23170	Y		\$2,378.85	\$1,134.10	\$1,756.47
23172	Y		\$1,701.24		
23174	Y		\$3,800.17		
23180	Y		\$3,800.17		
23182	Y		\$3,800.17		
23184	Y		\$3,800.17		
23190	Y		\$1,701.24		
23195	Y		\$4,873.63	\$2,939.70	\$3,906.66
23330	Y		\$764.87		
23333	Y		\$1,296.04		
23334	Y		\$1,296.04		
23350	N	BN	\$0.00		
23395	Y		\$4,844.10	\$2,966.94	\$3,905.52
23397	Y		\$3,800.17		
23400	Y		\$3,800.17		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
23405	Y		\$3,800.17		
23406	Y		\$3,800.17		
23410	Y		\$3,800.17		
23412	Y		\$3,800.17		
23415	Y		\$3,800.17		
23420	Y		\$3,800.17		
23430	Y		\$5,062.74	\$2,765.11	\$3,913.92
23440	Y		\$5,558.71	\$2,307.22	\$3,932.96
23450	Y		\$3,800.17		
23455	Y		\$3,800.17		
23460	Y		\$4,873.63	\$2,939.70	\$3,906.66
23462	Y		\$3,800.17		
23465	Y		\$3,800.17		
23466	Y		\$3,800.17		
23470	Y		\$10,610.08	\$4,457.09	\$7,533.58
23472	Y		\$15,963.55	\$5,603.87	\$10,783.71
23473	Y	AC	\$10,270.20	\$3,773.56	\$7,021.88
23480	Y		\$3,800.17		
23485	Y		\$9,781.03	\$5,222.46	\$7,501.74
23490	Y		\$3,800.17		
23491	Y		\$10,173.18	\$4,860.43	\$7,516.80
23500	Y		\$137.01		
23505	Y		\$917.34		
23515	Y		\$5,087.71	\$2,742.05	\$3,914.88
23520	Y		\$917.34		
23525	Y		\$137.01		
23530	Y		\$3,800.17		
23532	Y		\$3,800.17		
23540	Y		\$137.01		
23545	Y		\$137.01		
23550	Y		\$5,044.25	\$2,782.18	\$3,913.21
23552	Y		\$5,292.72	\$2,552.78	\$3,922.75
23570	Y		\$137.01		
23575	Y		\$917.34		
23585	Y		\$5,120.15	\$2,712.10	\$3,916.12
23600	Y		\$137.01		
23605	Y		\$917.34		
23615	Y		\$10,109.79	\$4,918.95	\$7,514.37

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
23616	Y		\$14,993.18	\$6,499.71	\$10,746.44
23620	Y		\$137.01		
23625	Y		\$917.34		
23630	Y		\$4,844.75	\$2,966.35	\$3,905.55
23650	Y		\$137.01		
23655	Y		\$917.34		
23660	Y		\$3,800.17		
23665	Y		\$917.34		
23670	Y		\$4,880.10	\$2,933.70	\$3,906.90
23675	Y		\$917.34		
23680	Y		\$9,776.67	\$5,226.47	\$7,501.57
23700	Y		\$917.34		
23800	Y		\$3,800.17		
23802	Y		\$7,280.69		
23921	Y		\$1,059.51		
23930	Y		\$1,296.04		
23931	Y		\$764.87		
23935	Y		\$1,701.24		
24000	Y		\$1,701.24		
24006	Y		\$1,701.24		
24065	Y		\$197.30		
24066	Y		\$1,296.04		
24071	Y		\$1,296.04		
24073	Y		\$1,296.04		
24075	Y		\$764.87		
24076	Y		\$1,296.04		
24077	Y		\$1,296.04		
24079	Y		\$1,296.04		
24100	Y		\$1,701.24		
24101	Y		\$1,701.24		
24102	Y		\$1,701.24		
24105	Y		\$1,701.24		
24110	Y		\$1,701.24		
24115	Y		\$3,800.17		
24116	Y		\$4,873.63	\$2,939.70	\$3,906.66
24120	Y		\$1,701.24		
24125	Y		\$1,701.24		
24126	Y		\$5,937.27	\$1,957.75	\$3,947.51

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
24130	Y		\$1,701.24		
24134	Y		\$3,800.17		
24136	Y		\$1,701.24		
24138	Y		\$3,800.17		
24140	Y		\$1,701.24		
24145	Y		\$3,800.17		
24147	Y		\$1,701.24		
24149	Y		\$3,800.17		
24152	Y		\$5,144.48	\$2,689.64	\$3,917.06
24155	Y		\$1,701.24		
24160	N		\$1,701.24		
24164	N		\$1,701.24		
24200	Y		\$165.40		
24201	Y		\$1,296.04		
24220	N	BN	\$0.00		
24300	Y		\$917.34		
24301	Y		\$3,800.17		
24305	Y		\$1,701.24		
24310	Y		\$1,701.24		
24320	Y		\$3,800.17		
24330	Y		\$3,800.17		
24331	Y		\$3,800.17		
24332	Y		\$1,701.24		
24340	Y		\$3,800.17		
24341	Y		\$3,800.17		
24342	Y		\$3,800.17		
24343	Y		\$1,701.24		
24344	Y		\$3,800.17		
24345	Y		\$3,800.17		
24346	Y		\$7,280.69		
24357	Y		\$1,701.24		
24358	Y		\$1,701.24		
24359	Y		\$1,701.24		
24360	Y		\$6,301.54	\$1,621.44	\$3,961.49
24361	Y		\$15,696.56	\$5,850.35	\$10,773.45
24362	Y		\$10,311.15	\$4,733.06	\$7,522.10
24363	Y		\$15,576.81	\$5,960.89	\$10,768.85
24365	Y		\$10,947.55	\$4,145.56	\$7,546.55

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
24366	Y		\$10,928.90	\$4,162.77	\$7,545.83
24370	Y		\$9,840.07	\$5,167.96	\$7,504.01
24371	Y		\$14,172.70	\$7,257.15	\$10,714.92
24400	Y		\$3,800.17		
24410	Y		\$7,280.69		
24420	Y		\$3,800.17		
24430	Y		\$9,892.89	\$5,119.19	\$7,506.04
24435	Y		\$9,803.40	\$5,201.81	\$7,502.60
24470	Y		\$1,701.24		
24495	Y		\$3,800.17		
24498	Y		\$9,933.91	\$5,081.32	\$7,507.61
24500	Y		\$137.01		
24505	Y		\$917.34		
24515	Y		\$9,644.92	\$5,348.11	\$7,496.51
24516	Y		\$9,810.86	\$5,194.92	\$7,502.89
24530	Y		\$137.01		
24535	Y		\$917.34		
24538	Y		\$3,800.17		
24545	Y		\$10,129.68	\$4,900.60	\$7,515.14
24546	Y		\$10,326.69	\$4,718.72	\$7,522.70
24560	Y		\$137.01		
24565	Y		\$917.34		
24566	Y		\$917.34		
24575	Y		\$9,360.90	\$5,610.30	\$7,485.60
24576	Y		\$137.01		
24577	Y		\$917.34		
24579	Y		\$9,378.30	\$5,594.24	\$7,486.27
24582	Y		\$3,800.17		
24586	Y		\$9,917.75	\$5,096.24	\$7,506.99
24587	Y		\$10,405.61	\$4,645.85	\$7,525.73
24600	Y		\$137.01		
24605	Y		\$917.34		
24615	Y		\$5,637.21	\$2,234.75	\$3,935.98
24620	Y		\$917.34		
24635	Y		\$5,023.16	\$2,801.64	\$3,912.40
24640	Y	NRC	\$66.74		
24650	Y		\$137.01		
24655	Y		\$917.34		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
24665	Y		\$3,800.17		
24666	Y		\$10,803.99	\$4,278.09	\$7,541.04
24670	Y		\$137.01		
24675	Y		\$917.34		
24685	Y		\$4,927.14	\$2,890.28	\$3,908.71
24800	Y		\$3,800.17		
24802	Y		\$7,280.69		
24925	Y		\$1,701.24		
25000	Y		\$917.34		
25001	Y		\$1,701.24		
25020	Y		\$917.34		
25023	Y		\$1,701.24		
25024	Y		\$1,701.24		
25025	Y		\$917.34		
25028	Y		\$1,701.24		
25031	Y		\$917.34		
25035	Y		\$3,800.17		
25040	Y		\$1,701.24		
25065	Y		\$197.67		
25066	Y		\$1,296.04		
25071	Y		\$764.87		
25073	Y		\$1,296.04		
25075	Y		\$764.87		
25076	Y		\$764.87		
25077	Y		\$1,296.04		
25078	Y		\$1,296.04		
25085	Y		\$1,701.24		
25100	Y		\$1,701.24		
25101	Y		\$1,701.24		
25105	Y		\$1,701.24		
25107	Y		\$1,701.24		
25109	Y		\$1,701.24		
25110	Y		\$917.34		
25111	Y		\$917.34		
25112	Y		\$917.34		
25115	Y		\$917.34		
25116	Y		\$1,701.24		
25118	Y		\$917.34		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
25119	Y		\$1,701.24		
25120	Y		\$1,701.24		
25125	Y		\$917.34		
25126	Y		\$2,181.79	\$1,316.02	\$1,748.90
25130	Y		\$1,701.24		
25135	Y		\$3,800.17		
25136	Y		\$3,800.17		
25145	Y		\$1,701.24		
25150	Y		\$1,701.24		
25151	Y		\$1,701.24		
25210	Y		\$1,701.24		
25215	Y		\$1,701.24		
25230	Y		\$1,701.24		
25240	Y		\$1,701.24		
25246	N	BN	\$0.00		
25248	Y		\$917.34		
25250	N		\$917.34		
25251	N		\$1,701.24		
25259	Y		\$917.34		
25260	Y		\$1,701.24		
25263	Y		\$3,800.17		
25265	Y		\$1,701.24		
25270	Y		\$1,701.24		
25272	Y		\$1,701.24		
25274	Y		\$1,701.24		
25275	Y		\$1,701.24		
25280	Y		\$1,701.24		
25290	Y		\$1,701.24		
25295	Y		\$1,701.24		
25300	Y		\$1,701.24		
25301	Y		\$1,701.24		
25310	Y		\$1,701.24		
25312	Y		\$1,701.24		
25315	Y		\$3,800.17		
25316	Y		\$3,800.17		
25320	Y		\$3,800.17		
25332	Y		\$2,230.30	\$1,271.25	\$1,750.77
25335	Y		\$1,701.24		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
25337	Y		\$3,800.17		
25350	Y		\$5,531.79	\$2,332.08	\$3,931.93
25355	Y		\$1,701.24		
25360	Y		\$4,991.70	\$2,830.69	\$3,911.19
25365	Y		\$7,280.69		
25370	Y		\$1,701.24		
25375	Y		\$1,701.24		
25390	Y		\$5,123.72	\$2,708.81	\$3,916.26
25391	Y		\$10,013.46	\$5,007.88	\$7,510.67
25392	Y		\$3,800.17		
25393	Y		\$4,919.36	\$2,897.47	\$3,908.41
25394	Y		\$1,701.24		
25400	Y		\$5,157.78	\$2,677.36	\$3,917.57
25405	Y		\$5,107.18	\$2,724.08	\$3,915.63
25415	Y		\$4,873.63	\$2,939.70	\$3,906.66
25420	Y		\$4,873.63	\$2,939.70	\$3,906.66
25425	Y		\$4,928.44	\$2,889.08	\$3,908.76
25426	Y		\$2,269.07	\$1,235.45	\$1,752.26
25430	Y		\$1,701.24		
25431	Y		\$5,340.08	\$2,509.06	\$3,924.57
25440	Y		\$5,067.93	\$2,760.32	\$3,914.12
25441	Y		\$11,838.12	\$3,323.38	\$7,580.75
25442	Y		\$16,014.10	\$5,557.19	\$10,785.64
25443	Y		\$5,516.22	\$2,346.45	\$3,931.33
25444	Y		\$11,433.54	\$3,696.89	\$7,565.21
25445	Y		\$5,321.92	\$2,525.84	\$3,923.88
25446	Y		\$16,373.34	\$5,225.56	\$10,799.45
25447	Y		\$1,701.24		
25449	Y		\$3,800.17		
25450	Y	NRC	\$1,701.24		
25455	Y	NRC	\$1,701.24		
25490	Y	NRC	\$3,800.17		
25491	Y	NRC	\$7,280.69		
25492	Y	NRC	\$1,701.24		
25500	Y		\$137.01		
25505	Y		\$917.34		
25515	Y		\$5,042.95	\$2,783.38	\$3,913.16
25520	Y		\$917.34		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
25525	Y		\$5,111.71	\$2,719.88	\$3,915.79
25526	Y		\$3,800.17		
25530	Y		\$137.01		
25535	Y		\$137.01		
25545	Y		\$4,856.75	\$2,955.26	\$3,906.00
25560	Y		\$137.01		
25565	Y		\$917.34		
25574	Y		\$4,873.63	\$2,939.70	\$3,906.66
25575	Y		\$5,203.52	\$2,635.14	\$3,919.33
25600	Y		\$137.01		
25605	Y		\$917.34		
25606	Y		\$1,701.24		
25607	Y		\$5,189.25	\$2,648.32	\$3,918.78
25608	Y		\$5,244.72	\$2,597.11	\$3,920.91
25609	Y		\$5,251.52	\$2,590.81	\$3,921.16
25622	Y		\$137.01		
25624	Y		\$917.34		
25628	Y		\$3,800.17		
25630	Y		\$137.01		
25635	Y		\$917.34		
25645	Y		\$1,701.24		
25650	Y		\$137.01		
25651	Y		\$1,701.24		
25652	Y		\$4,873.63	\$2,939.70	\$3,906.66
25660	Y		\$137.01		
25670	Y		\$3,800.17		
25671	Y		\$1,701.24		
25675	Y		\$137.01		
25676	Y		\$3,800.17		
25680	Y		\$137.01		
25685	Y		\$3,800.17		
25690	Y		\$917.34		
25695	Y		\$3,800.17		
25800	Y		\$5,357.60	\$2,492.89	\$3,925.24
25805	Y		\$5,314.13	\$2,533.02	\$3,923.57
25810	Y		\$9,930.19	\$5,084.77	\$7,507.48
25820	Y		\$5,273.58	\$2,570.45	\$3,922.01
25825	Y		\$5,014.72	\$2,809.42	\$3,912.07

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
25830	Y		\$3,800.17		
25907	Y		\$1,701.24		
25922	Y		\$917.34		
25929	Y		\$1,059.51		
25931	Y		\$1,701.24		
26010	Y		\$116.31		
26011	Y		\$764.87		
26020	Y		\$1,701.24		
26025	Y		\$1,701.24		
26030	Y		\$1,701.24		
26034	Y		\$917.34		
26035	Y		\$1,701.24		
26037	Y		\$1,701.24		
26040	Y		\$917.34		
26045	Y		\$1,701.24		
26055	Y		\$917.34		
26060	Y		\$917.34		
26070	Y		\$917.34		
26075	Y		\$1,701.24		
26080	Y		\$917.34		
26100	Y		\$1,701.24		
26105	Y		\$1,701.24		
26110	Y		\$917.34		
26111	Y		\$764.87		
26113	Y		\$764.87		
26115	Y		\$764.87		
26116	Y		\$764.87		
26117	Y		\$1,296.04		
26118	Y		\$1,296.04		
26121	Y		\$1,701.24		
26123	Y		\$1,701.24		
26125	N	BN	\$0.00		
26130	Y		\$1,701.24		
26135	Y		\$1,701.24		
26140	Y		\$917.34		
26145	Y		\$917.34		
26160	Y		\$917.34		
26170	Y		\$917.34		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
26180	Y		\$917.34		
26185	Y		\$917.34		
26200	Y		\$917.34		
26205	Y		\$3,800.17		
26210	Y		\$917.34		
26215	Y		\$1,701.24		
26230	Y		\$1,701.24		
26235	Y		\$917.34		
26236	Y		\$917.34		
26250	Y		\$1,701.24		
26260	Y		\$1,701.24		
26262	Y		\$917.34		
26320	N		\$764.87		
26340	Y		\$917.34		
26341	Y		\$90.96		
26350	Y		\$1,701.24		
26352	Y		\$3,800.17		
26356	Y		\$1,701.24		
26357	Y		\$1,701.24		
26358	Y		\$3,800.17		
26370	Y		\$1,701.24		
26372	Y		\$3,800.17		
26373	Y		\$1,701.24		
26390	Y		\$5,165.24	\$2,670.48	\$3,917.86
26392	Y		\$3,800.17		
26410	Y		\$917.34		
26412	Y		\$1,701.24		
26415	Y		\$1,701.24		
26416	Y		\$1,701.24		
26418	Y		\$917.34		
26420	Y		\$1,701.24		
26426	Y		\$1,701.24		
26428	Y		\$1,701.24		
26432	Y		\$917.34		
26433	Y		\$1,701.24		
26434	Y		\$1,701.24		
26437	Y		\$1,701.24		
26440	Y		\$917.34		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
26442	Y		\$1,701.24		
26445	Y		\$1,701.24		
26449	Y		\$1,701.24		
26450	Y		\$1,701.24		
26455	Y		\$917.34		
26460	Y		\$917.34		
26471	Y		\$1,701.24		
26474	Y		\$917.34		
26476	Y		\$1,701.24		
26477	Y		\$1,701.24		
26478	Y		\$1,701.24		
26479	Y		\$1,701.24		
26480	Y		\$1,701.24		
26483	Y		\$1,701.24		
26485	Y		\$1,701.24		
26489	Y		\$1,701.24		
26490	Y		\$1,701.24		
26492	Y		\$1,701.24		
26494	Y		\$1,701.24		
26496	Y		\$1,701.24		
26497	Y		\$1,701.24		
26498	Y		\$1,701.24		
26499	Y		\$1,701.24		
26500	Y		\$3,800.17		
26502	Y		\$1,701.24		
26508	Y		\$1,701.24		
26510	Y		\$1,701.24		
26516	Y		\$2,223.47	\$1,277.55	\$1,750.51
26517	Y		\$1,701.24		
26518	Y		\$3,800.17		
26520	Y		\$1,701.24		
26525	Y		\$917.34		
26530	Y		\$4,995.58	\$2,827.09	\$3,911.33
26531	Y		\$5,253.47	\$2,589.02	\$3,921.24
26535	Y		\$1,701.24		
26536	Y		\$5,075.38	\$2,753.42	\$3,914.40
26540	Y		\$1,701.24		
26541	Y		\$2,292.88	\$1,213.46	\$1,753.17

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
26542	Y		\$1,701.24		
26545	Y		\$1,701.24		
26546	Y		\$3,800.17		
26548	Y		\$1,701.24		
26550	Y		\$1,701.24		
26555	Y		\$3,800.17		
26560	Y		\$917.34		
26561	Y		\$1,701.24		
26562	Y		\$1,701.24		
26565	Y		\$1,701.24		
26567	Y		\$1,701.24		
26568	Y		\$5,212.92	\$2,626.45	\$3,919.68
26580	Y	NRC	\$1,701.24		
26587	Y	NRC	\$1,701.24		
26590	Y	NRC	\$917.34		
26591	Y		\$1,701.24		
26593	Y		\$1,701.24		
26596	Y		\$1,701.24		
26600	Y		\$137.01		
26605	Y		\$137.01		
26607	Y		\$1,701.24		
26608	Y		\$1,701.24		
26615	Y		\$1,701.24		
26641	Y		\$137.01		
26645	Y		\$917.34		
26650	Y		\$1,701.24		
26665	Y		\$1,701.24		
26670	Y		\$137.01		
26675	Y		\$917.34		
26676	Y		\$1,701.24		
26685	Y		\$1,701.24		
26686	Y		\$1,701.24		
26700	Y		\$137.01		
26705	Y		\$917.34		
26706	Y		\$1,701.24		
26715	Y		\$1,701.24		
26720	Y		\$137.01		
26725	Y		\$137.01		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
26727	Y		\$1,701.24		
26735	Y		\$1,701.24		
26740	Y		\$137.01		
26742	Y		\$917.34		
26746	Y		\$1,701.24		
26750	Y		\$137.01		
26755	Y		\$137.01		
26756	Y		\$1,701.24		
26765	Y		\$1,701.24		
26770	Y		\$137.01		
26775	Y		\$156.04		
26776	Y		\$1,701.24		
26785	Y		\$1,701.24		
26820	Y		\$3,800.17		
26841	Y		\$3,800.17		
26842	Y		\$3,800.17		
26843	Y		\$3,800.17		
26844	Y		\$5,303.43	\$2,542.91	\$3,923.17
26850	Y		\$3,800.17		
26852	Y		\$3,800.17		
26860	Y		\$1,701.24		
26861	N	BN	\$0.00		
26862	Y		\$1,701.24		
26863	N	BN	\$0.00		
26910	Y		\$1,701.24		
26951	Y		\$1,701.24		
26952	Y		\$1,701.24		
26990	Y		\$1,701.24		
26991	Y		\$917.34		
27000	Y		\$917.34		
27001	Y		\$1,701.24		
27003	Y		\$3,800.17		
27006	Y		\$1,701.24		
27033	Y		\$3,800.17		
27035	Y		\$1,701.24		
27040	Y		\$764.87		
27041	Y		\$764.87		
27043	Y		\$1,296.04		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
27045	Y		\$1,296.04		
27047	Y		\$1,296.04		
27048	Y		\$1,296.04		
27049	Y		\$1,296.04		
27050	Y		\$917.34		
27052	Y		\$917.34		
27059	Y		\$1,296.04		
27060	Y		\$3,800.17		
27062	Y		\$1,701.24		
27065	Y		\$3,800.17		
27066	Y		\$1,701.24		
27067	Y		\$3,800.17		
27080	Y		\$1,701.24		
27086	Y		\$1,296.04		
27087	Y		\$1,701.24		
27093	N	BN	\$0.00		
27095	N	BN	\$0.00		
27097	Y		\$1,701.24		
27098	Y		\$1,701.24		
27100	Y		\$3,800.17		
27105	Y		\$1,701.24		
27110	Y		\$5,165.57	\$2,670.18	\$3,917.87
27111	Y		\$1,701.24		
27125	Y	AC	\$10,996.87	\$4,601.75	\$7,799.31
27130	Y		\$10,538.60	\$4,523.06	\$7,530.83
27132	Y	AC	\$10,996.87	\$4,601.75	\$7,799.31
27197	Y		\$137.01		
27198	Y		\$137.01		
27200	Y		\$132.40		
27202	Y		\$1,701.24		
27220	Y		\$137.01		
27230	Y		\$137.01		
27238	Y		\$917.34		
27246	Y		\$137.01		
27250	Y		\$137.01		
27252	Y		\$917.34		
27256	Y		\$137.01		
27257	Y		\$917.34		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
27265	Y		\$137.01		
27266	Y		\$917.34		
27267	Y		\$1,701.24		
27275	Y		\$917.34		
27278	Y		\$13,326.51	\$8,038.35	\$10,682.43
27279	Y		\$16,776.03	\$4,853.79	\$10,814.91
27301	Y		\$1,296.04		
27305	Y		\$1,701.24		
27306	Y		\$1,701.24		
27307	Y		\$1,701.24		
27310	Y		\$1,701.24		
27323	Y		\$764.87		
27324	Y		\$1,296.04		
27325	Y		\$1,005.52		
27326	Y		\$1,005.52		
27327	Y		\$764.87		
27328	Y		\$1,296.04		
27329	Y		\$1,296.04		
27330	Y		\$1,701.24		
27331	Y		\$1,701.24		
27332	Y		\$1,701.24		
27333	Y		\$1,701.24		
27334	Y		\$1,701.24		
27335	Y		\$3,800.17		
27337	Y		\$1,296.04		
27339	Y		\$1,296.04		
27340	Y		\$1,701.24		
27345	Y		\$1,701.24		
27347	Y		\$1,701.24		
27350	Y		\$3,800.17		
27355	Y		\$1,701.24		
27356	Y		\$9,406.89	\$5,567.85	\$7,487.37
27357	Y		\$4,873.63	\$2,939.70	\$3,906.66
27358	N	BN	\$0.00		
27360	Y		\$1,701.24		
27364	Y		\$1,296.04		
27369	N	BN	\$0.00		
27372	Y		\$1,296.04		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
27380	Y		\$3,800.17		
27381	Y		\$4,896.32	\$2,918.73	\$3,907.52
27385	Y		\$3,800.17		
27386	Y		\$3,800.17		
27390	Y		\$1,701.24		
27391	Y		\$1,701.24		
27392	Y		\$1,701.24		
27393	Y		\$3,800.17		
27394	Y		\$3,800.17		
27395	Y		\$1,701.24		
27396	Y		\$3,800.17		
27397	Y		\$3,800.17		
27400	Y		\$3,800.17		
27403	Y		\$5,390.35	\$2,462.64	\$3,926.49
27405	Y		\$3,800.17		
27407	Y		\$5,292.72	\$2,552.78	\$3,922.75
27409	Y		\$3,800.17		
27412	Y		\$6,699.56	\$1,254.00	\$3,976.78
27415	Y		\$10,927.04	\$4,164.49	\$7,545.76
27416	Y		\$3,800.17		
27418	Y		\$3,800.17		
27420	Y		\$3,800.17		
27422	Y		\$3,800.17		
27424	Y		\$3,800.17		
27425	Y		\$1,701.24		
27427	Y		\$5,117.55	\$2,714.49	\$3,916.02
27428	Y		\$9,414.36	\$5,560.97	\$7,487.66
27429	Y		\$9,754.30	\$5,247.13	\$7,500.71
27430	Y		\$3,800.17		
27435	Y		\$1,701.24		
27437	Y		\$3,800.17		
27438	Y		\$9,649.89	\$5,343.52	\$7,496.70
27440	Y		\$9,634.98	\$5,357.29	\$7,496.13
27441	Y		\$7,280.69		
27442	Y		\$9,922.72	\$5,091.64	\$7,507.18
27443	Y		\$9,936.40	\$5,079.03	\$7,507.71
27445	Y	AC	\$10,757.68	\$4,806.98	\$7,782.33
27446	Y		\$10,158.88	\$4,873.62	\$7,516.25

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
27447	Y		\$10,322.34	\$4,722.74	\$7,522.54
27475	Y	NRC	\$3,800.17		
27479	Y	NRC	\$3,800.17		
27496	Y		\$1,701.24		
27497	Y		\$1,701.24		
27498	Y		\$917.34		
27499	Y		\$3,800.17		
27500	Y		\$137.01		
27501	Y		\$137.01		
27502	Y		\$917.34		
27503	Y		\$917.34		
27508	Y		\$137.01		
27509	Y		\$5,244.39	\$2,597.41	\$3,920.90
27510	Y		\$917.34		
27516	Y		\$137.01		
27517	Y		\$917.34		
27520	Y		\$137.01		
27524	Y		\$3,800.17		
27530	Y		\$137.01		
27532	Y		\$1,701.24		
27538	Y		\$137.01		
27550	Y		\$137.01		
27552	Y		\$917.34		
27560	Y		\$137.01		
27562	Y		\$137.01		
27566	Y		\$3,800.17		
27570	Y		\$917.34		
27594	Y		\$1,701.24		
27600	Y		\$1,701.24		
27601	Y		\$1,701.24		
27602	Y		\$1,701.24		
27603	Y		\$1,296.04		
27604	Y		\$1,701.24		
27605	Y		\$917.34		
27606	Y		\$1,701.24		
27607	Y		\$1,701.24		
27610	Y		\$1,701.24		
27612	Y		\$1,701.24		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
27613	Y		\$187.77		
27614	Y		\$1,296.04		
27615	Y		\$1,296.04		
27616	Y		\$1,296.04		
27618	Y		\$764.87		
27619	Y		\$1,296.04		
27620	Y		\$1,701.24		
27625	Y		\$1,701.24		
27626	Y		\$1,701.24		
27630	Y		\$1,701.24		
27632	Y		\$1,296.04		
27634	Y		\$1,296.04		
27635	Y		\$1,701.24		
27637	Y		\$5,947.97	\$1,947.86	\$3,947.91
27638	Y		\$3,800.17		
27640	Y		\$1,701.24		
27641	Y		\$1,701.24		
27647	Y		\$1,701.24		
27648	N	BN	\$0.00		
27650	Y		\$3,800.17		
27652	Y		\$5,082.20	\$2,747.14	\$3,914.67
27654	Y		\$4,873.63	\$2,939.70	\$3,906.66
27656	Y		\$2,439.99	\$1,077.66	\$1,758.82
27658	Y		\$1,701.24		
27659	Y		\$3,800.17		
27664	Y		\$3,800.17		
27665	Y		\$5,042.95	\$2,783.38	\$3,913.16
27675	Y		\$1,701.24		
27676	Y		\$3,800.17		
27680	Y		\$1,701.24		
27681	Y		\$1,701.24		
27685	Y		\$1,701.24		
27686	Y		\$1,701.24		
27687	Y		\$1,701.24		
27690	Y		\$3,800.17		
27691	Y		\$3,800.17		
27692	N	BN	\$0.00		
27695	Y		\$5,063.06	\$2,764.81	\$3,913.93

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
27696	Y		\$5,532.76	\$2,331.18	\$3,931.97
27698	Y		\$4,938.82	\$2,879.50	\$3,909.16
27700	Y		\$5,917.16	\$1,976.32	\$3,946.74
27702	Y		\$16,492.20	\$5,115.83	\$10,804.01
27703	Y	AC	\$11,013.08	\$4,587.83	\$7,800.45
27704	N		\$1,701.24		
27705	Y		\$4,873.63	\$2,939.70	\$3,906.66
27707	Y		\$1,701.24		
27709	Y		\$9,620.06	\$5,371.06	\$7,495.56
27720	Y		\$5,193.46	\$2,644.42	\$3,918.94
27726	Y		\$5,217.79	\$2,621.96	\$3,919.87
27730	Y		\$2,181.79	\$1,316.02	\$1,748.90
27732	Y		\$1,701.24		
27734	Y		\$1,701.24		
27740	Y		\$1,701.24		
27742	Y		\$1,701.24		
27745	Y		\$5,456.21	\$2,401.86	\$3,929.03
27750	Y		\$137.01		
27752	Y		\$917.34		
27756	Y		\$5,243.42	\$2,598.31	\$3,920.86
27758	Y		\$10,060.07	\$4,964.85	\$7,512.46
27759	Y		\$9,761.14	\$5,240.82	\$7,500.98
27760	Y		\$137.01		
27762	Y		\$917.34		
27766	Y		\$3,800.17		
27767	Y		\$137.01		
27768	Y		\$917.34		
27769	Y		\$3,800.17		
27780	Y		\$137.01		
27781	Y		\$917.34		
27784	Y		\$3,800.17		
27786	Y		\$137.01		
27788	Y		\$137.01		
27792	Y		\$4,954.38	\$2,865.12	\$3,909.75
27808	Y		\$137.01		
27810	Y		\$917.34		
27814	Y		\$4,999.15	\$2,823.80	\$3,911.47
27816	Y		\$137.01		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
27818	Y		\$917.34		
27822	Y		\$5,033.53	\$2,792.05	\$3,912.79
27823	Y		\$5,001.75	\$2,821.40	\$3,911.57
27824	Y		\$137.01		
27825	Y		\$917.34		
27826	Y		\$5,063.71	\$2,764.21	\$3,913.96
27827	Y		\$9,981.14	\$5,037.71	\$7,509.42
27828	Y		\$9,873.62	\$5,136.97	\$7,505.29
27829	Y		\$5,189.25	\$2,648.32	\$3,918.78
27830	Y		\$137.01		
27831	Y		\$1,701.24		
27832	Y		\$5,143.51	\$2,690.54	\$3,917.02
27840	Y		\$137.01		
27842	Y		\$917.34		
27846	Y		\$3,800.17		
27848	Y		\$4,873.63	\$2,939.70	\$3,906.66
27860	Y		\$1,701.24		
27870	Y		\$10,602.00	\$4,464.55	\$7,533.27
27871	Y		\$9,342.88	\$5,626.94	\$7,484.91
27884	Y		\$1,701.24		
27889	Y		\$3,800.17		
27892	Y		\$1,701.24		
27893	Y		\$3,800.17		
27894	Y		\$1,701.24		
28001	Y		\$108.55		
28002	Y		\$917.34		
28003	Y		\$1,701.24		
28005	Y		\$1,701.24		
28008	Y		\$1,701.24		
28010	Y		\$141.93		
28011	Y		\$917.34		
28020	Y		\$1,701.24		
28022	Y		\$1,701.24		
28024	Y		\$917.34		
28035	Y		\$1,005.52		
28039	Y		\$1,296.04		
28041	Y		\$1,296.04		
28043	Y		\$764.87		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
28045	Y		\$1,296.04		
28046	Y		\$1,296.04		
28047	Y		\$1,296.04		
28050	Y		\$1,701.24		
28052	Y		\$1,701.24		
28054	Y		\$1,701.24		
28055	Y		\$1,005.52		
28060	Y		\$1,701.24		
28062	Y		\$1,701.24		
28070	Y		\$3,800.17		
28072	Y		\$1,701.24		
28080	Y		\$917.34		
28086	Y		\$1,701.24		
28088	Y		\$1,701.24		
28090	Y		\$917.34		
28092	Y		\$917.34		
28100	Y		\$1,701.24		
28102	Y		\$4,873.63	\$2,939.70	\$3,906.66
28103	Y		\$5,308.95	\$2,537.82	\$3,923.38
28104	Y		\$1,701.24		
28106	Y		\$3,800.17		
28107	Y		\$3,800.17		
28108	Y		\$917.34		
28110	Y		\$1,701.24		
28111	Y		\$1,701.24		
28112	Y		\$1,701.24		
28113	Y		\$1,701.24		
28114	Y		\$1,701.24		
28116	Y		\$1,701.24		
28118	Y		\$1,701.24		
28119	Y		\$1,701.24		
28120	Y		\$1,701.24		
28122	Y		\$1,701.24		
28124	Y		\$326.03		
28126	Y		\$1,701.24		
28130	Y		\$4,970.29	\$2,850.46	\$3,910.37
28140	Y		\$1,701.24		
28150	Y		\$1,701.24		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
28153	Y		\$1,701.24		
28160	Y		\$1,701.24		
28171	Y		\$1,701.24		
28173	Y		\$1,701.24		
28175	Y		\$917.34		
28190	Y		\$183.74		
28192	Y		\$764.87		
28193	Y		\$764.87		
28200	Y		\$1,701.24		
28202	Y		\$5,054.30	\$2,772.89	\$3,913.59
28208	Y		\$1,701.24		
28210	Y		\$5,035.16	\$2,790.56	\$3,912.86
28220	Y		\$308.80		
28222	Y		\$1,701.24		
28225	Y		\$1,701.24		
28226	Y		\$1,701.24		
28230	Y		\$300.35		
28232	Y		\$274.68		
28234	Y		\$917.34		
28238	Y		\$3,800.17		
28240	Y		\$1,701.24		
28250	Y		\$1,701.24		
28260	Y		\$1,701.24		
28261	Y		\$1,176.46	\$709.62	\$943.04
28262	Y		\$3,800.17		
28264	Y		\$917.34		
28270	Y		\$1,701.24		
28272	Y		\$265.52		
28280	Y	NRC	\$1,701.24		
28285	Y		\$1,701.24		
28286	Y		\$1,701.24		
28288	Y		\$1,701.24		
28289	Y		\$1,701.24		
28291	Y		\$5,298.56	\$2,547.39	\$3,922.97
28292	Y	NRC	\$1,701.24		
28295	Y	NRC	\$1,701.24		
28296	Y	NRC	\$1,701.24		
28297	Y	NRC	\$5,589.53	\$2,278.77	\$3,934.15

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
28298	Y	NRC	\$4,896.00	\$2,919.03	\$3,907.51
28299	Y	NRC	\$4,940.44	\$2,878.00	\$3,909.22
28300	Y		\$5,092.25	\$2,737.85	\$3,915.05
28302	Y		\$4,884.97	\$2,929.21	\$3,907.09
28304	Y		\$3,800.17		
28305	Y		\$5,326.13	\$2,521.94	\$3,924.03
28306	Y		\$3,800.17		
28307	Y		\$3,800.17		
28308	Y		\$1,701.24		
28309	Y		\$4,954.38	\$2,865.12	\$3,909.75
28310	Y		\$4,909.63	\$2,906.46	\$3,908.04
28312	Y		\$1,701.24		
28313	Y	NRC	\$1,701.24		
28315	Y		\$1,701.24		
28320	Y		\$9,291.92	\$5,673.99	\$7,482.95
28322	Y		\$5,187.30	\$2,650.11	\$3,918.70
28340	Y	NRC	\$1,701.24		
28341	Y	NRC	\$1,701.24		
28344	Y	NRC	\$1,701.24		
28345	Y	NRC	\$917.34		
28400	Y		\$137.01		
28405	Y		\$137.01		
28406	Y		\$3,800.17		
28415	Y		\$5,106.85	\$2,724.38	\$3,915.61
28420	Y		\$9,882.33	\$5,128.94	\$7,505.63
28430	Y		\$137.01		
28435	Y		\$917.34		
28436	Y		\$3,800.17		
28445	Y		\$5,064.36	\$2,763.61	\$3,913.98
28446	Y		\$5,833.47	\$2,053.58	\$3,943.52
28450	Y		\$137.01		
28455	Y		\$159.53		
28456	Y		\$3,800.17		
28465	Y		\$4,852.20	\$2,959.45	\$3,905.82
28470	Y		\$137.01		
28475	Y		\$137.01		
28476	Y		\$1,701.24		
28485	Y		\$5,000.45	\$2,822.60	\$3,911.52

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
28490	Y		\$112.58		
28495	Y		\$135.33		
28496	Y		\$1,701.24		
28505	Y		\$1,701.24		
28510	Y		\$89.85		
28515	Y		\$123.59		
28525	Y		\$1,701.24		
28530	Y		\$87.65		
28531	Y		\$3,800.17		
28540	Y		\$135.33		
28545	Y		\$1,701.24		
28546	Y		\$917.34		
28555	Y		\$5,020.89	\$2,803.74	\$3,912.31
28570	Y		\$137.01		
28575	Y		\$1,701.24		
28576	Y		\$3,800.17		
28585	Y		\$5,451.99	\$2,405.75	\$3,928.87
28600	Y		\$131.66		
28605	Y		\$137.01		
28606	Y		\$1,701.24		
28615	Y		\$4,950.50	\$2,868.72	\$3,909.61
28630	Y		\$99.39		
28635	Y		\$917.34		
28636	Y		\$1,701.24		
28645	Y		\$1,701.24		
28660	Y		\$85.81		
28665	Y		\$156.04		
28666	Y		\$1,701.24		
28675	Y		\$1,701.24		
28705	Y		\$14,476.94	\$6,976.28	\$10,726.61
28715	Y		\$11,196.75	\$3,915.48	\$7,556.11
28725	Y		\$10,265.78	\$4,774.94	\$7,520.36
28730	Y		\$10,938.22	\$4,154.16	\$7,546.19
28735	Y		\$10,825.11	\$4,258.58	\$7,541.84
28737	Y		\$11,109.74	\$3,995.80	\$7,552.77
28740	Y		\$5,575.90	\$2,291.35	\$3,933.62
28750	Y		\$5,410.14	\$2,444.37	\$3,927.25
28755	Y		\$3,800.17		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
28760	Y		\$4,873.63	\$2,939.70	\$3,906.66
28810	Y		\$1,701.24		
28820	Y		\$1,701.24		
28825	Y		\$1,701.24		
28890	Y		\$207.57		
29000	Y		\$156.04		
29010	Y		\$156.04		
29015	Y		\$156.04		
29035	Y		\$156.04		
29040	Y		\$156.04		
29044	Y		\$91.55		
29046	Y		\$156.04		
29049	Y		\$73.35		
29055	Y		\$156.04		
29058	Y		\$81.41		
29065	Y		\$71.14		
29075	Y		\$64.92		
29085	Y		\$70.41		
29086	Y		\$61.24		
29105	Y		\$57.95		
29125	N	BN	\$0.00		
29126	N	BN	\$0.00		
29130	N	BN	\$0.00		
29131	N	BN	\$0.00		
29200	Y		\$20.17		
29240	N	BN	\$0.00		
29260	N	BN	\$0.00		
29280	N	BN	\$0.00		
29305	Y		\$156.04		
29325	Y		\$156.04		
29345	Y		\$90.59		
29355	Y		\$91.68		
29358	Y		\$119.19		
29365	Y		\$88.02		
29405	Y		\$56.11		
29425	Y		\$51.34		
29435	Y		\$87.28		
29440	Y		\$25.30		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
29445	Y		\$69.68		
29450	Y		\$77.01		
29505	Y		\$71.14		
29515	Y		\$50.24		
29520	N	BN	\$0.00		
29530	N	BN	\$0.00		
29540	Y		\$15.40		
29550	N	BN	\$0.00		
29580	Y		\$47.68		
29581	Y		\$74.45		
29584	Y		\$74.82		
29700	Y		\$46.94		
29705	Y		\$38.14		
29710	Y		\$78.12		
29720	Y		\$67.11		
29730	Y		\$40.34		
29740	Y		\$61.24		
29750	Y	NRC	\$63.81		
29800	Y		\$1,701.24		
29804	Y		\$1,701.24		
29805	Y		\$1,701.24		
29806	Y		\$3,800.17		
29807	Y		\$3,800.17		
29819	Y		\$1,701.24		
29820	Y		\$3,800.17		
29821	Y		\$1,701.24		
29822	Y		\$1,701.24		
29823	Y		\$1,701.24		
29824	Y		\$1,701.24		
29825	Y		\$1,701.24		
29826	N	BN	\$0.00		
29827	Y		\$3,800.17		
29828	Y		\$3,800.17		
29830	Y		\$1,701.24		
29834	Y		\$1,701.24		
29835	Y		\$1,701.24		
29836	Y		\$3,800.17		
29837	Y		\$1,701.24		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
29838	Y		\$1,701.24		
29840	Y		\$1,701.24		
29843	Y		\$1,701.24		
29844	Y		\$1,701.24		
29845	Y		\$1,701.24		
29846	Y		\$1,701.24		
29847	Y		\$3,800.17		
29848	Y		\$917.34		
29850	Y		\$917.34		
29851	Y		\$917.34		
29855	Y		\$5,528.22	\$2,335.37	\$3,931.79
29856	Y		\$11,978.57	\$3,193.71	\$7,586.14
29860	Y		\$3,800.17		
29861	Y		\$3,800.17		
29862	Y		\$3,800.17		
29863	Y		\$1,701.24		
29866	Y		\$3,800.17		
29867	Y		\$11,080.54	\$4,022.77	\$7,551.65
29868	Y		\$3,800.17		
29870	Y		\$1,701.24		
29871	Y		\$1,701.24		
29873	Y		\$1,701.24		
29874	Y		\$1,701.24		
29875	Y		\$1,701.24		
29876	Y		\$1,701.24		
29877	Y		\$1,701.24		
29879	Y		\$1,701.24		
29880	Y		\$1,701.24		
29881	Y		\$1,701.24		
29882	Y		\$1,701.24		
29883	Y		\$1,701.24		
29884	Y		\$1,701.24		
29885	Y		\$4,968.34	\$2,852.25	\$3,910.29
29886	Y		\$1,701.24		
29887	Y		\$3,800.17		
29888	Y		\$5,129.56	\$2,703.42	\$3,916.49
29889	Y		\$9,337.28	\$5,632.10	\$7,484.69
29891	Y		\$1,701.24		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
29892	Y		\$3,800.17		
29893	Y		\$1,701.24		
29894	Y		\$1,701.24		
29895	Y		\$1,701.24		
29897	Y		\$1,701.24		
29898	Y		\$1,701.24		
29899	Y		\$5,131.17	\$2,701.91	\$3,916.54
29900	Y		\$1,701.24		
29901	Y		\$1,701.24		
29902	Y		\$917.34		
29904	Y		\$1,701.24		
29905	Y		\$3,800.17		
29906	Y		\$1,701.24		
29907	Y		\$9,805.27	\$5,200.09	\$7,502.68
29914	Y		\$3,800.17		
29915	Y		\$3,800.17		
29916	Y		\$3,800.17		
30000	Y		\$126.72		
30020	Y		\$210.87		
30100	Y		\$103.80		
30110	Y		\$183.37		
30115	Y		\$1,318.93		
30117	Y		\$1,318.93		
30118	Y		\$1,318.93		
30120	Y		\$1,318.93		
30124	Y		\$666.85		
30125	Y		\$2,760.89		
30130	Y		\$1,318.93		
30140	Y		\$1,318.93		
30150	Y		\$2,760.89		
30160	Y		\$2,760.89		
30200	Y		\$79.90		
30210	Y		\$107.73		
30220	Y		\$666.85		
30300	N	BN	\$0.00		
30310	Y		\$1,318.93		
30320	Y		\$666.85		
30400	Y	NRC	\$2,760.89		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
30410	Y		\$2,760.89		
30420	Y		\$2,760.89		
30430	Y		\$2,760.89		
30435	Y		\$2,760.89		
30450	Y		\$2,760.89		
30460	Y	NRC	\$2,760.89		
30462	Y	NRC	\$2,760.89		
30465	Y		\$2,760.89		
30468	Y		\$4,620.27	\$1,787.72	\$3,203.99
30469	Y		\$3,965.67	\$2,392.03	\$3,178.85
30520	Y		\$1,318.93		
30540	Y	NRC	\$2,760.89		
30545	Y	NRC	\$2,760.89		
30560	Y		\$285.42		
30580	Y		\$2,760.89		
30600	Y		\$2,760.89		
30620	Y		\$2,760.89		
30630	Y		\$1,318.93		
30801	Y		\$666.85		
30802	Y		\$666.85		
30901	N	BN	\$0.00		
30903	Y		\$66.27		
30905	Y		\$66.27		
30906	Y		\$126.72		
30915	Y		\$1,548.04		
30920	Y		\$1,548.04		
30930	Y		\$1,318.93		
31000	Y		\$126.72		
31002	Y		\$666.85		
31020	Y		\$1,318.93		
31030	Y		\$2,760.89		
31032	Y		\$2,760.89		
31040	Y		\$2,760.89		
31050	Y		\$2,760.89		
31051	Y		\$2,760.89		
31070	Y		\$2,760.89		
31075	Y		\$2,760.89		
31080	Y		\$2,760.89		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
31081	Y		\$2,760.89		
31084	Y		\$2,760.89		
31085	Y		\$4,072.05	\$2,293.84	\$3,182.94
31086	Y		\$2,760.89		
31087	Y		\$2,760.89		
31090	Y		\$2,760.89		
31200	Y		\$2,760.89		
31201	Y		\$666.85		
31205	Y		\$1,318.93		
31231	Y	NRC	\$102.75		
31233	Y	NRC	\$211.82		
31235	Y	NRC	\$757.16		
31237	Y		\$757.16		
31238	Y		\$757.16		
31239	Y	NRC	\$1,566.67		
31240	Y	NRC	\$757.16		
31242	Y	NRC	\$3,965.67	\$2,392.03	\$3,178.85
31243	Y	NRC	\$4,187.65	\$2,187.10	\$3,187.37
31253	Y		\$2,301.13		
31254	Y		\$2,301.13		
31255	Y		\$2,301.13		
31256	Y		\$1,566.67		
31257	Y		\$2,301.13		
31259	Y		\$2,301.13		
31267	Y		\$2,301.13		
31276	Y		\$2,301.13		
31287	Y		\$2,301.13		
31288	Y		\$2,301.13		
31295	Y		\$3,292.08	\$2,005.88	\$2,648.98
31296	Y		\$1,522.93		
31297	Y		\$1,508.20		
31298	Y		\$2,301.13		
31300	Y		\$1,318.93		
31400	Y		\$2,760.89		
31420	Y		\$2,760.89		
31500	Y		\$126.72		
31502	Y		\$126.72		
31505	Y		\$65.82		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
31510	Y		\$1,566.67		
31511	Y		\$102.75		
31512	Y		\$1,566.67		
31513	Y		\$211.82		
31515	Y		\$211.82		
31520	Y	NRC	\$211.82		
31525	Y		\$757.16		
31526	Y		\$757.16		
31527	Y		\$1,566.67		
31528	Y		\$1,566.67		
31529	Y		\$1,566.67		
31530	Y		\$757.16		
31531	Y		\$1,566.67		
31535	Y		\$1,566.67		
31536	Y		\$1,566.67		
31540	Y		\$1,566.67		
31541	Y		\$1,566.67		
31545	Y		\$1,566.67		
31546	Y		\$2,301.13		
31551	Y	NRC	\$2,760.89		
31552	Y		\$2,760.89		
31553	Y	NRC	\$2,760.89		
31554	Y		\$2,760.89		
31560	Y		\$2,301.13		
31561	Y		\$2,301.13		
31570	Y		\$1,566.67		
31571	Y		\$1,566.67		
31572	Y		\$1,566.67		
31573	Y		\$192.54		
31574	Y		\$757.16		
31575	Y		\$91.68		
31576	Y		\$757.16		
31577	Y		\$211.82		
31578	Y		\$1,566.67		
31579	Y		\$125.08		
31580	Y		\$2,760.89		
31590	Y		\$2,760.89		
31591	Y		\$2,760.89		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
31592	Y		\$2,760.89		
31603	Y		\$666.85		
31605	Y		\$126.72		
31611	Y		\$1,318.93		
31612	Y		\$1,318.93		
31613	Y		\$1,318.93		
31614	Y		\$2,760.89		
31615	Y		\$285.42		
31622	Y		\$757.16		
31623	Y		\$757.16		
31624	Y		\$757.16		
31625	Y		\$757.16		
31626	Y		\$2,301.13		
31627	N	BN	\$0.00		
31628	Y		\$1,566.67		
31629	Y		\$1,566.67		
31630	Y		\$1,566.67		
31631	Y		\$2,301.13		
31632	N	BN	\$0.00		
31633	N	BN	\$0.00		
31634	Y		\$2,301.13		
31635	Y		\$757.16		
31636	Y		\$3,509.66	\$1,805.02	\$2,657.34
31637	N	BN	\$0.00		
31638	Y		\$2,301.13		
31640	Y		\$1,566.67		
31641	Y		\$1,566.67		
31643	Y		\$757.16		
31645	Y		\$757.16		
31646	Y		\$211.82		
31647	Y		\$3,305.73	\$1,993.30	\$2,649.51
31648	Y		\$1,566.67		
31649	N		\$757.16		
31651	N	BN	\$0.00		
31652	Y		\$1,566.67		
31653	Y		\$1,566.67		
31654	N	BN	\$0.00		
31717	Y		\$211.82		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
31720	N	BN	\$0.00		
31730	Y		\$757.16		
31750	Y		\$2,760.89		
31755	Y		\$2,760.89		
31820	Y		\$1,318.93		
31825	Y		\$1,318.93		
31830	Y		\$1,318.93		
32400	Y		\$682.92		
32408	Y		\$682.92		
32550	Y		\$2,418.27	\$1,323.29	\$1,870.78
32552	N		\$325.88		
32553	N		\$718.79		
32554	Y		\$325.88		
32555	Y		\$325.88		
32556	Y		\$831.84		
32557	Y		\$619.20		
32960	Y		\$325.88		
32994	Y		\$6,983.24	\$3,508.49	\$5,245.86
32998	Y		\$2,705.53		
33016	Y	NRC	\$619.20		
33206	Y	NRC	\$8,234.39	\$3,473.38	\$5,853.88
33207	Y	NRC	\$8,459.45	\$3,265.62	\$5,862.53
33208	Y	NRC	\$8,708.16	\$3,036.00	\$5,872.08
33210	Y	NRC	\$6,573.42	\$3,380.12	\$4,976.77
33211	Y	NRC	\$8,250.33	\$1,832.04	\$5,041.18
33212	Y	NRC	\$7,200.09	\$2,801.58	\$5,000.83
33213	Y	NRC	\$8,650.21	\$3,089.51	\$5,869.86
33214	Y	NRC	\$8,735.69	\$3,010.59	\$5,873.14
33215	Y	NRC	\$1,548.04		
33216	Y	NRC	\$6,433.34	\$3,509.45	\$4,971.39
33217	Y	NRC	\$6,190.25	\$3,733.87	\$4,962.06
33218	Y	NRC	\$2,037.13		
33220	Y	NRC	\$3,034.17	\$1,665.18	\$2,349.67
33221	Y	NRC	\$14,879.21	\$4,674.90	\$9,777.05
33222	Y	NRC	\$945.99		
33223	Y	NRC	\$945.99		
33224	Y	NRC	\$8,805.23	\$2,946.38	\$5,875.80
33225	N	BN	\$0.00		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
33226	Y	NRC	\$2,223.56	\$1,341.22	\$1,782.39
33227	Y	NRC	\$7,178.67	\$2,821.36	\$5,000.01
33228	Y	NRC	\$8,510.64	\$3,218.36	\$5,864.50
33229	Y	NRC	\$14,668.86	\$4,869.08	\$9,768.97
33230	Y	NRC	\$21,704.94	\$6,474.72	\$14,089.83
33231	Y	NRC	\$28,708.23	\$7,500.67	\$18,104.45
33233	N	NRC	\$6,360.82	\$3,576.39	\$4,968.60
33234	N	NRC	\$3,066.30	\$1,635.51	\$2,350.90
33235	N	NRC	\$2,037.13		
33240	Y	NRC	\$22,620.56	\$5,629.41	\$14,124.98
33241	N	NRC	\$2,037.13		
33249	Y	NRC	\$28,321.24	\$7,857.96	\$18,089.60
33262	Y	NRC	\$21,826.33	\$6,362.65	\$14,094.49
33263	Y	NRC	\$21,806.67	\$6,380.79	\$14,093.73
33264	Y	NRC	\$28,530.30	\$7,664.94	\$18,097.62
33270	Y	NRC	\$28,696.38	\$7,511.64	\$18,104.01
33271	Y	NRC	\$6,986.67	\$2,998.61	\$4,992.64
33273	Y	NRC	\$2,037.13		
33274	Y	NRC	\$15,014.88	\$4,549.63	\$9,782.25
33275	Y	NRC	\$2,633.67	\$962.62	\$1,798.14
33276	N	NRC	\$46,241.72	\$10,970.33	\$28,606.02
33277	N	BN	\$0.00		
33278	Y	NRC	\$1,898.21		
33279	Y	NRC	\$2,726.53	\$1,644.60	\$2,185.56
33280	Y	NRC	\$1,898.21		
33281	Y	NRC	\$1,898.21		
33285	Y	NRC	\$7,870.86	\$2,182.35	\$5,026.60
33286	N	NRC	\$364.98		
33287	Y	NRC	\$27,567.59	\$7,069.97	\$17,318.78
33288	Y	NRC	\$12,514.62	\$4,505.58	\$8,510.10
33289	Y	NRC	\$28,173.23	\$6,816.66	\$17,494.94
33419	N	BN	\$0.00		
33508	N	BN	\$0.00		
33866	N	BN	\$0.00		
33900	Y	NRC	\$6,962.95	\$4,199.94	\$5,581.44
33901	Y	NRC	\$6,962.95	\$4,199.94	\$5,581.44
33902	Y	NRC	\$11,297.88	\$6,814.71	\$9,056.29
33903	Y	NRC	\$6,962.95	\$4,199.94	\$5,581.44

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
34490	Y	NRC	\$1,548.04		
34713	N	BN	\$0.00		
34714	N	BN	\$0.00		
34715	N	BN	\$0.00		
34716	N	BN	\$0.00		
35188	Y	NRC	\$2,903.17		
35207	Y		\$1,548.04		
35572	N	BN	\$0.00		
35875	Y	NRC	\$2,903.17		
35876	Y	NRC	\$2,903.17		
36000	N	BN	\$0.00		
36002	Y		\$325.88		
36005	N	BN	\$0.00		
36010	N	BN	\$0.00		
36011	N	BN	\$0.00		
36012	N	BN	\$0.00		
36013	N	BN	\$0.00		
36014	N	BN	\$0.00		
36015	N	BN	\$0.00		
36100	N	BN	\$0.00		
36140	N	BN	\$0.00		
36160	N	BN	\$0.00		
36200	N	BN	\$0.00		
36215	N	BN	\$0.00		
36216	N	BN	\$0.00		
36217	N	BN	\$0.00		
36218	N	BN	\$0.00		
36221	N	BN	\$0.00		
36222	N	BN	\$0.00		
36223	N	BN	\$0.00		
36224	N	BN	\$0.00		
36225	N	BN	\$0.00		
36226	N	BN	\$0.00		
36227	N	BN	\$0.00		
36228	N	BN	\$0.00		
36245	N	BN	\$0.00		
36246	N	BN	\$0.00		
36247	N	BN	\$0.00		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
36248	N	BN	\$0.00		
36251	N	BN	\$0.00		
36252	N	BN	\$0.00		
36253	N	BN	\$0.00		
36254	N	BN	\$0.00		
36260	Y		\$2,903.17		
36261	Y		\$3,217.03	\$1,496.34	\$2,356.68
36262	N		\$2,037.13		
36400	N	BN	\$0.00		
36405	N	BN	\$0.00		
36406	N	BN	\$0.00		
36410	N	BN	\$0.00		
36416	N	BN	\$0.00		
36420	N	BN	\$0.00		
36425	N	BN	\$0.00		
36430	N		\$40.60		
36440	N	NRC	\$225.19		
36450	N	NRC	\$225.19		
36455	N		\$225.19		
36465	Y	NRC	\$945.99		
36466	Y	NRC	\$945.99		
36468	N	BN	\$0.00		
36470	Y	NRC	\$83.83		
36471	Y	NRC	\$137.20		
36473	Y	NRC	\$1,028.17		
36474	N	BN	\$0.00		
36475	Y	NRC	\$1,548.04		
36476	N	BN	\$0.00		
36478	Y	NRC	\$1,548.04		
36479	N	BN	\$0.00		
36481	N	BN	\$0.00		
36482	Y	NRC	\$1,475.13		
36483	N	BN	\$0.00		
36500	N	BN	\$0.00		
36510	N	BN	\$0.00		
36511	N		\$795.93		
36512	N		\$795.93		
36513	N		\$225.19		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
36514	N		\$795.93		
36516	N		\$1,682.72		
36522	N		\$2,400.67		
36555	Y	NRC	\$1,548.04		
36556	Y		\$1,548.04		
36557	Y	NRC	\$2,903.17		
36558	Y		\$1,548.04		
36560	Y	NRC	\$1,548.04		
36561	Y		\$1,548.04		
36563	Y		\$5,526.15	\$1,263.35	\$3,394.75
36565	Y		\$1,548.04		
36566	Y		\$2,903.17		
36568	Y	NRC	\$886.26	\$539.37	\$712.81
36569	Y		\$619.20		
36570	Y	NRC	\$2,223.56	\$1,341.22	\$1,782.39
36571	Y		\$1,548.04		
36572	Y	NRC	\$325.88		
36573	Y		\$619.20		
36575	Y		\$325.88		
36576	Y		\$619.20		
36578	Y		\$2,263.08	\$1,304.74	\$1,783.91
36580	Y		\$619.20		
36581	Y		\$2,215.86	\$1,348.32	\$1,782.09
36582	Y		\$1,548.04		
36583	Y		\$5,699.90	\$1,102.95	\$3,401.42
36584	Y		\$619.20		
36585	Y		\$1,548.04		
36589	N		\$325.88		
36590	N		\$619.20		
36591	N	BN	\$0.00		
36592	N	BN	\$0.00		
36593	Y		\$33.40		
36595	Y		\$2,223.26	\$1,341.49	\$1,782.37
36596	Y		\$619.20		
36597	Y		\$619.20		
36598	Y		\$89.72		
36600	N	BN	\$0.00		
36620	N	BN	\$0.00		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
36625	N	BN	\$0.00		
36640	Y		\$1,548.04		
36680	N	BN	\$0.00		
36800	Y	NRC	\$2,903.17		
36810	Y	NRC	\$2,233.33	\$1,332.20	\$1,782.76
36815	Y	NRC	\$2,903.17		
36818	Y	NRC	\$2,903.17		
36819	Y	NRC	\$2,903.17		
36820	Y	NRC	\$2,903.17		
36821	Y	NRC	\$1,548.04		
36825	Y	NRC	\$2,903.17		
36830	Y	NRC	\$2,903.17		
36831	Y	NRC	\$2,903.17		
36832	Y	NRC	\$2,903.17		
36833	Y	NRC	\$2,903.17		
36835	Y	NRC	\$2,506.84	\$1,079.72	\$1,793.28
36836	Y	NRC	\$11,909.99	\$6,249.63	\$9,079.81
36837	Y	NRC	\$13,091.34	\$5,159.02	\$9,125.18
36860	Y	NRC	\$619.20		
36861	Y	NRC	\$4,653.25	\$2,069.20	\$3,361.22
36901	Y	NRC	\$554.03		
36902	Y	NRC	\$2,526.14		
36903	Y	NRC	\$7,900.96	\$3,333.98	\$5,617.47
36904	Y	NRC	\$3,673.87	\$2,146.72	\$2,910.29
36905	Y	NRC	\$6,960.63	\$4,202.08	\$5,581.35
36906	Y	NRC	\$12,868.75	\$5,364.50	\$9,116.62
36907	N	BN	\$0.00		
36908	N	BN	\$0.00		
36909	N	BN	\$0.00		
37184	Y		\$11,531.74	\$6,598.81	\$9,065.27
37185	N	BN	\$0.00		
37186	N	BN	\$0.00		
37187	Y		\$8,287.01	\$2,977.58	\$5,632.29
37188	Y		\$2,927.59	\$691.28	\$1,809.43
37192	Y		\$2,211.13	\$1,352.69	\$1,781.91
37193	Y		\$1,548.04		
37197	Y		\$2,263.23	\$1,304.61	\$1,783.92
37200	Y		\$2,903.17		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
37211	Y		\$4,170.03	\$2,515.30	\$3,342.66
37212	Y		\$2,239.11	\$1,326.88	\$1,782.99
37220	Y	NRC	\$3,733.04	\$2,092.10	\$2,912.57
37221	Y	NRC	\$7,719.76	\$3,501.27	\$5,610.51
37222	N	BN	\$0.00		
37223	N	BN	\$0.00		
37224	Y	NRC	\$3,935.67	\$1,905.04	\$2,920.35
37225	Y	NRC	\$13,332.72	\$4,936.18	\$9,134.45
37226	Y	NRC	\$8,013.12	\$3,230.45	\$5,621.78
37227	Y	NRC	\$13,535.00	\$4,749.43	\$9,142.21
37228	Y	NRC	\$7,219.70	\$3,962.92	\$5,591.31
37229	Y	NRC	\$12,649.18	\$5,567.22	\$9,108.20
37230	Y	NRC	\$12,237.84	\$5,946.94	\$9,092.39
37231	Y	NRC	\$13,658.33	\$4,635.59	\$9,146.96
37232	N	BN	\$0.00		
37233	N	BN	\$0.00		
37234	N	BN	\$0.00		
37235	N	BN	\$0.00		
37236	Y		\$7,541.34	\$3,666.00	\$5,603.67
37237	N	BN	\$0.00		
37238	Y		\$7,637.27	\$3,577.43	\$5,607.35
37239	N	BN	\$0.00		
37241	Y		\$6,962.95	\$4,199.94	\$5,581.44
37242	Y		\$12,865.74	\$5,367.28	\$9,116.51
37243	Y		\$4,847.61		
37246	Y	NRC	\$3,739.09	\$2,086.53	\$2,912.81
37247	N	BN	\$0.00		
37248	Y	NRC	\$2,526.14		
37249	N	BN	\$0.00		
37252	N	BN	\$0.00		
37253	N	BN	\$0.00		
37500	Y	NRC	\$2,903.17		
37607	Y	NRC	\$1,548.04		
37609	Y		\$682.92		
37650	Y	NRC	\$1,548.04		
37700	Y	NRC	\$1,548.04		
37718	Y	NRC	\$1,548.04		
37722	Y	NRC	\$1,548.04		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
37735	Y	NRC	\$1,548.04		
37760	Y	NRC	\$1,548.04		
37761	Y	NRC	\$1,548.04		
37765	Y	NRC	\$218.08		
37766	Y	NRC	\$242.63		
37780	Y	NRC	\$1,548.04		
37785	Y	NRC	\$1,548.04		
37790	Y	NRC	\$1,626.15		
38200	N	BN	\$0.00		
38204	N	BN	\$0.00		
38206	N	NRC	\$795.93		
38220	Y		\$111.99		
38221	Y		\$114.60		
38222	Y		\$1,157.18		
38230	N		\$795.93		
38232	N		\$2,400.67		
38241	N	NRC	\$795.93		
38242	N	NRC	\$795.93		
38243	N		\$795.93		
38300	Y		\$1,157.18		
38305	Y		\$1,157.18		
38308	Y	NRC	\$1,469.51		
38500	Y		\$1,469.51		
38505	Y		\$682.92		
38510	Y		\$1,469.51		
38520	Y		\$1,469.51		
38525	Y		\$1,469.51		
38530	Y		\$1,469.51		
38531	Y		\$1,469.51		
38542	Y		\$2,705.53		
38550	Y		\$1,469.51		
38555	Y		\$2,536.04		
38570	Y		\$2,705.53		
38571	Y		\$4,540.76		
38572	Y		\$4,540.76		
38573	Y		\$4,540.76		
38700	Y		\$2,536.04		
38740	Y		\$2,705.53		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
38745	Y		\$2,705.53		
38760	Y		\$2,536.04		
38790	N	BN	\$0.00		
38792	N	BN	\$0.00		
38794	N	BN	\$0.00		
38900	N	BN	\$0.00		
40490	Y		\$76.29		
40500	Y	NRC	\$1,318.93		
40510	Y	NRC	\$1,318.93		
40520	Y	NRC	\$1,318.93		
40525	Y	NRC	\$1,318.93		
40527	Y	NRC	\$2,760.89		
40530	Y	NRC	\$1,318.93		
40650	Y		\$285.42		
40652	Y		\$285.42		
40654	Y		\$666.85		
40700	Y	NRC	\$2,760.89		
40701	Y	NRC	\$2,760.89		
40702	Y	NRC	\$2,760.89		
40720	Y	NRC	\$1,318.93		
40761	Y	NRC	\$2,760.89		
40800	Y		\$154.55		
40801	Y		\$285.42		
40804	N	BN	\$0.00		
40805	Y		\$180.09		
40806	Y	NRC	\$86.44		
40808	Y		\$128.36		
40810	Y		\$163.72		
40812	Y		\$186.64		
40814	Y		\$1,318.93		
40816	Y		\$1,318.93		
40818	Y		\$285.42		
40819	Y		\$666.85		
40820	Y		\$206.62		
40830	Y		\$126.72		
40831	Y		\$285.42		
40840	Y		\$2,760.89		
40842	Y		\$2,760.89		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
40843	Y		\$2,760.89		
40844	Y		\$2,760.89		
40845	Y		\$2,760.89		
41000	Y		\$93.98		
41005	Y		\$126.72		
41006	Y		\$666.85		
41007	Y		\$666.85		
41008	Y		\$1,318.93		
41009	Y		\$285.42		
41010	Y	NRC	\$666.85		
41015	Y		\$285.42		
41016	Y		\$2,760.89		
41017	Y		\$1,318.93		
41018	Y		\$666.85		
41019	Y		\$2,760.89		
41100	Y		\$132.29		
41105	Y		\$131.30		
41108	Y		\$125.08		
41110	Y		\$168.63		
41112	Y		\$1,318.93		
41113	Y		\$1,318.93		
41114	Y		\$1,318.93		
41115	Y		\$190.90		
41116	Y		\$1,318.93		
41120	Y	NRC	\$2,760.89		
41250	N	BN	\$0.00		
41251	Y		\$126.72		
41252	Y		\$126.72		
41510	Y	NRC	\$1,318.93		
41512	Y	NRC	\$3,965.67	\$2,392.03	\$3,178.85
41520	Y	NRC	\$1,318.93		
41530	Y	NRC	\$764.25		
41800	N	BN	\$0.00		
41805	Y		\$253.44		
41806	Y		\$299.94		
41820	Y	NRC	\$1,318.93		
41821	Y	NRC	\$666.85		
41822	Y		\$256.39		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
41823	Y		\$376.56		
41825	Y		\$166.01		
41826	Y		\$206.62		
41827	Y		\$2,760.89		
41828	Y		\$226.26		
41830	Y		\$328.42		
41850	Y	NRC	\$666.85		
41870	Y	NRC	\$666.85		
41872	Y	NRC	\$348.73		
41874	Y	NRC	\$261.63		
42000	Y	NRC	\$126.72		
42100	Y		\$93.98		
42104	Y		\$151.93		
42106	Y		\$168.63		
42107	Y		\$2,760.89		
42120	Y		\$2,760.89		
42140	Y		\$1,318.93		
42145	Y		\$2,760.89		
42160	Y		\$154.88		
42180	Y		\$285.42		
42182	Y		\$2,760.89		
42200	Y	NRC	\$2,760.89		
42205	Y	NRC	\$1,318.93		
42210	Y	NRC	\$2,760.89		
42215	Y	NRC	\$4,273.44	\$2,107.91	\$3,190.67
42220	Y	NRC	\$2,760.89		
42225	Y	NRC	\$2,760.89		
42226	Y	NRC	\$2,760.89		
42227	Y	NRC	\$2,760.89		
42235	Y	NRC	\$2,760.89		
42260	Y	NRC	\$2,760.89		
42280	Y	NRC	\$116.24		
42281	Y	NRC	\$2,760.89		
42300	Y	NRC	\$666.85		
42305	Y	NRC	\$1,318.93		
42310	Y	NRC	\$285.42		
42320	Y	NRC	\$285.42		
42330	Y	NRC	\$147.35		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
42335	Y	NRC	\$301.25		
42340	Y	NRC	\$1,318.93		
42400	Y		\$65.82		
42405	Y		\$666.85		
42408	Y	NRC	\$1,318.93		
42409	Y	NRC	\$1,318.93		
42410	Y		\$2,760.89		
42415	Y		\$2,760.89		
42420	Y		\$2,760.89		
42425	Y		\$2,760.89		
42440	Y	NRC	\$2,760.89		
42450	Y	NRC	\$2,760.89		
42500	Y		\$2,760.89		
42505	Y		\$2,760.89		
42507	Y	NRC	\$2,760.89		
42509	Y	NRC	\$2,760.89		
42510	Y	NRC	\$1,318.93		
42550	N	BN	\$0.00		
42600	Y	NRC	\$1,318.93		
42650	Y	NRC	\$44.86		
42660	Y	NRC	\$64.51		
42665	Y	NRC	\$1,318.93		
42700	Y	NRC	\$126.72		
42720	Y	NRC	\$1,318.93		
42725	Y	NRC	\$2,760.89		
42800	Y		\$103.14		
42804	Y		\$1,318.93		
42806	Y		\$1,318.93		
42808	Y		\$1,318.93		
42809	N	BN	\$0.00		
42810	Y	NRC	\$1,318.93		
42815	Y	NRC	\$2,760.89		
42820	Y	NRC	\$2,760.89		
42821	Y	NRC	\$1,318.93		
42825	Y	NRC	\$2,760.89		
42826	Y	NRC	\$1,318.93		
42830	Y	NRC	\$1,318.93		
42831	Y	NRC	\$1,318.93		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
42835	Y	NRC	\$1,318.93		
42836	Y	NRC	\$1,318.93		
42860	Y	NRC	\$1,318.93		
42870	Y	NRC	\$2,760.89		
42890	Y	NRC	\$2,760.89		
42892	Y	NRC	\$2,760.89		
42900	Y		\$1,267.04	\$292.31	\$779.67
42950	Y	NRC	\$2,760.89		
42955	Y	NRC	\$666.85		
42960	Y		\$285.42		
42962	Y		\$1,318.93		
42970	Y		\$126.72		
42972	Y		\$1,318.93		
42975	Y	NRC	\$757.16		
43030	Y	NRC	\$2,760.89		
43130	Y	NRC	\$2,760.89		
43180	Y		\$2,760.89		
43191	Y		\$831.84		
43192	Y		\$831.84		
43193	Y		\$831.84		
43194	Y		\$831.84		
43195	Y		\$1,799.14		
43196	Y		\$831.84		
43197	Y		\$129.67		
43198	Y		\$139.82		
43200	Y	NRC	\$470.24		
43201	Y	NRC	\$831.84		
43202	Y		\$831.84		
43204	Y	NRC	\$831.84		
43205	Y	NRC	\$831.84		
43206	Y	NRC	\$831.84		
43210	Y		\$6,734.50	\$3,738.13	\$5,236.31
43211	Y		\$831.84		
43212	Y		\$4,380.24	\$1,602.59	\$2,991.41
43213	Y		\$831.84		
43214	Y		\$831.84		
43215	Y		\$831.84		
43216	Y		\$831.84		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
43217	Y		\$831.84		
43220	Y	NRC	\$831.84		
43226	Y	NRC	\$831.84		
43227	Y		\$831.84		
43229	Y		\$3,016.47	\$1,159.72	\$2,088.09
43231	Y	NRC	\$831.84		
43232	Y		\$831.84		
43233	Y		\$831.84		
43235	Y		\$470.24		
43236	Y	NRC	\$470.24		
43237	Y	NRC	\$831.84		
43238	Y		\$831.84		
43239	Y		\$470.24		
43240	Y	NRC	\$4,591.99	\$1,407.11	\$2,999.55
43241	Y	NRC	\$831.84		
43242	Y		\$831.84		
43243	Y	NRC	\$831.84		
43244	Y	NRC	\$831.84		
43245	Y		\$831.84		
43246	Y		\$831.84		
43247	Y		\$470.24		
43248	Y	NRC	\$470.24		
43249	Y	NRC	\$831.84		
43250	Y		\$831.84		
43251	Y		\$831.84		
43252	Y		\$831.84		
43253	Y		\$831.84		
43254	Y		\$831.84		
43255	Y		\$831.84		
43257	Y	NRC	\$2,777.21	\$1,380.60	\$2,078.90
43259	Y	NRC	\$831.84		
43260	Y		\$1,799.14		
43261	Y		\$1,799.14		
43262	Y	NRC	\$1,799.14		
43263	Y	NRC	\$831.84		
43264	Y	NRC	\$1,799.14		
43265	Y	NRC	\$2,575.39		
43266	Y		\$4,521.81	\$1,471.89	\$2,996.85

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
43270	Y		\$1,225.29	\$692.58	\$958.93
43273	N	BN	\$0.00		
43274	Y		\$3,785.63	\$2,151.52	\$2,968.57
43275	Y		\$831.84		
43276	Y		\$3,790.31	\$2,147.21	\$2,968.76
43277	Y		\$1,799.14		
43278	Y		\$1,799.14		
43284	Y	NRC	\$7,403.90	\$3,120.15	\$5,262.02
43285	N	NRC	\$2,705.53		
43290	Y	NRC	\$831.84		
43291	Y	NRC	\$470.24		
43450	Y	NRC	\$470.24		
43453	Y	NRC	\$831.84		
43653	Y	NRC	\$2,705.53		
43752	N		\$206.69		
43753	N	BN	\$0.00		
43754	N	BN	\$0.00		
43755	N	NRC	\$81.03		
43756	N	NRC	\$470.24		
43757	Y	NRC	\$470.24		
43761	Y		\$128.20		
43762	Y	NRC	\$128.20		
43763	Y	NRC	\$128.20		
43774	Y	NRC	\$1,799.14		
43870	Y	NRC	\$1,799.14		
43886	Y	NRC	\$1,861.08		
43887	N	NRC	\$945.99		
43888	Y	NRC	\$1,861.08		
44100	Y		\$470.24		
44312	Y	NRC	\$1,861.08		
44340	Y	NRC	\$1,861.08		
44360	Y		\$831.84		
44361	Y		\$831.84		
44363	Y		\$831.84		
44364	Y		\$831.84		
44365	Y		\$831.84		
44366	Y	NRC	\$831.84		
44369	Y		\$831.84		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
44370	Y		\$4,945.80	\$1,080.48	\$3,013.14
44372	Y		\$831.84		
44373	Y		\$831.84		
44376	Y		\$831.84		
44377	Y		\$831.84		
44378	Y	NRC	\$831.84		
44379	Y		\$2,575.39		
44380	Y		\$470.24		
44381	Y	NRC	\$831.84		
44382	Y		\$470.24		
44384	Y		\$1,244.06	\$675.26	\$959.66
44385	Y		\$474.11		
44386	Y		\$474.11		
44388	Y		\$474.11		
44389	Y		\$612.16		
44390	Y		\$474.11		
44391	Y	NRC	\$612.16		
44392	Y		\$612.16		
44394	Y		\$612.16		
44401	Y		\$612.16		
44402	Y	NRC	\$3,699.21	\$2,231.31	\$2,965.26
44403	Y	NRC	\$612.16		
44404	Y	NRC	\$612.16		
44405	Y	NRC	\$612.16		
44406	Y	NRC	\$612.16		
44407	Y		\$612.16		
44408	Y	NRC	\$474.11		
44500	Y	NRC	\$470.24		
44701	N	BN	\$0.00		
45000	Y	NRC	\$612.16		
45005	Y	NRC	\$612.16		
45020	Y	NRC	\$1,349.09		
45100	Y		\$1,349.09		
45108	Y		\$1,349.09		
45150	Y	NRC	\$612.16		
45160	Y		\$1,349.09		
45171	Y		\$1,349.09		
45172	Y		\$1,349.09		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
45190	Y		\$1,349.09		
45300	Y		\$95.61		
45303	Y	NRC	\$612.16		
45305	Y		\$612.16		
45307	Y		\$1,349.09		
45308	Y		\$1,349.09		
45309	Y		\$612.16		
45315	Y		\$612.16		
45317	Y	NRC	\$612.16		
45320	Y		\$1,349.09		
45321	Y	NRC	\$1,349.09		
45327	Y	NRC	\$4,559.73	\$1,436.89	\$2,998.31
45330	Y		\$151.61		
45331	Y		\$474.11		
45332	Y		\$612.16		
45333	Y		\$474.11		
45334	Y	NRC	\$612.16		
45335	Y	NRC	\$474.11		
45337	Y	NRC	\$474.11		
45338	Y		\$612.16		
45340	Y	NRC	\$612.16		
45341	Y	NRC	\$474.11		
45342	Y		\$612.16		
45346	Y		\$612.16		
45347	Y	NRC	\$4,582.14	\$1,416.21	\$2,999.17
45349	Y	NRC	\$1,349.09		
45350	Y	NRC	\$612.16		
45378	Y		\$474.11		
45379	Y		\$612.16		
45380	Y		\$612.16		
45381	Y	NRC	\$612.16		
45382	Y	NRC	\$612.16		
45384	Y		\$612.16		
45385	Y		\$612.16		
45386	Y	NRC	\$612.16		
45388	Y		\$612.16		
45389	Y	NRC	\$4,502.61	\$1,489.62	\$2,996.11
45390	Y	NRC	\$1,349.09		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
45391	Y	NRC	\$612.16		
45392	Y		\$612.16		
45393	Y	NRC	\$612.16		
45398	Y	NRC	\$612.16		
45500	Y	NRC	\$1,349.09		
45505	Y	NRC	\$1,349.09		
45520	N	BN	\$0.00		
45541	Y	NRC	\$1,349.09		
45560	Y	NRC	\$1,349.09		
45900	Y	NRC	\$474.11		
45905	Y	NRC	\$612.16		
45910	Y	NRC	\$612.16		
45915	Y		\$612.16		
45990	Y	NRC	\$1,349.09		
46020	Y	NRC	\$1,349.09		
46030	Y	NRC	\$612.16		
46040	Y		\$612.16		
46045	Y		\$1,349.09		
46050	Y		\$474.11		
46060	Y	NRC	\$1,349.09		
46070	Y	NRC	\$1,349.09		
46080	Y	NRC	\$1,349.09		
46083	Y	NRC	\$128.20		
46200	Y	NRC	\$1,349.09		
46220	Y	NRC	\$612.16		
46221	Y	NRC	\$190.57		
46230	Y	NRC	\$1,349.09		
46250	Y	NRC	\$1,349.09		
46255	Y	NRC	\$1,349.09		
46257	Y	NRC	\$1,349.09		
46258	Y	NRC	\$1,349.09		
46260	Y	NRC	\$1,349.09		
46261	Y	NRC	\$1,349.09		
46262	Y	NRC	\$1,349.09		
46270	Y	NRC	\$1,349.09		
46275	Y	NRC	\$1,349.09		
46280	Y	NRC	\$1,349.09		
46285	Y	NRC	\$1,349.09		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
46288	Y	NRC	\$1,349.09		
46320	Y	NRC	\$147.68		
46500	Y	NRC	\$241.65		
46505	Y	NRC	\$612.16		
46600	N	BN	\$0.00		
46601	N	BN	\$0.00		
46604	Y	NRC	\$589.40		
46606	Y		\$228.88		
46607	Y		\$612.16		
46608	Y		\$474.11		
46610	Y		\$1,349.09		
46611	Y		\$474.11		
46612	Y		\$1,349.09		
46614	Y	NRC	\$127.37		
46615	Y		\$1,349.09		
46700	Y	NRC	\$1,349.09		
46706	Y	NRC	\$1,349.09		
46707	Y	NRC	\$2,075.68	\$1,041.57	\$1,558.62
46750	Y	NRC	\$1,349.09		
46753	Y	NRC	\$1,349.09		
46754	Y	NRC	\$1,349.09		
46760	Y	NRC	\$1,349.09		
46761	Y	NRC	\$1,349.09		
46900	Y		\$166.34		
46910	Y		\$187.95		
46916	Y		\$103.85		
46917	Y		\$1,349.09		
46922	Y		\$1,349.09		
46924	Y		\$1,349.09		
46930	Y	NRC	\$153.24		
46940	Y	NRC	\$175.18		
46942	Y	NRC	\$173.22		
46945	Y	NRC	\$1,349.09		
46946	Y	NRC	\$1,349.09		
46947	Y	NRC	\$1,349.09		
46948	Y	NRC	\$1,349.09		
47000	Y		\$682.92		
47001	N	BN	\$0.00		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
47382	Y		\$2,705.53		
47383	Y		\$7,520.24	\$3,012.74	\$5,266.49
47531	N	BN	\$0.00		
47532	N	BN	\$0.00		
47533	Y		\$1,621.85		
47534	Y		\$1,621.85		
47535	Y		\$1,621.85		
47536	Y		\$1,621.85		
47537	N		\$470.24		
47538	Y		\$4,364.15	\$1,902.79	\$3,133.47
47539	Y		\$2,705.53		
47540	Y		\$4,343.46	\$1,921.89	\$3,132.67
47541	Y		\$5,692.43	\$2,906.13	\$4,299.28
47542	N	BN	\$0.00		
47543	N	BN	\$0.00		
47544	N	BN	\$0.00		
47552	Y	NRC	\$3,722.49		
47553	Y	NRC	\$3,722.49		
47554	Y	NRC	\$4,540.76		
47555	Y	NRC	\$2,475.80	\$1,270.19	\$1,872.99
47556	Y	NRC	\$6,948.95	\$3,540.15	\$5,244.55
47562	Y	NRC	\$2,705.53		
47563	Y	NRC	\$2,705.53		
47564	Y	NRC	\$4,540.76		
48102	Y		\$682.92		
49082	Y		\$470.24		
49083	Y		\$470.24		
49084	Y		\$470.24		
49180	Y		\$682.92		
49250	Y	NRC	\$1,621.85		
49320	Y		\$2,705.53		
49321	Y		\$2,705.53		
49322	Y	NRC	\$2,705.53		
49324	Y	NRC	\$2,705.53		
49325	Y	NRC	\$2,705.53		
49326	N	BN	\$0.00		
49327	N	BN	\$0.00		
49400	N	BN	\$0.00		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
49402	Y		\$1,621.85		
49406	Y		\$682.92		
49407	Y		\$682.92		
49411	N		\$341.19		
49418	Y		\$1,621.85		
49419	Y	NRC	\$2,903.17		
49421	Y	NRC	\$1,621.85		
49422	N	NRC	\$1,548.04		
49423	Y	NRC	\$831.84		
49424	N	BN	\$0.00		
49426	Y		\$1,621.85		
49427	N	BN	\$0.00		
49429	N		\$1,548.04		
49435	N	BN	\$0.00		
49436	Y	NRC	\$831.84		
49440	Y		\$831.84		
49441	Y		\$831.84		
49442	Y		\$612.16		
49446	Y		\$831.84		
49450	Y		\$470.24		
49451	Y		\$470.24		
49452	Y		\$470.24		
49460	Y		\$470.24		
49465	N		\$127.11		
49495	Y	NRC	\$1,621.85		
49496	Y	NRC	\$1,621.85		
49500	Y	NRC	\$3,722.49		
49501	Y	NRC	\$1,621.85		
49505	Y		\$1,621.85		
49507	Y		\$1,621.85		
49520	Y		\$1,621.85		
49521	Y		\$3,722.49		
49525	Y		\$1,621.85		
49540	Y		\$2,705.53		
49550	Y		\$1,621.85		
49553	Y		\$1,621.85		
49555	Y		\$1,621.85		
49557	Y		\$1,621.85		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
49591	Y		\$1,621.85		
49592	Y		\$2,705.53		
49593	Y		\$1,621.85		
49594	Y		\$2,705.53		
49595	Y		\$1,621.85		
49600	Y	NRC	\$1,621.85		
49613	Y		\$1,621.85		
49614	Y		\$2,705.53		
49615	Y		\$1,621.85		
49650	Y		\$2,705.53		
49651	Y		\$2,705.53		
50080	Y	NRC	\$4,545.63		
50081	Y	NRC	\$4,545.63		
50200	Y		\$682.92		
50382	Y	NRC	\$929.90		
50384	N	NRC	\$929.90		
50385	Y	NRC	\$929.90		
50386	N	NRC	\$619.52		
50387	Y	NRC	\$929.90		
50389	N	NRC	\$313.23		
50390	Y		\$364.98		
50391	Y	NRC	\$50.75		
50396	Y	NRC	\$313.23		
50430	N	BN	\$0.00		
50431	N	BN	\$0.00		
50432	Y		\$929.90		
50433	Y		\$1,626.15		
50434	Y		\$929.90		
50435	Y		\$929.90		
50436	Y	NRC	\$1,626.15		
50437	Y	NRC	\$1,626.15		
50551	Y	NRC	\$2,471.23		
50553	Y	NRC	\$2,471.23		
50555	Y		\$4,545.63		
50557	Y		\$4,545.63		
50561	Y	NRC	\$2,471.23		
50562	Y		\$4,545.63		
50570	Y	NRC	\$1,626.15		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
50572	Y	NRC	\$313.23		
50574	Y		\$1,626.15		
50575	Y	NRC	\$2,471.23		
50576	Y		\$4,545.63		
50580	Y	NRC	\$2,471.23		
50590	Y	NRC	\$1,626.15		
50592	Y		\$2,705.53		
50593	Y		\$7,332.26	\$3,186.27	\$5,259.26
50606	N	BN	\$0.00		
50684	N	BN	\$0.00		
50686	N	NRC	\$81.03		
50688	Y	NRC	\$929.90		
50690	N	BN	\$0.00		
50693	Y		\$1,626.15		
50694	Y		\$1,626.15		
50695	Y		\$1,626.15		
50705	N	BN	\$0.00		
50706	N	BN	\$0.00		
50727	Y	NRC	\$1,626.15		
50947	Y	NRC	\$4,540.76		
50948	Y	NRC	\$4,540.76		
50951	Y	NRC	\$1,626.15		
50953	Y	NRC	\$1,626.15		
50955	Y		\$2,471.23		
50957	Y		\$2,471.23		
50961	Y	NRC	\$2,471.23		
50970	Y	NRC	\$1,626.15		
50972	Y	NRC	\$1,626.15		
50974	Y		\$2,471.23		
50976	Y		\$2,471.23		
50980	Y	NRC	\$2,471.23		
51020	Y	NRC	\$1,626.15		
51030	Y	NRC	\$1,626.15		
51040	Y	NRC	\$929.90		
51045	Y	NRC	\$929.90		
51050	Y	NRC	\$2,471.23		
51065	Y	NRC	\$1,626.15		
51080	Y	NRC	\$1,157.18		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
51100	Y	NRC	\$43.88		
51101	N	NRC	\$113.62		
51102	Y	NRC	\$929.90		
51500	Y	NRC	\$2,705.53		
51520	Y		\$1,626.15		
51535	Y		\$1,626.15		
51600	N	BN	\$0.00		
51605	N	BN	\$0.00		
51610	N	BN	\$0.00		
51700	Y	NRC	\$53.05		
51701	N	BN	\$0.00		
51702	N	BN	\$0.00		
51703	N		\$81.03		
51705	Y		\$62.87		
51710	Y		\$313.23		
51715	Y	NRC	\$2,564.60	\$1,197.63	\$1,881.11
51720	Y		\$55.01		
51725	Y		\$128.20		
51726	Y		\$128.20		
51727	Y		\$256.39		
51728	Y		\$256.71		
51729	Y		\$254.75		
51736	N	BN	\$0.00		
51741	N	BN	\$0.00		
51784	N	NRC	\$27.18		
51785	Y	NRC	\$128.20		
51792	N	BN	\$0.00		
51797	N	BN	\$0.00		
51798	N	BN	\$0.00		
51880	Y	NRC	\$1,626.15		
51992	Y	NRC	\$4,180.51	\$2,072.33	\$3,126.42
52000	Y		\$313.23		
52001	Y	NRC	\$1,626.15		
52005	Y		\$929.90		
52007	Y		\$1,626.15		
52010	Y	NRC	\$313.23		
52204	Y		\$929.90		
52214	Y	NRC	\$1,626.15		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
52224	Y		\$1,626.15		
52234	Y		\$1,626.15		
52235	Y		\$1,626.15		
52240	Y		\$2,471.23		
52250	Y		\$1,626.15		
52260	Y	NRC	\$929.90		
52265	Y	NRC	\$256.39		
52270	Y	NRC	\$929.90		
52275	Y	NRC	\$929.90		
52276	Y	NRC	\$929.90		
52277	Y	NRC	\$1,626.15		
52281	Y		\$929.90		
52282	Y	NRC	\$1,626.15		
52283	Y	NRC	\$929.90		
52284	Y		\$2,471.23		
52285	Y	NRC	\$313.23		
52287	Y		\$929.90		
52290	Y	NRC	\$929.90		
52300	Y	NRC	\$1,626.15		
52301	Y	NRC	\$1,626.15		
52305	Y	NRC	\$2,471.23		
52310	Y		\$929.90		
52315	Y		\$929.90		
52317	Y	NRC	\$1,626.15		
52318	Y	NRC	\$1,626.15		
52320	Y	NRC	\$1,626.15		
52325	Y	NRC	\$2,471.23		
52327	Y	NRC	\$3,953.12	\$1,768.53	\$2,860.82
52330	Y	NRC	\$1,626.15		
52332	Y	NRC	\$1,626.15		
52334	Y	NRC	\$1,626.15		
52341	Y	NRC	\$1,626.15		
52342	Y	NRC	\$1,626.15		
52343	Y	NRC	\$1,626.15		
52344	Y	NRC	\$1,626.15		
52345	Y	NRC	\$1,626.15		
52346	Y	NRC	\$2,471.23		
52351	Y	NRC	\$1,626.15		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
52352	Y	NRC	\$1,626.15		
52353	Y	NRC	\$2,471.23		
52354	Y		\$2,471.23		
52355	Y		\$2,471.23		
52356	Y	NRC	\$2,471.23		
52400	Y	NRC	\$1,626.15		
52402	Y	NRC	\$1,626.15		
52450	Y	NRC	\$1,626.15		
52500	Y	NRC	\$1,626.15		
52601	Y	NRC	\$2,471.23		
52630	Y	NRC	\$2,471.23		
52640	Y	NRC	\$1,626.15		
52647	Y	NRC	\$2,471.23		
52648	Y	NRC	\$2,471.23		
52649	Y	NRC	\$2,471.23		
52700	Y	NRC	\$1,626.15		
53000	Y	NRC	\$929.90		
53010	Y	NRC	\$2,471.23		
53020	Y	NRC	\$929.90		
53025	Y	NRC	\$929.90		
53040	Y	NRC	\$1,626.15		
53060	Y	NRC	\$84.81		
53080	Y	NRC	\$313.23		
53085	Y	NRC	\$929.90		
53200	Y		\$929.90		
53210	Y	NRC	\$1,626.15		
53215	Y	NRC	\$2,471.23		
53220	Y		\$1,626.15		
53230	Y		\$2,471.23		
53235	Y		\$2,471.23		
53240	Y	NRC	\$1,626.15		
53250	Y	NRC	\$1,626.15		
53260	Y		\$1,626.15		
53265	Y	NRC	\$929.90		
53270	Y	NRC	\$1,626.15		
53275	Y	NRC	\$1,626.15		
53400	Y	NRC	\$2,471.23		
53405	Y	NRC	\$2,471.23		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
53410	Y	NRC	\$2,471.23		
53420	Y	NRC	\$2,471.23		
53425	Y	NRC	\$2,471.23		
53430	Y	NRC	\$2,471.23		
53431	Y	NRC	\$2,471.23		
53440	Y	NRC	\$11,502.33	\$3,814.06	\$7,658.19
53442	Y	NRC	\$2,471.23		
53444	Y	NRC	\$18,032.99	\$6,219.79	\$12,126.39
53445	Y	NRC	\$19,089.98	\$5,243.98	\$12,166.98
53446	N	NRC	\$2,471.23		
53447	Y	NRC	\$18,594.40	\$5,701.51	\$12,147.95
53449	Y	NRC	\$4,545.63		
53450	Y	NRC	\$1,626.15		
53451	Y	NRC	\$11,760.35	\$3,575.83	\$7,668.09
53452	Y	NRC	\$7,757.75	\$2,804.14	\$5,280.94
53453	Y	NRC	\$1,626.15		
53454	Y	NRC	\$128.20		
53460	Y	NRC	\$1,626.15		
53502	Y		\$1,626.15		
53505	Y		\$2,471.23		
53510	Y		\$2,471.23		
53515	Y		\$2,471.23		
53520	Y	NRC	\$2,471.23		
53600	Y	NRC	\$42.57		
53601	N	BN	\$0.00		
53605	Y	NRC	\$1,626.15		
53620	Y	NRC	\$107.40		
53621	Y	NRC	\$110.35		
53660	N	NRC	\$48.79		
53661	N	BN	\$0.00		
53665	Y	NRC	\$929.90		
53850	Y	NRC	\$1,182.39		
53852	Y	NRC	\$1,130.66		
53854	Y	NRC	\$1,409.31		
53855	Y	NRC	\$574.99		
53860	Y	NRC	\$929.90		
54000	Y	NRC	\$1,626.15		
54001	Y	NRC	\$929.90		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
54015	Y		\$682.92		
54050	N	BN	\$0.00		
54055	Y		\$90.70		
54056	N	BN	\$0.00		
54057	Y		\$945.99		
54060	Y		\$945.99		
54065	Y		\$945.99		
54100	Y		\$682.92		
54105	Y		\$1,157.18		
54110	Y		\$1,626.15		
54111	Y		\$2,471.23		
54112	Y		\$6,607.86	\$3,865.70	\$5,236.78
54115	Y		\$1,157.18		
54120	Y		\$1,626.15		
54150	Y	NRC	\$929.90		
54160	Y	NRC	\$313.23		
54161	Y	NRC	\$929.90		
54162	Y	NRC	\$929.90		
54163	Y	NRC	\$929.90		
54164	Y	NRC	\$929.90		
54200	Y	NRC	\$74.66		
54205	Y	NRC	\$2,471.23		
54220	Y	NRC	\$128.20		
54230	N	BN	\$0.00		
54231	Y	NRC	\$66.80		
54235	Y	NRC	\$45.19		
54240	N	NRC	\$42.57		
54250	Y	NRC	\$14.08		
54300	Y	NRC	\$1,626.15		
54304	Y	NRC	\$1,626.15		
54308	Y	NRC	\$2,471.23		
54312	Y	NRC	\$1,626.15		
54316	Y	NRC	\$4,545.63		
54318	Y	NRC	\$1,626.15		
54322	Y	NRC	\$1,626.15		
54324	Y	NRC	\$1,626.15		
54326	Y	NRC	\$1,626.15		
54328	Y	NRC	\$1,626.15		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
54340	Y	NRC	\$1,626.15		
54344	Y	NRC	\$4,545.63		
54348	Y	NRC	\$2,471.23		
54352	Y	NRC	\$2,471.23		
54360	Y	NRC	\$1,626.15		
54380	Y	NRC	\$929.90		
54385	Y	NRC	\$929.90		
54400	N	NRC	\$11,979.37	\$3,373.64	\$7,676.50
54401	N	NRC	\$18,977.31	\$5,348.02	\$12,162.66
54405	N	NRC	\$18,934.43	\$5,387.60	\$12,161.01
54406	N	NRC	\$1,626.15		
54408	Y	NRC	\$2,471.23		
54410	N	NRC	\$18,574.45	\$5,719.92	\$12,147.18
54415	N	NRC	\$1,626.15		
54416	N	NRC	\$18,621.32	\$5,676.66	\$12,148.99
54420	Y	NRC	\$1,626.15		
54435	Y	NRC	\$1,626.15		
54437	Y		\$1,626.15		
54440	Y	NRC	\$1,626.15		
54450	Y	NRC	\$128.20		
54500	Y		\$1,157.18		
54505	Y		\$1,626.15		
54512	Y		\$1,626.15		
54520	Y	NRC	\$1,626.15		
54522	Y	NRC	\$1,626.15		
54530	Y		\$1,621.85		
54550	Y	NRC	\$1,621.85		
54560	Y	NRC	\$929.90		
54600	Y	NRC	\$1,626.15		
54620	Y	NRC	\$1,626.15		
54640	Y	NRC	\$1,621.85		
54650	Y	NRC	\$1,621.85		
54660	Y	NRC	\$3,974.38	\$1,748.90	\$2,861.64
54670	Y	NRC	\$1,626.15		
54680	Y	NRC	\$1,626.15		
54690	Y	NRC	\$2,705.53		
54692	Y	NRC	\$2,705.53		
54700	Y	NRC	\$929.90		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
54800	Y		\$682.92		
54830	Y		\$1,626.15		
54840	Y		\$929.90		
54860	Y	NRC	\$1,626.15		
54861	Y	NRC	\$1,626.15		
54865	Y	NRC	\$1,626.15		
54900	Y	NRC	\$929.90		
54901	Y	NRC	\$1,626.15		
55000	Y	NRC	\$65.82		
55040	Y	NRC	\$1,621.85		
55041	Y	NRC	\$1,621.85		
55060	Y	NRC	\$1,626.15		
55100	Y	NRC	\$682.92		
55110	Y	NRC	\$1,626.15		
55120	Y		\$929.90		
55150	Y	NRC	\$1,626.15		
55175	Y	NRC	\$1,626.15		
55180	Y	NRC	\$2,471.23		
55200	Y	NRC	\$1,626.15		
55250	Y	NRC	\$929.90		
55300	N	BN	\$0.00		
55400	Y	NRC	\$1,626.15		
55500	Y	NRC	\$1,626.15		
55520	Y		\$1,626.15		
55530	Y	NRC	\$1,626.15		
55535	Y	NRC	\$3,722.49		
55540	Y	NRC	\$1,621.85		
55550	Y	NRC	\$2,705.53		
55600	Y	NRC	\$929.90		
55680	Y	NRC	\$1,626.15		
55700	Y		\$929.90		
55705	Y		\$1,626.15		
55706	Y		\$1,626.15		
55720	Y	NRC	\$1,626.15		
55725	Y	NRC	\$1,626.15		
55860	Y		\$2,471.23		
55870	Y	NRC	\$80.55		
55873	Y	NRC	\$7,448.33	\$3,089.79	\$5,269.06

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
55874	Y	NRC	\$4,272.30	\$1,473.87	\$2,873.08
55875	Y	NRC	\$2,471.23		
55876	N		\$1,049.91	\$606.65	\$828.28
55880	Y		\$4,545.63		
55920	Y		\$2,135.63		
56405	Y	NRC	\$88.41		
56420	Y	NRC	\$103.37		
56440	Y		\$1,586.29		
56441	Y		\$1,586.29		
56442	Y	NRC	\$1,586.29		
56501	Y		\$130.98		
56515	Y		\$945.99		
56605	Y		\$53.37		
56606	N	BN	\$0.00		
56620	Y	NRC	\$1,586.29		
56625	Y	NRC	\$1,586.29		
56700	Y	NRC	\$1,586.29		
56740	Y		\$1,586.29		
56800	Y	NRC	\$1,586.29		
56805	Y	NRC	\$1,586.29		
56810	Y	NRC	\$1,586.29		
56820	Y	NRC	\$67.13		
56821	Y		\$87.75		
57000	Y	NRC	\$1,586.29		
57010	Y	NRC	\$1,586.29		
57020	Y	NRC	\$2,135.63		
57022	Y	NRC	\$1,157.18		
57023	Y		\$1,157.18		
57061	Y		\$116.24		
57065	Y		\$1,586.29		
57100	Y		\$56.65		
57105	Y		\$1,586.29		
57120	Y	NRC	\$2,135.63		
57130	Y	NRC	\$1,586.29		
57135	Y		\$1,586.29		
57150	N	BN	\$0.00		
57155	Y		\$2,135.63		
57156	Y		\$166.42		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
57160	Y	NRC	\$39.62		
57170	Y	NRC	\$41.91		
57180	Y		\$103.37		
57200	Y		\$1,586.29		
57210	Y	NRC	\$1,586.29		
57220	Y	NRC	\$2,135.63		
57230	Y		\$1,586.29		
57240	Y	NRC	\$2,135.63		
57250	Y	NRC	\$2,135.63		
57260	Y	NRC	\$2,135.63		
57265	Y	NRC	\$2,135.63		
57267	N	BN	\$0.00		
57268	Y	NRC	\$2,135.63		
57282	Y	NRC	\$3,157.22		
57283	Y	NRC	\$3,157.22		
57287	N	NRC	\$1,586.29		
57288	Y	NRC	\$3,137.38	\$1,785.84	\$2,461.61
57289	Y	NRC	\$3,157.22		
57291	Y	NRC	\$2,135.63		
57295	Y	NRC	\$1,586.29		
57300	Y	NRC	\$1,586.29		
57310	Y		\$3,157.22		
57320	Y		\$2,135.63		
57400	Y	NRC	\$1,586.29		
57410	Y	NRC	\$1,586.29		
57415	Y	NRC	\$1,586.29		
57420	Y		\$70.73		
57421	Y		\$91.68		
57425	Y	NRC	\$4,540.76		
57426	Y	NRC	\$3,157.22		
57452	Y		\$68.44		
57454	Y		\$77.93		
57455	Y		\$84.15		
57456	Y		\$80.22		
57460	Y		\$201.38		
57461	Y		\$213.82		
57500	Y		\$105.76		
57505	Y	NRC	\$108.06		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
57510	Y	NRC	\$92.99		
57511	Y	NRC	\$123.12		
57513	Y	NRC	\$1,586.29		
57520	Y	NRC	\$1,586.29		
57522	Y	NRC	\$1,586.29		
57530	Y	NRC	\$2,135.63		
57550	Y	NRC	\$2,135.63		
57556	Y	NRC	\$2,135.63		
57558	Y	NRC	\$1,586.29		
57700	Y	NRC	\$1,586.29		
57720	Y	NRC	\$1,586.29		
57800	Y	NRC	\$47.48		
58100	Y		\$54.03		
58110	N	BN	\$0.00		
58120	Y	NRC	\$1,586.29		
58145	Y		\$1,586.29		
58260	Y	NRC	\$2,135.63		
58262	Y	NRC	\$2,135.63		
58301	N	NRC	\$60.58		
58321	Y	NRC	\$45.84		
58322	Y	NRC	\$48.13		
58323	Y	NRC	\$5.89		
58340	N	BN	\$0.00		
58345	Y	NRC	\$1,586.29		
58346	Y		\$2,135.63		
58350	Y	NRC	\$2,135.63		
58353	Y	NRC	\$2,135.63		
58356	Y	NRC	\$2,135.63		
58541	Y	NRC	\$4,540.76		
58542	Y	NRC	\$4,540.76		
58543	Y	NRC	\$4,540.76		
58544	Y	NRC	\$4,540.76		
58545	Y	NRC	\$2,705.53		
58546	Y	NRC	\$4,540.76		
58550	Y	NRC	\$2,705.53		
58552	Y	NRC	\$4,540.76		
58553	Y	NRC	\$4,540.76		
58554	Y	NRC	\$4,540.76		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
58555	Y	NRC	\$1,586.29		
58558	Y		\$1,586.29		
58559	Y	NRC	\$2,135.63		
58560	Y	NRC	\$2,135.63		
58561	Y	NRC	\$2,135.63		
58562	Y	NRC	\$1,586.29		
58563	Y	NRC	\$2,135.63		
58565	Y	NRC	\$3,067.56	\$1,850.31	\$2,458.93
58570	Y	NRC	\$4,540.76		
58571	Y	NRC	\$4,540.76		
58572	Y	NRC	\$4,540.76		
58573	Y	NRC	\$4,540.76		
58580	Y	NRC	\$4,534.93	\$2,735.40	\$3,635.16
58600	Y	NRC	\$1,586.29		
58615	Y	NRC	\$1,586.29		
58660	Y	NRC	\$2,705.53		
58661	Y	NRC	\$2,705.53		
58662	Y		\$2,705.53		
58670	Y	NRC	\$2,705.53		
58671	Y	NRC	\$2,705.53		
58672	Y	NRC	\$2,705.53		
58673	Y	NRC	\$4,540.76		
58674	Y	NRC	\$4,540.76		
58800	Y	NRC	\$1,586.29		
58805	Y	NRC	\$1,586.29		
58820	Y	NRC	\$1,586.29		
58900	Y		\$1,586.29		
58970	Y	NRC	\$417.03		
58974	Y	NRC	\$417.03		
58976	Y	NRC	\$166.42		
59000	Y	NRC	\$61.23		
59001	Y	NRC	\$166.42		
59012	Y	NRC	\$166.42		
59015	Y		\$62.21		
59020	Y	NRC	\$34.05		
59025	Y	NRC	\$19.65		
59070	Y	NRC	\$166.42		
59072	Y	NRC	\$254.37	\$130.02	\$192.19

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
59074	Y	NRC	\$166.42		
59076	Y	NRC	\$166.42		
59100	Y	NRC	\$2,135.63		
59150	Y	NRC	\$2,705.53		
59151	Y	NRC	\$2,705.53		
59160	Y	NRC	\$1,586.29		
59200	Y	NRC	\$70.07		
59300	Y	NRC	\$124.76		
59320	Y	NRC	\$1,586.29		
59412	Y	NRC	\$1,586.29		
59414	Y	NRC	\$1,586.29		
59812	Y	NRC	\$1,586.29		
59820	Y	NRC	\$1,586.29		
59821	Y	NRC	\$1,586.29		
59840	Y	NRC	\$1,586.29		
59841	Y	NRC	\$1,586.29		
59866	Y	NRC	\$166.42		
59870	Y	NRC	\$1,586.29		
59871	N	NRC	\$1,586.29		
60000	Y	NRC	\$666.85		
60100	Y		\$51.08		
60200	Y		\$2,705.53		
60210	Y	NRC	\$2,705.53		
60212	Y	NRC	\$2,705.53		
60220	Y	NRC	\$2,705.53		
60225	Y	NRC	\$2,705.53		
60240	Y	NRC	\$2,705.53		
60260	Y	NRC	\$2,760.89		
60280	Y	NRC	\$2,705.53		
60281	Y	NRC	\$2,705.53		
60300	Y	NRC	\$70.07		
60500	Y	NRC	\$2,760.89		
60512	N	BN	\$0.00		
61000	Y	NRC	\$358.74		
61001	Y	NRC	\$358.74		
61020	Y		\$472.82		
61026	Y		\$358.74		
61050	Y		\$153.64		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
61055	Y		\$153.64		
61070	Y		\$358.74		
61215	Y		\$3,012.86		
61330	Y		\$1,318.93		
61770	Y		\$3,012.86		
61781	N	BN	\$0.00		
61782	N	BN	\$0.00		
61783	N	BN	\$0.00		
61790	Y	NRC	\$897.79		
61791	Y	NRC	\$897.79		
61880	Y		\$1,898.21		
61885	N		\$22,092.86	\$4,191.23	\$13,142.04
61886	N		\$28,887.81	\$5,851.17	\$17,369.49
61888	Y		\$12,291.95	\$4,711.17	\$8,501.56
62160	N	BN	\$0.00		
62194	Y	NRC	\$897.79		
62225	Y	NRC	\$3,012.86		
62230	Y	NRC	\$3,012.86		
62252	N	NRC	\$39.62		
62263	Y		\$472.82		
62264	Y		\$472.82		
62267	Y		\$364.98		
62268	Y		\$472.82		
62269	Y		\$682.92		
62270	Y		\$358.74		
62272	Y		\$358.74		
62273	Y		\$358.74		
62280	Y		\$520.10		
62281	Y		\$520.10		
62282	Y		\$520.10		
62284	N	BN	\$0.00		
62287	Y		\$897.79		
62290	N	BN	\$0.00		
62291	N	BN	\$0.00		
62292	Y		\$897.79		
62294	Y		\$472.82		
62302	N	BN	\$0.00		
62303	N	BN	\$0.00		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
62304	N	BN	\$0.00		
62305	N	BN	\$0.00		
62320	Y		\$394.61		
62321	Y		\$394.61		
62322	Y		\$520.10		
62323	Y		\$394.61		
62324	Y		\$520.10		
62325	Y		\$520.10		
62326	Y		\$520.10		
62327	Y		\$520.10		
62328	Y		\$358.74		
62329	Y		\$358.74		
62350	Y		\$4,862.75	\$2,116.26	\$3,489.50
62355	N		\$897.79		
62360	Y		\$15,852.49	\$4,209.96	\$10,031.22
62361	Y		\$15,983.14	\$4,089.33	\$10,036.23
62362	Y		\$16,013.56	\$4,061.27	\$10,037.41
62365	N		\$3,012.86		
62367	N		\$13.75		
62368	N		\$18.99		
62369	N		\$66.14		
62370	N		\$57.96		
62380	Y		\$3,393.01		
63001	Y		\$3,393.01		
63003	Y		\$3,393.01		
63005	Y		\$3,393.01		
63020	Y		\$3,393.01		
63030	Y		\$3,393.01		
63042	Y		\$3,393.01		
63044	N	BN	\$0.00		
63045	Y		\$3,393.01		
63046	Y		\$3,393.01		
63047	Y		\$3,393.01		
63055	Y		\$3,393.01		
63056	Y		\$3,393.01		
63600	Y		\$897.79		
63610	Y		\$1,434.79	\$643.77	\$1,039.28
63650	N		\$5,645.21	\$2,482.31	\$4,063.76

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
63655	N		\$20,512.53	\$5,650.17	\$13,081.35
63661	N		\$897.79		
63662	Y		\$1,898.21		
63663	N		\$5,545.22	\$2,574.60	\$4,059.91
63664	N		\$11,761.85	\$5,200.55	\$8,481.20
63685	N		\$28,839.59	\$5,895.67	\$17,367.63
63688	Y		\$1,898.21		
63744	Y	NRC	\$4,790.46	\$2,183.01	\$3,486.73
63746	N	NRC	\$897.79		
64400	Y		\$88.61		
64405	Y		\$39.99		
64408	Y		\$57.27		
64415	Y		\$520.10		
64416	Y		\$520.10		
64417	Y		\$520.10		
64418	Y		\$49.35		
64420	Y		\$394.61		
64421	Y		\$520.10		
64425	Y		\$79.96		
64430	Y	NRC	\$520.10		
64435	Y	NRC	\$55.47		
64445	Y		\$116.34		
64446	Y		\$520.10		
64447	Y		\$73.12		
64448	Y		\$737.28	\$355.98	\$546.63
64449	Y		\$520.10		
64450	Y		\$51.15		
64451	Y		\$394.61		
64454	Y		\$394.61		
64455	Y		\$24.85		
64461	Y		\$394.61		
64462	N	BN	\$0.00		
64463	Y		\$394.61		
64479	Y		\$520.10		
64480	N	BN	\$0.00		
64483	Y		\$520.10		
64484	N	BN	\$0.00		
64486	N	BN	\$0.00		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
64487	N	BN	\$0.00		
64488	N	BN	\$0.00		
64489	N	BN	\$0.00		
64490	Y		\$520.10		
64491	N	BN	\$0.00		
64492	N	BN	\$0.00		
64493	Y		\$520.10		
64494	N	BN	\$0.00		
64495	N	BN	\$0.00		
64505	Y	NRC	\$95.08		
64510	Y		\$520.10		
64517	Y	NRC	\$520.10		
64520	Y		\$520.10		
64530	Y	NRC	\$520.10		
64553	N	NRC	\$13,039.13	\$4,021.38	\$8,530.25
64555	N		\$6,406.79	\$1,779.23	\$4,093.01
64561	N	NRC	\$5,746.52	\$2,388.76	\$4,067.64
64566	Y	NRC	\$101.57		
64568	N	NRC	\$29,282.03	\$5,487.23	\$17,384.63
64569	N	NRC	\$13,724.69	\$3,388.48	\$8,556.58
64570	N	NRC	\$3,314.15		
64575	N	NRC	\$12,943.20	\$4,109.95	\$8,526.57
64580	N	NRC	\$18,064.83	\$7,909.85	\$12,987.34
64581	N	NRC	\$6,111.21	\$2,052.09	\$4,081.65
64582	N	NRC	\$28,351.78	\$6,346.02	\$17,348.90
64583	Y	NRC	\$12,331.86	\$4,674.31	\$8,503.08
64584	N	NRC	\$3,314.15		
64585	Y		\$2,088.03		
64590	N	NRC	\$21,668.30	\$4,583.19	\$13,125.74
64595	Y		\$2,088.03		
64596	Y		\$10,520.98	\$6,346.10	\$8,433.54
64597	N	BN	\$0.00		
64598	Y		\$2,088.03		
64600	Y		\$520.10		
64605	Y		\$987.57		
64610	Y		\$987.57		
64611	Y	NRC	\$92.93		
64612	Y		\$88.24		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
64615	Y		\$77.80		
64616	Y		\$77.08		
64617	Y		\$97.25		
64620	Y		\$520.10		
64624	Y		\$987.57		
64625	Y		\$987.57		
64628	Y		\$10,720.08	\$4,355.54	\$7,537.81
64630	Y	NRC	\$520.10		
64632	Y		\$50.42		
64633	Y		\$987.57		
64634	N	BN	\$0.00		
64635	Y		\$987.57		
64636	N	BN	\$0.00		
64640	Y		\$189.82		
64642	Y		\$92.57		
64643	N	BN	\$0.00		
64644	Y		\$113.10		
64645	N	BN	\$0.00		
64646	Y		\$92.93		
64647	Y		\$102.65		
64650	Y	NRC	\$66.64		
64653	Y	NRC	\$74.56		
64680	Y	NRC	\$520.10		
64681	Y	NRC	\$520.10		
64702	Y		\$897.79		
64704	Y		\$897.79		
64708	Y		\$897.79		
64712	Y		\$897.79		
64713	Y		\$897.79		
64714	Y		\$897.79		
64716	Y		\$1,289.57	\$777.85	\$1,033.71
64718	Y		\$897.79		
64719	Y		\$897.79		
64721	Y		\$897.79		
64722	Y		\$897.79		
64726	Y		\$897.79		
64727	N	BN	\$0.00		
64732	Y		\$897.79		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
64734	Y		\$897.79		
64736	Y		\$897.79		
64738	Y		\$897.79		
64740	Y		\$897.79		
64742	Y		\$897.79		
64744	Y		\$897.79		
64746	Y		\$897.79		
64763	Y		\$897.79		
64766	Y		\$897.79		
64771	Y		\$897.79		
64772	Y		\$897.79		
64774	Y		\$897.79		
64776	Y		\$897.79		
64778	N	BN	\$0.00		
64782	Y		\$897.79		
64783	N	BN	\$0.00		
64784	Y		\$897.79		
64786	Y		\$3,012.86		
64787	N	BN	\$0.00		
64788	Y		\$897.79		
64790	Y		\$897.79		
64792	Y		\$3,012.86		
64795	Y		\$897.79		
64802	Y		\$1,289.57	\$777.85	\$1,033.71
64820	Y		\$897.79		
64821	Y		\$1,518.96		
64822	Y		\$1,518.96		
64823	Y		\$1,518.96		
64831	Y		\$897.79		
64832	N	BN	\$0.00		
64834	Y		\$3,012.86		
64835	Y		\$3,012.86		
64836	Y		\$3,012.86		
64837	N	BN	\$0.00		
64840	Y		\$3,012.86		
64856	Y		\$3,012.86		
64857	Y		\$3,012.86		
64858	Y		\$1,707.74	\$391.79	\$1,049.76

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
64859	N	BN	\$0.00		
64861	Y		\$897.79		
64862	Y		\$3,012.86		
64864	Y		\$3,012.86		
64865	Y		\$4,327.58	\$2,610.33	\$3,468.95
64872	N	BN	\$0.00		
64874	N	BN	\$0.00		
64876	N	BN	\$0.00		
64885	Y		\$5,128.91	\$1,870.57	\$3,499.74
64886	Y		\$3,012.86		
64890	Y		\$5,228.27	\$1,778.82	\$3,503.54
64891	Y		\$4,327.58	\$2,610.33	\$3,468.95
64892	Y		\$5,266.00	\$1,743.98	\$3,504.99
64893	Y		\$5,336.00	\$1,679.37	\$3,507.68
64895	Y		\$3,012.86		
64896	Y		\$3,012.86		
64897	Y		\$4,657.38	\$2,305.86	\$3,481.62
64898	Y		\$3,012.86		
64901	N	BN	\$0.00		
64902	N	BN	\$0.00		
64905	Y		\$3,012.86		
64907	Y		\$3,012.86		
64910	Y		\$4,891.56	\$2,089.68	\$3,490.62
64912	Y		\$5,224.53	\$1,782.28	\$3,503.40
64913	N	BN	\$0.00		
65091	Y		\$1,487.34		
65093	Y		\$1,487.34		
65101	Y		\$1,487.34		
65103	Y		\$1,487.34		
65105	Y		\$1,487.34		
65110	Y		\$1,487.34		
65112	Y		\$1,487.34		
65114	Y		\$1,487.34		
65125	Y		\$978.55		
65130	Y		\$1,487.34		
65135	Y		\$2,190.25	\$1,238.87	\$1,714.56
65140	Y		\$1,487.34		
65150	Y		\$1,487.34		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
65155	Y		\$1,487.34		
65175	Y		\$1,487.34		
65205	N	BN	\$0.00		
65210	N	BN	\$0.00		
65220	N	BN	\$0.00		
65222	N	BN	\$0.00		
65235	Y		\$1,183.74		
65260	Y		\$1,183.74		
65265	Y		\$1,183.74		
65270	Y		\$978.55		
65272	Y		\$978.55		
65275	Y		\$1,487.34		
65280	Y		\$2,585.61		
65285	Y		\$2,585.61		
65286	Y		\$447.61		
65290	Y		\$1,487.34		
65400	Y		\$525.19		
65410	Y		\$978.55		
65420	Y		\$978.55		
65426	Y		\$978.55		
65430	N	BN	\$0.00		
65435	Y		\$48.13		
65436	Y		\$208.58		
65450	Y		\$151.12		
65600	Y		\$280.29		
65710	Y		\$2,585.61		
65730	Y		\$2,045.09		
65750	Y		\$2,585.61		
65755	Y		\$2,045.09		
65756	Y		\$2,045.09		
65757	N	BN	\$0.00		
65770	Y		\$12,277.83	\$5,803.57	\$9,040.70
65772	Y		\$525.19		
65775	Y		\$978.55		
65778	N	BN	\$0.00		
65779	N	BN	\$0.00		
65780	Y	NRC	\$1,487.34		
65781	Y	NRC	\$4,369.45	\$1,634.97	\$3,002.21

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
65782	Y	NRC	\$1,487.34		
65785	Y	NRC	\$1,890.65		
65800	Y	NRC	\$1,183.74		
65810	Y	NRC	\$1,183.74		
65815	Y		\$1,183.74		
65820	Y	NRC	\$2,045.09		
65850	Y	NRC	\$1,183.74		
65855	Y	NRC	\$133.27		
65860	Y		\$173.54		
65865	Y		\$1,183.74		
65870	Y		\$1,183.74		
65875	Y		\$1,183.74		
65880	Y		\$2,045.09		
65900	Y		\$1,183.74		
65920	Y		\$1,183.74		
65930	Y		\$1,183.74		
66020	Y		\$1,183.74		
66030	Y		\$1,183.74		
66130	Y		\$978.55		
66150	Y	NRC	\$2,045.09		
66155	Y	NRC	\$3,212.99	\$1,517.54	\$2,365.26
66160	Y	NRC	\$1,183.74		
66170	Y	NRC	\$1,183.74		
66172	Y	NRC	\$1,183.74		
66174	Y	NRC	\$2,045.09		
66175	Y	NRC	\$4,062.20	\$1,918.63	\$2,990.41
66179	Y	NRC	\$3,719.34	\$2,235.15	\$2,977.24
66180	Y	NRC	\$2,994.99	\$1,718.80	\$2,356.89
66183	Y	NRC	\$3,331.08	\$1,408.52	\$2,369.80
66184	Y	NRC	\$1,183.74		
66185	Y	NRC	\$1,183.74		
66225	Y		\$3,713.89	\$2,240.16	\$2,977.02
66250	Y		\$978.55		
66500	Y		\$1,183.74		
66505	Y		\$1,183.74		
66600	Y		\$2,045.09		
66605	Y	NRC	\$1,183.74		
66625	Y	NRC	\$1,183.74		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
66630	Y	NRC	\$1,183.74		
66635	Y		\$1,183.74		
66680	Y		\$1,183.74		
66682	Y		\$1,183.74		
66700	Y		\$1,183.74		
66710	Y		\$978.55		
66711	Y		\$1,183.74		
66720	Y		\$978.55		
66740	Y		\$978.55		
66761	Y	NRC	\$186.31		
66762	Y	NRC	\$277.02		
66770	Y		\$301.53		
66820	Y	NRC	\$1,183.74		
66821	Y	NRC	\$301.53		
66825	Y		\$1,183.74		
66830	Y		\$1,183.74		
66840	Y		\$1,183.74		
66850	Y		\$1,183.74		
66852	Y	NRC	\$2,045.09		
66920	Y	NRC	\$1,183.74		
66930	Y	NRC	\$2,045.09		
66940	Y	NRC	\$1,183.74		
66982	Y	NRC	\$1,183.74		
66983	Y	NRC	\$1,183.74		
66984	Y	NRC	\$1,183.74		
66985	Y	NRC	\$1,183.74		
66986	Y	NRC	\$1,183.74		
66987	Y	NRC	\$2,045.09		
66988	Y	NRC	\$2,045.09		
66989	Y	NRC	\$4,141.05	\$1,845.83	\$2,993.44
66990	N	BN	\$0.00		
66991	Y	NRC	\$4,211.49	\$1,780.79	\$2,996.14
67005	Y		\$1,183.74		
67010	Y		\$1,183.74		
67015	Y		\$1,183.74		
67025	Y		\$1,183.74		
67027	Y		\$2,020.18		
67028	N		\$59.59		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
67030	Y	NRC	\$1,183.74		
67031	Y	NRC	\$301.53		
67036	Y		\$2,045.09		
67039	Y		\$2,045.09		
67040	Y		\$2,045.09		
67041	Y	NRC	\$2,045.09		
67042	Y	NRC	\$2,045.09		
67043	Y	NRC	\$2,045.09		
67101	Y		\$204.00		
67105	Y		\$169.94		
67107	Y		\$2,045.09		
67108	Y		\$2,045.09		
67110	Y		\$506.23		
67113	Y		\$2,585.61		
67115	Y		\$2,045.09		
67120	Y	NRC	\$1,183.74		
67121	Y	NRC	\$1,183.74		
67141	Y	NRC	\$151.12		
67145	Y	NRC	\$148.66		
67208	Y		\$151.12		
67210	Y		\$277.67		
67218	Y		\$1,487.34		
67220	Y		\$292.73		
67221	Y	NRC	\$143.09		
67225	N	BN	\$0.00		
67227	Y		\$164.70		
67228	Y		\$175.84		
67229	Y	NRC	\$301.53		
67250	Y		\$978.55		
67255	Y		\$2,045.09		
67311	Y	NRC	\$978.55		
67312	Y	NRC	\$1,487.34		
67314	Y	NRC	\$978.55		
67316	Y	NRC	\$978.55		
67318	Y	NRC	\$978.55		
67320	N	BN	\$0.00		
67331	N	BN	\$0.00		
67332	N	BN	\$0.00		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
67334	N	BN	\$0.00		
67335	N	BN	\$0.00		
67340	N	BN	\$0.00		
67343	Y	NRC	\$978.55		
67345	Y		\$124.76		
67346	Y		\$1,487.34		
67400	Y		\$1,487.34		
67405	Y		\$978.55		
67412	Y		\$978.55		
67413	Y		\$978.55		
67414	Y		\$1,487.34		
67415	Y		\$978.55		
67420	Y		\$1,487.34		
67430	Y		\$1,487.34		
67440	Y		\$2,136.36	\$1,288.62	\$1,712.49
67445	Y		\$1,487.34		
67450	Y		\$1,487.34		
67500	Y		\$33.73		
67505	Y		\$42.24		
67515	Y		\$23.58		
67516	Y		\$63.20		
67550	Y		\$1,487.34		
67560	Y		\$1,487.34		
67570	Y		\$1,487.34		
67700	Y	NRC	\$151.12		
67710	Y	NRC	\$199.41		
67715	Y	NRC	\$978.55		
67800	Y		\$76.62		
67801	Y		\$92.34		
67805	Y		\$119.52		
67808	Y		\$978.55		
67810	Y		\$138.18		
67820	N	BN	\$0.00		
67825	Y	NRC	\$81.53		
67830	Y	NRC	\$525.19		
67835	Y	NRC	\$978.55		
67840	Y		\$200.07		
67850	Y		\$149.64		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
67875	Y	NRC	\$525.19		
67880	Y	NRC	\$978.55		
67882	Y	NRC	\$978.55		
67900	Y	NRC	\$978.55		
67901	Y	NRC	\$978.55		
67902	Y	NRC	\$1,487.34		
67903	Y	NRC	\$978.55		
67904	Y	NRC	\$978.55		
67906	Y	NRC	\$1,487.34		
67908	Y	NRC	\$978.55		
67909	Y	NRC	\$978.55		
67911	Y	NRC	\$978.55		
67912	Y	NRC	\$978.55		
67914	Y	NRC	\$978.55		
67915	Y	NRC	\$238.38		
67916	Y	NRC	\$978.55		
67917	Y	NRC	\$978.55		
67921	Y	NRC	\$978.55		
67922	Y	NRC	\$229.54		
67923	Y	NRC	\$978.55		
67924	Y	NRC	\$978.55		
67930	Y		\$233.47		
67935	Y		\$978.55		
67938	Y		\$151.12		
67950	Y		\$978.55		
67961	Y		\$978.55		
67966	Y		\$978.55		
67971	Y		\$978.55		
67973	Y		\$978.55		
67974	Y		\$1,487.34		
67975	Y		\$978.55		
68020	Y	NRC	\$69.09		
68040	Y		\$31.76		
68100	Y		\$128.03		
68110	Y		\$167.32		
68115	Y		\$978.55		
68130	Y		\$978.55		
68135	Y		\$87.43		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
68200	N	BN	\$0.00		
68320	Y	NRC	\$978.55		
68325	Y	NRC	\$1,487.34		
68326	Y	NRC	\$1,487.34		
68328	Y	NRC	\$978.55		
68330	Y	NRC	\$1,183.74		
68335	Y	NRC	\$1,487.34		
68340	Y	NRC	\$978.55		
68360	Y	NRC	\$1,487.34		
68362	Y	NRC	\$978.55		
68371	Y	NRC	\$978.55		
68400	Y	NRC	\$229.21		
68420	Y	NRC	\$241.00		
68440	Y	NRC	\$67.78		
68500	Y		\$1,487.34		
68505	Y		\$1,487.34		
68510	Y		\$978.55		
68520	Y	NRC	\$1,487.34		
68525	Y		\$978.55		
68530	Y		\$151.12		
68540	Y		\$978.55		
68550	Y		\$1,487.34		
68700	Y	NRC	\$978.55		
68705	Y	NRC	\$151.12		
68720	Y	NRC	\$1,487.34		
68745	Y	NRC	\$1,487.34		
68750	Y	NRC	\$1,487.34		
68760	Y	NRC	\$151.12		
68761	Y	NRC	\$93.98		
68770	Y	NRC	\$978.55		
68801	N	BN	\$0.00		
68810	Y	NRC	\$151.12		
68811	Y	NRC	\$978.55		
68815	Y	NRC	\$978.55		
68816	Y	NRC	\$1,432.97	\$822.51	\$1,127.74
68840	Y	NRC	\$84.81		
68841	N	BN	\$0.00		
68850	N	BN	\$0.00		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
69000	Y		\$127.37		
69005	Y		\$135.56		
69020	Y		\$172.23		
69100	Y		\$64.51		
69105	Y		\$110.68		
69110	Y		\$1,157.18		
69120	Y		\$2,760.89		
69140	Y		\$2,760.89		
69145	Y		\$1,157.18		
69150	Y		\$2,760.89		
69200	N	BN	\$0.00		
69205	Y		\$682.92		
69209	N	BN	\$0.00		
69210	N	BN	\$0.00		
69220	N	BN	\$0.00		
69222	Y	NRC	\$159.46		
69300	Y	NRC	\$1,318.93		
69310	Y		\$2,760.89		
69320	Y	NRC	\$2,760.89		
69420	Y	NRC	\$126.72		
69421	Y	NRC	\$1,318.93		
69424	N	NRC	\$94.63		
69433	Y	NRC	\$141.13		
69436	Y	NRC	\$666.85		
69440	Y	NRC	\$1,318.93		
69450	Y	NRC	\$1,318.93		
69501	Y	NRC	\$2,760.89		
69502	Y	NRC	\$2,760.89		
69505	Y	NRC	\$2,760.89		
69511	Y	NRC	\$2,760.89		
69530	Y	NRC	\$2,760.89		
69540	Y		\$161.76		
69550	Y		\$2,760.89		
69552	Y		\$2,760.89		
69601	Y	NRC	\$2,760.89		
69602	Y	NRC	\$2,760.89		
69603	Y	NRC	\$2,760.89		
69604	Y	NRC	\$2,760.89		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
69610	Y	NRC	\$211.20		
69620	Y	NRC	\$1,318.93		
69631	Y	NRC	\$2,760.89		
69632	Y	NRC	\$2,760.89		
69633	Y	NRC	\$2,760.89		
69635	Y	NRC	\$2,760.89		
69636	Y	NRC	\$2,760.89		
69637	Y	NRC	\$2,760.89		
69641	Y	NRC	\$2,760.89		
69642	Y	NRC	\$2,760.89		
69643	Y	NRC	\$2,760.89		
69644	Y	NRC	\$2,760.89		
69645	Y	NRC	\$2,760.89		
69646	Y	NRC	\$2,760.89		
69650	Y	NRC	\$1,318.93		
69660	Y	NRC	\$2,760.89		
69661	Y	NRC	\$2,760.89		
69662	Y	NRC	\$2,760.89		
69666	Y	NRC	\$1,318.93		
69667	Y	NRC	\$1,318.93		
69670	Y	NRC	\$2,760.89		
69676	Y	NRC	\$1,318.93		
69700	Y	NRC	\$666.85		
69705	Y	NRC	\$4,447.12	\$1,947.57	\$3,197.34
69706	Y	NRC	\$4,390.37	\$1,999.96	\$3,195.16
69711	Y	NRC	\$1,318.93		
69714	Y	NRC	\$11,432.30	\$3,698.04	\$7,565.17
69716	Y	NRC	\$11,454.67	\$3,677.38	\$7,566.02
69717	Y	NRC	\$6,151.68	\$1,759.80	\$3,955.74
69719	Y	NRC	\$11,561.56	\$3,578.69	\$7,570.12
69720	Y		\$2,760.89		
69726	Y	NRC	\$1,518.96		
69727	Y	NRC	\$1,518.96		
69728	Y	NRC	\$1,518.96		
69729	Y	NRC	\$9,337.28	\$5,632.10	\$7,484.69
69730	Y	NRC	\$9,337.28	\$5,632.10	\$7,484.69
69740	Y		\$2,760.89		
69745	Y		\$2,760.89		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
69801	Y	NRC	\$147.68		
69805	Y	NRC	\$2,760.89		
69806	Y	NRC	\$2,760.89		
69905	Y	NRC	\$2,760.89		
69910	Y	NRC	\$2,760.89		
69915	Y	NRC	\$1,318.93		
69930	Y	NRC	\$32,248.49	\$7,618.43	\$19,933.46
69990	N	BN	\$0.00		
70010	N	BN	\$0.00		
70015	N	BN	\$0.00		
70030	N	BN	\$0.00		
70100	N	BN	\$0.00		
70110	N	BN	\$0.00		
70120	N	BN	\$0.00		
70130	N	BN	\$0.00		
70134	N	BN	\$0.00		
70140	N	BN	\$0.00		
70150	N	BN	\$0.00		
70160	N	BN	\$0.00		
70170	N	BN	\$0.00		
70190	N	BN	\$0.00		
70200	N	BN	\$0.00		
70210	N	BN	\$0.00		
70220	N	BN	\$0.00		
70240	N	BN	\$0.00		
70250	N	BN	\$0.00		
70260	N	BN	\$0.00		
70300	N	BN	\$0.00		
70310	N	BN	\$0.00		
70320	N	BN	\$0.00		
70328	N	BN	\$0.00		
70330	N	BN	\$0.00		
70332	N	BN	\$0.00		
70336	N		\$127.11		
70350	N	BN	\$0.00		
70355	N	BN	\$0.00		
70360	N	BN	\$0.00		
70370	N	BN	\$0.00		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
70371	N	BN	\$0.00		
70380	N	BN	\$0.00		
70390	N	BN	\$0.00		
70450	N		\$57.04		
70460	N		\$95.31		
70470	N		\$95.31		
70480	N		\$57.04		
70481	N		\$95.31		
70482	N		\$95.31		
70486	N		\$57.04		
70487	N		\$95.31		
70488	N		\$95.31		
70490	N		\$57.04		
70491	N		\$95.31		
70492	N		\$95.31		
70496	N		\$95.31		
70498	N		\$95.31		
70540	N		\$127.11		
70542	N		\$195.81		
70543	N		\$199.50		
70544	N		\$127.11		
70545	N		\$173.54		
70546	N		\$199.50		
70547	N		\$127.11		
70548	N		\$178.78		
70549	N		\$199.50		
70551	N		\$127.11		
70552	N		\$190.24		
70553	N		\$199.50		
70554	N		\$127.11		
70555	N		\$127.11		
70557	N		\$286.18		
70558	N		\$95.31		
70559	N		\$95.31		
71045	N		\$16.70		
71046	N		\$22.59		
71047	N	BN	\$0.00		
71048	N	BN	\$0.00		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
71100	N	BN	\$0.00		
71101	N	BN	\$0.00		
71110	N	BN	\$0.00		
71111	N	BN	\$0.00		
71120	N	BN	\$0.00		
71130	N	BN	\$0.00		
71250	N		\$57.04		
71260	N		\$95.31		
71270	N		\$95.31		
71275	N		\$95.31		
71550	N		\$127.11		
71551	N		\$296.99		
71552	N		\$199.50		
72020	N	BN	\$0.00		
72040	N	BN	\$0.00		
72050	N	BN	\$0.00		
72052	N	BN	\$0.00		
72070	N	BN	\$0.00		
72072	N	BN	\$0.00		
72074	N	BN	\$0.00		
72080	N	BN	\$0.00		
72081	N	BN	\$0.00		
72082	N	BN	\$0.00		
72083	N		\$57.04		
72084	N		\$57.04		
72100	N	BN	\$0.00		
72110	N	BN	\$0.00		
72114	N	BN	\$0.00		
72120	N	BN	\$0.00		
72125	N		\$57.04		
72126	N		\$113.29		
72127	N		\$95.31		
72128	N		\$57.04		
72129	N		\$95.31		
72130	N		\$95.31		
72131	N		\$57.04		
72132	N		\$113.62		
72133	N		\$95.31		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
72141	N		\$123.77		
72142	N		\$194.83		
72146	N		\$123.45		
72147	N		\$192.86		
72148	N		\$124.10		
72149	N		\$190.24		
72156	N		\$199.50		
72157	N		\$199.50		
72158	N		\$199.50		
72170	N	BN	\$0.00		
72190	N	BN	\$0.00		
72191	N		\$95.31		
72192	N		\$57.04		
72193	N		\$95.31		
72194	N		\$95.31		
72195	N		\$127.11		
72196	N		\$190.90		
72197	N		\$199.50		
72200	N	BN	\$0.00		
72202	N	BN	\$0.00		
72220	N	BN	\$0.00		
72240	N	BN	\$0.00		
72255	N	BN	\$0.00		
72265	N	BN	\$0.00		
72270	N	BN	\$0.00		
72285	N	BN	\$0.00		
72295	N	BN	\$0.00		
73000	N	BN	\$0.00		
73010	N	BN	\$0.00		
73020	N	BN	\$0.00		
73030	N	BN	\$0.00		
73040	N	BN	\$0.00		
73050	N	BN	\$0.00		
73060	N	BN	\$0.00		
73070	N	BN	\$0.00		
73080	N	BN	\$0.00		
73085	N	BN	\$0.00		
73090	N	BN	\$0.00		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
73092	N	BN	\$0.00		
73100	N	BN	\$0.00		
73110	N	BN	\$0.00		
73115	N	BN	\$0.00		
73120	N	BN	\$0.00		
73130	N	BN	\$0.00		
73140	N	BN	\$0.00		
73200	N		\$57.04		
73201	N		\$148.33		
73202	N		\$95.31		
73206	N		\$95.31		
73218	N		\$127.11		
73219	N		\$199.50		
73220	N		\$199.50		
73221	N		\$127.11		
73222	N		\$240.67		
73223	N		\$199.50		
73501	N	BN	\$0.00		
73502	N	BN	\$0.00		
73503	N	BN	\$0.00		
73521	N	BN	\$0.00		
73522	N	BN	\$0.00		
73523	N	BN	\$0.00		
73525	N	BN	\$0.00		
73551	N	BN	\$0.00		
73552	N	BN	\$0.00		
73560	N	BN	\$0.00		
73562	N	BN	\$0.00		
73564	N	BN	\$0.00		
73565	N	BN	\$0.00		
73580	N	BN	\$0.00		
73590	N	BN	\$0.00		
73592	N	BN	\$0.00		
73600	N	BN	\$0.00		
73610	N	BN	\$0.00		
73615	N	BN	\$0.00		
73620	N	BN	\$0.00		
73630	N	BN	\$0.00		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
73650	N	BN	\$0.00		
73660	N	BN	\$0.00		
73700	N		\$57.04		
73701	N		\$95.31		
73702	N		\$95.31		
73706	N		\$95.31		
73718	N		\$127.11		
73719	N		\$190.57		
73720	N		\$199.50		
73721	N		\$127.11		
73722	N		\$241.32		
73723	N		\$199.50		
74018	N	BN	\$0.00		
74019	N	BN	\$0.00		
74021	N	BN	\$0.00		
74022	N	BN	\$0.00		
74150	N		\$57.04		
74160	N		\$95.31		
74170	N		\$95.31		
74174	N		\$199.50		
74175	N		\$95.31		
74176	N		\$103.80		
74177	N		\$199.50		
74178	N		\$199.50		
74181	N		\$127.11		
74182	N		\$199.50		
74183	N		\$199.50		
74190	N	BN	\$0.00		
74210	N	BN	\$0.00		
74220	N	BN	\$0.00		
74221	N	BN	\$0.00		
74230	N		\$95.31		
74235	N	BN	\$0.00		
74240	N		\$83.17		
74246	N	NRC	\$95.31		
74248	N	BN	\$0.00		
74250	N	NRC	\$82.19		
74251	N	NRC	\$95.31		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
74261	N	NRC	\$57.04		
74262	N	NRC	\$95.31		
74270	N	BN	\$0.00		
74280	N	BN	\$0.00		
74283	N	NRC	\$95.31		
74290	N	BN	\$0.00		
74300	N	BN	\$0.00		
74301	N	BN	\$0.00		
74328	N	BN	\$0.00		
74329	N	BN	\$0.00		
74330	N	BN	\$0.00		
74340	N	BN	\$0.00		
74355	N	BN	\$0.00		
74360	N	BN	\$0.00		
74363	N	BN	\$0.00		
74400	N	NRC	\$95.31		
74410	N	NRC	\$95.31		
74415	N	NRC	\$95.31		
74420	N	NRC	\$199.50		
74425	N	BN	\$0.00		
74430	N	BN	\$0.00		
74440	N	BN	\$0.00		
74445	N	BN	\$0.00		
74450	N	BN	\$0.00		
74455	N	BN	\$0.00		
74470	N	BN	\$0.00		
74485	N	BN	\$0.00		
74712	N	NRC	\$127.11		
74713	N	BN	\$0.00		
74740	N	BN	\$0.00		
74742	N	BN	\$0.00		
74775	N	NRC	\$127.11		
75557	N	NRC	\$127.11		
75559	N	NRC	\$244.60		
75561	N	NRC	\$199.50		
75563	N	NRC	\$291.75		
75565	N	BN	\$0.00		
75571	N	BN	\$0.00		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
75572	N		\$95.31		
75573	N	NRC	\$95.31		
75574	N		\$95.31		
75600	N	BN	\$0.00		
75605	N	BN	\$0.00		
75625	N	BN	\$0.00		
75630	N	BN	\$0.00		
75635	N	BN	\$0.00		
75705	N	BN	\$0.00		
75710	N	BN	\$0.00		
75716	N	BN	\$0.00		
75726	N	BN	\$0.00		
75731	N	NRC	\$97.25		
75733	N	BN	\$0.00		
75736	N	BN	\$0.00		
75741	N	BN	\$0.00		
75743	N	BN	\$0.00		
75746	N	NRC	\$80.88		
75756	N	BN	\$0.00		
75774	N	BN	\$0.00		
75801	N	BN	\$0.00		
75803	N	NRC	\$619.20		
75805	N	NRC	\$1,548.04		
75807	N	BN	\$0.00		
75809	N	BN	\$0.00		
75810	N	NRC	\$1,548.04		
75820	N	BN	\$0.00		
75822	N	NRC	\$64.18		
75825	N	BN	\$0.00		
75827	N	BN	\$0.00		
75831	N	BN	\$0.00		
75833	N	BN	\$0.00		
75840	N	BN	\$0.00		
75842	N	BN	\$0.00		
75860	N	BN	\$0.00		
75870	N	NRC	\$95.61		
75872	N	BN	\$0.00		
75880	N	BN	\$0.00		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
75885	N	BN	\$0.00		
75887	N	NRC	\$71.05		
75889	N	BN	\$0.00		
75891	N	BN	\$0.00		
75893	N	BN	\$0.00		
75894	N	BN	\$0.00		
75898	N	NRC	\$1,548.04		
75901	N	BN	\$0.00		
75902	N	BN	\$0.00		
75970	N	BN	\$0.00		
75984	N	BN	\$0.00		
75989	N	BN	\$0.00		
76000	N		\$27.18		
76010	N	BN	\$0.00		
76080	N	BN	\$0.00		
76098	N	BN	\$0.00		
76100	N	BN	\$0.00		
76120	N	BN	\$0.00		
76125	N	BN	\$0.00		
76145	N	NRC	\$278.04		
76376	N	BN	\$0.00		
76377	N	BN	\$0.00		
76380	N	BN	\$0.00		
76390	N		\$47.14		
76391	N		\$127.11		
76496	N	BN	\$0.00		
76497	N	BN	\$0.00		
76498	N	NRC	\$47.14		
76499	N	BN	\$0.00		
76506	N	BN	\$0.00		
76510	N	BN	\$0.00		
76511	N	BN	\$0.00		
76512	N	BN	\$0.00		
76513	N	BN	\$0.00		
76514	N	BN	\$0.00		
76516	N	BN	\$0.00		
76519	N	BN	\$0.00		
76529	N	BN	\$0.00		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
76536	N	BN	\$0.00		
76604	N	BN	\$0.00		
76641	N	BN	\$0.00		
76642	N	BN	\$0.00		
76700	N		\$57.04		
76705	N		\$57.04		
76770	N		\$57.04		
76775	N	BN	\$0.00		
76776	N		\$57.04		
76800	N	BN	\$0.00		
76801	N	NRC	\$57.04		
76802	N	BN	\$0.00		
76805	N	NRC	\$57.04		
76810	N	BN	\$0.00		
76811	N	NRC	\$85.79		
76812	N	BN	\$0.00		
76813	N	BN	\$0.00		
76814	N	BN	\$0.00		
76815	N	BN	\$0.00		
76816	N	BN	\$0.00		
76817	N	BN	\$0.00		
76818	N	NRC	\$57.04		
76819	N	NRC	\$48.13		
76820	N	BN	\$0.00		
76821	N	BN	\$0.00		
76825	N	NRC	\$179.44		
76826	N	NRC	\$115.26		
76827	N	BN	\$0.00		
76828	N	BN	\$0.00		
76830	N	NRC	\$57.04		
76831	N	NRC	\$80.55		
76856	N	NRC	\$57.04		
76857	N	NRC	\$25.54		
76870	N	BN	\$0.00		
76872	N	NRC	\$57.04		
76873	N	NRC	\$57.04		
76881	N	NRC	\$10.48		
76882	N	BN	\$0.00		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
76885	N	BN	\$0.00		
76886	N	BN	\$0.00		
76932	N	BN	\$0.00		
76936	N	NRC	\$162.82		
76937	N	BN	\$0.00		
76940	N	BN	\$0.00		
76941	N	BN	\$0.00		
76942	N	BN	\$0.00		
76945	N	BN	\$0.00		
76946	N	BN	\$0.00		
76948	N	BN	\$0.00		
76965	N	BN	\$0.00		
76975	N	BN	\$0.00		
76977	N	NRC	\$4.26		
76978	N		\$95.31		
76979	N	BN	\$0.00		
76981	N		\$57.04		
76982	N		\$57.04		
76983	N	BN	\$0.00		
76998	N	BN	\$0.00		
76999	N	BN	\$0.00		
77001	N	BN	\$0.00		
77002	N	BN	\$0.00		
77003	N	BN	\$0.00		
77011	N	BN	\$0.00		
77012	N	BN	\$0.00		
77013	N	BN	\$0.00		
77014	N	BN	\$0.00		
77021	N	BN	\$0.00		
77022	N	BN	\$0.00		
77046	N		\$127.11		
77047	N		\$127.11		
77053	N	BN	\$0.00		
77054	N	BN	\$0.00		
77071	N	BN	\$0.00		
77072	N	BN	\$0.00		
77073	N	BN	\$0.00		
77074	N	BN	\$0.00		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
77075	N	BN	\$0.00		
77076	N	BN	\$0.00		
77077	N	BN	\$0.00		
77078	N	NRC	\$47.14		
77080	N	NRC	\$28.81		
77081	N	NRC	\$21.61		
77084	N		\$127.11		
77085	N	BN	\$0.00		
77086	N	BN	\$0.00		
77280	N		\$70.39		
77285	N		\$191.67		
77290	N		\$191.67		
77293	N	BN	\$0.00		
77295	N		\$250.49		
77299	N	NRC	\$70.39		
77300	N		\$32.74		
77301	N		\$718.79		
77306	N		\$73.35		
77307	N		\$132.61		
77316	N		\$168.63		
77317	N		\$191.67		
77318	N		\$191.67		
77321	N		\$43.55		
77331	N		\$18.66		
77332	N		\$15.06		
77333	N		\$70.39		
77334	N		\$64.18		
77336	N		\$70.39		
77338	N		\$191.67		
77370	N		\$70.39		
77385	N	NRC	\$305.36		
77386	N	NRC	\$305.36		
77387	N	BN	\$0.00		
77399	N	NRC	\$70.39		
77401	N		\$40.60		
77402	N		\$62.20		
77407	N		\$139.41		
77412	N		\$139.41		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
77417	N	BN	\$0.00		
77423	N		\$32.09		
77424	N	NRC	\$2,148.55		
77425	N	NRC	\$2,148.55		
77435	N	BN	\$0.00		
77470	N		\$34.71		
77520	N		\$305.36		
77522	N	NRC	\$735.89		
77523	N		\$735.89		
77525	N	NRC	\$735.89		
77600	N	NRC	\$139.41		
77605	N	NRC	\$371.93		
77610	N	NRC	\$305.36		
77615	N	NRC	\$305.36		
77620	N	NRC	\$305.36		
77750	N		\$128.68		
77761	N		\$214.80		
77762	N		\$246.24		
77763	N		\$321.22		
77767	N		\$139.41		
77768	N		\$139.41		
77770	N		\$240.34		
77771	N		\$371.93		
77772	N		\$371.93		
77778	N		\$371.93		
77789	N		\$62.20		
77790	N	BN	\$0.00		
77799	N	NRC	\$62.20		
78012	N		\$213.95		
78013	N		\$213.95		
78014	N		\$213.95		
78015	N		\$213.95		
78016	N		\$213.95		
78018	N		\$280.39		
78020	N	BN	\$0.00		
78070	N	NRC	\$213.95		
78071	N	NRC	\$213.95		
78072	N	NRC	\$280.39		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
78075	N	NRC	\$736.61		
78099	N	NRC	\$213.95		
78102	N		\$213.95		
78103	N		\$213.95		
78104	N		\$213.95		
78110	N	NRC	\$736.61		
78111	N	NRC	\$736.61		
78120	N	NRC	\$213.95		
78121	N	NRC	\$280.39		
78122	N		\$280.39		
78130	N		\$213.95		
78140	N		\$213.95		
78185	N		\$213.95		
78191	N		\$213.95		
78195	N		\$280.39		
78199	N	NRC	\$213.95		
78201	N		\$280.39		
78202	N		\$280.39		
78215	N		\$213.95		
78216	N		\$213.95		
78226	N		\$213.95		
78227	N		\$280.39		
78230	N	NRC	\$213.95		
78231	N	NRC	\$213.95		
78232	N	NRC	\$213.95		
78258	N	NRC	\$213.95		
78261	N	NRC	\$213.95		
78262	N	NRC	\$213.95		
78264	N	NRC	\$213.95		
78265	N	NRC	\$213.95		
78266	N	NRC	\$280.39		
78278	N		\$213.95		
78282	N	NRC	\$213.95		
78290	N	NRC	\$213.95		
78291	N	NRC	\$213.95		
78299	N	NRC	\$213.95		
78300	N		\$213.95		
78305	N		\$213.95		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
78306	N		\$213.95		
78315	N		\$213.95		
78399	N	NRC	\$213.95		
78414	N	NRC	\$280.39		
78428	N	NRC	\$213.95		
78429	N	NRC	\$811.56		
78430	N	NRC	\$811.56		
78431	N	NRC	\$1,224.01		
78432	N	NRC	\$1,006.46		
78433	N	NRC	\$1,060.85		
78434	N	BN	\$0.00		
78445	N		\$213.95		
78451	N		\$736.61		
78452	N		\$736.61		
78453	N		\$736.61		
78454	N		\$736.61		
78456	N		\$736.61		
78457	N		\$280.39		
78458	N		\$213.95		
78459	N	NRC	\$736.61		
78466	N	NRC	\$213.95		
78468	N	NRC	\$280.39		
78469	N	NRC	\$280.39		
78472	N	NRC	\$213.95		
78473	N	NRC	\$213.95		
78481	N	NRC	\$280.39		
78483	N	NRC	\$280.39		
78491	N	NRC	\$811.56		
78492	N	NRC	\$811.56		
78494	N	NRC	\$213.95		
78496	N	BN	\$0.00		
78499	N	NRC	\$213.95		
78579	N		\$213.95		
78580	N		\$213.95		
78582	N		\$280.39		
78597	N		\$213.95		
78598	N		\$280.39		
78599	N	NRC	\$213.95		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
78600	N		\$213.95		
78601	N		\$213.95		
78605	N		\$280.39		
78606	N		\$280.39		
78608	N	NRC	\$811.56		
78610	N		\$280.39		
78630	N		\$280.39		
78635	N		\$280.39		
78645	N		\$280.39		
78650	N		\$736.61		
78660	N		\$213.95		
78699	N	NRC	\$213.95		
78700	N		\$213.95		
78701	N		\$213.95		
78707	N	NRC	\$280.39		
78708	N	NRC	\$280.39		
78709	N	NRC	\$280.39		
78725	N		\$213.95		
78730	N	BN	\$0.00		
78740	N	NRC	\$213.95		
78761	N	NRC	\$213.95		
78799	N	NRC	\$213.95		
78800	N		\$213.95		
78801	N		\$213.95		
78802	N		\$736.61		
78803	N		\$736.61		
78804	N		\$736.61		
78808	N	BN	\$0.00		
78811	N	NRC	\$736.61		
78812	N	NRC	\$811.56		
78813	N	NRC	\$811.56		
78814	N	NRC	\$811.56		
78815	N	NRC	\$811.56		
78816	N	NRC	\$811.56		
78830	N		\$736.61		
78831	N		\$736.61		
78832	N		\$811.56		
78999	N	NRC	\$213.95		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
79005	N		\$49.77		
79101	N		\$52.06		
79200	N		\$50.75		
79300	N		\$129.05		
79403	N	NRC	\$97.91		
79440	N	NRC	\$38.31		
79445	N	NRC	\$129.05		
79999	N	NRC	\$129.05		
90371	N		\$137.58		
90375	N		\$277.74		
90376	N		\$170.90		
90377	N		\$250.49		
90378	N	NRC	\$339.68		
90393	N	BN	\$0.00		
90396	N	NRC	\$2,049.23		
90476	N	NRC	\$357.98		
90581	N	BN	\$0.00		
90630	N	BN	\$0.00		
90632	N	BN	\$0.00		
90633	N	BN	\$0.00		
90634	N	BN	\$0.00		
90636	N	BN	\$0.00		
90647	N	BN	\$0.00		
90648	N	BN	\$0.00		
90653	N	BN	\$0.00		
90654	N	BN	\$0.00		
90655	N	BN	\$0.00		
90656	N	BN	\$0.00		
90657	N	BN	\$0.00		
90660	N	BN	\$0.00		
90661	N	BN	\$0.00		
90662	N	BN	\$0.00		
90670	N	BN	\$0.00		
90672	N	BN	\$0.00		
90673	N	BN	\$0.00		
90674	N	BN	\$0.00		
90675	N		\$328.55		
90676	N		\$255.14		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
90680	N	BN	\$0.00		
90682	N	BN	\$0.00		
90685	N	BN	\$0.00		
90686	N	BN	\$0.00		
90687	N	BN	\$0.00		
90688	N	BN	\$0.00		
90689	N	BN	\$0.00		
90690	N	BN	\$0.00		
90691	N	BN	\$0.00		
90694	N	BN	\$0.00		
90696	N	BN	\$0.00		
90698	N	BN	\$0.00		
90717	N	BN	\$0.00		
90732	N	BN	\$0.00		
90739	N	NRC	\$0.00		
90740	N	NRC	\$0.00		
90743	N	NRC	\$0.00		
90744	N	NRC	\$0.00		
90746	N	BR	\$0.00		
90747	N	NRC	\$0.00		
90749	N	BN	\$0.00		
90756	N	BN	\$0.00		
90759	N	BR	\$0.00		
91035	N		\$278.04		
91304	N	BN	\$0.00		
92920	Y		\$3,890.50	\$1,946.73	\$2,918.61
92921	N	BN	\$0.00		
92928	Y		\$7,542.72	\$3,664.71	\$5,603.71
92929	N	BN	\$0.00		
92978	N	BN	\$0.00		
93451	Y		\$1,632.50		
93452	Y		\$1,632.50		
93453	Y		\$1,632.50		
93454	Y		\$1,632.50		
93455	Y		\$1,632.50		
93456	Y		\$1,632.50		
93457	Y		\$1,632.50		
93458	Y		\$1,632.50		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
93459	Y		\$1,632.50		
93460	Y		\$1,632.50		
93461	Y		\$1,632.50		
93462	N	BN	\$0.00		
93566	N	BN	\$0.00		
93567	N	BN	\$0.00		
93568	N	BN	\$0.00		
93571	N	BN	\$0.00		
93572	N	BN	\$0.00		
93985	N		\$127.11		
93986	N		\$57.04		
0101T	Y	NRC	\$122.33		
0102T	Y	NRC	\$1,518.96		
0200T	Y	NRC	\$4,991.36	\$2,830.98	\$3,911.17
0201T	Y	NRC	\$3,393.01		
0213T	Y	NRC	\$472.82		
0214T	N	BN	\$0.00		
0215T	N	BN	\$0.00		
0216T	Y	NRC	\$472.82		
0217T	N	BN	\$0.00		
0218T	N	BN	\$0.00		
0232T	N	BN	\$0.00		
0238T	Y	NRC	\$11,297.88	\$6,814.71	\$9,056.29
0253T	Y	NRC	\$3,259.33	\$1,474.76	\$2,367.04
0263T	N	NRC	\$2,400.67		
0264T	N	NRC	\$2,400.67		
0265T	N	NRC	\$2,400.67		
0266T	Y	NRC	\$48,548.85	\$8,840.41	\$28,694.63
0268T	N	NRC	\$29,993.90	\$4,830.04	\$17,411.97
0269T	N	NRC	\$3,012.86		
0270T	Y	NRC	\$1,898.21		
0271T	Y	NRC	\$1,898.21		
0274T	Y	NRC	\$3,393.01		
0275T	Y	NRC	\$5,773.13	\$2,109.28	\$3,941.20
0278T	N	BN	\$0.00		
0308T	Y	NRC	\$16,257.30	\$3,703.69	\$9,980.49
0330T	N	BN	\$0.00		
0331T	N	NRC	\$736.61		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
0332T	N	NRC	\$736.61		
0335T	Y	NRC	\$5,167.51	\$2,668.38	\$3,917.94
0338T	N	NRC	\$2,526.14		
0339T	N	NRC	\$4,370.86	\$1,503.27	\$2,937.06
0342T	N	NRC	\$2,400.67		
0347T	N	BN	\$0.00		
0348T	N	BN	\$0.00		
0349T	N	BN	\$0.00		
0350T	N	BN	\$0.00		
0351T	N	BN	\$0.00		
0353T	N	BN	\$0.00		
0379T	N	BN	\$0.00		
0394T	N	NRC	\$139.41		
0395T	N	NRC	\$371.93		
0397T	N	BN	\$0.00		
0402T	Y	NRC	\$978.55		
0408T	Y	NRC	\$30,567.62	\$5,784.12	\$18,175.87
0409T	Y	NRC	\$24,231.01	\$4,142.68	\$14,186.84
0410T	Y	NRC	\$6,190.25	\$3,733.87	\$4,962.06
0411T	Y	NRC	\$6,190.25	\$3,733.87	\$4,962.06
0412T	N	NRC	\$2,037.13		
0413T	N	NRC	\$2,037.13		
0414T	Y	NRC	\$17,369.58	\$10,477.07	\$13,923.32
0415T	Y	NRC	\$325.88		
0416T	Y	NRC	\$945.99		
0419T	Y	NRC	\$325.80		
0420T	Y	NRC	\$325.80		
0421T	Y	NRC	\$7,075.90	\$3,433.61	\$5,254.75
0422T	N	NRC	\$47.14		
0437T	N	BN	\$0.00		
0439T	N	BN	\$0.00		
0440T	Y	NRC	\$897.79		
0441T	Y	NRC	\$1,341.84	\$729.59	\$1,035.71
0442T	Y	NRC	\$4,879.75	\$2,100.58	\$3,490.16
0443T	N	BN	\$0.00		
0444T	N	BN	\$0.00		
0445T	N	BN	\$0.00		
0446T	Y	NRC	\$945.99		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
0447T	N	NRC	\$103.85		
0448T	Y	NRC	\$945.99		
0449T	Y	NRC	\$4,304.69	\$1,694.76	\$2,999.72
0450T	N	BN	\$0.00		
0479T	Y	NRC	\$325.80		
0480T	N	BN	\$0.00		
0510T	N	NRC	\$1,518.96		
0511T	Y	NRC	\$5,457.83	\$2,400.36	\$3,929.09
0512T	N	NRC	\$103.85		
0513T	N	BN	\$0.00		
0523T	N	BN	\$0.00		
0524T	Y	NRC	\$2,344.03	\$1,230.00	\$1,787.01
0525T	Y	NRC	\$7,255.94	\$4,376.67	\$5,816.30
0526T	Y	NRC	\$6,190.25	\$3,733.87	\$4,962.06
0527T	Y	NRC	\$8,485.58	\$1,614.84	\$5,050.21
0530T	N	NRC	\$2,037.13		
0531T	N	NRC	\$2,037.13		
0532T	N	NRC	\$2,037.13		
0581T	Y	NRC	\$1,469.51		
0583T	Y	NRC	\$957.84	\$577.76	\$767.80
0587T	Y	NRC	\$6,924.12	\$1,301.62	\$4,112.87
0588T	Y	NRC	\$1,898.21		
0594T	Y	NRC	\$4,873.63	\$2,939.70	\$3,906.66
0596T	Y	NRC	\$313.23		
0597T	Y	NRC	\$313.23		
0598T	N	NRC	\$162.82		
0599T	N	BN	\$0.00		
0600T	Y	NRC	\$7,533.70	\$3,000.32	\$5,267.01
0601T	Y	NRC	\$7,393.05	\$3,130.17	\$5,261.61
0609T	N	NRC	\$127.11		
0611T	N	NRC	\$127.11		
0614T	Y	NRC	\$21,736.15	\$6,445.90	\$14,091.02
0616T	Y	NRC	\$16,316.20	\$3,677.92	\$9,997.06
0617T	Y	NRC	\$17,191.64	\$3,295.12	\$10,243.38
0618T	Y	NRC	\$12,759.06	\$5,233.33	\$8,996.19
0619T	Y	NRC	\$8,978.48	\$1,677.19	\$5,327.83
0620T	Y	NRC	\$28,060.26	\$6,887.63	\$17,473.94
0627T	Y	NRC	\$11,889.08	\$3,276.33	\$7,582.70

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
0628T	N	BN	\$0.00		
0629T	Y	NRC	\$10,428.61	\$4,624.63	\$7,526.62
0630T	N	BN	\$0.00		
0632T	Y	NRC	\$11,297.88	\$6,814.71	\$9,056.29
0633T	N	NRC	\$57.04		
0634T	N	NRC	\$95.31		
0635T	N	NRC	\$95.31		
0636T	N	NRC	\$127.11		
0637T	N	NRC	\$199.50		
0638T	N	NRC	\$199.50		
0644T	Y	NRC	\$2,526.14		
0647T	Y	NRC	\$831.84		
0648T	N	NRC	\$516.96		
0651T	Y	NRC	\$737.97	\$349.68	\$543.82
0652T	Y	NRC	\$1,194.83	\$720.70	\$957.76
0653T	Y	NRC	\$1,194.83	\$720.70	\$957.76
0654T	Y	NRC	\$1,799.14		
0655T	Y	NRC	\$1,626.15		
0671T	Y	NRC	\$4,707.62	\$1,322.79	\$3,015.20
0673T	Y	NRC	\$682.92		
0686T	N	NRC	\$9,518.26		
0689T	N	NRC	\$47.14		
0697T	N	NRC	\$516.96		
0698T	N	NRC	\$516.96		
0699T	Y	NRC	\$1,183.74		
0707T	Y	NRC	\$2,535.68	\$989.31	\$1,762.49
0714T	Y	NRC	\$2,471.23		
0784T	Y	NRC	\$10,520.98	\$6,346.10	\$8,433.54
0785T	Y	NRC	\$1,898.21		
0786T	Y	NRC	\$10,520.98	\$6,346.10	\$8,433.54
0787T	Y	NRC	\$1,898.21		
0793T	Y	NRC	\$11,297.88	\$6,814.71	\$9,056.29
0797T	Y	NRC	\$12,062.06	\$7,275.65	\$9,668.85
0800T	Y	NRC	\$2,223.56	\$1,341.22	\$1,782.39
0803T	Y	NRC	\$12,062.06	\$7,275.65	\$9,668.85
0813T	Y	NRC	\$470.24		
0816T	Y	NRC	\$16,108.18	\$9,716.21	\$12,912.19
0817T	Y	NRC	\$16,108.18	\$9,716.21	\$12,912.19

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
0818T	Y	NRC	\$1,898.21		
0819T	Y	NRC	\$1,898.21		
0864T	Y	NRC	\$128.20		
A2001	N	BN	\$0.00		
A2002	N	BN	\$0.00		
A2004	N	BN	\$0.00		
A2005	N	BN	\$0.00		
A2006	N	BN	\$0.00		
A2007	N	BN	\$0.00		
A2008	N	BN	\$0.00		
A2009	N	BN	\$0.00		
A2010	N	BN	\$0.00		
A2011	N	BN	\$0.00		
A2012	N	BN	\$0.00		
A2013	N	BN	\$0.00		
A2014	N	BN	\$0.00		
A2015	N	BN	\$0.00		
A2016	N	BN	\$0.00		
A2017	N	BN	\$0.00		
A2018	N	BN	\$0.00		
A2019	N	BN	\$0.00		
A2020	N	BN	\$0.00		
A2021	N	BN	\$0.00		
A2022	N	BN	\$0.00		
A2023	N	BN	\$0.00		
A2024	N	BN	\$0.00		
A2025	N	BN	\$0.00		
A4100	N	BN	\$0.00		
A4344	N	BN	\$0.00		
A9156	N	BN	\$0.00		
A9500	N	BN	\$0.00		
A9501	N	BN	\$0.00		
A9502	N	BN	\$0.00		
A9503	N	BN	\$0.00		
A9504	N	BN	\$0.00		
A9505	N	BN	\$0.00		
A9507	N	BN	\$0.00		
A9508	N	BN	\$0.00		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
A9509	N	BN	\$0.00		
A9510	N	BN	\$0.00		
A9512	N	BN	\$0.00		
A9515	N	BN	\$0.00		
A9516	N	BN	\$0.00		
A9520	N	BN	\$0.00		
A9521	N	BN	\$0.00		
A9524	N	BN	\$0.00		
A9526	N	BN	\$0.00		
A9527	N	NRC	\$60.21		
A9528	N	BN	\$0.00		
A9529	N	BN	\$0.00		
A9531	N	BN	\$0.00		
A9532	N	BN	\$0.00		
A9536	N	BN	\$0.00		
A9537	N	BN	\$0.00		
A9538	N	BN	\$0.00		
A9539	N	BN	\$0.00		
A9540	N	BN	\$0.00		
A9541	N	BN	\$0.00		
A9542	N	BN	\$0.00		
A9546	N	BN	\$0.00		
A9547	N	BN	\$0.00		
A9548	N	BN	\$0.00		
A9550	N	BN	\$0.00		
A9551	N	BN	\$0.00		
A9552	N	BN	\$0.00		
A9553	N	BN	\$0.00		
A9554	N	BN	\$0.00		
A9555	N	BN	\$0.00		
A9556	N	BN	\$0.00		
A9557	N	BN	\$0.00		
A9558	N	BN	\$0.00		
A9559	N	BN	\$0.00		
A9560	N	BN	\$0.00		
A9561	N	BN	\$0.00		
A9562	N	BN	\$0.00		
A9566	N	BN	\$0.00		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
A9567	N	BN	\$0.00		
A9568	N	BN	\$0.00		
A9569	N	BN	\$0.00		
A9570	N	BN	\$0.00		
A9571	N	BN	\$0.00		
A9572	N	BN	\$0.00		
A9573	N	BN	\$0.00		
A9575	N	BN	\$0.00		
A9576	N	BN	\$0.00		
A9577	N	BN	\$0.00		
A9578	N	BN	\$0.00		
A9579	N	BN	\$0.00		
A9580	N	BN	\$0.00		
A9581	N	BN	\$0.00		
A9582	N	BN	\$0.00		
A9583	N	BN	\$0.00		
A9584	N	BN	\$0.00		
A9585	N	BN	\$0.00		
A9586	N	BN	\$0.00		
A9587	N	BN	\$0.00		
A9588	N	BN	\$0.00		
A9590	N	NRC	\$338.06		
A9591	N	BN	\$0.00		
A9592	N	BN	\$0.00		
A9593	N		\$806.14		
A9594	N		\$789.30		
A9595	N	NRC	\$580.35		
A9596	N		\$995.31		
A9597	N	BN	\$0.00		
A9598	N	BN	\$0.00		
A9601	N	NRC	\$3,710.00		
A9602	N	NRC	\$446.88		
A9603	N	BN	\$0.00		
A9608	N	NRC	\$614.78		
A9609	N	BN	\$0.00		
A9697	N	BN	\$0.00		
A9698	N	BN	\$0.00		
A9700	N	BN	\$0.00		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
A9800	N		\$873.44		
C1052	N	BN	\$0.00		
C1062	N	BN	\$0.00		
C1600	N	BR	\$0.00		
C1601	N	BR	\$0.00		
C1602	N	BR	\$0.00		
C1603	N	BR	\$0.00		
C1604	N	BR	\$0.00		
C1713	N	BN	\$0.00		
C1714	N	BN	\$0.00		
C1715	N	BN	\$0.00		
C1716	N	NRC	\$271.19		
C1717	N	NRC	\$347.33		
C1719	N	NRC	\$348.79		
C1721	N	BN	\$0.00		
C1722	N	BN	\$0.00		
C1724	N	BN	\$0.00		
C1725	N	BN	\$0.00		
C1726	N	BN	\$0.00		
C1727	N	BN	\$0.00		
C1728	N	BN	\$0.00		
C1729	N	BN	\$0.00		
C1730	N	BN	\$0.00		
C1731	N	BN	\$0.00		
C1732	N	BN	\$0.00		
C1733	N	BN	\$0.00		
C1734	N	BN	\$0.00		
C1747	N	BR	\$0.00		
C1748	N	BN	\$0.00		
C1749	N	BN	\$0.00		
C1750	N	BN	\$0.00		
C1751	N	BN	\$0.00		
C1752	N	BN	\$0.00		
C1753	N	BN	\$0.00		
C1754	N	BN	\$0.00		
C1755	N	BN	\$0.00		
C1756	N	BN	\$0.00		
C1757	N	BN	\$0.00		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
C1758	N	BN	\$0.00		
C1759	N	BN	\$0.00		
C1760	N	BN	\$0.00		
C1761	N	BR	\$0.00		
C1762	N	BN	\$0.00		
C1763	N	BN	\$0.00		
C1764	N	BN	\$0.00		
C1765	N	BN	\$0.00		
C1766	N	BN	\$0.00		
C1767	N	BN	\$0.00		
C1768	N	BN	\$0.00		
C1769	N	BN	\$0.00		
C1770	N	BN	\$0.00		
C1771	N	BN	\$0.00		
C1772	N	BN	\$0.00		
C1773	N	BN	\$0.00		
C1776	N	BN	\$0.00		
C1777	N	BN	\$0.00		
C1778	N	BN	\$0.00		
C1779	N	BN	\$0.00		
C1780	N	BN	\$0.00		
C1781	N	BN	\$0.00		
C1782	N	BN	\$0.00		
C1783	N	BN	\$0.00		
C1784	N	BN	\$0.00		
C1785	N	BN	\$0.00		
C1786	N	BN	\$0.00		
C1787	N	BN	\$0.00		
C1788	N	BN	\$0.00		
C1789	N	BN	\$0.00		
C1813	N	BN	\$0.00		
C1814	N	BN	\$0.00		
C1815	N	BN	\$0.00		
C1816	N	BN	\$0.00		
C1817	N	BN	\$0.00		
C1818	N	BN	\$0.00		
C1819	N	BN	\$0.00		
C1820	N	BN	\$0.00		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
C1821	N	BN	\$0.00		
C1822	N	BN	\$0.00		
C1823	N	BN	\$0.00		
C1824	N	BN	\$0.00		
C1825	N	BN	\$0.00		
C1826	N	BR	\$0.00		
C1827	N	BR	\$0.00		
C1830	N	BN	\$0.00		
C1831	N	BR	\$0.00		
C1832	N	BR	\$0.00		
C1833	N	BR	\$0.00		
C1839	N	BN	\$0.00		
C1840	N	BN	\$0.00		
C1874	N	BN	\$0.00		
C1875	N	BN	\$0.00		
C1876	N	BN	\$0.00		
C1877	N	BN	\$0.00		
C1878	N	BN	\$0.00		
C1880	N	BN	\$0.00		
C1881	N	BN	\$0.00		
C1882	N	BN	\$0.00		
C1883	N	BN	\$0.00		
C1884	N	BN	\$0.00		
C1885	N	BN	\$0.00		
C1886	N	BN	\$0.00		
C1887	N	BN	\$0.00		
C1888	N	BN	\$0.00		
C1889	N	BN	\$0.00		
C1890	N	BR	\$0.00		
C1891	N	BN	\$0.00		
C1892	N	BN	\$0.00		
C1893	N	BN	\$0.00		
C1894	N	BN	\$0.00		
C1895	N	BN	\$0.00		
C1896	N	BN	\$0.00		
C1897	N	BN	\$0.00		
C1898	N	BN	\$0.00		
C1899	N	BN	\$0.00		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
C1900	N	BN	\$0.00		
C1982	N	BN	\$0.00		
C2596	N	BN	\$0.00		
C2613	N	BN	\$0.00		
C2614	N	BN	\$0.00		
C2615	N	BN	\$0.00		
C2616	N	NRC	\$17,194.89		
C2617	N	BN	\$0.00		
C2618	N	BN	\$0.00		
C2619	N	BN	\$0.00		
C2620	N	BN	\$0.00		
C2621	N	BN	\$0.00		
C2622	N	BN	\$0.00		
C2623	N	BN	\$0.00		
C2624	N	BN	\$0.00		
C2625	N	BN	\$0.00		
C2626	N	BN	\$0.00		
C2627	N	BN	\$0.00		
C2628	N	BN	\$0.00		
C2629	N	BN	\$0.00		
C2630	N	BN	\$0.00		
C2631	N	BN	\$0.00		
C2634	N	NRC	\$150.97		
C2635	N	NRC	\$59.19		
C2636	N	NRC	\$54.12		
C2638	N	NRC	\$41.82		
C2639	N	NRC	\$34.99		
C2640	N	NRC	\$76.27		
C2641	N	NRC	\$73.93		
C2642	N	NRC	\$97.61		
C2643	N	NRC	\$80.42		
C2644	N	BN	\$0.00		
C2645	N	NRC	\$4.69		
C2698	N	NRC	\$41.82		
C2699	N	NRC	\$34.99		
C5271	Y		\$325.80		
C5272	N	BN	\$0.00		
C5273	Y		\$945.99		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
C5274	N	BN	\$0.00		
C5275	Y		\$325.80		
C5276	N	BN	\$0.00		
C5277	Y		\$325.80		
C5278	N	BN	\$0.00		
C7501	Y	NRC	\$1,157.18		
C7502	Y	NRC	\$1,157.18		
C7503	Y	NRC	\$2,536.04		
C7504	Y		\$3,393.01		
C7505	Y		\$3,393.01		
C7506	Y		\$3,393.01		
C7507	Y		\$6,500.62		
C7508	Y		\$6,500.62		
C7509	Y		\$1,566.67		
C7510	Y		\$1,566.67		
C7511	Y		\$1,566.67		
C7512	Y		\$1,566.67		
C7513	Y	NRC	\$1,548.04		
C7514	Y	NRC	\$1,548.04		
C7515	Y	NRC	\$1,548.04		
C7516	Y	NRC	\$2,526.14		
C7517	Y	NRC	\$2,526.14		
C7520	Y	NRC	\$2,526.14		
C7521	Y	NRC	\$2,526.14		
C7522	Y	NRC	\$2,526.14		
C7523	Y	NRC	\$2,526.14		
C7524	Y	NRC	\$2,526.14		
C7525	Y	NRC	\$2,526.14		
C7526	Y	NRC	\$2,526.14		
C7527	Y	NRC	\$2,526.14		
C7528	Y	NRC	\$2,526.14		
C7529	Y	NRC	\$2,526.14		
C7530	Y	NRC	\$4,847.61		
C7531	Y	NRC	\$6,582.14	\$4,551.51	\$5,566.82
C7532	Y	NRC	\$6,385.55	\$4,732.99	\$5,559.27
C7533	Y	NRC	\$6,536.98	\$4,593.21	\$5,565.09
C7535	Y	NRC	\$11,453.61	\$6,670.94	\$9,062.27
C7537	Y	NRC	\$12,048.85	\$7,287.84	\$9,668.34

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
C7538	Y	NRC	\$12,273.90	\$7,080.07	\$9,676.98
C7539	Y	NRC	\$12,522.62	\$6,850.46	\$9,686.54
C7540	Y	NRC	\$12,325.10	\$7,032.82	\$9,678.96
C7545	Y		\$2,575.39		
C7547	Y		\$1,626.15		
C7548	Y		\$1,626.15		
C7550	Y		\$1,626.15		
C7551	Y		\$3,012.86		
C7554	Y		\$929.90		
C7556	Y		\$1,566.67		
C7557	Y	NRC	\$2,526.14		
C7558	Y	NRC	\$2,526.14		
C7560	Y		\$1,799.14		
C7561	Y		\$1,157.18		
C8900	N	NRC	\$199.50		
C8901	N	NRC	\$127.11		
C8902	N	NRC	\$199.50		
C8903	N	NRC	\$95.31		
C8905	N	NRC	\$199.50		
C8906	N	NRC	\$199.50		
C8908	N	NRC	\$199.50		
C8909	N	NRC	\$199.50		
C8910	N	NRC	\$127.11		
C8911	N	NRC	\$199.50		
C8912	N	NRC	\$199.50		
C8913	N	NRC	\$127.11		
C8914	N	NRC	\$199.50		
C8918	N	NRC	\$199.50		
C8919	N	NRC	\$127.11		
C8920	N	NRC	\$199.50		
C8931	N	NRC	\$199.50		
C8932	N	NRC	\$127.11		
C8933	N	NRC	\$199.50		
C8934	N	NRC	\$199.50		
C8935	N	NRC	\$127.11		
C8936	N	NRC	\$199.50		
C9046	N	BN	\$0.00		
C9047	N	NRC	\$745.65		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
C9067	N	BN	\$0.00		
C9088	N		\$0.73		
C9089	N		\$0.85		
C9101	N		\$1.25		
C9113	N	BN	\$0.00		
C9143	N	BN	\$0.00		
C9144	N		\$0.51		
C9145	N		\$1.88		
C9150	N	BN	\$0.00		
C9159	N	NRC	\$3.25		
C9160	N	NRC	\$5.34		
C9161	N	NRC	\$337.97		
C9162	N	NRC	\$108.15		
C9163	N	NRC	\$66.69		
C9164	N	NRC	\$705.55		
C9165	N	NRC	\$176.87		
C9248	N	BN	\$0.00		
C9250	N		\$130.37		
C9254	N	BN	\$0.00		
C9257	N	NRC	\$1.85		
C9285	N	BN	\$0.00		
C9290	N		\$1.42		
C9293	N	BN	\$0.00		
C9352	N	BN	\$0.00		
C9353	N	BN	\$0.00		
C9354	N	BN	\$0.00		
C9355	N	BN	\$0.00		
C9356	N	BN	\$0.00		
C9358	N	BN	\$0.00		
C9359	N	BN	\$0.00		
C9360	N	BN	\$0.00		
C9361	N	BN	\$0.00		
C9362	N	BN	\$0.00		
C9363	N	BN	\$0.00		
C9364	N	BN	\$0.00		
C9399	N	NRC	\$0.00		
C9460	N		\$18.24		
C9462	N	BN	\$0.00		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
C9482	N	NRC	\$20.67		
C9488	N	NRC	\$47.24		
C9600	Y		\$7,644.68	\$3,570.58	\$5,607.63
C9601	N	BN	\$0.00		
C9725	Y	NRC	\$474.11		
C9726	N	BN	\$0.00		
C9727	Y	NRC	\$666.85		
C9728	N	NRC	\$718.79		
C9734	Y	NRC	\$6,500.62		
C9738	N	BN	\$0.00		
C9739	Y		\$4,290.49	\$1,457.07	\$2,873.78
C9740	Y		\$8,381.37	\$2,228.43	\$5,304.90
C9757	Y		\$6,500.62		
C9759	N	BN	\$0.00		
C9761	Y		\$4,545.63		
C9762	N	NRC	\$286.18		
C9763	N	NRC	\$286.18		
C9764	Y		\$8,278.21	\$2,985.72	\$5,631.96
C9765	Y		\$13,398.15	\$4,875.79	\$9,136.97
C9766	Y		\$13,777.14	\$4,525.90	\$9,151.52
C9767	Y		\$14,080.19	\$4,246.14	\$9,163.16
C9769	Y		\$8,041.09	\$2,542.56	\$5,291.82
C9772	Y		\$7,610.39	\$3,602.25	\$5,606.32
C9773	Y		\$13,007.87	\$5,236.08	\$9,121.97
C9774	Y		\$13,749.31	\$4,551.58	\$9,150.44
C9775	Y		\$13,937.31	\$4,378.03	\$9,157.67
C9776	N	BN	\$0.00		
C9777	Y		\$2,584.23	\$1,558.77	\$2,071.50
C9778	Y		\$3,067.56	\$1,850.31	\$2,458.93
C9781	Y		\$11,288.74	\$3,830.57	\$7,559.65
C9789	Y	NRC	\$1,224.01		
C9790	Y		\$6,798.84		
C9794	N		\$1,060.85		
D0120	N	BN	\$0.00		
D0140	N	BN	\$0.00		
D0150	N	BN	\$0.00		
D0160	N	BN	\$0.00		
D0170	N	BN	\$0.00		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
D0171	N	BN	\$0.00		
D0180	N	BN	\$0.00		
D0191	N	BN	\$0.00		
D0210	N	BN	\$0.00		
D0220	N	BN	\$0.00		
D0230	N	BN	\$0.00		
D0240	N	BN	\$0.00		
D0250	N	BN	\$0.00		
D0251	N	BN	\$0.00		
D0270	N	BN	\$0.00		
D0272	N	BN	\$0.00		
D0273	N	BN	\$0.00		
D0274	N	BN	\$0.00		
D0277	N	BN	\$0.00		
D0330	N	BN	\$0.00		
D0340	N	BN	\$0.00		
D0350	N	BN	\$0.00		
D0367	N	BN	\$0.00		
D0383	N	BN	\$0.00		
D0393	N	BN	\$0.00		
D1110	N	BN	\$0.00		
D1354	N	BN	\$0.00		
D2140	N	BN	\$0.00		
D2150	N	BN	\$0.00		
D2160	N	BN	\$0.00		
D2161	N	BN	\$0.00		
D2330	N	BN	\$0.00		
D2331	N	BN	\$0.00		
D2332	N	BN	\$0.00		
D2335	N	BN	\$0.00		
D2390	N	BN	\$0.00		
D2391	N	BN	\$0.00		
D2392	N	BN	\$0.00		
D2393	N	BN	\$0.00		
D2394	N	BN	\$0.00		
D2740	N	BN	\$0.00		
D2750	N	BN	\$0.00		
D2751	N	BN	\$0.00		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
D2752	N	BN	\$0.00		
D2791	N	BN	\$0.00		
D2799	N	BN	\$0.00		
D2920	N	BN	\$0.00		
D2929	N	BN	\$0.00		
D2930	N	BN	\$0.00		
D2931	N	BN	\$0.00		
D2932	N	BN	\$0.00		
D2933	N	BN	\$0.00		
D2934	N	BN	\$0.00		
D2940	N	BN	\$0.00		
D2941	N	BN	\$0.00		
D2950	N	BN	\$0.00		
D2951	N	BN	\$0.00		
D2952	N	BN	\$0.00		
D2954	N	BN	\$0.00		
D3110	N	BN	\$0.00		
D3120	N	BN	\$0.00		
D3220	N	BN	\$0.00		
D3221	N	BN	\$0.00		
D3222	N	BN	\$0.00		
D3230	N	BN	\$0.00		
D3240	N	BN	\$0.00		
D3310	N	BN	\$0.00		
D3320	N	BN	\$0.00		
D3330	N	BN	\$0.00		
D3460	N	BN	\$0.00		
D3910	N	BN	\$0.00		
D4210	Y	NRC	\$1,318.93		
D4211	Y	NRC	\$1,318.93		
D4212	Y		\$1,318.93		
D4260	Y	NRC	\$2,760.89		
D4263	Y	NRC	\$456.74		
D4270	Y	NRC	\$666.85		
D4273	Y	NRC	\$666.85		
D4341	N	BN	\$0.00		
D4342	N	BN	\$0.00		
D4346	N	BN	\$0.00		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
D4355	N	BN	\$0.00		
D4381	N	BN	\$0.00		
D4910	N	BN	\$0.00		
D7111	Y	NRC	\$456.74		
D7140	Y		\$456.74		
D7210	Y		\$666.85		
D7220	Y		\$456.74		
D7230	Y	NRC	\$456.74		
D7240	Y	NRC	\$456.74		
D7241	Y	NRC	\$456.74		
D7250	Y		\$456.74		
D7270	Y		\$456.74		
D7310	Y		\$666.85		
D7311	Y		\$666.85		
D7472	Y	NRC	\$456.74		
D7473	Y	NRC	\$456.74		
D7510	Y	NRC	\$364.98		
D7511	Y	NRC	\$364.98		
D7520	Y	NRC	\$364.98		
D7550	Y		\$456.74		
D7922	N	BN	\$0.00		
D7950	Y	NRC	\$2,760.89		
G0104	Y		\$151.61		
G0105	Y		\$474.11		
G0121	Y		\$474.11		
G0130	N	NRC	\$25.21		
G0186	Y		\$301.53		
G0235	N		\$213.95		
G0260	Y		\$358.74		
G0276	Y	NRC	\$3,393.01		
G0330	Y		\$1,318.93		
G0429	Y	NRC	\$54.36		
G0516	N	BN	\$0.00		
G0517	N	BN	\$0.00		
G0518	N	BN	\$0.00		
J0120	N	BN	\$0.00		
J0121	N		\$3.60		
J0122	N		\$1.13		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J0129	N	NRC	\$42.70		
J0130	N	BN	\$0.00		
J0131	N	BN	\$0.00		
J0132	N	BN	\$0.00		
J0133	N	BN	\$0.00		
J0134	N		\$0.05		
J0135	N	NRC	\$1,834.49		
J0136	N		\$0.05		
J0137	N		\$0.07		
J0153	N	BN	\$0.00		
J0171	N	BN	\$0.00		
J0172	N	NRC	\$5.98		
J0173	N		\$1.71		
J0174	N	NRC	\$1.35		
J0178	N	NRC	\$868.24		
J0179	N	NRC	\$319.25		
J0180	N	NRC	\$217.60		
J0184	N	NRC	\$9.54		
J0185	N		\$1.74		
J0190	N	BN	\$0.00		
J0200	N	BN	\$0.00		
J0202	N	NRC	\$2,292.77		
J0205	N	BN	\$0.00		
J0206	N	NRC	\$5.63		
J0207	N	BN	\$0.00		
J0208	N	NRC	\$96.19		
J0210	N	BN	\$0.00		
J0215	N	BN	\$0.00		
J0216	N	BN	\$0.00		
J0217	N	NRC	\$424.00		
J0218	N	NRC	\$377.11		
J0219	N	NRC	\$75.63		
J0220	N	NRC	\$122.56		
J0221	N	NRC	\$197.07		
J0222	N	NRC	\$100.17		
J0223	N	NRC	\$112.10		
J0224	N	NRC	\$319.50		
J0225	N	NRC	\$4,950.37		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J0256	N	NRC	\$4.81		
J0257	N	NRC	\$5.42		
J0278	N	BN	\$0.00		
J0280	N	BN	\$0.00		
J0282	N	BN	\$0.00		
J0283	N	BN	\$0.00		
J0285	N	BN	\$0.00		
J0287	N		\$11.13		
J0288	N	BN	\$0.00		
J0289	N		\$27.92		
J0290	N	BN	\$0.00		
J0291	N	NRC	\$3.58		
J0295	N	BN	\$0.00		
J0300	N	NRC	\$171.17		
J0330	N	BN	\$0.00		
J0348	N	BN	\$0.00		
J0349	N	NRC	\$10.04		
J0350	N	BN	\$0.00		
J0360	N	BN	\$0.00		
J0364	N	BN	\$0.00		
J0365	N	BN	\$0.00		
J0380	N	BN	\$0.00		
J0390	N	BN	\$0.00		
J0391	N	NRC	\$47.31		
J0395	N	BN	\$0.00		
J0400	N	BN	\$0.00		
J0401	N	NRC	\$6.82		
J0402	N	NRC	\$5.84		
J0456	N	BN	\$0.00		
J0457	N		\$2.52		
J0461	N	BN	\$0.00		
J0470	N		\$59.81		
J0475	N		\$182.26		
J0476	N	BN	\$0.00		
J0480	N	NRC	\$4,393.54		
J0485	N		\$3.79		
J0490	N		\$51.97		
J0491	N	NRC	\$16.60		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J0500	N	BN	\$0.00		
J0515	N	BN	\$0.00		
J0517	N		\$170.56		
J0520	N	BN	\$0.00		
J0558	N		\$15.74		
J0561	N		\$20.16		
J0565	N	NRC	\$39.84		
J0567	N	BN	\$0.00		
J0570	N	NRC	\$1,311.75		
J0576	N	NRC	\$12.84		
J0583	N	BN	\$0.00		
J0584	N	NRC	\$433.52		
J0585	N		\$6.33		
J0586	N		\$8.22		
J0587	N		\$13.04		
J0588	N		\$5.19		
J0592	N	BN	\$0.00		
J0593	N	BN	\$0.00		
J0594	N	NRC	\$1.04		
J0595	N	BN	\$0.00		
J0596	N	NRC	\$33.70		
J0597	N	NRC	\$64.41		
J0598	N	NRC	\$60.73		
J0599	N	BN	\$0.00		
J0600	N	NRC	\$5,708.59		
J0606	N	NRC	\$2.61		
J0612	N		\$0.05		
J0613	N		\$0.09		
J0620	N	BN	\$0.00		
J0630	N	NRC	\$1,296.36		
J0636	N	BN	\$0.00		
J0637	N	BN	\$0.00		
J0638	N	NRC	\$122.06		
J0640	N	BN	\$0.00		
J0641	N		\$0.06		
J0642	N		\$1.06		
J0665	N	NRC	\$0.02		
J0670	N	BN	\$0.00		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J0688	N	BN	\$0.00		
J0689	N		\$1.21		
J0690	N	BN	\$0.00		
J0691	N		\$0.72		
J0692	N	BN	\$0.00		
J0694	N	BN	\$0.00		
J0695	N		\$7.48		
J0696	N	BN	\$0.00		
J0697	N	BN	\$0.00		
J0698	N	BN	\$0.00		
J0699	N		\$2.17		
J0701	N		\$5.69		
J0702	N	BN	\$0.00		
J0703	N		\$5.09		
J0706	N	BN	\$0.00		
J0710	N	BN	\$0.00		
J0712	N		\$3.86		
J0713	N	BN	\$0.00		
J0714	N		\$95.44		
J0715	N	BN	\$0.00		
J0716	N		\$4,710.90		
J0717	N	NRC	\$4.90		
J0720	N	BN	\$0.00		
J0725	N	BN	\$0.00		
J0735	N	BN	\$0.00		
J0736	N		\$2.18		
J0737	N		\$2.19		
J0740	N		\$550.38		
J0741	N	NRC	\$22.29		
J0742	N	NRC	\$2.46		
J0743	N	BN	\$0.00		
J0744	N	BN	\$0.00		
J0745	N	BN	\$0.00		
J0770	N	BN	\$0.00		
J0775	N	NRC	\$67.75		
J0780	N	BN	\$0.00		
J0791	N	NRC	\$126.86		
J0795	N	BN	\$0.00		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J0801	N	NRC	\$4,090.09		
J0802	N	NRC	\$3,477.54		
J0834	N	BN	\$0.00		
J0840	N	NRC	\$2,076.46		
J0841	N	NRC	\$1,113.51		
J0850	N		\$1,667.59		
J0873	N	BN	\$0.00		
J0874	N	BN	\$0.00		
J0875	N		\$15.21		
J0877	N		\$0.06		
J0878	N	BN	\$0.00		
J0879	N	BN	\$0.00		
J0881	N		\$2.95		
J0882	N		\$2.95		
J0883	N		\$1.21		
J0884	N		\$1.21		
J0885	N		\$7.09		
J0887	N	NRC	\$1.71		
J0888	N	NRC	\$1.71		
J0889	N	BN	\$0.00		
J0891	N		\$0.37		
J0892	N		\$0.37		
J0893	N		\$2.12		
J0894	N	BN	\$0.00		
J0895	N	BN	\$0.00		
J0896	N	NRC	\$39.21		
J0897	N		\$24.22		
J0898	N		\$4.13		
J0899	N		\$4.13		
J0945	N	BN	\$0.00		
J1000	N	BN	\$0.00		
J1020	N	BN	\$0.00		
J1030	N	BN	\$0.00		
J1040	N	BN	\$0.00		
J1050	N	BN	\$0.00		
J1071	N	BN	\$0.00		
J1094	N	BN	\$0.00		
J1095	N	BN	\$0.00		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J1096	N	NRC	\$121.50		
J1097	N	NRC	\$97.61		
J1100	N	BN	\$0.00		
J1105	N	NRC	\$0.72		
J1110	N	BN	\$0.00		
J1120	N	BN	\$0.00		
J1130	N	BN	\$0.00		
J1160	N	BN	\$0.00		
J1162	N	NRC	\$4,593.57		
J1165	N	BN	\$0.00		
J1170	N	BN	\$0.00		
J1180	N	BN	\$0.00		
J1190	N		\$123.88		
J1200	N	BN	\$0.00		
J1201	N	NRC	\$15.18		
J1205	N	BN	\$0.00		
J1212	N	NRC	\$681.74		
J1230	N	BN	\$0.00		
J1240	N	BN	\$0.00		
J1245	N	BN	\$0.00		
J1246	N	NRC	\$93.67		
J1250	N	BN	\$0.00		
J1260	N	BN	\$0.00		
J1265	N	BN	\$0.00		
J1267	N	BN	\$0.00		
J1270	N	BN	\$0.00		
J1290	N	NRC	\$532.25		
J1300	N	NRC	\$225.26		
J1301	N	NRC	\$21.39		
J1302	N	NRC	\$17.74		
J1303	N	NRC	\$221.67		
J1304	N	NRC	\$146.57		
J1305	N	NRC	\$179.14		
J1306	N	NRC	\$12.02		
J1320	N	BN	\$0.00		
J1322	N	NRC	\$280.92		
J1324	N	BN	\$0.00		
J1325	N	BN	\$0.00		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J1327	N	NRC	\$1.70		
J1330	N	BN	\$0.00		
J1335	N	BN	\$0.00		
J1364	N		\$83.64		
J1380	N	BN	\$0.00		
J1410	N	NRC	\$372.48		
J1412	N	NRC	\$12,007.81		
J1426	N	NRC	\$166.22		
J1427	N	NRC	\$58.78		
J1428	N	BN	\$0.00		
J1429	N	NRC	\$166.19		
J1430	N	NRC	\$469.26		
J1435	N	BN	\$0.00		
J1437	N	NRC	\$20.06		
J1438	N	NRC	\$790.78		
J1439	N	NRC	\$1.12		
J1440	N	NRC	\$62.42		
J1442	N		\$0.99		
J1443	N	BN	\$0.00		
J1444	N	BN	\$0.00		
J1445	N	BN	\$0.00		
J1447	N		\$0.42		
J1448	N		\$5.20		
J1449	N	NRC	\$31.34		
J1450	N	BN	\$0.00		
J1451	N	NRC	\$6.61		
J1452	N	BN	\$0.00		
J1453	N	BN	\$0.00		
J1454	N		\$528.38		
J1455	N	NRC	\$59.07		
J1456	N		\$0.17		
J1457	N	BN	\$0.00		
J1458	N	NRC	\$463.04		
J1459	N	NRC	\$47.59		
J1460	N		\$48.77		
J1551	N	NRC	\$14.04		
J1554	N	NRC	\$491.41		
J1555	N	NRC	\$15.73		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J1556	N	NRC	\$72.96		
J1557	N		\$57.01		
J1558	N	NRC	\$13.97		
J1559	N	NRC	\$12.73		
J1560	N		\$487.66		
J1561	N		\$49.26		
J1562	N	BN	\$0.00		
J1566	N	NRC	\$76.57		
J1568	N		\$44.79		
J1569	N		\$44.46		
J1570	N	BN	\$0.00		
J1571	N		\$62.16		
J1572	N		\$56.12		
J1573	N		\$62.16		
J1574	N	BN	\$0.00		
J1575	N	NRC	\$16.89		
J1576	N	NRC	\$65.70		
J1580	N	BN	\$0.00		
J1595	N	NRC	\$153.01		
J1596	N	BN	\$0.00		
J1599	N	BN	\$0.00		
J1600	N	BN	\$0.00		
J1602	N	NRC	\$12.93		
J1610	N	NRC	\$187.50		
J1611	N	NRC	\$110.76		
J1620	N	BN	\$0.00		
J1626	N	BN	\$0.00		
J1627	N		\$5.78		
J1628	N	NRC	\$74.63		
J1630	N	BN	\$0.00		
J1631	N	BN	\$0.00		
J1632	N	NRC	\$72.22		
J1640	N	NRC	\$31.40		
J1642	N	BN	\$0.00		
J1643	N		\$5.18		
J1644	N	BN	\$0.00		
J1645	N	BN	\$0.00		
J1650	N	BN	\$0.00		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J1652	N	BN	\$0.00		
J1655	N	BN	\$0.00		
J1670	N		\$584.39		
J1700	N	BN	\$0.00		
J1710	N	BN	\$0.00		
J1720	N	BN	\$0.00		
J1726	N	NRC	\$13.82		
J1729	N	NRC	\$8.85		
J1730	N	BN	\$0.00		
J1738	N	BN	\$0.00		
J1740	N	BN	\$0.00		
J1741	N	BN	\$0.00		
J1742	N	NRC	\$224.03		
J1743	N	NRC	\$542.92		
J1744	N		\$146.81		
J1745	N	NRC	\$32.64		
J1746	N	NRC	\$74.46		
J1747	N	NRC	\$60.22		
J1750	N		\$17.41		
J1756	N	BN	\$0.00		
J1786	N	NRC	\$44.14		
J1790	N	BN	\$0.00		
J1800	N	BN	\$0.00		
J1805	N		\$0.25		
J1806	N		\$0.47		
J1811	N	NRC	\$6.67		
J1812	N	BN	\$0.00		
J1813	N	NRC	\$15.68		
J1814	N	BN	\$0.00		
J1815	N	BN	\$0.00		
J1817	N	BN	\$0.00		
J1823	N	NRC	\$473.51		
J1826	N		\$1,819.71		
J1830	N	BN	\$0.00		
J1833	N		\$0.94		
J1835	N	BN	\$0.00		
J1836	N	NRC	\$0.02		
J1840	N	BN	\$0.00		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J1850	N	BN	\$0.00		
J1885	N	BN	\$0.00		
J1890	N	BN	\$0.00		
J1920	N		\$0.18		
J1921	N		\$2.72		
J1930	N		\$51.16		
J1931	N	NRC	\$37.44		
J1932	N		\$49.97		
J1939	N	BN	\$0.00		
J1940	N	BN	\$0.00		
J1943	N	NRC	\$3.05		
J1944	N	NRC	\$3.11		
J1945	N	BN	\$0.00		
J1950	N	NRC	\$1,524.34		
J1951	N	NRC	\$133.64		
J1952	N	NRC	\$74.35		
J1953	N	BN	\$0.00		
J1954	N	NRC	\$362.05		
J1956	N	BN	\$0.00		
J1960	N	BN	\$0.00		
J1961	N	NRC	\$21.79		
J1980	N	BN	\$0.00		
J1990	N	BN	\$0.00		
J2001	N	BN	\$0.00		
J2010	N	BN	\$0.00		
J2020	N	BN	\$0.00		
J2021	N		\$13.74		
J2060	N	BN	\$0.00		
J2062	N	BN	\$0.00		
J2150	N	BN	\$0.00		
J2170	N	BN	\$0.00		
J2175	N	BN	\$0.00		
J2180	N	BN	\$0.00		
J2182	N	NRC	\$30.17		
J2184	N		\$2.10		
J2185	N	BN	\$0.00		
J2186	N	NRC	\$2.08		
J2210	N	BN	\$0.00		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J2212	N		\$1.15		
J2247	N		\$0.40		
J2248	N	BN	\$0.00		
J2249	N	BN	\$0.00		
J2250	N	BN	\$0.00		
J2251	N		\$0.29		
J2260	N	BN	\$0.00		
J2265	N		\$2.47		
J2270	N	BN	\$0.00		
J2272	N		\$7.07		
J2274	N	BN	\$0.00		
J2278	N		\$9.04		
J2280	N	BN	\$0.00		
J2281	N		\$5.32		
J2300	N	BN	\$0.00		
J2305	N		\$1.29		
J2310	N	BN	\$0.00		
J2311	N		\$4.31		
J2315	N	NRC	\$3.96		
J2320	N	BN	\$0.00		
J2323	N	NRC	\$24.60		
J2326	N	NRC	\$1,169.80		
J2327	N	NRC	\$15.33		
J2329	N	NRC	\$67.08		
J2350	N	NRC	\$60.55		
J2353	N		\$207.16		
J2354	N	BN	\$0.00		
J2355	N	BN	\$0.00		
J2356	N	NRC	\$18.58		
J2357	N		\$39.09		
J2358	N	NRC	\$2.92		
J2359	N	NRC	\$0.89		
J2360	N	BN	\$0.00		
J2371	N	BN	\$0.00		
J2372	N		\$0.18		
J2401	N		\$0.04		
J2402	N	BN	\$0.00		
J2403	N		\$0.71		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J2404	N	BN	\$0.00		
J2405	N	BN	\$0.00		
J2406	N		\$40.69		
J2407	N		\$27.54		
J2410	N	BN	\$0.00		
J2425	N		\$26.51		
J2426	N	NRC	\$14.34		
J2427	N	NRC	\$12.20		
J2430	N	BN	\$0.00		
J2440	N	BN	\$0.00		
J2460	N	BN	\$0.00		
J2469	N	BN	\$0.00		
J2501	N	BN	\$0.00		
J2502	N		\$455.82		
J2503	N	BN	\$0.00		
J2504	N	BN	\$0.00		
J2506	N	NRC	\$74.95		
J2507	N	NRC	\$3,307.05		
J2508	N	NRC	\$219.16		
J2510	N		\$40.94		
J2513	N	BN	\$0.00		
J2515	N	BN	\$0.00		
J2540	N	BN	\$0.00		
J2543	N	BN	\$0.00		
J2547	N	NRC	\$1.68		
J2550	N	BN	\$0.00		
J2560	N	BN	\$0.00		
J2561	N	BN	\$0.00		
J2562	N	NRC	\$429.05		
J2590	N	BN	\$0.00		
J2597	N	NRC	\$6.15		
J2598	N	NRC	\$2.56		
J2599	N	NRC	\$0.56		
J2650	N	BN	\$0.00		
J2670	N	BN	\$0.00		
J2675	N	BN	\$0.00		
J2679	N	BN	\$0.00		
J2680	N	BN	\$0.00		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J2690	N	NRC	\$340.44		
J2700	N	BN	\$0.00		
J2704	N	BN	\$0.00		
J2710	N	BN	\$0.00		
J2720	N	BN	\$0.00		
J2724	N	NRC	\$15.14		
J2725	N	BN	\$0.00		
J2730	N	BN	\$0.00		
J2760	N	NRC	\$453.66		
J2765	N	BN	\$0.00		
J2770	N		\$493.97		
J2777	N	NRC	\$36.57		
J2778	N	NRC	\$197.37		
J2779	N	NRC	\$81.43		
J2780	N	BN	\$0.00		
J2781	N	NRC	\$153.52		
J2783	N		\$358.43		
J2785	N	BN	\$0.00		
J2786	N	NRC	\$10.30		
J2787	N	BN	\$0.00		
J2788	N	BN	\$0.00		
J2790	N	BN	\$0.00		
J2791	N	BN	\$0.00		
J2792	N	NRC	\$33.46		
J2793	N	BN	\$0.00		
J2794	N		\$12.15		
J2795	N	BN	\$0.00		
J2796	N	NRC	\$95.75		
J2798	N	NRC	\$11.64		
J2799	N	NRC	\$25.38		
J2800	N	BN	\$0.00		
J2805	N	BN	\$0.00		
J2806	N	BN	\$0.00		
J2810	N	BN	\$0.00		
J2820	N		\$58.26		
J2840	N	NRC	\$535.93		
J2850	N	NRC	\$41.74		
J2860	N	NRC	\$148.96		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J2910	N	BN	\$0.00		
J2916	N	BN	\$0.00		
J2920	N	BN	\$0.00		
J2930	N	BN	\$0.00		
J2940	N	BN	\$0.00		
J2941	N	NRC	\$169.57		
J2950	N	BN	\$0.00		
J2993	N		\$2,787.99		
J2995	N	BN	\$0.00		
J2997	N		\$89.16		
J2998	N	NRC	\$31.80		
J3000	N	BN	\$0.00		
J3010	N	BN	\$0.00		
J3030	N	BN	\$0.00		
J3031	N	NRC	\$1.97		
J3032	N	NRC	\$17.43		
J3060	N	NRC	\$45.18		
J3070	N	BN	\$0.00		
J3090	N		\$1.74		
J3095	N	NRC	\$7.15		
J3101	N		\$153.10		
J3105	N	BN	\$0.00		
J3111	N	NRC	\$10.35		
J3121	N	BN	\$0.00		
J3145	N	NRC	\$1.74		
J3230	N	BN	\$0.00		
J3240	N	NRC	\$2,011.27		
J3241	N	NRC	\$328.00		
J3243	N	BN	\$0.00		
J3244	N		\$2.65		
J3245	N	NRC	\$142.22		
J3246	N		\$4.41		
J3250	N	BN	\$0.00		
J3260	N	BN	\$0.00		
J3262	N	NRC	\$6.19		
J3265	N	BN	\$0.00		
J3280	N	BN	\$0.00		
J3285	N	NRC	\$56.01		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J3299	N	NRC	\$48.58		
J3300	N	BN	\$0.00		
J3301	N	BN	\$0.00		
J3302	N	BN	\$0.00		
J3303	N	BN	\$0.00		
J3304	N	NRC	\$17.13		
J3305	N	BN	\$0.00		
J3310	N	BN	\$0.00		
J3315	N		\$401.75		
J3316	N		\$3,225.08		
J3320	N	BN	\$0.00		
J3350	N	BN	\$0.00		
J3355	N	BN	\$0.00		
J3357	N	NRC	\$151.46		
J3358	N	NRC	\$12.62		
J3360	N	BN	\$0.00		
J3364	N	BN	\$0.00		
J3365	N	BN	\$0.00		
J3370	N	BN	\$0.00		
J3371	N		\$6.25		
J3372	N		\$6.49		
J3380	N	NRC	\$22.30		
J3385	N	NRC	\$366.40		
J3396	N	NRC	\$11.24		
J3397	N	BN	\$0.00		
J3398	N	NRC	\$2,907.93		
J3400	N	BN	\$0.00		
J3401	N	NRC	\$2,570.50		
J3410	N	BN	\$0.00		
J3411	N	BN	\$0.00		
J3415	N	BN	\$0.00		
J3420	N	BN	\$0.00		
J3425	N	BN	\$0.00		
J3430	N	BN	\$0.00		
J3465	N	BN	\$0.00		
J3470	N	BN	\$0.00		
J3471	N	BN	\$0.00		
J3472	N	BN	\$0.00		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J3473	N	BN	\$0.00		
J3475	N	BN	\$0.00		
J3480	N	BN	\$0.00		
J3485	N	BN	\$0.00		
J3486	N	BN	\$0.00		
J3489	N	BN	\$0.00		
J3490	N	BN	\$0.00		
J3530	N	BN	\$0.00		
J3590	N	BN	\$0.00		
J7030	N	BN	\$0.00		
J7040	N	BN	\$0.00		
J7042	N	BN	\$0.00		
J7050	N	BN	\$0.00		
J7060	N	BN	\$0.00		
J7070	N	BN	\$0.00		
J7100	N	BN	\$0.00		
J7110	N	BN	\$0.00		
J7120	N	BN	\$0.00		
J7121	N	BN	\$0.00		
J7131	N	BN	\$0.00		
J7168	N	NRC	\$2.28		
J7169	N	NRC	\$131.38		
J7170	N	NRC	\$51.22		
J7175	N	NRC	\$9.11		
J7177	N	NRC	\$1.10		
J7178	N	NRC	\$1.38		
J7179	N	NRC	\$1.83		
J7180	N	NRC	\$9.67		
J7181	N	NRC	\$17.10		
J7182	N		\$1.31		
J7183	N		\$1.30		
J7185	N		\$1.31		
J7186	N		\$1.22		
J7187	N		\$1.35		
J7188	N		\$3.22		
J7189	N		\$2.41		
J7190	N		\$1.19		
J7191	N	BN	\$0.00		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J7192	N		\$1.50		
J7193	N		\$1.32		
J7194	N		\$1.61		
J7195	N		\$1.74		
J7196	N	BN	\$0.00		
J7197	N		\$3.71		
J7198	N		\$2.30		
J7200	N		\$1.60		
J7201	N		\$3.47		
J7202	N	NRC	\$4.93		
J7203	N	NRC	\$4.40		
J7204	N	NRC	\$2.06		
J7205	N	NRC	\$2.18		
J7207	N	NRC	\$2.03		
J7208	N	NRC	\$2.35		
J7209	N	NRC	\$1.30		
J7210	N	NRC	\$1.45		
J7211	N	NRC	\$1.43		
J7212	N	NRC	\$2.02		
J7213	N	NRC	\$1.76		
J7214	N	NRC	\$4.73		
J7308	N	NRC	\$390.56		
J7309	N	BN	\$0.00		
J7310	N	BN	\$0.00		
J7311	N	NRC	\$341.40		
J7312	N		\$205.69		
J7313	N	NRC	\$490.95		
J7314	N	NRC	\$529.06		
J7315	N	BN	\$0.00		
J7316	N	BN	\$0.00		
J7318	N		\$6.27		
J7320	N		\$5.78		
J7321	N	BN	\$0.00		
J7322	N		\$17.30		
J7323	N		\$123.14		
J7324	N		\$136.26		
J7325	N		\$8.77		
J7326	N	NRC	\$515.30		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J7327	N		\$728.29		
J7328	N		\$0.54		
J7329	N		\$8.56		
J7331	N		\$11.83		
J7332	N		\$10.34		
J7336	N	NRC	\$3.27		
J7340	N	NRC	\$226.80		
J7342	N	NRC	\$30.02		
J7345	N	NRC	\$1.66		
J7351	N	NRC	\$206.23		
J7352	N	NRC	\$2,873.33		
J7353	N	BN	\$0.00		
J7402	N	NRC	\$11.35		
J7500	N	BN	\$0.00		
J7501	N	NRC	\$237.83		
J7502	N	BN	\$0.00		
J7503	N	BN	\$0.00		
J7504	N	NRC	\$3,254.87		
J7505	N	BN	\$0.00		
J7507	N	BN	\$0.00		
J7508	N	BN	\$0.00		
J7509	N	BN	\$0.00		
J7510	N	BN	\$0.00		
J7511	N	NRC	\$921.17		
J7512	N	BN	\$0.00		
J7513	N	BN	\$0.00		
J7515	N	BN	\$0.00		
J7516	N	BN	\$0.00		
J7517	N	BN	\$0.00		
J7518	N	BN	\$0.00		
J7519	N	NRC	\$0.74		
J7520	N	BN	\$0.00		
J7525	N	NRC	\$248.75		
J7527	N	BN	\$0.00		
J7599	N	BN	\$0.00		
J7665	N	BN	\$0.00		
J7674	N	BN	\$0.00		
J7799	N	BN	\$0.00		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J7999	N	BN	\$0.00		
J8501	N	BN	\$0.00		
J8510	N	BN	\$0.00		
J8520	N	BN	\$0.00		
J8521	N	BN	\$0.00		
J8530	N	BN	\$0.00		
J8540	N	BN	\$0.00		
J8560	N		\$76.53		
J8562	N	BN	\$0.00		
J8565	N	BN	\$0.00		
J8597	N	BN	\$0.00		
J8600	N	BN	\$0.00		
J8610	N	BN	\$0.00		
J8650	N	BN	\$0.00		
J8655	N		\$407.83		
J8670	N		\$1.73		
J8700	N	BN	\$0.00		
J8705	N		\$113.78		
J9000	N	BN	\$0.00		
J9015	N		\$3,628.26		
J9017	N		\$18.50		
J9019	N		\$427.27		
J9020	N	BN	\$0.00		
J9021	N	NRC	\$49.71		
J9022	N		\$82.62		
J9023	N		\$90.89		
J9025	N	BN	\$0.00		
J9027	N		\$23.29		
J9029	N	NRC	\$61,800.00		
J9030	N	BN	\$0.00		
J9032	N		\$48.39		
J9033	N		\$11.42		
J9034	N		\$15.86		
J9035	N		\$73.81		
J9036	N		\$15.03		
J9037	N		\$46.78		
J9039	N		\$145.31		
J9040	N	BN	\$0.00		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J9041	N		\$2.29		
J9042	N		\$222.11		
J9043	N		\$209.34		
J9045	N	BN	\$0.00		
J9046	N		\$48.55		
J9047	N		\$46.90		
J9048	N		\$48.55		
J9049	N		\$3.09		
J9050	N		\$409.70		
J9051	N	BN	\$0.00		
J9052	N	NRC	\$594.08		
J9055	N		\$72.28		
J9056	N	NRC	\$33.18		
J9057	N		\$85.71		
J9058	N	NRC	\$33.06		
J9059	N	NRC	\$23.13		
J9060	N	BN	\$0.00		
J9061	N	NRC	\$19.99		
J9063	N	NRC	\$65.75		
J9064	N	BN	\$0.00		
J9065	N		\$16.76		
J9070	N		\$17.94		
J9071	N		\$3.87		
J9072	N	NRC	\$3.76		
J9098	N	BN	\$0.00		
J9100	N	BN	\$0.00		
J9118	N	BN	\$0.00		
J9119	N		\$26.92		
J9120	N		\$838.46		
J9130	N	BN	\$0.00		
J9144	N	NRC	\$49.31		
J9145	N		\$62.13		
J9150	N		\$31.64		
J9151	N	BN	\$0.00		
J9153	N		\$227.94		
J9155	N		\$4.13		
J9165	N	BN	\$0.00		
J9171	N	BN	\$0.00		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J9172	N	BN	\$0.00		
J9173	N		\$79.74		
J9175	N	BN	\$0.00		
J9176	N		\$7.22		
J9177	N	NRC	\$35.06		
J9178	N	BN	\$0.00		
J9179	N		\$130.87		
J9181	N	BN	\$0.00		
J9185	N		\$500.46		
J9190	N	BN	\$0.00		
J9196	N		\$3.69		
J9198	N	NRC	\$40.28		
J9200	N		\$3,551.00		
J9201	N	BN	\$0.00		
J9202	N		\$611.35		
J9203	N		\$221.84		
J9204	N		\$227.34		
J9205	N		\$62.49		
J9206	N	BN	\$0.00		
J9207	N		\$127.57		
J9208	N	BN	\$0.00		
J9209	N	BN	\$0.00		
J9210	N	NRC	\$390.16		
J9211	N	BN	\$0.00		
J9212	N	BN	\$0.00		
J9213	N	BN	\$0.00		
J9214	N		\$32.57		
J9215	N	BN	\$0.00		
J9216	N	BN	\$0.00		
J9217	N		\$166.69		
J9218	N		\$7.88		
J9219	N	BN	\$0.00		
J9223	N	NRC	\$196.82		
J9225	N		\$5,166.29		
J9226	N	NRC	\$44,695.10		
J9227	N	NRC	\$74.64		
J9228	N		\$168.56		
J9229	N	NRC	\$2,529.55		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J9230	N	BN	\$0.00		
J9245	N		\$176.25		
J9246	N	NRC	\$16.08		
J9247	N		\$503.50		
J9250	N	BN	\$0.00		
J9255	N	BN	\$0.00		
J9258	N	BN	\$0.00		
J9259	N		\$16.23		
J9260	N	BN	\$0.00		
J9261	N		\$116.65		
J9262	N	NRC	\$3.96		
J9263	N	BN	\$0.00		
J9264	N		\$14.79		
J9266	N	NRC	\$25,781.46		
J9267	N	BN	\$0.00		
J9268	N		\$2,336.98		
J9269	N	NRC	\$324.48		
J9270	N	BN	\$0.00		
J9271	N		\$56.41		
J9272	N	NRC	\$230.82		
J9273	N	NRC	\$168.26		
J9274	N		\$203.83		
J9280	N		\$95.61		
J9281	N	NRC	\$294.37		
J9285	N	BN	\$0.00		
J9286	N	NRC	\$2,631.38		
J9293	N		\$41.39		
J9294	N		\$4.98		
J9295	N		\$5.74		
J9296	N		\$9.66		
J9297	N		\$2.29		
J9298	N	NRC	\$183.62		
J9299	N		\$30.43		
J9301	N		\$70.29		
J9302	N		\$63.96		
J9303	N		\$149.72		
J9304	N	NRC	\$66.23		
J9305	N		\$3.22		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J9306	N		\$15.42		
J9307	N		\$298.18		
J9308	N		\$69.00		
J9309	N		\$121.23		
J9311	N		\$37.13		
J9312	N		\$80.19		
J9313	N		\$23.39		
J9314	N		\$19.96		
J9316	N	NRC	\$67.91		
J9317	N	NRC	\$33.26		
J9318	N		\$33.91		
J9319	N		\$30.66		
J9320	N		\$370.18		
J9321	N	NRC	\$52.27		
J9322	N	BN	\$0.00		
J9323	N		\$7.08		
J9324	N	BN	\$0.00		
J9325	N		\$66.30		
J9328	N		\$10.40		
J9330	N		\$29.68		
J9331	N	NRC	\$107.66		
J9332	N	NRC	\$32.11		
J9333	N	NRC	\$22.90		
J9334	N	NRC	\$33.17		
J9340	N		\$260.25		
J9345	N	NRC	\$29.33		
J9347	N		\$136.31		
J9348	N	NRC	\$579.54		
J9349	N		\$13.29		
J9350	N	NRC	\$629.70		
J9351	N	BN	\$0.00		
J9352	N		\$338.41		
J9353	N	NRC	\$45.93		
J9354	N		\$38.34		
J9355	N		\$80.79		
J9356	N		\$66.00		
J9357	N		\$1,426.65		
J9358	N	NRC	\$26.38		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J9359	N		\$195.94		
J9360	N	BN	\$0.00		
J9370	N	BN	\$0.00		
J9371	N		\$3,420.78		
J9380	N	NRC	\$30.90		
J9381	N	NRC	\$36.23		
J9390	N	BN	\$0.00		
J9393	N		\$21.20		
J9394	N		\$53.00		
J9395	N		\$8.36		
J9400	N		\$7.81		
J9600	N		\$22,490.02		
J9999	N	BN	\$0.00		
L8600	N	BN	\$0.00		
L8603	N	BN	\$0.00		
L8604	N	BN	\$0.00		
L8605	N	BN	\$0.00		
L8606	N	BN	\$0.00		
L8607	N	BN	\$0.00		
L8608	N	BN	\$0.00		
L8609	N	BN	\$0.00		
L8610	N	BN	\$0.00		
L8612	N	BN	\$0.00		
L8613	N	BN	\$0.00		
L8614	N	BN	\$0.00		
L8630	N	BN	\$0.00		
L8631	N	BN	\$0.00		
L8641	N	BN	\$0.00		
L8642	N	BN	\$0.00		
L8658	N	BN	\$0.00		
L8659	N	BN	\$0.00		
L8670	N	BN	\$0.00		
L8678	N	BN	\$0.00		
L8679	N	BN	\$0.00		
L8682	N	BN	\$0.00		
L8690	N	BN	\$0.00		
L8699	N	BN	\$0.00		
L9900	N	BN	\$0.00		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
P9041	N	NRC	\$10.62		
P9045	N	NRC	\$53.08		
P9046	N	NRC	\$21.23		
P9047	N	NRC	\$53.08		
P9050	N	BN	\$0.00		
Q0035	N	BN	\$0.00		
Q0092	N	BN	\$0.00		
Q0138	N		\$0.50		
Q0139	N	NRC	\$0.50		
Q0161	N	BN	\$0.00		
Q0162	N	BN	\$0.00		
Q0163	N	BN	\$0.00		
Q0164	N	BN	\$0.00		
Q0166	N	BN	\$0.00		
Q0167	N	BN	\$0.00		
Q0169	N	BN	\$0.00		
Q0173	N	BN	\$0.00		
Q0174	N	BN	\$0.00		
Q0175	N	BN	\$0.00		
Q0177	N	BN	\$0.00		
Q0180	N	BN	\$0.00		
Q0181	N	BN	\$0.00		
Q0220	N	BN	\$0.00		
Q0221	N	BN	\$0.00		
Q0222	N	BN	\$0.00		
Q0240	N	BN	\$0.00		
Q0243	N	BN	\$0.00		
Q0244	N	BN	\$0.00		
Q0245	N	BN	\$0.00		
Q0247	N	BN	\$0.00		
Q0249	N	BN	\$0.00		
Q0515	N	BN	\$0.00		
Q2004	N	NRC	\$146.92		
Q2009	N		\$5.19		
Q2017	N	BN	\$0.00		
Q2026	N		\$167.36		
Q2028	N		\$1.02		
Q2034	N	BN	\$0.00		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
Q2035	N	BN	\$0.00		
Q2036	N	BN	\$0.00		
Q2037	N	BN	\$0.00		
Q2038	N	BN	\$0.00		
Q2039	N	BN	\$0.00		
Q2043	N	NRC	\$53,472.87		
Q2049	N		\$424.10		
Q2050	N		\$144.85		
Q3027	N		\$53.88		
Q3031	N	BN	\$0.00		
Q4100	N	BN	\$0.00		
Q4101	N	BN	\$0.00		
Q4102	N	BN	\$0.00		
Q4103	N	BN	\$0.00		
Q4104	N	BN	\$0.00		
Q4105	N	BN	\$0.00		
Q4106	N	BN	\$0.00		
Q4107	N	BN	\$0.00		
Q4108	N	BN	\$0.00		
Q4110	N	BN	\$0.00		
Q4111	N	BN	\$0.00		
Q4112	N	BN	\$0.00		
Q4113	N	BN	\$0.00		
Q4114	N	BN	\$0.00		
Q4115	N	BN	\$0.00		
Q4116	N	BN	\$0.00		
Q4117	N	BN	\$0.00		
Q4118	N	BN	\$0.00		
Q4121	N	BN	\$0.00		
Q4122	N	BN	\$0.00		
Q4123	N	BN	\$0.00		
Q4124	N	BN	\$0.00		
Q4125	N	BN	\$0.00		
Q4126	N	BN	\$0.00		
Q4127	N	BN	\$0.00		
Q4128	N	BN	\$0.00		
Q4130	N	BN	\$0.00		
Q4132	N	BN	\$0.00		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
Q4133	N	BN	\$0.00		
Q4134	N	BN	\$0.00		
Q4135	N	BN	\$0.00		
Q4136	N	BN	\$0.00		
Q4137	N	BN	\$0.00		
Q4138	N	BN	\$0.00		
Q4139	N	BN	\$0.00		
Q4140	N	BN	\$0.00		
Q4141	N	BN	\$0.00		
Q4142	N	BN	\$0.00		
Q4143	N	BN	\$0.00		
Q4145	N	BN	\$0.00		
Q4146	N	BN	\$0.00		
Q4147	N	BN	\$0.00		
Q4148	N	BN	\$0.00		
Q4149	N	BN	\$0.00		
Q4150	N	BN	\$0.00		
Q4151	N	BN	\$0.00		
Q4152	N	BN	\$0.00		
Q4153	N	BN	\$0.00		
Q4154	N	BN	\$0.00		
Q4155	N	BN	\$0.00		
Q4156	N	BN	\$0.00		
Q4157	N	BN	\$0.00		
Q4158	N	BN	\$0.00		
Q4159	N	BN	\$0.00		
Q4160	N	BN	\$0.00		
Q4161	N	BN	\$0.00		
Q4162	N	BN	\$0.00		
Q4163	N	BN	\$0.00		
Q4164	N	BN	\$0.00		
Q4165	N	BN	\$0.00		
Q4166	N	BN	\$0.00		
Q4167	N	BN	\$0.00		
Q4168	N	BN	\$0.00		
Q4169	N	BN	\$0.00		
Q4170	N	BN	\$0.00		
Q4171	N	BN	\$0.00		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
Q4173	N	BN	\$0.00		
Q4174	N	BN	\$0.00		
Q4175	N	BN	\$0.00		
Q4176	N	BN	\$0.00		
Q4177	N	BN	\$0.00		
Q4178	N	BN	\$0.00		
Q4179	N	BN	\$0.00		
Q4180	N	BN	\$0.00		
Q4181	N	BN	\$0.00		
Q4182	N	BN	\$0.00		
Q4183	N	BN	\$0.00		
Q4184	N	BN	\$0.00		
Q4185	N	BN	\$0.00		
Q4186	N	BN	\$0.00		
Q4187	N	BN	\$0.00		
Q4188	N	BN	\$0.00		
Q4189	N	BN	\$0.00		
Q4190	N	BN	\$0.00		
Q4191	N	BN	\$0.00		
Q4192	N	BN	\$0.00		
Q4193	N	BN	\$0.00		
Q4194	N	BN	\$0.00		
Q4195	N	BN	\$0.00		
Q4196	N	BN	\$0.00		
Q4197	N	BN	\$0.00		
Q4198	N	BN	\$0.00		
Q4199	N	BN	\$0.00		
Q4200	N	BN	\$0.00		
Q4201	N	BN	\$0.00		
Q4202	N	BN	\$0.00		
Q4203	N	BN	\$0.00		
Q4204	N	BN	\$0.00		
Q4205	N	BN	\$0.00		
Q4206	N	BN	\$0.00		
Q4208	N	BN	\$0.00		
Q4209	N	BN	\$0.00		
Q4210	N	BN	\$0.00		
Q4211	N	BN	\$0.00		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
Q4212	N	BN	\$0.00		
Q4213	N	BN	\$0.00		
Q4214	N	BN	\$0.00		
Q4215	N	BN	\$0.00		
Q4216	N	BN	\$0.00		
Q4217	N	BN	\$0.00		
Q4218	N	BN	\$0.00		
Q4219	N	BN	\$0.00		
Q4220	N	BN	\$0.00		
Q4221	N	BN	\$0.00		
Q4222	N	BN	\$0.00		
Q4224	N	BN	\$0.00		
Q4225	N	BN	\$0.00		
Q4226	N	BN	\$0.00		
Q4227	N	BN	\$0.00		
Q4229	N	BN	\$0.00		
Q4230	N	BN	\$0.00		
Q4231	N	BN	\$0.00		
Q4232	N	BN	\$0.00		
Q4233	N	BN	\$0.00		
Q4234	N	BN	\$0.00		
Q4235	N	BN	\$0.00		
Q4236	N	BN	\$0.00		
Q4237	N	BN	\$0.00		
Q4238	N	BN	\$0.00		
Q4239	N	BN	\$0.00		
Q4240	N	BN	\$0.00		
Q4241	N	BN	\$0.00		
Q4242	N	BN	\$0.00		
Q4244	N	BN	\$0.00		
Q4245	N	BN	\$0.00		
Q4246	N	BN	\$0.00		
Q4247	N	BN	\$0.00		
Q4248	N	BN	\$0.00		
Q4249	N	BN	\$0.00		
Q4250	N	BN	\$0.00		
Q4251	N	BN	\$0.00		
Q4252	N	BN	\$0.00		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
Q4253	N	BN	\$0.00		
Q4254	N	BN	\$0.00		
Q4255	N	BN	\$0.00		
Q4256	N	BN	\$0.00		
Q4257	N	BN	\$0.00		
Q4258	N	BN	\$0.00		
Q4259	N	BN	\$0.00		
Q4260	N	BN	\$0.00		
Q4261	N	BN	\$0.00		
Q4262	N	BN	\$0.00		
Q4263	N	BN	\$0.00		
Q4264	N	BN	\$0.00		
Q4265	N	BN	\$0.00		
Q4266	N	BN	\$0.00		
Q4267	N	BN	\$0.00		
Q4268	N	BN	\$0.00		
Q4269	N	BN	\$0.00		
Q4270	N	BN	\$0.00		
Q4271	N	BN	\$0.00		
Q4272	N	BN	\$0.00		
Q4273	N	BN	\$0.00		
Q4274	N	BN	\$0.00		
Q4275	N	BN	\$0.00		
Q4276	N	BN	\$0.00		
Q4277	N	BN	\$0.00		
Q4278	N	BN	\$0.00		
Q4279	N	BN	\$0.00		
Q4280	N	BN	\$0.00		
Q4281	N	BN	\$0.00		
Q4282	N	BN	\$0.00		
Q4283	N	BN	\$0.00		
Q4284	N	BN	\$0.00		
Q4285	N	BN	\$0.00		
Q4286	N	BN	\$0.00		
Q4287	N	BN	\$0.00		
Q4288	N	BN	\$0.00		
Q4289	N	BN	\$0.00		
Q4290	N	BN	\$0.00		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
Q4291	N	BN	\$0.00		
Q4292	N	BN	\$0.00		
Q4293	N	BN	\$0.00		
Q4294	N	BN	\$0.00		
Q4295	N	BN	\$0.00		
Q4296	N	BN	\$0.00		
Q4297	N	BN	\$0.00		
Q4298	N	BN	\$0.00		
Q4299	N	BN	\$0.00		
Q4300	N	BN	\$0.00		
Q4301	N	BN	\$0.00		
Q4302	N	BN	\$0.00		
Q4303	N	BN	\$0.00		
Q4304	N	BN	\$0.00		
Q5101	N		\$0.17		
Q5103	N	NRC	\$13.93		
Q5104	N	NRC	\$32.56		
Q5105	N	NRC	\$0.73		
Q5106	N		\$7.25		
Q5107	N	NRC	\$27.85		
Q5108	N		\$96.46		
Q5109	N	BN	\$0.00		
Q5110	N		\$0.30		
Q5111	N		\$150.78		
Q5112	N		\$41.65		
Q5113	N		\$20.18		
Q5114	N		\$40.04		
Q5115	N		\$37.63		
Q5116	N		\$19.62		
Q5117	N		\$24.34		
Q5118	N		\$23.74		
Q5119	N	NRC	\$22.30		
Q5120	N	NRC	\$346.76		
Q5121	N	NRC	\$26.47		
Q5122	N	NRC	\$88.98		
Q5123	N	NRC	\$43.48		
Q5124	N	NRC	\$199.55		
Q5125	N		\$0.53		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	Subject to Multiple Procedure Discounting	2024 ASC Coverage	2024 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
Q5126	N		\$63.92		
Q5127	N	NRC	\$349.14		
Q5128	N	NRC	\$273.26		
Q5129	N		\$69.77		
Q5130	N	NRC	\$208.80		
Q5131	N	BN	\$0.00		
Q5132	N	BN	\$0.00		
Q9950	N	BN	\$0.00		
Q9951	N	BN	\$0.00		
Q9953	N	BN	\$0.00		
Q9954	N	BN	\$0.00		
Q9955	N	BN	\$0.00		
Q9956	N	BN	\$0.00		
Q9957	N	BN	\$0.00		
Q9958	N	BN	\$0.00		
Q9959	N	BN	\$0.00		
Q9960	N	BN	\$0.00		
Q9961	N	BN	\$0.00		
Q9962	N	BN	\$0.00		
Q9963	N	BN	\$0.00		
Q9964	N	BN	\$0.00		
Q9965	N	BN	\$0.00		
Q9966	N	BN	\$0.00		
Q9967	N	BN	\$0.00		
Q9968	N	NRC	\$7.49		
Q9982	N	BN	\$0.00		
Q9983	N	BN	\$0.00		
Q9991	N	NRC	\$1,886.98		
Q9992	N	NRC	\$1,886.98		
V2630	N	BN	\$0.00		
V2631	N	BN	\$0.00		
V2632	N	BN	\$0.00		
V2785	N	NRC	\$0.00		
V2790	N	BN	\$0.00		

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
10005	1
10007	1
10009	1
10011	1
10021	1
10030	2
10060	1
10061	1
10080	1
10081	1
10120	3
10121	2
10140	2
10160	3
10180	2
11000	1
11010	2
11011	2
11012	2
11042	1
11043	1
11044	1
11057	1
11102	1
11104	1
11106	1
11307	3
11310	4
11311	4
11312	3
11313	3
11400	3
11401	3
11402	3
11403	2
11404	2
11406	2
11420	3
11421	3
11422	3

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
11423	2
11424	2
11426	2
11440	4
11441	3
11442	3
11443	2
11444	2
11446	2
11450	1
11451	1
11462	1
11463	1
11470	3
11471	2
11600	2
11601	2
11602	3
11603	2
11604	2
11606	2
11620	2
11621	2
11622	2
11623	2
11624	2
11626	2
11640	2
11641	2
11642	3
11643	2
11644	2
11646	2
11750	6
11755	2
11760	4
11762	2
11770	1
11771	1
11772	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
11920	1
11921	1
11950	1
11951	1
11952	1
11954	1
11960	2
11970	2
11971	2
11976	1
12005	1
12006	1
12007	1
12015	1
12016	1
12017	1
12018	1
12020	2
12021	3
12031	1
12032	1
12034	1
12035	1
12036	1
12037	1
12041	1
12042	1
12044	1
12045	1
12046	1
12047	1
12051	1
12052	1
12053	1
12054	1
12055	1
12056	1
12057	1
13100	1
13101	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
13120	1
13121	1
13131	1
13132	1
13151	1
13152	1
13160	2
14000	2
14001	2
14020	2
14021	2
14040	2
14041	3
14060	2
14061	2
14301	2
14350	2
15002	1
15004	1
15040	1
15050	1
15100	1
15110	1
15115	1
15120	1
15130	1
15135	1
15150	1
15155	1
15200	1
15220	1
15240	1
15260	1
15271	1
15273	1
15275	1
15277	1
15570	2
15572	2
15574	2

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
15576	2
15600	2
15610	2
15620	2
15630	2
15650	1
15730	1
15731	1
15733	2
15734	4
15736	2
15738	3
15740	2
15750	2
15760	2
15769	1
15770	2
15771	1
15773	1
15775	1
15776	1
15780	1
15781	1
15782	1
15783	1
15789	1
15819	1
15820	1
15821	1
15822	1
15823	1
15824	1
15825	1
15826	1
15828	1
15829	1
15830	1
15832	1
15833	1
15834	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
15835	1
15836	1
15837	2
15838	1
15839	2
15840	1
15841	2
15842	2
15845	2
15851	1
15876	1
15877	1
15878	1
15879	1
15920	1
15922	1
15931	1
15933	1
15934	1
15935	1
15936	1
15937	1
15940	2
15941	2
15944	2
15945	2
15946	2
15950	2
15951	2
15952	2
15953	2
15956	2
15958	2
16025	1
16030	1
16035	1
17004	1
17106	1
17107	1
17108	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
17264	3
17266	2
17270	6
17271	4
17273	4
17274	2
17276	2
17281	5
17282	4
17283	4
17284	2
17286	2
17311	4
17313	3
17380	1
19000	2
19020	2
19081	1
19083	1
19085	1
19100	4
19101	3
19105	2
19110	1
19112	2
19120	1
19125	1
19296	1
19298	1
19300	1
19301	1
19302	1
19303	1
19307	1
19316	1
19318	1
19325	1
19328	1
19330	1
19340	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
19342	1
19350	1
19355	1
19357	1
19370	1
19371	1
19380	1
19396	1
20103	3
20150	2
20200	2
20205	3
20206	3
20220	3
20225	2
20240	4
20245	3
20250	1
20251	2
20500	2
20520	2
20525	4
20526	1
20527	2
20550	5
20551	5
20552	1
20553	1
20555	1
20600	6
20604	4
20605	2
20606	2
20610	2
20611	2
20612	2
20615	1
20650	4
20662	1
20663	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
20665	1
20670	3
20680	3
20690	2
20692	2
20693	2
20694	2
20696	2
20697	4
20822	3
20900	2
20902	2
20910	1
20912	1
20920	1
20922	1
20924	2
20950	2
20972	2
20973	1
20982	1
20983	1
21010	1
21011	4
21012	3
21013	2
21014	2
21015	1
21016	2
21025	2
21026	2
21029	1
21030	1
21031	2
21032	1
21034	1
21040	2
21044	1
21046	2
21047	2

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
21048	2
21050	1
21060	1
21070	1
21073	1
21076	1
21077	1
21079	1
21080	1
21081	1
21082	1
21083	1
21084	1
21085	1
21086	1
21087	1
21088	1
21100	1
21110	2
21120	1
21121	1
21122	1
21123	1
21125	2
21127	2
21137	1
21138	1
21139	1
21150	1
21181	1
21194	1
21195	1
21198	1
21199	1
21206	1
21208	1
21209	1
21210	2
21215	2
21230	2

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
21235	2
21240	1
21242	1
21243	1
21244	1
21245	2
21246	2
21248	2
21249	2
21260	1
21267	1
21270	1
21275	1
21280	1
21282	1
21295	1
21296	1
21315	1
21320	1
21325	1
21330	1
21335	1
21336	1
21337	1
21338	1
21339	1
21340	1
21345	1
21355	1
21356	1
21360	1
21365	1
21390	1
21400	1
21401	1
21406	1
21407	1
21421	1
21440	2
21445	2

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
21450	1
21451	1
21452	1
21453	1
21454	1
21461	1
21462	1
21465	1
21480	1
21485	1
21490	1
21497	1
21501	3
21502	1
21550	2
21552	2
21554	2
21555	2
21556	2
21557	1
21558	1
21600	5
21610	1
21685	1
21700	1
21720	1
21725	1
21820	1
21920	2
21925	2
21930	5
21931	3
21932	2
21933	2
21935	1
21936	1
22102	1
22310	1
22315	1
22505	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
22510	1
22511	1
22513	1
22514	1
22551	1
22554	1
22612	1
22856	1
22867	1
22869	1
22900	3
22901	2
22902	4
22903	3
22904	1
22905	1
23000	1
23020	1
23030	2
23031	1
23035	1
23040	1
23044	1
23065	2
23066	2
23071	2
23073	2
23075	2
23076	2
23077	1
23078	1
23100	1
23101	1
23105	1
23106	1
23107	1
23120	1
23125	1
23130	1
23140	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
23145	1
23146	1
23150	1
23155	1
23156	1
23170	1
23172	1
23174	1
23180	1
23182	1
23184	1
23190	1
23195	1
23330	2
23333	1
23334	1
23395	1
23397	1
23400	1
23405	2
23406	1
23410	1
23412	1
23415	1
23420	1
23430	1
23440	1
23450	1
23455	1
23460	1
23462	1
23465	1
23466	1
23470	1
23472	1
23473	1
23480	1
23485	1
23490	1
23491	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
23500	1
23505	1
23515	1
23520	1
23525	1
23530	1
23532	1
23540	1
23545	1
23550	1
23552	1
23570	1
23575	1
23585	1
23600	1
23605	1
23615	1
23616	1
23620	1
23625	1
23630	1
23650	1
23655	1
23660	1
23665	1
23670	1
23675	1
23680	1
23700	1
23800	1
23802	1
23921	1
23930	2
23931	2
23935	2
24000	1
24006	1
24065	2
24066	2
24071	2

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
24073	2
24075	5
24076	4
24077	1
24079	1
24100	1
24101	1
24102	1
24105	1
24110	1
24115	1
24116	1
24120	1
24125	1
24126	1
24130	1
24134	1
24136	1
24138	1
24140	1
24145	1
24147	1
24149	1
24152	1
24155	1
24160	1
24164	1
24200	3
24201	3
24300	1
24301	2
24305	4
24310	2
24320	2
24330	1
24331	1
24332	1
24340	1
24341	2
24342	2

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
24343	1
24344	1
24345	1
24346	1
24357	1
24358	1
24359	2
24360	1
24361	1
24362	1
24363	1
24365	1
24366	1
24370	1
24371	1
24400	1
24410	1
24420	1
24430	1
24435	1
24470	1
24495	1
24498	1
24500	1
24505	1
24515	1
24516	1
24530	1
24535	1
24538	1
24545	1
24546	1
24560	1
24565	1
24566	1
24575	1
24576	1
24577	1
24579	1
24582	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
24586	1
24587	1
24600	1
24605	1
24615	1
24620	1
24635	1
24640	1
24650	1
24655	1
24665	1
24666	1
24670	1
24675	1
24685	1
24800	1
24802	1
24925	1
25000	2
25001	1
25020	1
25023	1
25024	1
25025	1
25028	4
25031	2
25035	2
25040	1
25065	2
25066	2
25071	3
25073	2
25075	6
25076	3
25077	1
25078	1
25085	1
25100	1
25101	1
25105	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
25107	1
25109	4
25110	2
25111	1
25112	1
25115	1
25116	1
25118	5
25119	1
25120	1
25125	1
25126	1
25130	1
25135	1
25136	1
25145	1
25150	1
25151	1
25210	2
25215	1
25230	1
25240	1
25248	3
25250	1
25251	1
25259	1
25260	9
25263	4
25265	4
25270	8
25272	4
25274	4
25275	2
25280	9
25290	10
25295	9
25300	1
25301	1
25310	5
25312	4

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
25315	1
25316	1
25320	1
25332	1
25335	1
25337	1
25350	1
25355	1
25360	1
25365	1
25370	1
25375	1
25390	1
25391	1
25392	1
25393	1
25394	1
25400	1
25405	1
25415	1
25420	1
25425	1
25426	1
25430	1
25431	1
25440	1
25441	1
25442	1
25443	1
25444	1
25445	1
25446	1
25447	4
25449	1
25450	1
25455	1
25490	1
25491	1
25492	1
25500	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
25505	1
25515	1
25520	1
25525	1
25526	1
25530	1
25535	1
25545	1
25560	1
25565	1
25574	1
25575	1
25600	1
25605	1
25606	1
25607	1
25608	1
25609	1
25622	1
25624	1
25628	1
25630	1
25635	1
25645	1
25650	1
25651	1
25652	1
25660	1
25670	1
25671	1
25675	1
25676	1
25680	1
25685	1
25690	1
25695	1
25800	1
25805	1
25810	1
25820	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
25825	1
25830	1
25907	1
25922	1
25929	1
25931	1
26010	2
26011	3
26020	4
26025	1
26030	1
26034	2
26035	1
26037	1
26040	1
26045	1
26055	5
26060	5
26070	2
26075	3
26080	3
26100	1
26105	2
26110	2
26111	4
26113	3
26115	4
26116	2
26117	2
26118	1
26121	1
26123	1
26130	1
26135	4
26140	2
26145	6
26160	4
26170	4
26180	4
26185	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
26200	2
26205	1
26210	2
26215	2
26230	2
26235	2
26236	2
26250	2
26260	1
26262	1
26320	4
26340	4
26341	2
26350	6
26352	2
26356	4
26357	2
26358	2
26370	3
26372	1
26373	2
26390	2
26392	2
26410	4
26412	3
26415	2
26416	2
26418	4
26420	3
26426	4
26428	2
26432	2
26433	2
26434	2
26437	4
26440	6
26442	5
26445	5
26449	5
26450	6

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
26455	6
26460	4
26471	4
26474	4
26476	4
26477	2
26478	6
26479	4
26480	4
26483	4
26485	4
26489	2
26490	3
26492	2
26494	1
26496	1
26497	2
26498	1
26499	2
26500	3
26502	2
26508	1
26510	4
26516	1
26517	1
26518	1
26520	4
26525	4
26530	4
26531	4
26535	3
26536	4
26540	4
26541	4
26542	4
26545	4
26546	2
26548	3
26550	1
26555	2

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
26560	2
26561	2
26562	2
26565	2
26567	3
26568	2
26580	1
26587	2
26590	2
26591	4
26593	8
26596	1
26600	2
26605	3
26607	2
26608	4
26615	3
26641	1
26645	1
26650	1
26665	1
26670	2
26675	1
26676	2
26685	3
26686	3
26700	2
26705	3
26706	2
26715	3
26720	4
26725	3
26727	3
26735	4
26740	3
26742	3
26746	3
26750	3
26755	2
26756	2

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
26765	3
26770	3
26775	2
26776	4
26785	3
26820	1
26841	1
26842	1
26843	2
26844	2
26850	5
26852	2
26860	1
26862	1
26910	4
26951	8
26952	4
26990	2
26991	1
27000	1
27001	1
27003	1
27006	1
27033	1
27035	1
27040	2
27041	3
27043	2
27045	3
27047	2
27048	2
27049	1
27050	1
27052	1
27059	1
27060	1
27062	1
27065	1
27066	1
27067	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
27080	1
27086	1
27087	1
27097	1
27098	1
27100	1
27105	1
27110	1
27111	1
27125	1
27130	1
27132	1
27197	1
27198	1
27200	1
27202	1
27220	1
27230	1
27238	1
27246	1
27250	1
27252	1
27256	1
27257	1
27265	1
27266	1
27267	1
27275	2
27278	1
27279	1
27301	3
27305	1
27306	1
27307	1
27310	1
27323	2
27324	3
27325	1
27326	1
27327	5

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
27328	3
27329	1
27330	1
27331	1
27332	1
27333	1
27334	1
27335	1
27337	3
27339	4
27340	1
27345	1
27347	1
27350	1
27355	1
27356	1
27357	1
27360	2
27364	1
27372	2
27380	1
27381	1
27385	2
27386	2
27390	1
27391	1
27392	1
27393	1
27394	1
27395	1
27396	1
27397	1
27400	1
27403	1
27405	2
27407	2
27409	1
27412	1
27415	1
27416	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
27418	1
27420	1
27422	1
27424	1
27425	1
27427	1
27428	1
27429	1
27430	1
27435	1
27437	1
27438	1
27440	1
27441	1
27442	1
27443	1
27445	1
27446	1
27447	1
27475	1
27479	1
27496	1
27497	1
27498	1
27499	1
27500	1
27501	1
27502	1
27503	1
27508	1
27509	1
27510	1
27516	1
27517	1
27520	1
27524	1
27530	1
27532	1
27538	1
27550	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
27552	1
27560	1
27562	1
27566	1
27570	1
27594	1
27600	1
27601	1
27602	1
27603	2
27604	2
27605	1
27606	1
27607	2
27610	1
27612	1
27613	3
27614	3
27615	1
27616	1
27618	3
27619	2
27620	1
27625	1
27626	1
27630	2
27632	3
27634	2
27635	1
27637	1
27638	1
27640	1
27641	1
27647	1
27650	1
27652	1
27654	1
27656	1
27658	2
27659	2

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
27664	2
27665	2
27675	1
27676	1
27680	2
27681	1
27685	2
27686	3
27687	1
27690	2
27691	2
27695	1
27696	1
27698	2
27700	1
27702	1
27703	1
27704	1
27705	1
27707	1
27709	1
27720	1
27726	1
27730	1
27732	1
27734	1
27740	1
27742	1
27745	1
27750	1
27752	1
27756	1
27758	1
27759	1
27760	1
27762	1
27766	1
27767	1
27768	1
27769	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
27780	1
27781	1
27784	1
27786	1
27788	1
27792	1
27808	1
27810	1
27814	1
27816	1
27818	1
27822	1
27823	1
27824	1
27825	1
27826	1
27827	1
27828	1
27829	1
27830	1
27831	1
27832	1
27840	1
27842	1
27846	1
27848	1
27860	1
27870	1
27871	1
27884	1
27889	1
27892	1
27893	1
27894	1
28001	2
28002	3
28003	2
28005	3
28008	2
28010	4

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
28011	4
28020	2
28022	3
28024	4
28035	1
28039	2
28041	2
28043	4
28045	4
28046	1
28047	1
28050	2
28052	2
28054	2
28055	1
28060	1
28062	1
28070	2
28072	4
28080	3
28086	2
28088	2
28090	2
28092	2
28100	1
28102	1
28103	1
28104	2
28106	1
28107	1
28108	2
28110	1
28111	1
28112	4
28113	1
28114	1
28116	1
28118	1
28119	1
28120	2

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
28122	4
28124	4
28126	4
28130	1
28140	3
28150	4
28153	4
28160	5
28171	1
28173	2
28175	2
28190	3
28192	2
28193	2
28200	4
28202	2
28208	4
28210	2
28220	1
28222	1
28225	1
28226	1
28230	1
28232	6
28234	6
28238	1
28240	1
28250	1
28260	1
28261	1
28262	1
28264	1
28270	6
28272	6
28280	1
28285	4
28286	1
28288	4
28289	1
28291	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
28292	1
28295	1
28296	1
28297	1
28298	1
28299	1
28300	1
28302	1
28304	1
28305	1
28306	1
28307	1
28308	4
28309	1
28310	1
28312	4
28313	4
28315	1
28320	1
28322	2
28340	2
28341	2
28344	1
28345	2
28400	1
28405	1
28406	1
28415	1
28420	1
28430	1
28435	1
28436	1
28445	1
28446	1
28450	2
28455	3
28456	2
28465	3
28470	2
28475	5

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
28476	4
28485	5
28490	1
28495	1
28496	1
28505	1
28510	4
28515	4
28525	4
28530	1
28531	1
28540	1
28545	1
28546	1
28555	1
28570	1
28575	1
28576	1
28585	1
28600	2
28605	2
28606	3
28615	5
28630	2
28635	2
28636	4
28645	4
28660	4
28665	3
28666	4
28675	3
28705	1
28715	1
28725	1
28730	1
28735	1
28737	1
28740	5
28750	1
28755	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
28760	1
28810	5
28820	6
28825	8
28890	1
29000	1
29010	1
29015	1
29035	1
29040	1
29044	1
29046	1
29049	1
29055	1
29058	1
29065	1
29075	1
29085	1
29086	2
29105	1
29200	1
29305	1
29325	1
29345	1
29355	1
29358	1
29365	1
29405	1
29425	1
29435	1
29440	1
29445	1
29450	1
29505	1
29515	1
29540	1
29580	1
29581	1
29584	1
29700	2

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
29705	1
29710	1
29720	1
29730	1
29740	1
29750	1
29800	1
29804	1
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29807	1
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29827	1
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29834	1
29835	1
29836	1
29837	1
29838	1
29840	1
29843	1
29844	1
29845	1
29846	1
29847	1
29848	1
29850	1
29851	1
29855	1
29856	1
29860	1
29861	1
29862	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
29863	1
29866	1
29867	1
29868	1
29870	1
29871	1
29873	1
29874	1
29875	1
29876	1
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29879	1
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29888	1
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29891	1
29892	1
29893	1
29894	1
29895	1
29897	1
29898	1
29899	1
29900	2
29901	2
29902	2
29904	1
29905	1
29906	1
29907	1
29914	1
29915	1
29916	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
30000	1
30020	1
30100	2
30110	1
30115	1
30117	2
30118	1
30120	1
30124	2
30125	1
30130	1
30140	1
30150	1
30160	1
30200	1
30210	1
30220	1
30310	1
30320	1
30400	1
30410	1
30420	1
30430	1
30435	1
30450	1
30460	1
30462	1
30465	1
30468	1
30469	1
30520	1
30540	1
30545	1
30560	1
30580	2
30600	1
30620	1
30630	1
30801	1
30802	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
30903	1
30905	1
30906	1
30915	1
30920	1
30930	1
31000	1
31002	1
31020	1
31030	1
31032	1
31040	1
31050	1
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31081	1
31084	1
31085	1
31086	1
31087	1
31090	1
31200	1
31201	1
31205	1
31231	1
31233	1
31235	1
31237	1
31238	1
31239	1
31240	1
31242	1
31243	1
31253	1
31254	1
31255	1
31256	1
31257	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
31259	1
31267	1
31276	1
31287	1
31288	1
31295	1
31296	1
31297	1
31298	1
31300	1
31400	1
31420	1
31500	2
31502	1
31505	1
31510	1
31511	1
31512	1
31513	1
31515	1
31520	1
31525	1
31526	1
31527	1
31528	1
31529	1
31530	1
31531	1
31535	1
31536	1
31540	1
31541	1
31545	1
31546	1
31551	1
31552	1
31553	1
31554	1
31560	1
31561	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
31570	1
31571	1
31572	1
31573	1
31574	1
31575	1
31576	1
31577	1
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31579	1
31580	1
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31613	1
31614	1
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31624	1
31625	1
31626	1
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31629	1
31630	1
31631	1
31634	1
31635	1
31636	1
31638	1
31640	1
31641	1
31643	1
31645	1
31646	2
31647	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
31648	1
31649	2
31652	1
31653	1
31717	1
31730	1
31750	1
31755	1
31820	1
31825	1
31830	1
32400	2
32408	2
32550	2
32552	2
32553	1
32554	2
32555	2
32556	2
32557	2
32960	1
32994	1
32998	1
33016	1
33206	1
33207	1
33208	1
33210	1
33211	1
33212	1
33213	1
33214	1
33215	2
33216	1
33217	1
33218	1
33220	1
33221	1
33222	1
33223	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
33224	1
33226	1
33227	1
33228	1
33229	1
33230	1
33231	1
33233	1
33234	1
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33273	1
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33276	1
33278	1
33279	1
33280	1
33281	1
33285	1
33286	1
33287	1
33288	1
33289	1
33900	1
33901	1
33902	1
33903	1
34490	1
35188	2
35207	3
35875	2
35876	2

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
36002	2
36260	1
36261	1
36262	1
36430	1
36440	1
36450	1
36455	1
36465	1
36466	1
36470	1
36471	1
36473	1
36475	1
36478	1
36482	1
36511	1
36512	1
36513	1
36514	1
36516	1
36522	1
36555	2
36556	2
36557	2
36558	2
36560	2
36561	2
36563	1
36565	1
36566	1
36568	2
36569	2
36570	2
36571	2
36572	1
36573	1
36575	2
36576	2
36578	2

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
36580	2
36581	2
36582	2
36583	2
36584	2
36585	2
36589	2
36590	2
36593	2
36595	2
36596	2
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36640	1
36800	1
36810	1
36815	1
36818	1
36819	1
36820	1
36821	2
36825	1
36830	2
36831	1
36832	2
36833	1
36835	1
36836	1
36837	1
36860	2
36861	2
36901	1
36902	1
36903	1
36904	1
36905	1
36906	1
37184	1
37187	1
37188	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
37192	1
37193	1
37197	2
37200	2
37211	1
37212	1
37220	1
37221	1
37224	1
37225	1
37226	1
37227	1
37228	1
37229	1
37230	1
37231	1
37236	1
37238	1
37241	2
37242	2
37243	1
37246	1
37248	1
37500	1
37607	1
37609	1
37650	1
37700	1
37718	1
37722	1
37735	1
37760	1
37761	1
37765	1
37766	1
37780	1
37785	1
37790	1
38206	1
38220	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
38221	1
38222	1
38230	1
38232	1
38241	1
38242	1
38243	1
38300	1
38305	1
38308	1
38500	2
38505	2
38510	1
38520	1
38525	1
38530	1
38531	1
38542	1
38550	1
38555	1
38570	1
38571	1
38572	1
38573	1
38700	1
38740	1
38745	1
38760	1
40490	2
40500	2
40510	2
40520	2
40525	2
40527	2
40530	2
40650	2
40652	2
40654	2
40700	1
40701	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
40702	1
40720	1
40761	1
40800	2
40801	2
40805	2
40806	2
40808	2
40810	2
40812	2
40814	4
40816	2
40818	2
40819	2
40820	2
40830	2
40831	2
40840	1
40842	1
40843	1
40844	1
40845	1
41000	1
41005	1
41006	2
41007	2
41008	2
41009	2
41010	1
41015	2
41016	1
41017	2
41018	2
41019	1
41100	2
41105	2
41108	2
41110	2
41112	2
41113	2

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
41114	2
41115	1
41116	2
41120	1
41251	2
41252	2
41510	1
41512	1
41520	1
41530	1
41805	1
41806	1
41820	4
41821	2
41822	1
41823	1
41825	2
41826	2
41827	2
41828	4
41830	2
41850	2
41870	2
41872	4
41874	4
42000	1
42100	2
42104	2
42106	2
42107	2
42120	1
42140	1
42145	1
42160	1
42180	1
42182	1
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42215	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
42220	1
42225	1
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42235	1
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42425	1
42440	1
42450	1
42500	2
42505	2
42507	1
42509	1
42510	1
42600	1
42650	2
42660	2
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42700	2
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2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
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43206	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
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43250	1
43251	1
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43255	2
43257	1
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43261	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
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43263	1
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43870	1
43886	1
43887	1
43888	1
44100	1
44312	1
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2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
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44407	1
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45000	1
45005	1
45020	1
45100	2
45108	1
45150	1
45160	1
45171	2
45172	2
45190	1
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45303	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
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45500	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
45505	1
45541	1
45560	1
45900	1
45905	1
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46275	1
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46288	1
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46505	1
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2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
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46611	1
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46615	1
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47383	1
47533	1
47534	2
47535	1
47536	2
47537	1
47538	2
47539	2
47540	2
47541	1
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47553	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
47554	1
47555	1
47556	1
47562	1
47563	1
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49436	1
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49452	1
49460	1
49465	1
49495	1
49496	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
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50387	1
50389	1
50390	2
50391	1
50396	1
50432	2
50433	2
50434	2
50435	2
50436	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
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50970	1
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50974	1
50976	1
50980	1
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51030	1
51040	1
51045	2
51050	1
51065	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
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51101	1
51102	1
51500	1
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52005	2
52007	1
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52204	1
52214	1
52224	1
52234	1
52235	1
52240	1
52250	1
52260	1
52265	1
52270	1
52275	1
52276	1
52277	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
52281	1
52282	1
52283	1
52284	1
52285	1
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52500	1
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2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
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2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
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2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
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2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
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54860	1
54861	1
54865	1
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55060	1
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55120	1
55150	1
55175	1
55180	1
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55540	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
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56625	1
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56805	1
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56821	1
57000	1
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57065	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
57100	2
57105	2
57120	1
57130	1
57135	2
57155	1
57156	1
57160	1
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57426	1
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2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
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2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
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58970	1
58974	1
58976	2
59000	2
59001	2
59012	2
59015	2
59020	2
59025	2
59070	2
59072	2
59074	2
59076	2

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
59100	1
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59151	1
59160	1
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59300	1
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60200	2
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61000	1
61001	1
61020	2
61026	2
61050	1
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61070	2
61215	1
61330	1
61770	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
61790	1
61791	1
61880	1
61885	1
61886	1
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62327	1
62328	2
62329	1
62350	1
62355	1
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62362	1
62365	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
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62368	1
62369	1
62370	1
62380	2
63001	1
63003	1
63005	1
63020	1
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63042	1
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63046	1
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63055	1
63056	1
63600	2
63610	1
63650	2
63655	1
63661	1
63662	1
63663	1
63664	1
63685	1
63688	1
63744	1
63746	1
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64405	1
64408	1
64415	1
64416	1
64417	1
64418	1
64420	2
64421	4
64425	1
64430	1
64435	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
64445	1
64446	1
64447	1
64448	1
64449	1
64450	10
64451	2
64454	2
64455	1
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64585	2
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64595	1
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64605	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
64610	1
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64612	1
64615	1
64616	1
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64714	1
64716	2
64718	1
64719	1
64721	1
64722	4
64726	2
64732	1
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64736	1
64738	1
64740	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
64742	1
64744	1
64746	1
64763	1
64766	1
64771	2
64772	2
64774	2
64776	1
64782	2
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64788	5
64790	1
64792	2
64795	2
64802	1
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64822	1
64823	1
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64862	1
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64890	2
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64892	2
64893	2
64895	2

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
64896	2
64897	2
64898	2
64905	1
64907	1
64910	3
64912	3
65091	1
65093	1
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65426	1
65435	1
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65600	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
65710	1
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65755	1
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66175	1
66179	1
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66184	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
66185	1
66225	1
66250	1
66500	1
66505	1
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66986	1
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66989	1
66991	1
67005	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
67010	1
67015	1
67025	1
67027	1
67028	1
67030	1
67031	1
67036	1
67039	1
67040	1
67041	1
67042	1
67043	1
67101	1
67105	1
67107	1
67108	1
67110	1
67113	1
67115	1
67120	1
67121	1
67141	1
67145	1
67208	1
67210	1
67218	1
67220	1
67221	1
67227	1
67228	1
67229	1
67250	1
67255	1
67311	1
67312	1
67314	1
67316	1
67318	1
67343	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
67345	1
67346	1
67400	1
67405	1
67412	1
67413	1
67414	1
67415	1
67420	1
67430	1
67440	1
67445	1
67450	1
67500	1
67505	1
67515	1
67516	1
67550	1
67560	1
67570	1
67700	2
67710	1
67715	1
67800	1
67801	1
67805	1
67808	1
67810	2
67825	1
67830	1
67835	1
67840	3
67850	3
67875	1
67880	1
67882	1
67900	1
67901	1
67902	1
67903	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
67904	1
67906	1
67908	1
67909	1
67911	2
67912	1
67914	2
67915	2
67916	2
67917	2
67921	2
67922	2
67923	2
67924	2
67930	2
67935	2
67938	2
67950	2
67961	2
67966	2
67971	1
67973	1
67974	1
67975	1
68020	1
68040	1
68100	1
68110	1
68115	1
68130	1
68135	1
68320	1
68325	1
68326	1
68328	1
68330	1
68335	1
68340	1
68360	1
68362	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
68371	1
68400	1
68420	1
68440	2
68500	1
68505	1
68510	1
68520	1
68525	1
68530	1
68540	1
68550	1
68700	1
68705	2
68720	1
68745	1
68750	1
68760	4
68761	4
68770	1
68810	1
68811	1
68815	1
68816	1
68840	1
69000	1
69005	1
69020	1
69100	3
69105	1
69110	1
69120	1
69140	1
69145	1
69150	1
69205	1
69222	1
69300	1
69310	1
69320	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
69420	1
69421	1
69424	1
69433	1
69436	1
69440	1
69450	1
69501	1
69502	1
69505	1
69511	1
69530	1
69540	1
69550	1
69552	1
69601	1
69602	1
69603	1
69604	1
69610	1
69620	1
69631	1
69632	1
69633	1
69635	1
69636	1
69637	1
69641	1
69642	1
69643	1
69644	1
69645	1
69646	1
69650	1
69660	1
69661	1
69662	1
69666	1
69667	1
69670	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
69676	1
69700	1
69705	1
69706	1
69711	1
69714	1
69716	1
69717	1
69719	1
69720	1
69726	1
69727	1
69728	1
69729	1
69730	1
69740	1
69745	1
69801	1
69805	1
69806	1
69905	1
69910	1
69915	1
69930	1
70336	1
70450	3
70460	1
70470	2
70480	1
70481	1
70482	1
70486	1
70487	1
70488	1
70490	1
70491	1
70492	1
70496	2
70498	2
70540	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
70542	1
70543	1
70544	2
70545	1
70546	1
70547	1
70548	1
70549	1
70551	2
70552	2
70553	2
70554	1
70555	1
70557	1
70558	1
70559	1
71045	4
71046	2
71250	2
71260	2
71270	1
71275	1
71550	1
71551	1
71552	1
72083	1
72084	1
72125	1
72126	1
72127	1
72128	1
72129	1
72130	1
72131	1
72132	1
72133	1
72141	1
72142	1
72146	1
72147	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
72148	1
72149	1
72156	1
72157	1
72158	1
72191	1
72192	1
72193	1
72194	1
72195	1
72196	1
72197	1
73200	2
73201	2
73202	2
73206	2
73218	2
73219	2
73220	2
73221	2
73222	2
73223	2
73700	2
73701	2
73702	2
73706	2
73718	2
73719	2
73720	2
73721	3
73722	2
73723	2
74150	1
74160	1
74170	1
74174	1
74175	1
74176	2
74177	2
74178	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
74181	1
74182	1
74183	1
74230	1
74240	2
74246	1
74250	1
74251	1
74261	1
74262	1
74283	1
74400	1
74410	1
74415	1
74420	2
74712	1
74775	1
75557	1
75559	1
75561	1
75563	1
75572	1
75573	1
75574	1
75731	1
75746	1
75803	1
75805	1
75810	1
75822	1
75870	1
75887	1
75898	2
76000	3
76145	1
76390	1
76391	1
76498	1
76700	1
76705	2

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
76770	1
76776	2
76801	1
76805	1
76811	1
76818	2
76819	2
76825	2
76826	2
76830	1
76831	1
76856	1
76857	1
76872	1
76873	1
76881	2
76936	1
76977	1
76978	1
76981	1
76982	1
77046	1
77047	1
77078	1
77080	1
77081	1
77084	1
77280	2
77285	1
77290	1
77295	1
77299	1
77300	10
77301	1
77306	1
77307	1
77316	1
77317	1
77318	1
77321	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
77331	3
77332	4
77333	2
77334	10
77336	1
77338	1
77370	1
77385	1
77386	1
77399	1
77401	1
77402	2
77407	2
77412	2
77423	1
77424	1
77425	1
77470	1
77520	2
77522	2
77523	2
77525	2
77600	1
77605	1
77610	1
77615	1
77620	1
77750	1
77761	1
77762	1
77763	1
77767	2
77768	2
77770	2
77771	2
77772	2
77778	1
77789	2
77799	1
78012	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
78013	1
78014	1
78015	1
78016	1
78018	1
78070	1
78071	1
78072	1
78075	1
78099	1
78102	1
78103	1
78104	1
78110	1
78111	1
78120	1
78121	1
78122	1
78130	1
78140	1
78185	1
78191	1
78195	1
78199	1
78201	1
78202	1
78215	1
78216	1
78226	1
78227	1
78230	1
78231	1
78232	1
78258	1
78261	1
78262	1
78264	1
78265	1
78266	1
78278	2

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
78282	1
78290	1
78291	1
78299	1
78300	1
78305	1
78306	1
78315	1
78399	1
78414	1
78428	1
78429	1
78430	1
78431	1
78432	1
78433	1
78445	1
78451	1
78452	1
78453	1
78454	1
78456	1
78457	1
78458	1
78459	1
78466	1
78468	1
78469	1
78472	1
78473	1
78481	1
78483	1
78491	1
78492	1
78494	1
78499	1
78579	1
78580	1
78582	1
78597	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
78598	1
78599	1
78600	1
78601	1
78605	1
78606	1
78608	1
78610	1
78630	1
78635	1
78645	1
78650	1
78660	1
78699	1
78700	1
78701	1
78707	1
78708	1
78709	1
78725	1
78740	1
78761	1
78799	1
78800	1
78801	1
78802	1
78803	1
78804	1
78811	1
78812	1
78813	1
78814	1
78815	1
78816	1
78830	1
78831	1
78832	1
78999	1
79005	1
79101	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
79200	1
79300	1
79403	1
79440	1
79445	1
79999	1
90371	10
90375	20
90376	20
90377	20
90378	4
90396	1
90476	1
90675	1
90676	1
90739	1
90740	1
90743	1
90744	1
90746	1
90747	1
90759	1
91035	1
92920	3
92928	3
93451	1
93452	1
93453	1
93454	1
93455	1
93456	1
93457	1
93458	1
93459	1
93460	1
93461	1
93985	1
93986	1
0101T	1
0102T	2

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
0200T	1
0201T	1
0213T	1
0216T	1
0238T	2
0253T	1
0263T	1
0264T	1
0265T	1
0266T	1
0268T	1
0269T	1
0270T	1
0271T	1
0274T	1
0275T	1
0308T	1
0331T	1
0332T	1
0335T	2
0338T	1
0339T	1
0342T	1
0394T	2
0395T	2
0402T	2
0408T	1
0409T	1
0410T	1
0411T	1
0412T	1
0413T	1
0414T	1
0415T	1
0416T	1
0419T	1
0420T	1
0421T	1
0422T	1
0440T	3

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
0441T	3
0442T	3
0446T	1
0447T	1
0448T	1
0449T	1
0479T	1
0510T	1
0511T	1
0512T	1
0524T	3
0525T	1
0526T	1
0527T	1
0530T	1
0531T	1
0532T	1
0581T	2
0583T	2
0587T	1
0588T	1
0594T	2
0596T	1
0597T	1
0598T	1
0600T	3
0601T	3
0609T	1
0611T	1
0614T	1
0616T	2
0617T	2
0618T	2
0619T	1
0620T	1
0627T	1
0629T	1
0632T	1
0633T	1
0634T	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
0635T	1
0636T	1
0637T	1
0638T	1
0644T	1
0647T	1
0648T	1
0651T	1
0652T	1
0653T	1
0654T	1
0655T	1
0671T	1
0673T	1
0686T	1
0689T	2
0697T	1
0698T	1
0699T	2
0707T	1
0714T	1
0784T	1
0785T	1
0786T	1
0787T	1
0793T	1
0797T	1
0800T	1
0803T	1
0813T	1
0816T	1
0817T	1
0818T	1
0819T	1
0864T	1
A9527	195
A9590	675
A9593	7
A9594	7
A9595	10

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
A9596	7
A9601	10
A9602	5
A9608	10
A9800	7
C1600	1
C1601	1
C1602	1
C1603	1
C1604	1
C1716	4
C1717	10
C1719	99
C1747	1
C1761	1
C1826	1
C1827	1
C1831	1
C1832	1
C1833	1
C1890	1
C2616	1
C2634	24
C2635	150
C2636	690
C2638	150
C2639	150
C2640	150
C2641	150
C2642	120
C2643	124
C2645	4608
C2698	150
C2699	150
C5271	1
C5273	1
C5275	1
C5277	1
C7501	1
C7502	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
C7503	1
C7504	1
C7505	1
C7506	1
C7507	1
C7508	1
C7509	1
C7510	1
C7511	1
C7512	1
C7513	1
C7514	1
C7515	1
C7516	1
C7517	1
C7520	1
C7521	1
C7522	1
C7523	1
C7524	1
C7525	1
C7526	1
C7527	1
C7528	1
C7529	1
C7530	1
C7531	1
C7532	1
C7533	1
C7535	1
C7537	1
C7538	1
C7539	1
C7540	1
C7545	1
C7547	1
C7548	1
C7550	1
C7551	1
C7554	1

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
C7556	1
C7557	1
C7558	1
C7560	1
C7561	1
C8900	1
C8901	1
C8902	1
C8903	1
C8905	1
C8906	1
C8908	1
C8909	1
C8910	1
C8911	1
C8912	1
C8913	1
C8914	1
C8918	1
C8919	1
C8920	1
C8931	1
C8932	1
C8933	1
C8934	2
C8935	2
C8936	2
C9047	22
C9088	400
C9089	300
C9101	270
C9144	660
C9145	150
C9164	1
C9250	1
C9257	10
C9290	266
C9460	1
C9482	150
C9488	20

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
C9600	3
C9725	1
C9727	1
C9728	1
C9734	1
C9739	1
C9740	1
C9757	2
C9761	2
C9762	1
C9763	1
C9764	2
C9765	2
C9766	2
C9767	2
C9769	1
C9772	2
C9773	2
C9774	2
C9775	2
C9777	1
C9778	1
C9781	2
C9789	1
C9790	1
C9794	1
D4210	4
D4211	4
D4212	1
D4260	4
D4263	4
D4270	4
D4273	1
D7111	20
D7140	32
D7210	32
D7220	6
D7230	6
D7240	6
D7241	6

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
D7250	32
D7270	1
D7310	4
D7311	4
D7472	1
D7473	1
D7510	1
D7511	1
D7520	1
D7550	1
D7950	1
G0104	1
G0105	1
G0121	1
G0130	1
G0186	1
G0235	1
G0260	2
G0276	1
G0330	1
G0429	1
J0121	200
J0122	300
J0129	100
J0134	400
J0135	8
J0136	400
J0137	400
J0172	1
J0178	4
J0179	12
J0180	140
J0185	130
J0202	12
J0206	1000
J0208	25
J0218	460
J0219	750
J0220	1
J0221	250

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
J0222	300
J0223	756
J0224	945
J0225	25
J0256	1600
J0257	1400
J0287	50
J0289	50
J0291	500
J0300	8
J0401	400
J0457	80
J0470	2
J0475	8
J0480	1
J0485	1500
J0490	160
J0491	300
J0517	30
J0558	24
J0561	24
J0565	200
J0570	4
J0584	90
J0585	600
J0586	300
J0587	300
J0588	600
J0594	320
J0596	840
J0597	250
J0598	100
J0600	3
J0606	150
J0612	800
J0613	800
J0630	1
J0638	300
J0641	1200
J0642	1200

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
J0689	4
J0691	300
J0695	60
J0699	600
J0701	12
J0703	12
J0712	120
J0714	12
J0716	4
J0717	400
J0736	9
J0737	9
J0740	2
J0741	300
J0742	500
J0775	180
J0791	160
J0840	6
J0841	20
J0850	9
J0875	300
J0877	900
J0881	500
J0882	300
J0883	1125
J0884	1125
J0885	60
J0887	360
J0888	360
J0896	1100
J0897	120
J1096	8
J1097	4
J1162	1
J1190	8
J1201	20
J1212	1
J1290	30
J1300	120
J1301	60

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
J1302	770
J1303	360
J1305	480
J1306	284
J1322	150
J1327	1
J1364	2
J1410	4
J1426	450
J1427	1200
J1429	450
J1430	10
J1437	100
J1438	2
J1439	1000
J1440	150
J1442	1500
J1447	960
J1448	900
J1449	132
J1451	1
J1454	1
J1455	18
J1456	150
J1458	100
J1459	300
J1460	10
J1551	1600
J1554	240
J1555	480
J1556	300
J1557	300
J1558	480
J1559	2400
J1560	1
J1561	360
J1566	300
J1568	300
J1569	400
J1571	20

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
J1572	300
J1573	130
J1575	650
J1576	600
J1595	1
J1602	300
J1610	2
J1611	2
J1627	100
J1628	100
J1632	700
J1640	672
J1643	40
J1670	1
J1726	28
J1729	25
J1742	2
J1743	66
J1744	30
J1745	150
J1746	200
J1747	900
J1750	45
J1786	680
J1823	300
J1826	1
J1833	372
J1836	400
J1920	60
J1921	60
J1930	120
J1931	377
J1932	120
J1943	675
J1944	1064
J1950	12
J1951	180
J1952	42
J1954	3
J2021	6

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
J2182	300
J2184	60
J2186	600
J2212	240
J2247	150
J2251	22
J2265	400
J2272	9
J2278	1000
J2281	4
J2311	4
J2315	380
J2323	300
J2326	120
J2327	150
J2350	600
J2353	60
J2356	210
J2357	120
J2358	405
J2359	60
J2401	1000
J2403	800
J2406	120
J2407	120
J2425	125
J2426	1560
J2427	1560
J2502	60
J2506	12
J2507	8
J2510	4
J2547	600
J2562	48
J2597	45
J2690	4
J2724	3500
J2760	2
J2770	6
J2777	120

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
J2778	10
J2779	20
J2783	60
J2786	500
J2792	450
J2794	100
J2796	150
J2798	240
J2799	250
J2820	15
J2840	160
J2850	16
J2860	170
J2941	8
J2993	2
J2997	100
J2998	1032
J3031	675
J3032	300
J3060	760
J3090	200
J3095	150
J3101	50
J3111	210
J3145	750
J3240	1
J3241	500
J3244	150
J3245	100
J3246	1
J3262	800
J3285	1
J3299	36
J3304	64
J3315	6
J3316	6
J3357	90
J3358	520
J3371	4
J3372	4

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
J3380	300
J3385	80
J3396	150
J3398	150
J7168	5000
J7169	180
J7170	1800
J7175	9000
J7177	10500
J7178	7700
J7179	7500
J7180	6000
J7181	3850
J7182	22000
J7183	7500
J7185	22000
J7186	7500
J7187	7500
J7188	22000
J7189	13000
J7190	22000
J7192	22000
J7193	4000
J7194	9000
J7195	6000
J7197	6300
J7198	6000
J7200	20000
J7201	9000
J7202	11550
J7203	12000
J7204	19500
J7205	9750
J7207	22500
J7208	12000
J7209	7500
J7210	22000
J7211	22000
J7212	90000
J7213	12000

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
J7308	3
J7311	118
J7312	14
J7313	38
J7314	36
J7318	120
J7320	50
J7322	48
J7323	2
J7324	2
J7325	96
J7326	2
J7327	2
J7328	336
J7329	50
J7331	40
J7332	40
J7336	1120
J7340	1
J7342	10
J7345	200
J7351	20
J7352	16
J7402	270
J7501	1
J7504	15
J7511	9
J7519	300
J7525	2
J8560	1
J8655	1
J8670	180
J8705	1
J9015	1
J9017	30
J9019	60
J9021	800
J9022	168
J9023	140
J9027	100

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
J9029	80
J9032	300
J9033	300
J9034	360
J9035	180
J9036	360
J9037	800
J9039	210
J9041	35
J9042	200
J9043	60
J9046	35
J9047	210
J9048	35
J9049	4
J9050	6
J9055	150
J9056	360
J9057	60
J9058	360
J9059	360
J9061	700
J9063	900
J9065	100
J9070	55
J9071	1500
J9119	350
J9120	5
J9144	180
J9145	240
J9150	12
J9153	132
J9155	240
J9173	150
J9176	3000
J9177	520
J9179	50
J9185	2
J9196	19
J9198	38

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
J9200	5
J9202	3
J9203	180
J9204	160
J9205	215
J9207	90
J9210	1500
J9214	100
J9217	6
J9218	1
J9223	120
J9225	1
J9226	1
J9227	150
J9228	1100
J9229	27
J9245	9
J9246	300
J9247	40
J9259	800
J9261	80
J9262	700
J9264	700
J9266	2
J9268	1
J9269	200
J9271	400
J9272	100
J9273	200
J9274	100
J9280	12
J9281	80
J9293	8
J9294	150
J9295	800
J9296	150
J9297	150
J9298	160
J9299	480
J9301	100

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
J9302	200
J9303	90
J9304	150
J9305	150
J9306	840
J9307	80
J9308	280
J9309	280
J9311	160
J9312	150
J9313	600
J9314	150
J9316	180
J9317	648
J9318	475
J9319	500
J9320	4
J9321	300
J9323	150
J9325	400
J9328	400
J9330	50
J9331	300
J9332	600
J9333	840
J9334	504
J9340	30
J9345	500
J9347	300
J9348	160
J9349	900
J9350	60
J9352	40
J9353	450
J9354	600
J9355	120
J9356	60
J9357	4
J9358	900
J9359	400

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
J9371	5
J9380	480
J9381	800
J9393	2
J9394	2
J9395	20
J9400	500
J9600	4
P9041	5
P9045	20
P9046	25
P9047	20
Q0138	510
Q0139	510
Q2004	1
Q2009	100
Q2026	30
Q2028	1470
Q2043	1
Q2049	10
Q2050	14
Q3027	30
Q5101	1500
Q5103	150
Q5104	150
Q5105	100
Q5106	60
Q5107	170
Q5108	12
Q5110	1500
Q5111	12
Q5112	120
Q5113	120
Q5114	120
Q5115	150
Q5116	120
Q5117	120
Q5118	230
Q5119	150
Q5120	12

2024 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2024 ASC MUE
Q5121	150
Q5122	12
Q5123	150
Q5124	10
Q5125	1800
Q5126	230
Q5127	12
Q5128	10
Q5129	230
Q5130	12
Q9968	200
Q9991	1
Q9992	1
V2785	2

Ambulatory Surgery Centers that Did Not Submit Quality Data under CMS ASCQR

STATE	NPI	ASC NAME
AK	1912202896	ALASKA EYE SURGERY AND LASER CENTER INC
AL	1235178005	HUNTSVILLE ENDOSCOPY CENTER
AL	1740288679	GULF COAST SURGICAL PARTNERS LLC
AL	1982055638	INVISION OPHTHALMOLOGY P.C.
AR	1053685677	ARKANSAS CENTER FOR SURGICAL EXCELLENCE
AR	1578643607	PAIN CENTER LLC
AZ	1033250618	MCDOWELL AMBULATORY SURGERY CENTER LLC
AZ	1043222417	COTTONWOOD DAY SURGERY CENTER
AZ	1104894369	VALLEY OUTPATIENT SURGICAL CENTER INC
AZ	1174185649	PAIN INSTITUTE OF SOUTHERN ARIZONA PROCEDURE CENTER
AZ	1285085068	VALLEY PAIN CENTERS OF ARIZONA DBA VALLEY PAIN CENTERS
AZ	1295710002	SCOTTSDALE EYE SURGERY CENTER PC
AZ	1376998666	SWAN SURGERY CENTER LLC
AZ	1497171714	YUMA SURGERY CENTER LLC
AZ	1588203723	SOUTHWEST CARDIOVASCULAR INTERVENTIONAL CENTER LLC
AZ	1598270951	ARIZONA SURGICAL SPECIALISTS CENTER DBA NORTH PHOENIX ASSOCIATES
AZ	1609930676	DESERT PAIN INSTITUTE
AZ	1659683662	PREMIER ENDOSCOPY CENTER LLC
AZ	1710942370	SCOTTSDALE ENDOSCOPY CENTER
AZ	1790711091	PRESCOTT UROCENTER LTD
AZ	1801388061	VALLEY PAIN CENTERS OF ARIZONA
AZ	1851531248	LASER SURGERY HOLDING COMPANY LTD
AZ	1932644606	INNOVATIVE SURGERY CENTER LLC
AZ	1992238661	OPTIMUM SURGICAL CENTER
CA	1013463991	CAMARILLO ENDOSCOPY CENTER LLC
CA	1043426950	HOSPITAL DRIVE SURGERY CENTER LLC
CA	1053412189	HEMET ENDOSCOPY
CA	1053852236	SURGERY CENTER OF ANAHEIM HILLS LLC
CA	1063453561	TEMPLETON SURGERY CENTER LLC
CA	1063887875	MAGNOLIA SURGERY CENTER LLC
CA	1104087089	CONGRESS MEDICAL SURGERY CENTER LLC
CA	1154328243	LOS PALOS AMBULATORY ENDOSCOPY CENTER
CA	1154554160	CABRILLO SURGERY CENTER
CA	1184798837	SHADELANDS ADVANCED ENDOSCOPY INSTITUTE INC.
CA	1194720730	UROLOGY ASSOCIATES OF CENTRAL CALIFORNIA
CA	1205911716	INTERVENTIONAL PAIN CENTER OF MERCED
CA	1215263355	DOCTORS OUTPATIENT CENTER FOR SURGERY INC
CA	1225123227	COMPREHENSIVE PAIN MANAGEMENT CENTER INC
CA	1235132481	CYPRESS AMBULATORY SURGERY CENTER
CA	1245620954	SHADELANDS ENDOVASCULAR LLC

Ambulatory Surgery Centers that Did Not Submit Quality Data under CMS ASCQR

STATE	NPI	ASC NAME
CA	1255314662	MAZZOCCO AMBULATORY SURGICAL CENTER
CA	1255846762	APEX AMBULATORY SURGERY CENTER INC
CA	1265859573	MODESTO SPECIALTY SURGERY CENTER PC
CA	1285028803	PALOS VERDES SKIN SURGERY CTR INC DBA PALOS VERDES DERMATOLOGY SURGERY CENTER INC
CA	1306369566	DOCTORS SURGERY CENTER OF WESTMINSTER
CA	1316082365	WEST WILSHIRE MEDICAL SURGICAL CENTER INC
CA	1326004110	GROSSMONT SURGERY CENTER LP
CA	1336143734	ENDOSCOPY CENTER AT SKYPARK
CA	1336231059	CENTINELA VALLEY ENDOSCOPY CENTER INC
CA	1356572465	ORCHARD CREEK SURGERY CENTER
CA	1366635609	APPLE SURGERY CENTER
CA	1396748547	GALILEO SURGERY CENTER LP
CA	1396896668	TEMECULA PAIN MANAGEMENT CENTER INC
CA	1407327356	SURGERY CENTER OF BEVERLY HILLS LLC
CA	1417008707	OCIGE INC
CA	1437219276	MINEHART MEDICAL CORPORATION
CA	1447301593	481 ASC PROJECT LLC
CA	1447352737	SAMARITAN ENDOSCOPY CENTER
CA	1457820466	CHINO PREMIER SURGERY CENTER
CA	1487197943	COAST CITIES SURGERY CENTER INC
CA	1497120463	THE CARDIOVASCULAR SURGICAL CENTER INC
CA	1497705883	MISSION AMBULATORY SURGICENTER
CA	1497791040	CANYON PINOLE SURGERY CENTER LP
CA	1518524552	OSO SURGERY CENTER LLC
CA	1528130879	PACIFIC SURGICAL INSTITUTE OF PAIN MANAGEMENT
CA	1528261195	ORCHARD CREEK SURGERY CENTER
CA	1548403744	STOCKDALE SURGERY CENTER LLC
CA	1558802249	SOURCE SURGERY CENTER LLC
CA	1558853234	BROADWAY LASER SURGICAL INSTITUTE INC.
CA	1568532737	ANTELOPE VALLEY SURGICAL INSTITUTE LLC
CA	1568814010	SURGERY CENTER OF CALIFORNIA
CA	1578505079	TRUXTUN SURGERY CENTER INC
CA	1598809758	CALIFORNIA EYE CLINIC
CA	1609104900	TOWER WOUND CARE CENTER OF SANTA MONICA INC
CA	1609253392	GLBESC LLC DBA MEMORIALCARE OUTPATIENT SURGICAL CENTER LONG BEACH
CA	1609938570	LASER SURGERY CTR
CA	1629376207	MARTEL EYE INSTITUTE LLC
CA	1639613128	SURGERY CENTERS OF IMPERIAL VALLEY INC
CA	1649500950	NATIONAL AMBULATORY SURGERY CENTER LLC

Ambulatory Surgery Centers that Did Not Submit Quality Data under CMS ASCQR

STATE	NPI	ASC NAME
CA	1659822914	FRESNO AMBULATORY SURGERY CENTER INC.
CA	1669687513	TOWER OUTPATIENT SURGERY CENTER INC DBA TOWER OUTPATIENT SURGEY CENTER
CA	1679791404	SILVER SUMMIT MEDICAL CORPORATION PREMIER SURGERY CENTER DBA BAKERSFIELD ENDOSCOPY CENTER
CA	1699711556	THE EYE SURGERY CENTER OF NORTHERN CALIFORNIA
CA	1699720573	SANTA CLARITA SURGERY CENTER FOR ADVANCED PAIN MANAGEMENT
CA	1699768713	ADVANCED PAIN MANAGEMENT
CA	1720300312	DELTA BAY SURGERY CENTER LLC
CA	1730514027	KY ADVANCED SURGICAL CENTER INC
CA	1740520667	LAGS SURGERY CENTER FRESNO
CA	1740520667	LAGS SURGERY CENTER OXNARD
CA	1760423180	CENTRAL COAST ENDOSCOPY CENTER INC
CA	1780901520	WESTWOOD EYE SURGICAL INSTITUTE INC
CA	1811386147	RIVERS EDGE SURGERY CENTER INC
CA	1821223827	CHINA LAKE SURGERY CENTER LLC
CA	1831235878	SOUTHERN CALIFORNIA STONE CENTER
CA	1861760670	PAIN CARE PROVIDERS A PROFESSIONAL MEDICAL CORPORATION
CA	1891133302	HANFORD SPECIALTY SURGERY CENTER PC
CA	1891770814	REGIONAL HAND CENTER OF CENTRAL CALIFORNIA INC
CA	1891870986	AURORA SURGERY CENTER LP
CA	1912362955	ST CHARLES SURGICAL CENTER
CA	1922027176	SAN DIEGO EYE COR INC
CA	1932153509	CENTER FOR OUTPATIENT SURGERY
CA	1932214624	LA PEER SURGERY CENTER LLC
CA	1942335468	INNOVATIVE PAIN TREATMENT SURGERY CENTER OF TEMECULA INC
CA	1952698078	EXECUTIVE SURGERY CENTER INC
CA	1972055382	ALLIANCE SURGERY PARTNERS LLC
CA	1972503233	OUTPATIENT SURGERY CENTER OF LA JOLLA
CA	1972694487	436 BEVERLY HILLS LLC
CO	1073757480	ENDOSCOPY CENTER OF WESTERN COLORADO INC
CO	1194723981	GREENWOOD ASC LLC DBA COLORADO PREMIER SURGERY CENTER AT GREENWOOD VILLAGE
CO	1326563537	DAVITA MEDICAL COLORADO ASC LLC DBA DIGESTIVE DISEASE ENDOSCOPY CENTER
CO	1437549359	CENTER OF SURGICAL EXCELLENCE LLC
CO	1447799044	GREENWOOD ASC LLC DBA COLORADO PREMIER SURGERY CENTER AT LAKEWOOD
CO	1568959377	SURGERY CENTER AT CHERRY CREEK LLC
CO	1710247515	SURGERY CENTER OF THE ROCKIES LLC
CO	1871658658	PARKWEST SURGERY CENTER LLC

Ambulatory Surgery Centers that Did Not Submit Quality Data under CMS ASCQR

STATE	NPI	ASC NAME
CO	1962609560	FRONT RANGE ENDOSCOPY CENTERS LLC
CT	1073621579	SHORELINE SURGERY CENTER LLC
CT	1083228365	REFOCUS SURGERY CENTERS LLC DBA REFOCUS EYE SURGERY CENTER - WATERBURY
DE	1447748470	CTS SURGICAL ASSOCIATES LLC DBA CEDAR TREE SURGICAL CENTER
DE	1780691386	ORTHOPAEDICS SPECIALISTS SURGI CENTER LLC
DE	1821010638	CATARACT AND LASER CENTER LLC
FL	1013947159	MIAMI LAKES SURGERY CENTER LTD
FL	1053851162	ALLIANCE SPECIALTY SURGICAL CENTER
FL	1124186663	SOUTH TAMPA SURGERY CENTER LLC
FL	1164473922	OPHTHALMOLOGY CENTER OF BREVARD LP DBA ASC OF BREVARD
FL	1205839487	INTERVENTIONAL REHABILITATION CENTER LLC
FL	1295793974	SANTA LUCIA SURGICAL CENTER LLC
FL	1306087135	CRANE CREEK SURGICAL PARTNERS LLC
FL	1316508252	MINIMALLY INVASIVE SURGICENTER
FL	1366549511	SOUTHWEST FLORIDA INSTITUTE OF AMBULATORY SURGERY
FL	1417041468	SURGICAL LICENSED WARD PARTNERS LLP DBA UNDERWOOD SURGERY CENTER
FL	1467783688	PREMIER SURGERY CENTER
FL	1558372029	HOLIDAY SURGERY CENTER
FL	1619940582	CENTER FOR DIGESTIVE HEALTH AND PAIN MANAGEMENT
FL	1760627830	MUSCULOSKELETAL AMBULATORY SURGERY CENTER
FL	1962953018	OUTPATIENT SURGERY CENTER AT TGH BRANDON HEALTHPLE
GA	1083851497	GEORGIA UROLOGY DBA GA UROLOGY AMBULATORY SURGERY CENTER GWINNETT
GA	1093069452	UROLOGY SPECIALISTS SURGERY CENTER LLC
GA	1124083787	NORTHLAKE SURGICAL CENTER LP
GA	1194283267	GEORGIA INTERVENTIONAL PAIN E LLC
GA	1225378276	WHITE OAK SURGERY CENTER
GA	1265679674	GEORGIA UROLOGY DBA GA UROLOGY AMBULATORY SURGERY CENTER FAYETTEVILLE
GA	1326555491	GI NORTH ENDOSCOPY.LLC
GA	1356575377	GEORGIA EYE INSTITUTE SURGERY CENTER LLC
GA	1356732804	ATHENS DIGESTIVE ENDOSCOPY CENTER
GA	1437183365	THOMASVILLE SURGERY CENTER
GA	1497286223	ALPHARETTA MOHS SURGICAL CENTER
GA	1558662858	ATHENS ENDOSCOPY LLC
GA	1568984375	AMERICAN ACCESS CARE OF ATLANTA ASC LLC
GA	1588619811	LAWRENCEVILLE SURGERY CENTER LLC
GA	1609872597	COLISEUM SAME DAY SURGERY CENTER LP

Ambulatory Surgery Centers that Did Not Submit Quality Data under CMS ASCQR

STATE	NPI	ASC NAME
GA	1629222815	GEORGIA UROLOGY DBA GA UROLOGY AMBULATORY SURGERY CENTER CONYERS
GA	1639499627	GEORGIA UROLOGY DBA GA UROLOGY AMBULATORY SURGERY CENTER MARIETTA
GA	1780199356	GEORGIA UROLOGY DBA CUMMING AMBULATORY SURGERY CENTER
GA	1821394602	BROOKSTONE SURGICAL CENTER
GA	1861029712	EAST ATLANTA EYE SURGERY CENTER
GA	1861491987	THE PLASTIC SURGERY CENTER LAND LLC
GA	1922597517	WGUASC LLC
GA	1952771230	GEORGIA UROLOGY DBA GA UROLOGY AMBULATORY SURGERY CENTER ALPHARETTA
HI	1134499650	SURGICAL SPECIALTIES LLC
HI	1891759601	HILO COMMUNITY SURGERY CENTER
HI	1952366874	HONOLULU SURGERY CENTER LP DBA SURGICARE OF HAWAII
ID	1619370434	SANDPOINT SURGERY CENTER LLC
ID	1750386256	PALOUSE SURGERY CENTER LLC
IL	1164488714	NORTHWEST SURGICARE LTD
IL	1184245375	SPECIALTY SURGICARE LTD
IL	1497314181	OPHTHALMOLOGY SURGERY CENTER OF ILLINOIS LLC
IL	1548390081	ADVANCED AMBULATORY SURGICAL CENTER INC
IL	1639224827	OAK SURGICAL INSTITUTE
IL	1851407795	THE CENTER FOR SURGERY
IL	1992709851	NOVAMED SURGERY CENTER OF CHICAGO NORTHSHORE LLC
IN	1033190566	RIVERPOINTE SURGERY CENTER
IN	1124526306	INDIANA PAIN CENTERS-EVANSVILLE LLC
IN	1497750426	NEW ALBANY OUTPATIENT SURGERY LP DBA SURGICAL CENTER OF NEW ALBANY
IN	1588640353	ENT SURGERY CENTER
IN	1689053050	BELTWAY SURGERY CENTERS LLC
IN	1871799510	TERRE HAUTE SURGICAL CENTER LLC
KS	1073523452	VIA CHRISTI CLINIC SURGERY CENTER DBA ASCENSION VIA CHRISTI SURGERY CENTER
KS	1184948663	ASSOCIATED UROLOGISTS AMBULATORY SURGERY CENTER LLC
KY	1447212774	LOUISVILLE SC LTD DBA SURGECENTER OF LOUISVILLE
LA	1053453134	ADVANCED SURGICAL CONCEPTS LLC
LA	1073519195	ALLIANCE SURGERY CENTER LLC
LA	1184605792	COLONNADE ENDOSCOPY CENTER LLC
LA	1265437743	REGIONAL UROLOGY ASC LLC
LA	1497090740	OLOL PONTCHARTRAIN SURGERY CENTER LLC DBA OUR LADY OF THE LAKE PONTCHARTRAIN SURGERY CENTER
LA	1851686596	ADVANCED PAIN INSTITUTE TREATMENT CENTER LLC
MD	1023162013	PENINSULA ENDOSCOPY CENTER LLC

Ambulatory Surgery Centers that Did Not Submit Quality Data under CMS ASCQR

STATE	NPI	ASC NAME
MD	1073601332	LISA RENFRO SURGERY CENTER LLC
MD	1083624225	UNIVERSITY OF MARYLAND UROLOGICAL SURGERY CENTER
MD	1275184293	JOHNS HOPKINS SURGERY CENTER SERIES DBA BEL AIR SURGERY CENTER
MD	1336159284	HOWARD COUNTY GASTROINTESTINAL DIAGNOSTIC CTR LLC
MD	1336288224	EYE SURGERY CENTER OF WHITE MARSH LLC
MD	1336605351	CLEARWAY SURGERY CENTER OF DUNDALK
MD	1437162229	DIMENSIONS SURGERY CENTER
MD	1447685458	CHECKERSPOT SURGERY CENTERS
MD	1477700516	SUMMIT AMBULATORY SURGICAL CENTER LLC
MD	1528004330	COMPREHENSIVE PAIN MANAGEMENT CENTER LTD
MD	1710151063	HENDI AMBULATORY SURGERY CENTER
MD	1770551517	SOUTHERN MARYLAND ENDOSCOPY CENTER LLC
MD	1780699546	CASCADES ENDOSCOPY CENTER LLC
MD	1790167740	PENINSULA WOMEN'S CENTER LLC
MD	1811962210	GREEN SPRING STATION ENDOSCOPY LLC
MD	1851369615	OPHTHALMOLOGY ASSOCIATES LLC
MD	1891022000	AMBULATORY UROLOGY SURGICAL CENTER LLC
MD	1922566066	DELMARVA ENDOSCOPY CENTER LLC
MI	1043288467	GRAND RIVER ENDOSCOPY CENTER LLC
MI	1255342366	MILLMANDERR CENTER FOR EYE CARE PC
MI	1326091513	PAIN TREATMENT CENTER OF MICHIGAN LLC DBA MATRIX SURGERY CENTER
MI	1346241775	OAKLAND SURGICENTER INC
MI	1376574814	ROCHESTER ENDOSCOPY & SURGERY CENTER LLC
MI	1700980406	MICHIGAN OUTPATIENT SURGERY CENTER INC
MI	1760401848	GARRETT EYE CENTER
MI	1952342453	SAGINAW VALLEY ENDOSCOPY CENTER
MN	1164852455	MINNEAPOLIS PAIN CENTERS LLC
MN	1164852455	MINNEAPOLIS PAIN CENTERS LLC DBA NURA SURGICAL CENTER LLC
MN	1649223629	PAVILION SURGERY CENTER LLC
MO	1083884894	SOUTH COUNTY SURGICAL CENTER
MO	1154474583	CREEKWOOD SURGERY CENTER LP
MO	1477698009	MANCHESTER AMBULATORY SURGERY CENTER LP DBA MANCHESTER SURGERY CENTER
MS	1093214819	PREMIER SURGICAL CENTER LLC
MS	1154867562	UROLOGIC AMBULATORY SURGERY CENTER
MS	1770743031	NEWSOUTH NEUROSPINE LLC
MT	1407860745	PROVIDENCE SURGERY CENTER
NC	1063520070	EAST CAROLINA GASTROENTEROLOGY ENDOSCOPY CENTER INC
NC	1063584415	CAROLINA DIGESTIVE ENDOSCOPY CENTER
NC	1063667020	CGS ENDOSCOPY CENTER PLLC
NC	1386190957	HOLLY SPRINGS SURGERY CENTER LLC

Ambulatory Surgery Centers that Did Not Submit Quality Data under CMS ASCQR

STATE	NPI	ASC NAME
NC	1417193939	PARK ENDOSCOPY CENTER LLC
NC	1609124650	CAROLINA HEALTHCARE ASSOCIATES INC
NC	1700843208	FAYETTEVILLE ASC SCA AFFILIATE
NE	1417050709	COLUMBUS SURGRY CENTER
NH	1205361052	MINIMALLY INVASIVE SURGERY CENTER OF NEW ENGLAND
NJ	1063996734	COASTAL ENDO LLC
NJ	1093760019	OCEAN COUNTY EYE ASSOCIATES PC
NJ	1194950915	JASPER AMBULATORY SURGICAL CENTER LLC
NJ	1235321571	SURGICARE SURGICAL ASSOCIATES OF MAHWAH LLC
NJ	1255361259	CENTRAL JERSEY SURGERY CENTER LLC
NJ	1255894051	NEW JERSEY INTERVENTIONAL ASSOCIATES LLC
NJ	1275930216	JACKSON SURGICAL CENTER LLC
NJ	1346347549	PREMIER SURGICAL CENTER LLC
NJ	1376161117	ACCESS CARE PHYSICIANS OF NJ LLC
NJ	1396700944	WATTS PLASTIC SURGERY ASSOCIATION PC
NJ	1437512514	NEW CENTURY SPINE AND OUTPATIENT SURGICAL INSTITUTE
NJ	1437676988	CH AMBULATORY SURGERY CENTER OF LOPATCONG LLC
NJ	1477508463	CAPE CATARACT CENTER PC
NJ	1528340213	UNIVERSITY CENTER FOR AMBULATORY SURGERY LLC
NJ	1609390459	WEST ORANGE SURGICAL CENTER DBA MOUNTAIN SURGERY CENTER
NJ	1649322496	SURGICARE SURGICAL ASSOCIATES OF ORADELL LLC
NJ	1669895512	AMBULATORY SURGICAL CENTER OF SOMERVILLE LLC DBA SOMERSET AMBULATORY SURGICAL CENTER
NJ	1821528753	JEFFERSON SURGERY CENTER - CHERRY HILL
NJ	1922028265	ATLANTIC GASTRO SURGICENTER LLC
NJ	1922075969	SAINT MARYS AMBULATORY SURGERY DBA SAINT MARY'S AMBULATORY SURGERY LLC
NJ	1952874182	SAME DAY SURGERY CENTER
NM	1437660040	PECOS VALLEY EYE SURGERY CENTER LLC
NV	1083669196	SPECIALTY ASC LLC
NV	1174607303	SOUTHWEST MEDICAL ASSOCIATES INC
NV	1174716708	HENDERSON SURGERY CENTER
NV	1225263775	SMOKE RANCH SURGERY CENTER
NV	1487187076	GREEN VALLEY SURGERY CENTER
NV	1801073648	ELITE ENDOSCOPY LLC
NV	1891185096	EZEANOLUE MD PRECISION SURGERY CENTER OF LAS VEGAS PLLC
NV	1932183266	SINGLE DAY SURGERY CENTER LLC
NY	1063427706	PROHEALTH AMBULATORY SURGERY CENTER INC
NY	1104125939	GASTROENTEROLOGY CARE INC
NY	1164516084	ENDOSCOPIC AMBULATORY SPECIALTY CENTER OF BAY RIDGE INC
NY	1174873780	THE ENDOSCOPY CENTER OF NEW YORK
NY	1306089180	NEW YORK ENDOSCOPY CENTER LLC
NY	1336252402	ADVANCED ENDOSCOPY CENTER LLC

Ambulatory Surgery Centers that Did Not Submit Quality Data under CMS ASCQR

STATE	NPI	ASC NAME
NY	1376774208	SOUTH BROOKLYN ENDOSCOPY CENTER
NY	1528553559	SURGICAL PAIN CENTER OF THE ADIRONDACKS
NY	1568583896	EASTERN ORANGE AMBULATORY SURGERY CENTER LLC
NY	1730540600	RICHMOND PAIN MANAGEMENT ASC
NY	1811220429	SURGICARE OF MANHATTAN
NY	1811220429	SURGICARE OF MANHATTAN LLC
NY	1851367486	ROCHESTER AMBULATORY SURGERY CENTER
NY	1922230853	CRYSTAL RUN AMBULATORY SURGERY
NY	1962903831	ORTHONY SURGICAL SUITES
NY	1972872919	WNY MEDICAL MANAGEMENT LLC
OH	1013967025	CLEVELAND CENTER FOR DIGESTIVE
OH	1043679509	NORTHPOINTE SURGICAL SUITES LLC
OH	1184682445	PORTSMOUTH SURGERY CENTER
OH	1225558497	TRIHALTH SURGERY CENTER -- ANDERSON
OH	1235568981	REDLANDS MESA SURGERY CENTER LLC
OH	1295240133	BRAINARD SURGERY CENTER
OH	1316326242	ST MINA INTERVENTIONAL PAIN CENTER
OH	1316905680	OHIO EYE SURGERY CENTER
OH	1366761397	MEDINASUMMIT AMBULATORY SURGERY CENTER
OH	1396738936	WARREN GASTRO ENDOSCOPY CTR INC
OH	1407247208	COLONOSCOPY AND ENDOSCOPY CENTER LLC
OH	1427127919	OSU INTERNAL MEDICINE LLC
OH	1538171889	EASTWIND SURGICAL LLC
OH	1649250218	LORAIN SURGERY CENTER LLC
OH	1689632051	ROSS SURGERY CENTER INC
OH	1780684043	TUSCARAWAS AMBULATORY SURGERY CENTER LLC
OH	1881948073	CENTRAL OHIO UROLOGY SURGERY CENTER
OK	1114952025	ESEC LLC
OK	1346510476	TULSA AMBULATORY PROCEDURE CENTER LLC
OK	1487644506	MCALESTER AMBULATORY SURGERY CENTER LLC
OR	1164946984	NORTHWEST DIALYSIS ACCESS CENTER
OR	1184782203	EASTERN OREGON REGIONAL SURGERY
OR	1760861835	CENTRAL OREGON SURGERY CENTER LLC
PA	1013412287	BLUE BELL ASC LLC DBA JEFFERSON SURGERY CENTER BLUE BELL
PA	1043758790	METROPOLITAN NEPHROLOGY ASSOCIATES PC DBA METRO VASCULAR CENTER
PA	1174634778	THE CENTER FOR SPECIALIZED SURGERY LP
PA	1366498115	VALLEY PAIN CENTER LLC
PA	1366647968	NORTH POINTE SURGERY CENTER LP
PA	1598773111	SURGERY CENTER OF POTTSVILLE LP
PA	1629013164	CHAMBERSBURG ENDOSCOPY CENTER LLC
PA	1649375452	TRICOUNTY SURGERY CENTER
PA	1720315765	FPM UROGYNECOLOGY CENTER LLC

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STATE	NPI	ASC NAME
PA	1821098443	HAZLETON AMBULATORY SURGICAL CENTER LLC
RI	1457898215	PROSPECT BLACKSTONE VALLEY SURGICARE LLC DBA BLACKSTONE VALLEY SURGICARE
RI	1811168164	KENT COUNTY SURGICAL CENTER
RI	1811168164	UROLOGIC SPECIALISTS OF NEW ENGLAND LLC
SC	1316910086	ENDOSCOPY CENTER OF THE UPSTATE
SC	1457551533	MOORE ORTHOPAEDIC CLINIC OUTPATIENT SURGERY CENTER LLC
SC	1528143922	MIDLANDS ENDOSCOPY CENTER LLC
SC	1740210459	SOUTH CAROLINA ENDOSCOPY CENTER
SC	1740562677	ROPER ST FRANCIS EYE CENTER
SC	1801827993	SOUTH CAROLINA ENDOSCOPY CENTER NORTHEAST
SC	1811345267	THE CENTER FOR ORTHOPAEDIC SURGERY
SC	1881620466	MIDLANDS ORTHOPAEDICS SURGERY CENTER
SD	1033195912	SURGICAL ASSOCIATES ENDOSCOPY CLINIC LLC
TN	1255860383	EYE SURGERY CENTER OF KNOXVILLE LLC
TN	1326508045	EYE SURGERY CENTER OF LENOIR CITY LLC
TN	1427152073	PATIENT PARTNERS LLC
TN	1548216914	UPPER CUMBERLAND PHYSICIANS SURGERY CENTER LLC
TN	1619071214	PREMIER RADIOLOGY PAIN MANAGEMENT CENTER
TX	1083938765	MEDICAL PARK TOWER SURGERY CENTER
TX	1144334962	HEIGHTS SURGERY CENTER
TX	1184922353	PEARLAND SURGERY CENTER LLC
TX	1245266790	ABILENE SPINE AND JOINT SURGERY CENTER PA
TX	1316947609	AMARILLO ENDOSCOPY CENTER
TX	1346237237	LUFKIN ENDOSCOPY CENTER LTD
TX	1346246840	MEMORIAL HERMANN WEST HOUSTON SURGERY CENTER LLC
TX	1396357372	INNOVATIONS SURGERY CENTER LP
TX	1407144132	STONE OAK SURGERY CENTER
TX	1437523834	CRENSHAW AMBULATORY SURGICAL CENTER LLC
TX	1497312540	MEMORIAL HERMANN SURGERY CENTER MAIN ST
TX	1588636278	AUESTETIC PLASTIC SURGERY CENTER LP DBA MUSEUM DISTRICT AMBULATORY SURGERY CENTER
TX	1598096802	MEMORIAL HERMANN MEMORIAL VILLAGE SURGERY CENTER
TX	1639682503	SOUTH PLAINS SURGERY CENTER LLC
TX	1740654664	RYMD SURGERY CENTER LLC DBA CRYSTAL OUTPATIENT SURGERY CENTER
TX	1760598577	ACUTE AND CHRONIC PAIN MANAGEMENT CENTER PA
TX	1821471640	WATERMERE SURGERY CENTER LLC
TX	1871529388	PRG DALLAS ASC LP
TX	1962459610	CENTRAL TEXAS DAY SURGERY CENTER LIMITED PARTNERSHIP
TX	1962538959	FIRST SURGICAL WOODLANDS LP
UT	1225510159	SOUTHWEST SURGERY CENTER
UT	1437205028	CENTRAL UTAH CLINIC SURGERY CENTER

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STATE	NPI	ASC NAME
UT	1962463950	CENTRAL UTAH SURGICAL CENTER LLC
VA	1528027026	VIRGINIA BEACH AMBULATORY SURGERY CENTER
VA	1629045133	MONTICELLO COMMUNITY SURGERY CENTER LLC
VA	1942462064	MCCONE MT VERNON ENDOSCOPY CENTER
WA	1063935286	CHESNUT INSTITUTE OF COSMETIC & RECONSTRUCTIVE SUR
WA	1164976478	THE DOCTORS CLINIC ASC THE FRANCISCAN MEDICAL GROUP
WA	1245358050	CHARLES SUNG MD PC DBA RETINA LASER EYE CENTER
WA	1265564371	COLUMBIA POINT GASTROENTEROLOGY
WA	1457350712	SKAGIT NORTHWEST ORTHOPEDIC SURGERY CENTER CONTINENTAL
WA	1558683334	YAKIMA GASTROENTEROLOGY AND ASSOC
WA	1750321006	PROLIANCE SURGEONS INC PS
WA	1780845826	OLYMPIA EYE CLINIC INC PS
WA	1790724862	PROLIANCE SURGEONS INC PS
WA	1851371611	TRI CITY ORTHOPAEDIC CLINIC PSC
WA	1982149761	THE POLYCLINIC - MOHS DERMATOLOGY