

The five character codes included in the Ohio Bureau of Workers' Compensation (BWC) 2025 Ambulatory Surgical Center Fee Schedule are obtained from Current Procedural Terminology (CPT®), copyright 2024 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 2025 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 2025 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 2025 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 2025	The BWC 2025 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 2025 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 406, 407, 410, 411, 416, 419, 435, 440, 457, 482 and 485 Medicare and Medicaid Programs: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems; Quality Reporting Programs, Including the Hospital Inpatient Quality Reporting Program; Health and Safety Standards for Obstetrical Services in Hospitals and Critical Access Hospitals; Prior Authorization; Requests for Information; Medicaid and CHIP Continuous Eligibility; Medicaid Clinic Services Four Walls Exceptions; Individuals Currently or Formerly in Custody of Penal Authorities; Revision to Medicare Special Enrollment Period for Formerly Incarcerated Individuals; and All-Inclusive Rate Add-On Payment for High-Cost Drugs Provided by Indian Health Service and Tribal Facilities" final rule, Federal Register, Volume 89, Number 229, 93912-94594, November 27, 2024.

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ASC Reimbursement Levels 2025	The BWC 2025 Ambulatory Surgical Center Fee Schedule rates for covered orthopedic procedures (CPT® range 20100-29999) shall be calculated using the Medicare 2025 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. The BWC 2025 Ambulatory Surgical Center Fee Schedule rates for covered pain management services (CPT® ranges 62280-62282, 62320-62327, 64400-64681) shall be calculated using the Medicare 2025 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. The BWC 2025 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 2025 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.
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.	
Modifier 50	Bilateral procedure. Reimbursement is 150% of fee schedule amount.
Modifier 52	Reduced services. Reimbursement is 50% of fee schedule amount.
Modifier 73	Discontinued procedure prior to administration of anesthesia. Reimbursement is 50% of fee schedule amount.
Modifier 74	Discontinued procedure after administration of anesthesia. Reimbursement is 100% of fee schedule amount.

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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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HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 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		\$377.60		
10006	N	BN	\$0.00		
10007	Y		\$228.04		
10008	N	BN	\$0.00		
10009	Y		\$377.60		
10010	N	BN	\$0.00		
10011	Y		\$377.60		
10012	N	BN	\$0.00		
10021	Y		\$59.52		
10030	Y		\$377.60		
10035	Y	BN	\$0.00		
10036	N	BN	\$0.00		
10040	N	BN	\$0.00		
10060	Y		\$80.54		
10061	Y		\$119.36		
10080	Y	NRC	\$192.46		
10081	Y	NRC	\$231.60		
10120	Y		\$102.86		
10121	Y		\$708.28		
10140	Y		\$106.74		
10160	Y		\$80.87		
10180	Y		\$1,201.90		
11000	Y		\$36.23		
11001	N	BN	\$0.00		
11010	Y		\$377.60		
11011	Y		\$377.60		
11012	Y		\$1,201.90		
11042	Y		\$214.39		
11043	Y		\$328.29		
11044	Y		\$708.28		
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		\$63.72		
11102	Y		\$72.46		

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HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 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		\$89.28		
11105	N	BN	\$0.00		
11106	Y		\$111.60		
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		\$89.28		
11308	N	BN	\$0.00		
11310	Y		\$81.84		
11311	Y		\$91.86		
11312	Y		\$102.86		
11313	Y		\$114.18		
11400	Y	NRC	\$90.89		
11401	Y	NRC	\$104.48		
11402	Y	NRC	\$114.18		
11403	Y	NRC	\$124.53		
11404	Y	NRC	\$708.28		
11406	Y	NRC	\$708.28		
11420	Y	NRC	\$85.72		
11421	Y	NRC	\$101.89		
11422	Y	NRC	\$113.21		
11423	Y	NRC	\$125.18		
11424	Y	NRC	\$708.28		
11426	Y	NRC	\$1,201.90		
11440	Y	NRC	\$100.27		
11441	Y	NRC	\$112.89		
11442	Y	NRC	\$123.24		
11443	Y	NRC	\$136.18		
11444	Y	NRC	\$708.28		
11446	Y	NRC	\$1,201.90		
11450	Y	NRC	\$1,201.90		

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HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 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	\$1,201.90		
11462	Y	NRC	\$1,201.90		
11463	Y	NRC	\$1,201.90		
11470	Y	NRC	\$1,201.90		
11471	Y	NRC	\$1,201.90		
11600	Y		\$131.65		
11601	Y		\$146.53		
11602	Y		\$156.23		
11603	Y		\$168.85		
11604	Y		\$377.60		
11606	Y		\$708.28		
11620	Y		\$131.65		
11621	Y		\$146.85		
11622	Y		\$158.50		
11623	Y		\$174.02		
11624	Y		\$708.28		
11626	Y		\$1,201.90		
11640	Y		\$136.18		
11641	Y		\$150.73		
11642	Y		\$164.97		
11643	Y		\$180.82		
11644	Y		\$708.28		
11646	Y		\$1,201.90		
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		\$99.95		
11755	Y		\$74.07		
11760	Y		\$120.33		
11762	Y		\$174.67		
11765	N	BN	\$0.00		
11770	Y	NRC	\$1,201.90		
11771	Y	NRC	\$1,201.90		
11772	Y	NRC	\$1,201.90		
11900	N	BN	\$0.00		

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HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 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	\$132.94		
11921	Y	NRC	\$139.74		
11922	N	BN	\$0.00		
11950	Y	NRC	\$48.20		
11951	Y	NRC	\$61.46		
11952	Y	NRC	\$78.28		
11954	Y	NRC	\$86.69		
11960	Y		\$1,957.33		
11970	Y		\$3,510.84		
11971	N		\$1,201.90		
11976	N	NRC	\$73.10		
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		\$214.39		
12006	N		\$214.39		
12007	Y		\$106.77		
12011	N	BN	\$0.00		
12013	N	BN	\$0.00		
12014	N	BN	\$0.00		
12015	N		\$106.77		
12016	N		\$214.39		
12017	N		\$214.39		
12018	N		\$106.77		
12020	Y		\$328.29		
12021	Y		\$214.39		
12031	Y		\$180.49		
12032	Y		\$203.14		
12034	Y		\$214.39		
12035	Y		\$214.39		
12036	Y		\$328.29		
12037	Y		\$981.09		
12041	N		\$177.58		

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HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 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		\$198.61		
12044	Y		\$328.29		
12045	Y		\$328.29		
12046	Y		\$328.29		
12047	Y		\$981.09		
12051	Y		\$187.93		
12052	Y		\$200.55		
12053	Y		\$214.39		
12054	N		\$214.39		
12055	Y		\$214.39		
12056	N		\$214.39		
12057	Y		\$214.39		
13100	Y		\$328.29		
13101	Y		\$328.29		
13102	N	BN	\$0.00		
13120	Y		\$328.29		
13121	Y		\$328.29		
13122	N	BN	\$0.00		
13131	Y		\$214.39		
13132	Y		\$328.29		
13133	N	BN	\$0.00		
13151	Y		\$328.29		
13152	Y		\$328.29		
13153	N	BN	\$0.00		
13160	Y		\$981.09		
14000	Y		\$981.09		
14001	Y		\$981.09		
14020	Y		\$981.09		
14021	Y		\$981.09		
14040	Y		\$981.09		
14041	Y		\$981.09		
14060	Y		\$981.09		
14061	Y		\$981.09		
14301	Y		\$1,957.33		
14302	N	BN	\$0.00		
14350	Y		\$981.09		
15002	Y		\$981.09		
15003	N	BN	\$0.00		

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HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 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		\$328.29		
15005	N	BN	\$0.00		
15011	Y		\$981.09		
15012	N	BN	\$0.00		
15013	Y		\$3,355.45		
15014	N	BN	\$0.00		
15015	Y		\$981.09		
15016	N	BN	\$0.00		
15017	Y		\$981.09		
15018	N	BN	\$0.00		
15040	Y		\$981.09		
15050	Y		\$328.29		
15100	Y		\$981.09		
15101	N	BN	\$0.00		
15110	Y		\$981.09		
15111	N	BN	\$0.00		
15115	Y		\$981.09		
15116	N	BN	\$0.00		
15120	Y		\$1,957.33		
15121	N	BN	\$0.00		
15130	Y		\$981.09		
15131	N	BN	\$0.00		
15135	Y		\$1,957.33		
15136	N	BN	\$0.00		
15150	Y		\$981.09		
15151	N	BN	\$0.00		
15152	N	BN	\$0.00		
15155	Y		\$1,957.33		
15156	N	BN	\$0.00		
15157	N	BN	\$0.00		
15200	Y		\$981.09		
15201	N	BN	\$0.00		
15220	Y		\$981.09		
15221	N	BN	\$0.00		
15240	Y		\$981.09		
15241	N	BN	\$0.00		
15260	Y		\$981.09		
15261	N	BN	\$0.00		

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HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
15271	Y		\$981.09		
15272	N	BN	\$0.00		
15273	Y		\$1,957.33		
15274	N	BN	\$0.00		
15275	Y		\$88.95		
15276	N	BN	\$0.00		
15277	Y		\$981.09		
15278	N	BN	\$0.00		
15570	Y		\$981.09		
15572	Y		\$1,957.33		
15574	Y		\$981.09		
15576	Y		\$981.09		
15600	Y		\$1,957.33		
15610	Y		\$981.09		
15620	Y		\$981.09		
15630	Y		\$981.09		
15650	Y		\$981.09		
15730	Y		\$1,957.33		
15731	Y		\$1,957.33		
15733	Y		\$1,957.33		
15734	Y		\$1,957.33		
15736	Y		\$981.09		
15738	Y		\$1,957.33		
15740	Y		\$981.09		
15750	Y		\$1,957.33		
15760	Y		\$981.09		
15769	Y	NRC	\$1,957.33		
15770	Y		\$1,957.33		
15771	Y	NRC	\$1,957.33		
15773	Y	NRC	\$981.09		
15775	Y	NRC	\$214.39		
15776	Y	NRC	\$214.39		
15777	N	BN	\$0.00		
15780	Y	NRC	\$512.69		
15781	Y	NRC	\$327.02		
15782	Y	NRC	\$314.73		
15783	Y	NRC	\$214.39		
15786	N	BN	\$0.00		

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HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
15787	N	BN	\$0.00		
15788	N	BN	\$0.00		
15789	Y	NRC	\$328.29		
15792	N	BN	\$0.00		
15793	N	BN	\$0.00		
15820	Y	NRC	\$981.09		
15821	Y	NRC	\$981.09		
15822	Y	NRC	\$981.09		
15823	Y	NRC	\$981.09		
15824	Y	NRC	\$981.09		
15825	Y	NRC	\$1,957.33		
15826	Y	NRC	\$1,957.33		
15828	Y	NRC	\$1,957.33		
15829	Y	NRC	\$1,957.33		
15830	Y	NRC	\$2,682.40		
15832	Y	NRC	\$1,201.90		
15833	Y	NRC	\$1,201.90		
15834	Y	NRC	\$1,201.90		
15835	Y	NRC	\$1,201.90		
15836	Y	NRC	\$1,201.90		
15837	Y	NRC	\$1,201.90		
15838	Y	NRC	\$1,201.90		
15839	Y	NRC	\$1,201.90		
15840	Y		\$1,957.33		
15841	Y		\$1,957.33		
15842	Y		\$981.09		
15845	Y		\$1,957.33		
15847	N	BN	\$0.00		
15851	Y	NRC	\$15.53		
15852	N	BN	\$0.00		
15860	N	BN	\$0.00		
15876	Y	NRC	\$1,957.33		
15877	Y	NRC	\$1,957.33		
15878	Y	NRC	\$981.09		
15879	Y	NRC	\$1,957.33		
15920	Y		\$1,201.90		
15922	Y		\$1,957.33		
15931	Y		\$1,201.90		

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HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
15933	Y		\$1,201.90		
15934	Y		\$1,957.33		
15935	Y		\$1,957.33		
15936	Y		\$981.09		
15937	Y		\$981.09		
15940	Y		\$1,201.90		
15941	Y		\$1,201.90		
15944	Y		\$1,957.33		
15945	Y		\$981.09		
15946	Y		\$981.09		
15950	Y		\$708.28		
15951	Y		\$1,201.90		
15952	Y		\$981.09		
15953	Y		\$1,957.33		
15956	Y		\$981.09		
15958	Y		\$1,957.33		
16000	N	BN	\$0.00		
16020	N	BN	\$0.00		
16025	Y		\$106.77		
16030	Y		\$214.39		
16035	Y		\$214.39		
17000	N	BN	\$0.00		
17003	N	BN	\$0.00		
17004	Y		\$112.24		
17106	Y		\$204.11		
17107	Y		\$266.86		
17108	Y		\$348.05		
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		\$130.36		
17266	Y		\$143.62		
17270	Y		\$96.72		
17271	Y		\$106.77		

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HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
17272	N	BN	\$0.00		
17273	Y		\$128.74		
17274	Y		\$143.94		
17276	Y		\$159.47		
17280	N	BN	\$0.00		
17281	Y		\$106.77		
17282	Y		\$106.77		
17283	Y		\$140.71		
17284	Y		\$154.62		
17286	Y		\$186.64		
17311	Y		\$328.29		
17312	N	BN	\$0.00		
17313	Y		\$328.29		
17314	N	BN	\$0.00		
17315	N	BN	\$0.00		
17340	N	BN	\$0.00		
17360	N	BN	\$0.00		
17380	Y	NRC	\$328.29		
19000	Y		\$63.08		
19001	N	BN	\$0.00		
19020	Y		\$708.28		
19030	N	BN	\$0.00		
19081	Y		\$708.28		
19082	N	BN	\$0.00		
19083	Y		\$708.28		
19084	N	BN	\$0.00		
19085	Y		\$708.28		
19086	N	BN	\$0.00		
19100	Y		\$708.28		
19101	Y		\$1,538.05		
19105	Y		\$2,766.81	\$847.49	\$1,807.15
19110	Y		\$1,538.05		
19112	Y		\$1,538.05		
19120	Y		\$1,538.05		
19125	Y		\$1,538.05		
19126	N	BN	\$0.00		
19281	N	BN	\$0.00		
19282	N	BN	\$0.00		

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HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
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		
19296	Y		\$5,101.59	\$2,293.39	\$3,697.49
19297	N	BN	\$0.00		
19298	Y		\$4,914.02	\$1,398.81	\$3,156.41
19300	Y	NRC	\$1,538.05		
19301	Y		\$1,538.05		
19302	Y		\$2,682.40		
19303	Y		\$2,682.40		
19307	Y		\$2,682.40		
19316	Y	NRC	\$2,682.40		
19318	Y	NRC	\$2,682.40		
19325	Y	NRC	\$3,174.40		
19328	N	NRC	\$1,538.05		
19330	N	NRC	\$1,538.05		
19340	Y	NRC	\$2,682.40		
19342	Y	NRC	\$3,174.40		
19350	Y	NRC	\$1,538.05		
19355	Y	NRC	\$1,538.05		
19357	Y	NRC	\$6,061.77	\$3,530.72	\$4,796.24
19370	Y	NRC	\$1,538.05		
19371	Y	NRC	\$1,538.05		
19380	Y	NRC	\$2,682.40		
19396	Y	NRC	\$1,538.05		
20103	Y		\$793.27		
20150	Y		\$1,768.66		
20200	Y		\$793.27		
20205	Y		\$1,346.13		
20206	Y		\$793.27		
20220	Y		\$793.27		
20225	Y		\$793.27		
20240	Y		\$1,346.13		
20245	Y		\$1,346.13		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
20250	Y		\$1,768.66		
20251	Y		\$3,932.14		
20500	Y		\$85.13		
20501	N	BN	\$0.00		
20520	Y		\$158.31		
20525	Y		\$1,346.13		
20526	Y		\$50.72		
20527	Y		\$53.61		
20550	Y		\$32.60		
20551	Y		\$32.60		
20552	Y		\$30.43		
20553	Y		\$35.50		
20555	Y		\$1,768.66		
20600	Y		\$31.88		
20604	Y		\$53.98		
20605	Y		\$32.24		
20606	Y		\$56.87		
20610	Y		\$37.68		
20611	Y		\$62.32		
20612	Y		\$42.39		
20615	Y		\$175.35		
20650	Y		\$1,768.66		
20662	Y		\$938.88		
20663	Y		\$1,768.66		
20665	N		\$237.13		
20670	N		\$793.27		
20680	N		\$1,346.13		
20690	Y		\$5,614.32	\$2,561.46	\$4,087.89
20692	Y		\$9,598.82	\$5,741.16	\$7,669.99
20693	Y		\$3,932.14		
20694	N		\$938.88		
20696	Y		\$16,934.55	\$5,503.18	\$11,218.86
20697	Y		\$938.88		
20700	N	BN	\$0.00		
20822	Y		\$938.88		
20900	Y		\$5,501.73	\$2,662.08	\$4,081.90
20902	Y		\$3,932.14		
20910	Y		\$367.68		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
20912	Y		\$2,192.21		
20920	Y		\$1,098.82		
20922	Y		\$1,098.82		
20924	Y		\$3,932.14		
20930	N	BN	\$0.00		
20931	N	BN	\$0.00		
20932	N	BN	\$0.00		
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		\$422.91		
20972	Y		\$3,932.14		
20973	Y		\$3,932.14		
20975	N	BN	\$0.00		
20979	N	BN	\$0.00		
20982	Y		\$7,429.25		
20983	Y		\$5,598.78	\$2,575.35	\$4,087.06
20985	N	BN	\$0.00		
21010	Y		\$1,561.78		
21011	Y		\$281.86		
21012	Y		\$793.27		
21013	Y		\$351.77		
21014	Y		\$1,346.13		
21015	Y		\$1,346.13		
21016	Y		\$1,346.13		
21025	Y		\$3,267.43		
21026	Y		\$3,267.43		
21029	Y	NRC	\$1,561.78		
21030	Y	NRC	\$307.22		
21031	Y	NRC	\$284.03		
21032	Y	NRC	\$274.97		
21034	Y		\$3,267.43		
21040	Y	NRC	\$1,561.78		
21044	Y		\$3,267.43		
21046	Y	NRC	\$3,267.43		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
21047	Y	NRC	\$3,267.43		
21048	Y	NRC	\$3,267.43		
21050	Y		\$3,267.43		
21060	Y		\$3,267.43		
21070	Y	NRC	\$3,267.43		
21073	Y	NRC	\$306.49		
21076	Y		\$434.01		
21077	Y		\$1,010.04		
21079	Y		\$733.62		
21080	Y		\$846.28		
21081	Y		\$787.96		
21082	Y		\$768.76		
21083	Y		\$747.39		
21084	Y		\$832.52		
21085	Y		\$139.03		
21086	Y		\$754.26		
21087	Y		\$754.26		
21088	Y		\$1,561.78		
21100	Y		\$3,267.43		
21110	N	NRC	\$686.16		
21116	N	BN	\$0.00		
21120	Y	NRC	\$3,267.43		
21121	Y	NRC	\$2,445.93	\$824.27	\$1,635.10
21122	Y	NRC	\$4,215.31	\$2,530.64	\$3,372.97
21123	Y	NRC	\$1,561.78		
21125	Y	NRC	\$4,215.31	\$2,530.64	\$3,372.97
21127	Y	NRC	\$3,267.43		
21137	Y	NRC	\$1,561.78		
21138	Y	NRC	\$3,267.43		
21139	Y	NRC	\$3,267.43		
21150	Y	NRC	\$4,215.31	\$2,530.64	\$3,372.97
21181	Y	NRC	\$3,267.43		
21194	Y	NRC	\$3,267.43		
21195	Y	NRC	\$4,456.91	\$2,314.67	\$3,385.79
21198	Y	NRC	\$3,267.43		
21199	Y	NRC	\$3,267.43		
21206	Y	NRC	\$3,267.43		
21208	Y	NRC	\$4,263.79	\$2,487.28	\$3,375.53

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
21209	Y	NRC	\$3,267.43		
21210	Y		\$4,537.26	\$2,242.85	\$3,390.05
21215	Y		\$4,395.51	\$2,369.56	\$3,382.53
21230	Y		\$3,267.43		
21235	Y		\$3,267.43		
21240	Y		\$3,267.43		
21242	Y		\$3,267.43		
21243	Y		\$15,868.22	\$6,456.35	\$11,162.28
21244	Y		\$4,710.86	\$2,087.67	\$3,399.26
21245	Y		\$4,814.16	\$1,995.33	\$3,404.74
21246	Y		\$3,267.43		
21248	Y		\$3,267.43		
21249	Y		\$3,267.43		
21260	Y		\$3,267.43		
21267	Y		\$5,590.34	\$1,301.50	\$3,445.92
21270	Y		\$4,533.81	\$2,245.92	\$3,389.86
21275	Y		\$4,226.49	\$2,520.63	\$3,373.56
21280	Y	NRC	\$1,561.78		
21282	Y	NRC	\$1,561.78		
21295	Y	NRC	\$736.27		
21296	Y	NRC	\$1,561.78		
21315	Y		\$736.27		
21320	Y		\$1,561.78		
21325	Y		\$1,561.78		
21330	Y		\$3,267.43		
21335	Y		\$1,561.78		
21336	Y		\$1,768.66		
21337	Y		\$1,561.78		
21338	Y		\$3,267.43		
21339	Y		\$3,267.43		
21340	Y		\$1,561.78		
21345	Y		\$736.27		
21355	Y		\$1,561.78		
21356	Y		\$3,267.43		
21360	Y		\$3,267.43		
21365	Y		\$3,267.43		
21390	Y		\$3,267.43		
21400	Y		\$305.80		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
21401	Y		\$736.27		
21406	Y		\$3,267.43		
21407	Y		\$3,267.43		
21421	Y		\$1,561.78		
21440	Y		\$674.93		
21445	Y		\$3,267.43		
21450	Y		\$305.80		
21451	Y		\$736.27		
21452	Y		\$4,258.91	\$2,491.64	\$3,375.27
21453	Y		\$3,267.43		
21454	Y		\$4,278.72	\$2,473.95	\$3,376.33
21461	Y		\$4,410.72	\$2,355.97	\$3,383.34
21462	Y		\$4,222.77	\$2,523.97	\$3,373.37
21465	Y		\$4,246.01	\$2,503.19	\$3,374.60
21480	Y		\$144.40		
21485	Y		\$736.27		
21490	Y		\$1,561.78		
21497	Y		\$736.27		
21501	Y		\$1,346.13		
21502	Y		\$1,768.66		
21550	Y		\$793.27		
21552	Y		\$1,346.13		
21554	Y		\$1,346.13		
21555	Y		\$793.27		
21556	Y		\$1,346.13		
21557	Y		\$1,346.13		
21558	Y		\$1,346.13		
21600	Y	NRC	\$3,932.14		
21610	Y	NRC	\$1,768.66		
21685	Y	NRC	\$4,249.17	\$2,500.38	\$3,374.77
21700	Y	NRC	\$3,932.14		
21720	Y	NRC	\$1,768.66		
21725	Y	NRC	\$422.91		
21820	Y		\$144.40		
21920	Y		\$188.03		
21925	Y		\$793.27		
21930	Y		\$793.27		
21931	Y		\$793.27		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
21932	Y		\$1,346.13		
21933	Y		\$1,346.13		
21935	Y		\$1,346.13		
21936	Y		\$1,346.13		
22102	Y		\$3,932.14		
22103	N	BN	\$0.00		
22310	Y		\$144.40		
22315	Y		\$1,768.66		
22505	Y		\$938.88		
22510	Y		\$1,768.66		
22511	Y		\$1,768.66		
22512	N	BN	\$0.00		
22513	Y		\$3,932.14		
22514	Y		\$3,932.14		
22515	N	BN	\$0.00		
22551	Y		\$10,338.68	\$5,079.80	\$7,709.24
22552	N	BN	\$0.00		
22554	Y		\$10,232.99	\$5,174.28	\$7,703.63
22585	N	BN	\$0.00		
22612	Y		\$16,001.75	\$6,337.00	\$11,169.37
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		\$15,966.02	\$6,368.94	\$11,167.48
22858	N	BN	\$0.00		
22859	N	BN	\$0.00		
22867	Y		\$16,063.81	\$6,281.52	\$11,172.66
22868	N	BN	\$0.00		
22869	Y		\$12,400.38	\$3,236.88	\$7,818.63
22870	N	BN	\$0.00		
22900	Y		\$1,346.13		
22901	Y		\$1,346.13		
22902	Y		\$793.27		
22903	Y		\$1,346.13		
22904	Y		\$1,346.13		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
22905	Y		\$1,346.13		
23000	Y		\$1,346.13		
23020	Y		\$1,768.66		
23030	Y		\$1,346.13		
23031	Y		\$1,346.13		
23035	Y		\$938.88		
23040	Y		\$1,768.66		
23044	Y		\$1,768.66		
23065	Y		\$149.26		
23066	Y		\$1,346.13		
23071	Y		\$793.27		
23073	Y		\$1,346.13		
23075	Y		\$793.27		
23076	Y		\$1,346.13		
23077	Y		\$1,346.13		
23078	Y		\$1,346.13		
23100	Y		\$1,768.66		
23101	Y		\$1,768.66		
23105	Y		\$3,932.14		
23106	Y		\$1,768.66		
23107	Y		\$3,932.14		
23120	Y		\$1,768.66		
23125	Y		\$1,768.66		
23130	Y		\$1,768.66		
23140	Y		\$1,768.66		
23145	Y		\$1,768.66		
23146	Y		\$3,932.14		
23150	Y		\$1,768.66		
23155	Y		\$3,932.14		
23156	Y		\$3,932.14		
23170	Y		\$2,322.13	\$1,333.73	\$1,827.93
23172	Y		\$1,768.66		
23174	Y		\$3,932.14		
23180	Y		\$3,932.14		
23182	Y		\$3,932.14		
23184	Y		\$3,932.14		
23190	Y		\$1,768.66		
23195	Y		\$3,932.14		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
23330	Y		\$793.27		
23333	Y		\$1,346.13		
23334	Y		\$1,346.13		
23350	N	BN	\$0.00		
23395	Y		\$5,131.21	\$2,993.29	\$4,062.25
23397	Y		\$3,932.14		
23400	Y		\$3,932.14		
23405	Y		\$3,932.14		
23406	Y		\$3,932.14		
23410	Y		\$3,932.14		
23412	Y		\$3,932.14		
23415	Y		\$3,932.14		
23420	Y		\$3,932.14		
23430	Y		\$5,247.93	\$2,888.96	\$4,068.44
23440	Y		\$3,932.14		
23450	Y		\$3,932.14		
23455	Y		\$5,120.50	\$3,002.86	\$4,061.68
23460	Y		\$5,072.51	\$3,045.77	\$4,059.14
23462	Y		\$3,932.14		
23465	Y		\$3,932.14		
23466	Y		\$3,932.14		
23470	Y		\$11,005.48	\$4,483.78	\$7,744.63
23472	Y		\$16,552.78	\$5,844.44	\$11,198.61
23473	Y	AC	\$10,653.28	\$4,131.58	\$7,392.43
23480	Y		\$3,932.14		
23485	Y		\$9,906.12	\$5,466.47	\$7,686.29
23490	Y		\$3,932.14		
23491	Y		\$9,584.47	\$5,753.99	\$7,669.23
23500	Y		\$144.40		
23505	Y		\$938.88		
23515	Y		\$5,255.87	\$2,881.86	\$4,068.86
23520	Y		\$938.88		
23525	Y		\$144.40		
23530	Y		\$3,932.14		
23532	Y		\$3,932.14		
23540	Y		\$144.40		
23545	Y		\$144.40		
23550	Y		\$5,206.84	\$2,925.70	\$4,066.27

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
23552	Y		\$5,279.35	\$2,860.87	\$4,070.11
23570	Y		\$144.40		
23575	Y		\$938.88		
23585	Y		\$5,391.93	\$2,760.25	\$4,076.09
23600	Y		\$144.40		
23605	Y		\$938.88		
23615	Y		\$10,286.49	\$5,126.46	\$7,706.47
23616	Y		\$16,183.23	\$6,174.77	\$11,179.00
23620	Y		\$144.40		
23625	Y		\$938.88		
23630	Y		\$5,188.53	\$2,942.05	\$4,065.29
23650	Y		\$144.40		
23655	Y		\$938.88		
23660	Y		\$3,932.14		
23665	Y		\$938.88		
23670	Y		\$5,182.31	\$2,947.60	\$4,064.95
23675	Y		\$938.88		
23680	Y		\$9,635.36	\$5,708.50	\$7,671.93
23700	Y		\$938.88		
23800	Y		\$3,932.14		
23802	Y		\$7,429.25		
23921	Y		\$1,098.82		
23930	Y		\$1,346.13		
23931	Y		\$793.27		
23935	Y		\$1,768.66		
24000	Y		\$1,768.66		
24006	Y		\$1,768.66		
24065	Y		\$193.10		
24066	Y		\$1,346.13		
24071	Y		\$1,346.13		
24073	Y		\$1,346.13		
24075	Y		\$793.27		
24076	Y		\$1,346.13		
24077	Y		\$1,346.13		
24079	Y		\$1,346.13		
24100	Y		\$1,768.66		
24101	Y		\$1,768.66		
24102	Y		\$1,768.66		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
24105	Y		\$1,768.66		
24110	Y		\$1,768.66		
24115	Y		\$3,932.14		
24116	Y		\$5,072.85	\$3,045.46	\$4,059.15
24120	Y		\$1,768.66		
24125	Y		\$1,768.66		
24126	Y		\$5,206.14	\$2,926.31	\$4,066.22
24130	Y		\$1,768.66		
24134	Y		\$3,932.14		
24136	Y		\$1,768.66		
24138	Y		\$3,932.14		
24140	Y		\$1,768.66		
24145	Y		\$3,932.14		
24147	Y		\$1,768.66		
24149	Y		\$3,932.14		
24152	Y		\$5,361.19	\$2,787.71	\$4,074.45
24155	Y		\$1,768.66		
24160	N		\$1,768.66		
24164	N		\$1,768.66		
24200	Y		\$165.93		
24201	Y		\$1,346.13		
24220	N	BN	\$0.00		
24300	Y		\$938.88		
24301	Y		\$3,932.14		
24305	Y		\$1,768.66		
24310	Y		\$1,768.66		
24320	Y		\$3,932.14		
24330	Y		\$3,932.14		
24331	Y		\$3,932.14		
24332	Y		\$1,768.66		
24340	Y		\$3,932.14		
24341	Y		\$3,932.14		
24342	Y		\$3,932.14		
24343	Y		\$1,768.66		
24344	Y		\$5,248.28	\$2,888.66	\$4,068.47
24345	Y		\$3,932.14		
24346	Y		\$7,429.25		
24357	Y		\$1,768.66		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
24358	Y		\$1,768.66		
24359	Y		\$1,768.66		
24360	Y		\$5,717.57	\$2,469.17	\$4,093.37
24361	Y		\$16,001.75	\$6,337.00	\$11,169.37
24362	Y		\$11,128.79	\$4,373.55	\$7,751.17
24363	Y		\$16,297.95	\$6,072.23	\$11,185.09
24365	Y		\$10,627.72	\$4,821.45	\$7,724.58
24366	Y		\$10,942.20	\$4,540.35	\$7,741.27
24370	Y		\$10,263.66	\$5,146.88	\$7,705.27
24371	Y		\$15,569.20	\$6,723.65	\$11,146.42
24400	Y		\$3,932.14		
24410	Y		\$7,429.25		
24420	Y		\$3,932.14		
24430	Y		\$10,270.83	\$5,140.46	\$7,705.64
24435	Y		\$10,261.70	\$5,148.63	\$7,705.16
24470	Y		\$1,768.66		
24495	Y		\$3,932.14		
24498	Y		\$10,552.68	\$4,888.51	\$7,720.59
24500	Y		\$144.40		
24505	Y		\$938.88		
24515	Y		\$9,876.11	\$5,493.30	\$7,684.70
24516	Y		\$10,010.51	\$5,373.16	\$7,691.83
24530	Y		\$144.40		
24535	Y		\$938.88		
24538	Y		\$3,932.14		
24545	Y		\$10,223.86	\$5,182.45	\$7,703.15
24546	Y		\$10,625.11	\$4,823.78	\$7,724.44
24560	Y		\$144.40		
24565	Y		\$938.88		
24566	Y		\$938.88		
24575	Y		\$9,679.73	\$5,668.85	\$7,674.29
24576	Y		\$144.40		
24577	Y		\$938.88		
24579	Y		\$9,674.51	\$5,673.51	\$7,674.01
24582	Y		\$3,932.14		
24586	Y		\$10,238.86	\$5,169.03	\$7,703.94
24587	Y		\$10,235.60	\$5,171.95	\$7,703.77
24600	Y		\$144.40		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
24605	Y		\$938.88		
24615	Y		\$5,217.20	\$2,916.44	\$4,066.82
24620	Y		\$938.88		
24635	Y		\$5,473.77	\$2,687.09	\$4,080.43
24640	Y	NRC	\$65.21		
24650	Y		\$144.40		
24655	Y		\$938.88		
24665	Y		\$3,932.14		
24666	Y		\$11,310.17	\$4,211.42	\$7,760.79
24670	Y		\$144.40		
24675	Y		\$938.88		
24685	Y		\$5,143.99	\$2,981.88	\$4,062.93
24800	Y		\$3,932.14		
24802	Y		\$7,429.25		
24925	Y		\$1,768.66		
25000	Y		\$938.88		
25001	Y		\$1,768.66		
25020	Y		\$938.88		
25023	Y		\$1,768.66		
25024	Y		\$1,768.66		
25025	Y		\$938.88		
25028	Y		\$1,768.66		
25031	Y		\$938.88		
25035	Y		\$3,932.14		
25040	Y		\$1,768.66		
25065	Y		\$192.37		
25066	Y		\$1,346.13		
25071	Y		\$793.27		
25073	Y		\$1,346.13		
25075	Y		\$793.27		
25076	Y		\$793.27		
25077	Y		\$1,346.13		
25078	Y		\$1,346.13		
25085	Y		\$1,768.66		
25100	Y		\$1,768.66		
25101	Y		\$1,768.66		
25105	Y		\$1,768.66		
25107	Y		\$1,768.66		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
25109	Y		\$1,768.66		
25110	Y		\$938.88		
25111	Y		\$938.88		
25112	Y		\$938.88		
25115	Y		\$938.88		
25116	Y		\$1,768.66		
25118	Y		\$938.88		
25119	Y		\$1,768.66		
25120	Y		\$1,768.66		
25125	Y		\$938.88		
25126	Y		\$1,768.66		
25130	Y		\$1,768.66		
25135	Y		\$3,932.14		
25136	Y		\$3,932.14		
25145	Y		\$1,768.66		
25150	Y		\$1,768.66		
25151	Y		\$1,768.66		
25210	Y		\$1,768.66		
25215	Y		\$1,768.66		
25230	Y		\$1,768.66		
25240	Y		\$1,768.66		
25246	N	BN	\$0.00		
25248	Y		\$938.88		
25250	N		\$938.88		
25251	N		\$1,768.66		
25259	Y		\$938.88		
25260	Y		\$1,768.66		
25263	Y		\$3,932.14		
25265	Y		\$1,768.66		
25270	Y		\$1,768.66		
25272	Y		\$1,768.66		
25274	Y		\$1,768.66		
25275	Y		\$1,768.66		
25280	Y		\$1,768.66		
25290	Y		\$1,768.66		
25295	Y		\$1,768.66		
25300	Y		\$1,768.66		
25301	Y		\$1,768.66		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
25310	Y		\$1,768.66		
25312	Y		\$1,768.66		
25315	Y		\$3,932.14		
25316	Y		\$3,932.14		
25320	Y		\$3,932.14		
25332	Y		\$2,281.76	\$1,369.85	\$1,825.80
25335	Y		\$1,768.66		
25337	Y		\$5,271.41	\$2,867.97	\$4,069.69
25350	Y		\$5,534.54	\$2,632.76	\$4,083.65
25355	Y		\$1,768.66		
25360	Y		\$3,932.14		
25365	Y		\$7,429.25		
25370	Y		\$1,768.66		
25375	Y		\$1,768.66		
25390	Y		\$5,544.56	\$2,623.81	\$4,084.18
25391	Y		\$10,790.17	\$4,676.23	\$7,733.20
25392	Y		\$3,932.14		
25393	Y		\$5,121.54	\$3,001.94	\$4,061.74
25394	Y		\$1,768.66		
25400	Y		\$5,379.84	\$2,771.05	\$4,075.44
25405	Y		\$5,217.88	\$2,915.81	\$4,066.84
25415	Y		\$5,072.85	\$3,045.46	\$4,059.15
25420	Y		\$5,072.85	\$3,045.46	\$4,059.15
25425	Y		\$6,350.88	\$1,903.05	\$4,126.96
25426	Y		\$2,375.11	\$1,286.40	\$1,830.75
25430	Y		\$1,768.66		
25431	Y		\$5,841.19	\$2,358.66	\$4,099.92
25440	Y		\$3,932.14		
25441	Y		\$11,449.13	\$4,087.19	\$7,768.16
25442	Y		\$16,844.28	\$5,583.88	\$11,214.08
25443	Y		\$5,756.93	\$2,433.97	\$4,095.45
25444	Y		\$12,273.81	\$3,350.03	\$7,811.92
25445	Y		\$5,505.54	\$2,658.69	\$4,082.11
25446	Y		\$16,675.02	\$5,735.17	\$11,205.09
25447	Y		\$1,768.66		
25448	Y		\$1,768.66		
25449	Y		\$3,932.14		
25450	Y	NRC	\$1,768.66		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
25455	Y	NRC	\$1,768.66		
25490	Y	NRC	\$3,932.14		
25491	Y	NRC	\$9,584.47	\$5,753.99	\$7,669.23
25492	Y	NRC	\$1,768.66		
25500	Y		\$144.40		
25505	Y		\$938.88		
25515	Y		\$5,093.22	\$3,027.24	\$4,060.23
25520	Y		\$938.88		
25525	Y		\$5,306.63	\$2,836.48	\$4,071.55
25526	Y		\$5,451.67	\$2,706.84	\$4,079.25
25530	Y		\$144.40		
25535	Y		\$144.40		
25545	Y		\$5,047.65	\$3,068.00	\$4,057.82
25560	Y		\$144.40		
25565	Y		\$938.88		
25574	Y		\$5,400.56	\$2,752.53	\$4,076.54
25575	Y		\$5,364.99	\$2,784.32	\$4,074.65
25600	Y		\$144.40		
25605	Y		\$938.88		
25606	Y		\$1,768.66		
25607	Y		\$5,425.77	\$2,729.99	\$4,077.88
25608	Y		\$5,431.29	\$2,725.05	\$4,078.17
25609	Y		\$5,460.30	\$2,699.12	\$4,079.71
25622	Y		\$144.40		
25624	Y		\$938.88		
25628	Y		\$3,932.14		
25630	Y		\$144.40		
25635	Y		\$938.88		
25645	Y		\$1,768.66		
25650	Y		\$144.40		
25651	Y		\$1,768.66		
25652	Y		\$5,549.04	\$2,619.79	\$4,084.41
25660	Y		\$144.40		
25670	Y		\$3,932.14		
25671	Y		\$1,768.66		
25675	Y		\$144.40		
25676	Y		\$3,932.14		
25680	Y		\$144.40		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
25685	Y		\$3,932.14		
25690	Y		\$938.88		
25695	Y		\$3,932.14		
25800	Y		\$5,469.97	\$2,690.48	\$4,080.22
25805	Y		\$5,683.38	\$2,499.72	\$4,091.55
25810	Y		\$9,842.83	\$5,523.04	\$7,682.93
25820	Y		\$5,334.95	\$2,811.18	\$4,073.06
25825	Y		\$5,093.57	\$3,026.94	\$4,060.25
25830	Y		\$3,932.14		
25907	Y		\$1,768.66		
25922	Y		\$938.88		
25929	Y		\$1,098.82		
25931	Y		\$1,768.66		
26010	Y		\$119.58		
26011	Y		\$793.27		
26020	Y		\$1,768.66		
26025	Y		\$1,768.66		
26030	Y		\$1,768.66		
26034	Y		\$938.88		
26035	Y		\$1,768.66		
26037	Y		\$1,768.66		
26040	Y		\$938.88		
26045	Y		\$1,768.66		
26055	Y		\$938.88		
26060	Y		\$938.88		
26070	Y		\$938.88		
26075	Y		\$1,768.66		
26080	Y		\$938.88		
26100	Y		\$1,768.66		
26105	Y		\$1,768.66		
26110	Y		\$938.88		
26111	Y		\$793.27		
26113	Y		\$793.27		
26115	Y		\$793.27		
26116	Y		\$793.27		
26117	Y		\$1,346.13		
26118	Y		\$1,346.13		
26121	Y		\$1,768.66		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
26123	Y		\$1,768.66		
26125	N	BN	\$0.00		
26130	Y		\$1,768.66		
26135	Y		\$1,768.66		
26140	Y		\$938.88		
26145	Y		\$938.88		
26160	Y		\$938.88		
26170	Y		\$938.88		
26180	Y		\$938.88		
26185	Y		\$938.88		
26200	Y		\$938.88		
26205	Y		\$3,932.14		
26210	Y		\$938.88		
26215	Y		\$1,768.66		
26230	Y		\$1,768.66		
26235	Y		\$938.88		
26236	Y		\$938.88		
26250	Y		\$1,768.66		
26260	Y		\$1,768.66		
26262	Y		\$938.88		
26320	N		\$793.27		
26340	Y		\$938.88		
26341	Y		\$90.20		
26350	Y		\$1,768.66		
26352	Y		\$3,932.14		
26356	Y		\$1,768.66		
26357	Y		\$1,768.66		
26358	Y		\$3,932.14		
26370	Y		\$1,768.66		
26372	Y		\$5,095.98	\$3,024.77	\$4,060.37
26373	Y		\$1,768.66		
26390	Y		\$5,065.25	\$3,052.25	\$4,058.75
26392	Y		\$3,932.14		
26410	Y		\$938.88		
26412	Y		\$1,768.66		
26415	Y		\$1,768.66		
26416	Y		\$1,768.66		
26418	Y		\$938.88		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
26420	Y		\$1,768.66		
26426	Y		\$1,768.66		
26428	Y		\$1,768.66		
26432	Y		\$938.88		
26433	Y		\$1,768.66		
26434	Y		\$1,768.66		
26437	Y		\$1,768.66		
26440	Y		\$938.88		
26442	Y		\$1,768.66		
26445	Y		\$1,768.66		
26449	Y		\$1,768.66		
26450	Y		\$1,768.66		
26455	Y		\$938.88		
26460	Y		\$938.88		
26471	Y		\$1,768.66		
26474	Y		\$938.88		
26476	Y		\$1,768.66		
26477	Y		\$1,768.66		
26478	Y		\$1,768.66		
26479	Y		\$1,768.66		
26480	Y		\$1,768.66		
26483	Y		\$1,768.66		
26485	Y		\$1,768.66		
26489	Y		\$1,768.66		
26490	Y		\$1,768.66		
26492	Y		\$1,768.66		
26494	Y		\$1,768.66		
26496	Y		\$1,768.66		
26497	Y		\$1,768.66		
26498	Y		\$1,768.66		
26499	Y		\$1,768.66		
26500	Y		\$3,932.14		
26502	Y		\$1,768.66		
26508	Y		\$1,768.66		
26510	Y		\$1,768.66		
26516	Y		\$1,768.66		
26517	Y		\$1,768.66		
26518	Y		\$3,932.14		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
26520	Y		\$1,768.66		
26525	Y		\$938.88		
26530	Y		\$5,344.96	\$2,802.22	\$4,073.59
26531	Y		\$5,530.74	\$2,636.15	\$4,083.44
26535	Y		\$1,768.66		
26536	Y		\$5,265.19	\$2,873.52	\$4,069.35
26540	Y		\$1,768.66		
26541	Y		\$2,326.65	\$1,329.72	\$1,828.18
26542	Y		\$2,335.03	\$1,322.22	\$1,828.62
26545	Y		\$2,341.09	\$1,316.80	\$1,828.94
26546	Y		\$3,932.14		
26548	Y		\$1,768.66		
26550	Y		\$1,768.66		
26555	Y		\$3,932.14		
26560	Y		\$938.88		
26561	Y		\$1,768.66		
26562	Y		\$1,768.66		
26565	Y		\$1,768.66		
26567	Y		\$1,768.66		
26568	Y		\$5,434.06	\$2,722.59	\$4,078.32
26580	Y	NRC	\$1,768.66		
26587	Y	NRC	\$1,768.66		
26590	Y	NRC	\$938.88		
26591	Y		\$1,768.66		
26593	Y		\$1,768.66		
26596	Y		\$1,768.66		
26600	Y		\$144.40		
26605	Y		\$144.40		
26607	Y		\$1,768.66		
26608	Y		\$1,768.66		
26615	Y		\$1,768.66		
26641	Y		\$144.40		
26645	Y		\$938.88		
26650	Y		\$1,768.66		
26665	Y		\$1,768.66		
26670	Y		\$144.40		
26675	Y		\$938.88		
26676	Y		\$1,768.66		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
26685	Y		\$1,768.66		
26686	Y		\$2,281.76	\$1,369.85	\$1,825.80
26700	Y		\$144.40		
26705	Y		\$938.88		
26706	Y		\$1,768.66		
26715	Y		\$1,768.66		
26720	Y		\$144.40		
26725	Y		\$144.40		
26727	Y		\$1,768.66		
26735	Y		\$1,768.66		
26740	Y		\$144.40		
26742	Y		\$938.88		
26746	Y		\$1,768.66		
26750	Y		\$140.20		
26755	Y		\$144.40		
26756	Y		\$1,768.66		
26765	Y		\$1,768.66		
26770	Y		\$144.40		
26775	Y		\$159.63		
26776	Y		\$1,768.66		
26785	Y		\$1,768.66		
26820	Y		\$3,932.14		
26841	Y		\$3,932.14		
26842	Y		\$5,072.85	\$3,045.46	\$4,059.15
26843	Y		\$5,072.85	\$3,045.46	\$4,059.15
26844	Y		\$5,530.40	\$2,636.46	\$4,083.43
26850	Y		\$3,932.14		
26852	Y		\$3,932.14		
26860	Y		\$1,768.66		
26861	N	BN	\$0.00		
26862	Y		\$1,768.66		
26863	N	BN	\$0.00		
26910	Y		\$1,768.66		
26951	Y		\$1,768.66		
26952	Y		\$1,768.66		
26990	Y		\$1,768.66		
26991	Y		\$938.88		
27000	Y		\$938.88		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
27001	Y		\$1,768.66		
27003	Y		\$3,932.14		
27006	Y		\$1,768.66		
27033	Y		\$3,932.14		
27035	Y		\$1,768.66		
27040	Y		\$793.27		
27041	Y		\$793.27		
27043	Y		\$1,346.13		
27045	Y		\$1,346.13		
27047	Y		\$1,346.13		
27048	Y		\$1,346.13		
27049	Y		\$1,346.13		
27050	Y		\$938.88		
27052	Y		\$938.88		
27059	Y		\$1,346.13		
27060	Y		\$3,932.14		
27062	Y		\$1,768.66		
27065	Y		\$3,932.14		
27066	Y		\$1,768.66		
27067	Y		\$5,683.03	\$2,500.03	\$4,091.53
27080	Y		\$1,768.66		
27086	Y		\$1,346.13		
27087	Y		\$1,768.66		
27093	N	BN	\$0.00		
27095	N	BN	\$0.00		
27097	Y		\$1,768.66		
27098	Y		\$2,339.06	\$1,318.60	\$1,828.83
27100	Y		\$3,932.14		
27105	Y		\$1,768.66		
27110	Y		\$5,383.64	\$2,767.65	\$4,075.64
27111	Y		\$1,768.66		
27125	Y	AC	\$11,239.90	\$5,160.56	\$8,200.23
27130	Y		\$10,771.91	\$4,692.57	\$7,732.24
27132	Y	AC	\$11,239.90	\$5,160.56	\$8,200.23
27197	Y		\$144.40		
27198	Y		\$144.40		
27200	Y		\$132.96		
27202	Y		\$1,768.66		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
27220	Y		\$144.40		
27230	Y		\$144.40		
27238	Y		\$938.88		
27246	Y		\$144.40		
27250	Y		\$144.40		
27252	Y		\$938.88		
27256	Y		\$144.40		
27257	Y		\$938.88		
27265	Y		\$144.40		
27266	Y		\$938.88		
27267	Y		\$1,768.66		
27275	Y		\$938.88		
27278	Y		\$17,864.53	\$4,671.89	\$11,268.21
27279	Y		\$17,301.28	\$5,175.38	\$11,238.33
27301	Y		\$1,346.13		
27305	Y		\$1,768.66		
27306	Y		\$1,768.66		
27307	Y		\$1,768.66		
27310	Y		\$1,768.66		
27323	Y		\$793.27		
27324	Y		\$1,346.13		
27325	Y		\$1,035.92		
27326	Y		\$1,035.92		
27327	Y		\$793.27		
27328	Y		\$1,346.13		
27329	Y		\$1,346.13		
27330	Y		\$1,768.66		
27331	Y		\$1,768.66		
27332	Y		\$1,768.66		
27333	Y		\$1,768.66		
27334	Y		\$1,768.66		
27335	Y		\$3,932.14		
27337	Y		\$1,346.13		
27339	Y		\$1,346.13		
27340	Y		\$1,768.66		
27345	Y		\$1,768.66		
27347	Y		\$1,768.66		
27350	Y		\$3,932.14		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
27355	Y		\$1,768.66		
27356	Y		\$9,584.47	\$5,753.99	\$7,669.23
27357	Y		\$5,072.85	\$3,045.46	\$4,059.15
27358	N	BN	\$0.00		
27360	Y		\$1,768.66		
27364	Y		\$1,346.13		
27369	N	BN	\$0.00		
27372	Y		\$1,346.13		
27380	Y		\$3,932.14		
27381	Y		\$5,082.52	\$3,036.82	\$4,059.67
27385	Y		\$3,932.14		
27386	Y		\$3,932.14		
27390	Y		\$1,768.66		
27391	Y		\$1,768.66		
27392	Y		\$1,768.66		
27393	Y		\$3,932.14		
27394	Y		\$3,932.14		
27395	Y		\$1,768.66		
27396	Y		\$3,932.14		
27397	Y		\$5,915.78	\$2,291.98	\$4,103.88
27400	Y		\$5,047.65	\$3,068.00	\$4,057.82
27403	Y		\$5,174.72	\$2,954.40	\$4,064.56
27405	Y		\$3,932.14		
27407	Y		\$5,696.16	\$2,488.30	\$4,092.23
27409	Y		\$3,932.14		
27412	Y		\$3,932.14		
27415	Y		\$12,541.96	\$3,110.33	\$7,826.14
27416	Y		\$3,932.14		
27418	Y		\$3,932.14		
27420	Y		\$3,932.14		
27422	Y		\$3,932.14		
27424	Y		\$3,932.14		
27425	Y		\$1,768.66		
27427	Y		\$5,445.45	\$2,712.40	\$4,078.92
27428	Y		\$7,429.25		
27429	Y		\$10,729.50	\$4,730.47	\$7,729.98
27430	Y		\$3,932.14		
27435	Y		\$1,768.66		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
27437	Y		\$3,932.14		
27438	Y		\$9,662.10	\$5,684.58	\$7,673.34
27440	Y		\$10,257.13	\$5,152.71	\$7,704.92
27441	Y		\$7,429.25		
27442	Y		\$10,023.56	\$5,361.49	\$7,692.52
27443	Y		\$10,931.76	\$4,549.68	\$7,740.72
27445	Y	AC	\$10,996.50	\$5,334.80	\$8,165.65
27446	Y		\$10,353.70	\$5,066.40	\$7,710.05
27447	Y		\$10,551.38	\$4,889.68	\$7,720.53
27475	Y	NRC	\$3,932.14		
27479	Y	NRC	\$3,932.14		
27496	Y		\$1,768.66		
27497	Y		\$1,768.66		
27498	Y		\$938.88		
27499	Y		\$3,932.14		
27500	Y		\$144.40		
27501	Y		\$144.40		
27502	Y		\$938.88		
27503	Y		\$938.88		
27508	Y		\$144.40		
27509	Y		\$5,214.43	\$2,918.90	\$4,066.66
27510	Y		\$938.88		
27516	Y		\$144.40		
27517	Y		\$938.88		
27520	Y		\$144.40		
27524	Y		\$3,932.14		
27530	Y		\$144.40		
27532	Y		\$1,768.66		
27538	Y		\$144.40		
27550	Y		\$144.40		
27552	Y		\$938.88		
27560	Y		\$144.40		
27562	Y		\$144.40		
27566	Y		\$3,932.14		
27570	Y		\$938.88		
27594	Y		\$1,768.66		
27600	Y		\$1,768.66		
27601	Y		\$1,768.66		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
27602	Y		\$1,768.66		
27603	Y		\$1,346.13		
27604	Y		\$1,768.66		
27605	Y		\$938.88		
27606	Y		\$1,768.66		
27607	Y		\$1,768.66		
27610	Y		\$1,768.66		
27612	Y		\$1,768.66		
27613	Y		\$182.59		
27614	Y		\$1,346.13		
27615	Y		\$1,346.13		
27616	Y		\$1,346.13		
27618	Y		\$793.27		
27619	Y		\$1,346.13		
27620	Y		\$1,768.66		
27625	Y		\$1,768.66		
27626	Y		\$1,768.66		
27630	Y		\$1,768.66		
27632	Y		\$1,346.13		
27634	Y		\$1,346.13		
27635	Y		\$1,768.66		
27637	Y		\$5,392.62	\$2,759.63	\$4,076.12
27638	Y		\$3,932.14		
27640	Y		\$1,768.66		
27641	Y		\$1,768.66		
27647	Y		\$1,768.66		
27648	N	BN	\$0.00		
27650	Y		\$3,932.14		
27652	Y		\$5,276.24	\$2,863.65	\$4,069.94
27654	Y		\$5,062.49	\$3,054.72	\$4,058.60
27656	Y		\$1,768.66		
27658	Y		\$1,768.66		
27659	Y		\$3,932.14		
27664	Y		\$3,932.14		
27665	Y		\$5,060.07	\$3,056.88	\$4,058.47
27675	Y		\$1,768.66		
27676	Y		\$3,932.14		
27680	Y		\$1,768.66		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
27681	Y		\$1,768.66		
27685	Y		\$1,768.66		
27686	Y		\$1,768.66		
27687	Y		\$1,768.66		
27690	Y		\$3,932.14		
27691	Y		\$3,932.14		
27692	N	BN	\$0.00		
27695	Y		\$5,331.50	\$2,814.27	\$4,072.88
27696	Y		\$5,142.61	\$2,983.11	\$4,062.86
27698	Y		\$5,221.34	\$2,912.73	\$4,067.03
27700	Y		\$6,060.82	\$2,162.34	\$4,111.58
27702	Y		\$16,958.06	\$5,482.17	\$11,220.11
27703	Y	AC	\$11,355.59	\$4,973.51	\$8,164.55
27704	N		\$1,768.66		
27705	Y		\$5,048.67	\$3,067.06	\$4,057.86
27707	Y		\$1,768.66		
27709	Y		\$9,832.40	\$5,532.38	\$7,682.39
27720	Y		\$5,295.23	\$2,846.67	\$4,070.95
27726	Y		\$5,404.01	\$2,749.44	\$4,076.72
27730	Y		\$2,281.76	\$1,369.85	\$1,825.80
27732	Y		\$1,768.66		
27734	Y		\$1,768.66		
27740	Y		\$1,768.66		
27742	Y		\$1,768.66		
27745	Y		\$5,431.99	\$2,724.44	\$4,078.21
27750	Y		\$144.40		
27752	Y		\$938.88		
27756	Y		\$5,539.03	\$2,628.74	\$4,083.88
27758	Y		\$10,146.87	\$5,251.27	\$7,699.07
27759	Y		\$10,051.62	\$5,336.42	\$7,694.02
27760	Y		\$144.40		
27762	Y		\$938.88		
27766	Y		\$3,932.14		
27767	Y		\$144.40		
27768	Y		\$938.88		
27769	Y		\$5,381.92	\$2,769.20	\$4,075.56
27780	Y		\$144.40		
27781	Y		\$938.88		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
27784	Y		\$3,932.14		
27786	Y		\$144.40		
27788	Y		\$144.40		
27792	Y		\$5,239.65	\$2,896.38	\$4,068.01
27808	Y		\$144.40		
27810	Y		\$938.88		
27814	Y		\$5,206.84	\$2,925.70	\$4,066.27
27816	Y		\$144.40		
27818	Y		\$938.88		
27822	Y		\$5,253.45	\$2,884.02	\$4,068.73
27823	Y		\$5,155.39	\$2,971.69	\$4,063.54
27824	Y		\$144.40		
27825	Y		\$938.88		
27826	Y		\$5,275.20	\$2,864.57	\$4,069.88
27827	Y		\$9,985.07	\$5,395.91	\$7,690.49
27828	Y		\$10,244.74	\$5,163.79	\$7,704.26
27829	Y		\$5,451.32	\$2,707.15	\$4,079.23
27830	Y		\$144.40		
27831	Y		\$1,768.66		
27832	Y		\$5,360.15	\$2,788.63	\$4,074.39
27840	Y		\$144.40		
27842	Y		\$938.88		
27846	Y		\$3,932.14		
27848	Y		\$5,779.72	\$2,413.60	\$4,096.66
27860	Y		\$1,768.66		
27870	Y		\$10,931.76	\$4,549.68	\$7,740.72
27871	Y		\$10,835.19	\$4,635.99	\$7,735.59
27884	Y		\$1,768.66		
27889	Y		\$3,932.14		
27892	Y		\$1,768.66		
27893	Y		\$3,932.14		
27894	Y		\$1,768.66		
28001	Y		\$106.15		
28002	Y		\$938.88		
28003	Y		\$1,768.66		
28005	Y		\$1,768.66		
28008	Y		\$1,768.66		
28010	Y		\$142.02		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
28011	Y		\$938.88		
28020	Y		\$1,768.66		
28022	Y		\$1,768.66		
28024	Y		\$938.88		
28035	Y		\$1,035.92		
28039	Y		\$1,346.13		
28041	Y		\$1,346.13		
28043	Y		\$793.27		
28045	Y		\$1,346.13		
28046	Y		\$1,346.13		
28047	Y		\$1,346.13		
28050	Y		\$1,768.66		
28052	Y		\$1,768.66		
28054	Y		\$1,768.66		
28055	Y		\$1,035.92		
28060	Y		\$1,768.66		
28062	Y		\$1,768.66		
28070	Y		\$3,932.14		
28072	Y		\$1,768.66		
28080	Y		\$938.88		
28086	Y		\$1,768.66		
28088	Y		\$1,768.66		
28090	Y		\$938.88		
28092	Y		\$938.88		
28100	Y		\$1,768.66		
28102	Y		\$5,740.01	\$2,449.10	\$4,094.55
28103	Y		\$5,984.84	\$2,230.24	\$4,107.54
28104	Y		\$1,768.66		
28106	Y		\$6,461.04	\$1,804.58	\$4,132.81
28107	Y		\$3,932.14		
28108	Y		\$938.88		
28110	Y		\$1,768.66		
28111	Y		\$1,768.66		
28112	Y		\$1,768.66		
28113	Y		\$1,768.66		
28114	Y		\$1,768.66		
28116	Y		\$1,768.66		
28118	Y		\$1,768.66		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
28119	Y		\$1,768.66		
28120	Y		\$1,768.66		
28122	Y		\$1,768.66		
28124	Y		\$320.25		
28126	Y		\$1,768.66		
28130	Y		\$5,072.85	\$3,045.46	\$4,059.15
28140	Y		\$1,768.66		
28150	Y		\$1,768.66		
28153	Y		\$1,768.66		
28160	Y		\$1,768.66		
28171	Y		\$1,768.66		
28173	Y		\$1,768.66		
28175	Y		\$938.88		
28190	Y		\$177.52		
28192	Y		\$793.27		
28193	Y		\$793.27		
28200	Y		\$1,768.66		
28202	Y		\$5,394.00	\$2,758.39	\$4,076.19
28208	Y		\$1,768.66		
28210	Y		\$5,515.90	\$2,649.43	\$4,082.66
28220	Y		\$299.24		
28222	Y		\$1,768.66		
28225	Y		\$1,768.66		
28226	Y		\$1,768.66		
28230	Y		\$295.25		
28232	Y		\$268.45		
28234	Y		\$938.88		
28238	Y		\$3,932.14		
28240	Y		\$1,768.66		
28250	Y		\$1,768.66		
28260	Y		\$1,768.66		
28261	Y		\$938.88		
28262	Y		\$5,072.85	\$3,045.46	\$4,059.15
28264	Y		\$938.88		
28270	Y		\$1,768.66		
28272	Y		\$259.75		
28280	Y	NRC	\$1,768.66		
28285	Y		\$1,768.66		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
28286	Y		\$1,768.66		
28288	Y		\$1,768.66		
28289	Y		\$1,768.66		
28291	Y		\$5,533.86	\$2,633.38	\$4,083.62
28292	Y	NRC	\$1,768.66		
28295	Y	NRC	\$1,768.66		
28296	Y	NRC	\$1,768.66		
28297	Y	NRC	\$11,194.69	\$4,314.65	\$7,754.67
28298	Y	NRC	\$5,052.82	\$3,063.36	\$4,058.09
28299	Y	NRC	\$5,103.59	\$3,017.99	\$4,060.79
28300	Y		\$5,194.41	\$2,936.81	\$4,065.61
28302	Y		\$5,084.94	\$3,034.66	\$4,059.80
28304	Y		\$3,932.14		
28305	Y		\$5,554.57	\$2,614.85	\$4,084.71
28306	Y		\$3,932.14		
28307	Y		\$3,932.14		
28308	Y		\$1,768.66		
28309	Y		\$3,932.14		
28310	Y		\$3,932.14		
28312	Y		\$1,768.66		
28313	Y	NRC	\$1,768.66		
28315	Y		\$1,768.66		
28320	Y		\$9,705.17	\$5,646.10	\$7,675.63
28322	Y		\$5,451.67	\$2,706.84	\$4,079.25
28340	Y	NRC	\$1,768.66		
28341	Y	NRC	\$1,768.66		
28344	Y	NRC	\$1,768.66		
28345	Y	NRC	\$938.88		
28400	Y		\$144.40		
28405	Y		\$144.40		
28406	Y		\$3,932.14		
28415	Y		\$5,279.69	\$2,860.56	\$4,070.12
28420	Y		\$10,654.46	\$4,797.53	\$7,725.99
28430	Y		\$144.40		
28435	Y		\$938.88		
28436	Y		\$6,935.17	\$1,380.77	\$4,157.97
28445	Y		\$3,932.14		
28446	Y		\$5,072.85	\$3,045.46	\$4,059.15

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
28450	Y		\$144.40		
28455	Y		\$159.77		
28456	Y		\$3,932.14		
28465	Y		\$5,141.22	\$2,984.34	\$4,062.78
28470	Y		\$144.40		
28475	Y		\$144.40		
28476	Y		\$1,768.66		
28485	Y		\$5,161.94	\$2,965.82	\$4,063.88
28490	Y		\$113.39		
28495	Y		\$136.94		
28496	Y		\$1,768.66		
28505	Y		\$1,768.66		
28510	Y		\$89.85		
28515	Y		\$123.18		
28525	Y		\$1,768.66		
28530	Y		\$89.12		
28531	Y		\$3,932.14		
28540	Y		\$135.50		
28545	Y		\$1,768.66		
28546	Y		\$1,285.45	\$660.83	\$973.14
28555	Y		\$5,740.36	\$2,448.79	\$4,094.57
28570	Y		\$144.40		
28575	Y		\$1,768.66		
28576	Y		\$3,932.14		
28585	Y		\$5,740.36	\$2,448.79	\$4,094.57
28600	Y		\$144.40		
28605	Y		\$144.40		
28606	Y		\$1,768.66		
28615	Y		\$5,113.60	\$3,009.04	\$4,061.32
28630	Y		\$98.54		
28635	Y		\$938.88		
28636	Y		\$1,768.66		
28645	Y		\$1,768.66		
28660	Y		\$86.22		
28665	Y		\$159.63		
28666	Y		\$1,768.66		
28675	Y		\$1,768.66		
28705	Y		\$16,067.57	\$6,278.16	\$11,172.86

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
28715	Y		\$11,055.72	\$4,438.87	\$7,747.29
28725	Y		\$10,769.94	\$4,694.30	\$7,732.12
28730	Y		\$11,235.13	\$4,278.48	\$7,756.80
28735	Y		\$11,331.04	\$4,192.75	\$7,761.89
28737	Y		\$11,550.26	\$3,996.80	\$7,773.53
28740	Y		\$5,752.78	\$2,437.67	\$4,095.22
28750	Y		\$5,646.77	\$2,532.44	\$4,089.60
28755	Y		\$3,932.14		
28760	Y		\$3,932.14		
28810	Y		\$1,768.66		
28820	Y		\$1,768.66		
28825	Y		\$1,768.66		
28890	Y		\$202.15		
29000	Y		\$159.63		
29010	Y		\$159.63		
29015	Y		\$159.63		
29035	Y		\$159.63		
29040	Y		\$159.63		
29044	Y		\$94.88		
29046	Y		\$159.63		
29049	Y		\$74.63		
29055	Y		\$159.63		
29058	Y		\$82.60		
29065	Y		\$72.09		
29075	Y		\$65.93		
29085	Y		\$71.74		
29086	Y		\$63.03		
29105	Y		\$58.33		
29125	N	BN	\$0.00		
29126	N	BN	\$0.00		
29130	N	BN	\$0.00		
29131	N	BN	\$0.00		
29200	Y		\$19.57		
29240	N	BN	\$0.00		
29260	N	BN	\$0.00		
29280	N	BN	\$0.00		
29305	Y		\$159.63		
29325	Y		\$159.63		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
29345	Y		\$91.66		
29355	Y		\$93.11		
29358	Y		\$121.00		
29365	Y		\$88.76		
29405	Y		\$56.87		
29425	Y		\$52.17		
29435	Y		\$88.40		
29440	Y		\$25.73		
29445	Y		\$69.92		
29450	Y		\$76.80		
29505	Y		\$72.82		
29515	Y		\$51.08		
29520	N	BN	\$0.00		
29530	N	BN	\$0.00		
29540	Y		\$15.58		
29550	N	BN	\$0.00		
29580	Y		\$46.37		
29581	Y		\$72.45		
29584	Y		\$71.74		
29700	Y		\$48.54		
29705	Y		\$39.12		
29710	Y		\$79.70		
29720	Y		\$68.11		
29730	Y		\$39.85		
29740	Y		\$62.32		
29750	Y	NRC	\$64.85		
29800	Y		\$1,768.66		
29804	Y		\$1,768.66		
29805	Y		\$1,768.66		
29806	Y		\$3,932.14		
29807	Y		\$3,932.14		
29819	Y		\$1,768.66		
29820	Y		\$3,932.14		
29821	Y		\$1,768.66		
29822	Y		\$1,768.66		
29823	Y		\$1,768.66		
29824	Y		\$1,768.66		
29825	Y		\$1,768.66		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
29826	N	BN	\$0.00		
29827	Y		\$3,932.14		
29828	Y		\$3,932.14		
29830	Y		\$1,768.66		
29834	Y		\$1,768.66		
29835	Y		\$1,768.66		
29836	Y		\$3,932.14		
29837	Y		\$1,768.66		
29838	Y		\$1,768.66		
29840	Y		\$1,768.66		
29843	Y		\$1,768.66		
29844	Y		\$1,768.66		
29845	Y		\$1,768.66		
29846	Y		\$1,768.66		
29847	Y		\$3,932.14		
29848	Y		\$938.88		
29850	Y		\$938.88		
29851	Y		\$938.88		
29855	Y		\$5,408.50	\$2,745.42	\$4,076.96
29856	Y		\$12,357.33	\$3,275.38	\$7,816.35
29860	Y		\$3,932.14		
29861	Y		\$3,932.14		
29862	Y		\$3,932.14		
29863	Y		\$1,768.66		
29866	Y		\$3,932.14		
29867	Y		\$11,414.56	\$4,118.11	\$7,766.33
29868	Y		\$3,932.14		
29870	Y		\$1,768.66		
29871	Y		\$1,768.66		
29873	Y		\$1,768.66		
29874	Y		\$1,768.66		
29875	Y		\$1,768.66		
29876	Y		\$1,768.66		
29877	Y		\$1,768.66		
29879	Y		\$1,768.66		
29880	Y		\$1,768.66		
29881	Y		\$1,768.66		
29882	Y		\$1,768.66		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
29883	Y		\$1,768.66		
29884	Y		\$1,768.66		
29885	Y		\$5,407.12	\$2,746.66	\$4,076.89
29886	Y		\$1,768.66		
29887	Y		\$5,741.74	\$2,447.56	\$4,094.65
29888	Y		\$5,276.24	\$2,863.65	\$4,069.94
29889	Y		\$9,665.38	\$5,681.68	\$7,673.53
29891	Y		\$1,768.66		
29892	Y		\$3,932.14		
29893	Y		\$1,768.66		
29894	Y		\$1,768.66		
29895	Y		\$1,768.66		
29897	Y		\$1,768.66		
29898	Y		\$1,768.66		
29899	Y		\$5,072.85	\$3,045.46	\$4,059.15
29900	Y		\$1,768.66		
29901	Y		\$1,768.66		
29902	Y		\$938.88		
29904	Y		\$1,768.66		
29905	Y		\$3,932.14		
29906	Y		\$1,768.66		
29907	Y		\$10,075.75	\$5,314.83	\$7,695.29
29914	Y		\$3,932.14		
29915	Y		\$3,932.14		
29916	Y		\$3,932.14		
30000	Y		\$124.13		
30020	Y		\$201.52		
30100	Y		\$99.95		
30110	Y		\$177.26		
30115	Y		\$1,394.45		
30117	Y		\$1,394.45		
30118	Y		\$1,394.45		
30120	Y		\$1,394.45		
30124	Y		\$657.38		
30125	Y		\$2,917.35		
30130	Y		\$1,394.45		
30140	Y		\$1,394.45		
30150	Y		\$2,917.35		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
30160	Y		\$2,917.35		
30200	Y		\$76.98		
30210	Y		\$105.13		
30220	Y		\$657.38		
30300	N	BN	\$0.00		
30310	Y		\$1,394.45		
30320	Y		\$657.38		
30400	Y	NRC	\$2,917.35		
30410	Y		\$2,917.35		
30420	Y		\$2,917.35		
30430	Y		\$2,917.35		
30435	Y		\$2,917.35		
30450	Y		\$2,917.35		
30460	Y	NRC	\$2,917.35		
30462	Y	NRC	\$2,917.35		
30465	Y		\$2,917.35		
30468	Y		\$4,793.21	\$2,014.05	\$3,403.63
30469	Y		\$4,356.77	\$2,404.19	\$3,380.48
30520	Y		\$1,394.45		
30540	Y	NRC	\$2,917.35		
30545	Y	NRC	\$2,917.35		
30560	Y		\$273.04		
30580	Y		\$2,917.35		
30600	Y		\$2,917.35		
30620	Y		\$2,917.35		
30630	Y		\$1,394.45		
30801	Y		\$657.38		
30802	Y		\$657.38		
30901	N	BN	\$0.00		
30903	Y		\$69.77		
30905	Y		\$69.77		
30906	Y		\$124.13		
30915	Y		\$1,588.69		
30920	Y		\$1,588.69		
30930	Y		\$1,394.45		
31000	Y		\$124.13		
31002	Y		\$657.38		
31020	Y		\$1,394.45		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
31030	Y		\$2,917.35		
31032	Y		\$2,917.35		
31040	Y		\$2,917.35		
31050	Y		\$2,917.35		
31051	Y		\$2,917.35		
31070	Y		\$2,917.35		
31075	Y		\$2,917.35		
31080	Y		\$2,917.35		
31081	Y		\$2,917.35		
31084	Y		\$4,215.31	\$2,530.64	\$3,372.97
31085	Y		\$4,330.94	\$2,427.27	\$3,379.10
31086	Y		\$2,917.35		
31087	Y		\$4,722.62	\$2,077.15	\$3,399.88
31090	Y		\$2,917.35		
31200	Y		\$2,917.35		
31201	Y		\$657.38		
31205	Y		\$1,394.45		
31231	Y	NRC	\$104.44		
31233	Y	NRC	\$208.71		
31235	Y	NRC	\$792.14		
31237	Y		\$792.14		
31238	Y		\$792.14		
31239	Y	NRC	\$1,610.31		
31240	Y	NRC	\$792.14		
31242	Y	NRC	\$4,215.31	\$2,530.64	\$3,372.97
31243	Y	NRC	\$4,665.52	\$2,128.19	\$3,396.85
31253	Y		\$2,425.84		
31254	Y		\$2,425.84		
31255	Y		\$2,425.84		
31256	Y		\$1,610.31		
31257	Y		\$2,425.84		
31259	Y		\$2,425.84		
31267	Y		\$2,425.84		
31276	Y		\$2,425.84		
31287	Y		\$2,425.84		
31288	Y		\$2,425.84		
31295	Y		\$3,505.12	\$2,104.28	\$2,804.70
31296	Y		\$1,431.98		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
31297	Y		\$1,417.42		
31298	Y		\$3,544.97	\$2,068.66	\$2,806.81
31300	Y		\$1,394.45		
31400	Y		\$2,917.35		
31420	Y		\$2,917.35		
31500	Y		\$124.13		
31502	Y		\$124.13		
31505	Y		\$63.40		
31510	Y		\$1,610.31		
31511	Y		\$104.44		
31512	Y		\$1,610.31		
31513	Y		\$208.71		
31515	Y		\$208.71		
31520	Y	NRC	\$208.71		
31525	Y		\$792.14		
31526	Y		\$792.14		
31527	Y		\$1,610.31		
31528	Y		\$1,610.31		
31529	Y		\$1,610.31		
31530	Y		\$792.14		
31531	Y		\$1,610.31		
31535	Y		\$1,610.31		
31536	Y		\$1,610.31		
31540	Y		\$1,610.31		
31541	Y		\$1,610.31		
31545	Y		\$1,610.31		
31546	Y		\$2,425.84		
31551	Y	NRC	\$2,917.35		
31552	Y		\$2,917.35		
31553	Y	NRC	\$2,917.35		
31554	Y		\$2,917.35		
31560	Y		\$2,425.84		
31561	Y		\$2,425.84		
31570	Y		\$1,610.31		
31571	Y		\$1,610.31		
31572	Y		\$1,610.31		
31573	Y		\$186.96		
31574	Y		\$778.90		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
31575	Y		\$88.63		
31576	Y		\$792.14		
31577	Y		\$208.71		
31578	Y		\$1,610.31		
31579	Y		\$121.62		
31580	Y		\$2,917.35		
31590	Y		\$2,917.35		
31591	Y		\$2,917.35		
31592	Y		\$2,917.35		
31603	Y		\$657.38		
31605	Y		\$124.13		
31611	Y		\$1,394.45		
31612	Y		\$1,394.45		
31613	Y		\$1,394.45		
31614	Y		\$2,917.35		
31615	Y		\$273.04		
31622	Y		\$792.14		
31623	Y		\$792.14		
31624	Y		\$792.14		
31625	Y		\$792.14		
31626	Y		\$2,425.84		
31627	N	BN	\$0.00		
31628	Y		\$1,610.31		
31629	Y		\$1,610.31		
31630	Y		\$1,610.31		
31631	Y		\$2,425.84		
31632	N	BN	\$0.00		
31633	N	BN	\$0.00		
31634	Y		\$2,425.84		
31635	Y		\$792.14		
31636	Y		\$3,924.81	\$1,729.11	\$2,826.96
31637	N	BN	\$0.00		
31638	Y		\$2,425.84		
31640	Y		\$1,610.31		
31641	Y		\$1,610.31		
31643	Y		\$792.14		
31645	Y		\$792.14		
31646	Y		\$208.71		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
31647	Y		\$3,811.73	\$1,830.22	\$2,820.97
31648	Y		\$1,610.31		
31649	N		\$792.14		
31651	N	BN	\$0.00		
31652	Y		\$1,610.31		
31653	Y		\$1,610.31		
31654	N	BN	\$0.00		
31717	Y		\$208.71		
31720	N	BN	\$0.00		
31730	Y		\$792.14		
31750	Y		\$2,917.35		
31755	Y		\$2,917.35		
31820	Y		\$1,394.45		
31825	Y		\$1,394.45		
31830	Y		\$1,394.45		
32400	Y		\$708.28		
32408	Y		\$708.28		
32550	Y		\$2,516.30	\$1,389.05	\$1,952.67
32552	N		\$332.31		
32553	N		\$1,115.25	\$586.13	\$850.69
32554	Y		\$332.31		
32555	Y		\$332.31		
32556	Y		\$864.15		
32557	Y		\$632.40		
32960	Y		\$332.31		
32994	Y		\$8,025.37	\$3,396.85	\$5,711.11
32998	Y		\$2,860.32		
33016	Y	NRC	\$632.40		
33206	Y	NRC	\$8,445.25	\$3,427.04	\$5,936.14
33207	Y	NRC	\$8,651.76	\$3,242.44	\$5,947.10
33208	Y	NRC	\$8,766.27	\$3,140.08	\$5,953.17
33210	Y	NRC	\$4,366.57		
33211	Y	NRC	\$8,456.75	\$1,868.20	\$5,162.47
33212	Y	NRC	\$7,431.98	\$2,784.21	\$5,108.09
33213	Y	NRC	\$8,602.26	\$3,286.69	\$5,944.47
33214	Y	NRC	\$8,658.76	\$3,236.18	\$5,947.47
33215	Y	NRC	\$1,588.69		
33216	Y	NRC	\$6,728.91	\$3,412.67	\$5,070.79

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
33217	Y	NRC	\$7,043.73	\$3,131.27	\$5,087.50
33218	Y	NRC	\$1,953.83		
33220	Y	NRC	\$1,953.83		
33221	Y	NRC	\$15,374.92	\$4,783.41	\$10,079.16
33222	Y	NRC	\$981.09		
33223	Y	NRC	\$981.09		
33224	Y	NRC	\$8,705.77	\$3,194.17	\$5,949.97
33225	N	BN	\$0.00		
33226	Y	NRC	\$2,473.50	\$1,219.01	\$1,846.25
33227	Y	NRC	\$7,322.89	\$2,881.72	\$5,102.30
33228	Y	NRC	\$8,586.25	\$3,300.99	\$5,943.62
33229	Y	NRC	\$15,073.59	\$5,052.74	\$10,063.16
33230	Y	NRC	\$21,944.08	\$5,958.18	\$13,951.13
33231	Y	NRC	\$28,282.78	\$8,167.60	\$18,225.19
33233	N	NRC	\$6,277.09	\$3,816.55	\$5,046.82
33234	N	NRC	\$1,953.83		
33235	N	NRC	\$1,953.83		
33240	Y	NRC	\$21,196.12	\$6,626.77	\$13,911.44
33241	N	NRC	\$1,953.83		
33249	Y	NRC	\$28,413.83	\$8,050.46	\$18,232.14
33262	Y	NRC	\$21,344.08	\$6,494.51	\$13,919.29
33263	Y	NRC	\$21,495.53	\$6,359.12	\$13,927.32
33264	Y	NRC	\$28,675.94	\$7,816.18	\$18,246.06
33270	Y	NRC	\$29,011.18	\$7,516.51	\$18,263.84
33271	Y	NRC	\$8,551.66	\$1,783.35	\$5,167.50
33273	Y	NRC	\$1,953.83		
33274	Y	NRC	\$15,522.62	\$4,651.38	\$10,087.00
33275	Y	NRC	\$2,796.03	\$930.71	\$1,863.37
33276	N	NRC	\$42,323.67	\$14,324.36	\$28,324.01
33277	N	BN	\$0.00		
33278	Y	NRC	\$1,944.33		
33279	Y	NRC	\$2,809.38	\$1,686.60	\$2,247.99
33280	Y	NRC	\$1,944.33		
33281	Y	NRC	\$1,944.33		
33285	Y	NRC	\$8,011.79	\$2,265.93	\$5,138.86
33286	N	NRC	\$377.60		
33287	Y	NRC	\$28,807.62	\$7,132.15	\$17,969.88
33288	Y	NRC	\$12,427.86	\$3,338.32	\$7,883.09

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
33289	Y	NRC	\$28,741.49	\$7,088.50	\$17,914.99
33419	N	BN	\$0.00		
33508	N	BN	\$0.00		
33866	N	BN	\$0.00		
33900	Y	NRC	\$7,357.78	\$4,417.21	\$5,887.49
33901	Y	NRC	\$7,991.37	\$3,850.85	\$5,921.11
33902	Y	NRC	\$13,178.18	\$5,911.18	\$9,544.68
33903	Y	NRC	\$9,185.42	\$2,783.51	\$5,984.46
34490	Y	NRC	\$2,295.53	\$1,378.11	\$1,836.82
34713	N	BN	\$0.00		
34714	N	BN	\$0.00		
34715	N	BN	\$0.00		
34716	N	BN	\$0.00		
35188	Y	NRC	\$3,009.55		
35207	Y		\$1,588.69		
35572	N	BN	\$0.00		
35875	Y	NRC	\$3,009.55		
35876	Y	NRC	\$3,009.55		
36000	N	BN	\$0.00		
36002	Y		\$332.31		
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		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
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		
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		\$3,009.55		
36261	Y		\$1,953.83		
36262	N		\$1,953.83		
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		\$40.76		
36440	N	NRC	\$236.97		
36450	N	NRC	\$236.97		
36455	N		\$236.97		
36465	Y	NRC	\$981.09		
36466	Y	NRC	\$981.09		
36468	N	BN	\$0.00		
36470	Y	NRC	\$82.48		
36471	Y	NRC	\$133.91		
36473	Y	NRC	\$960.37		
36474	N	BN	\$0.00		
36475	Y	NRC	\$1,588.69		
36476	N	BN	\$0.00		
36478	Y	NRC	\$1,588.69		
36479	N	BN	\$0.00		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
36481	N	BN	\$0.00		
36482	Y	NRC	\$1,394.78		
36483	N	BN	\$0.00		
36500	N	BN	\$0.00		
36510	N	BN	\$0.00		
36511	N		\$879.62		
36512	N		\$879.62		
36513	N		\$236.97		
36514	N		\$879.62		
36516	N		\$2,010.33		
36522	N		\$2,515.29		
36555	Y	NRC	\$1,588.69		
36556	Y		\$1,588.69		
36557	Y	NRC	\$3,009.55		
36558	Y		\$1,588.69		
36560	Y	NRC	\$1,588.69		
36561	Y		\$1,588.69		
36563	Y		\$3,009.55		
36565	Y		\$1,588.69		
36566	Y		\$3,009.55		
36568	Y	NRC	\$632.40		
36569	Y		\$632.40		
36570	Y	NRC	\$1,588.69		
36571	Y		\$1,588.69		
36572	Y	NRC	\$332.31		
36573	Y		\$632.40		
36575	Y		\$332.31		
36576	Y		\$632.40		
36578	Y		\$2,288.65	\$1,384.25	\$1,836.45
36580	Y		\$632.40		
36581	Y		\$2,302.24	\$1,372.10	\$1,837.17
36582	Y		\$1,588.69		
36583	Y		\$6,022.20	\$1,114.56	\$3,568.38
36584	Y		\$632.40		
36585	Y		\$1,588.69		
36589	N		\$332.31		
36590	N		\$632.40		
36591	N	BN	\$0.00		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
36592	N	BN	\$0.00		
36593	Y		\$32.99		
36595	Y		\$421.15		
36596	Y		\$632.40		
36597	Y		\$632.40		
36598	Y		\$86.69		
36600	N	BN	\$0.00		
36620	N	BN	\$0.00		
36625	N	BN	\$0.00		
36640	Y		\$1,588.69		
36680	N	BN	\$0.00		
36800	Y	NRC	\$3,009.55		
36810	Y	NRC	\$2,305.83	\$1,368.88	\$1,837.35
36815	Y	NRC	\$3,009.55		
36818	Y	NRC	\$3,009.55		
36819	Y	NRC	\$3,009.55		
36820	Y	NRC	\$3,009.55		
36821	Y	NRC	\$1,588.69		
36825	Y	NRC	\$3,009.55		
36830	Y	NRC	\$3,009.55		
36831	Y	NRC	\$3,009.55		
36832	Y	NRC	\$3,009.55		
36833	Y	NRC	\$3,009.55		
36835	Y	NRC	\$2,594.61	\$1,110.76	\$1,852.68
36836	Y	NRC	\$13,191.08	\$5,899.65	\$9,545.36
36837	Y	NRC	\$12,913.84	\$6,147.48	\$9,530.66
36860	Y	NRC	\$632.40		
36861	Y	NRC	\$4,990.59	\$2,036.70	\$3,513.64
36901	Y	NRC	\$528.22		
36902	Y	NRC	\$2,629.62		
36903	Y	NRC	\$8,380.54	\$3,502.98	\$5,941.76
36904	Y	NRC	\$4,008.03	\$2,094.70	\$3,051.36
36905	Y	NRC	\$7,399.85	\$4,379.60	\$5,889.72
36906	Y	NRC	\$13,432.86	\$5,683.53	\$9,558.19
36907	N	BN	\$0.00		
36908	N	BN	\$0.00		
36909	N	BN	\$0.00		
37184	Y		\$13,615.00	\$5,520.71	\$9,567.85

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
37185	N	BN	\$0.00		
37186	N	BN	\$0.00		
37187	Y		\$8,892.42	\$3,045.42	\$5,968.92
37188	Y		\$3,038.86	\$713.65	\$1,876.25
37192	Y		\$2,467.26	\$1,224.60	\$1,845.93
37193	Y		\$1,588.69		
37197	Y		\$1,588.69		
37200	Y		\$3,009.55		
37211	Y		\$4,545.39	\$2,434.67	\$3,490.03
37212	Y		\$1,588.69		
37220	Y	NRC	\$3,905.10	\$2,186.72	\$3,045.91
37221	Y	NRC	\$8,180.70	\$3,681.62	\$5,931.16
37222	N	BN	\$0.00		
37223	N	BN	\$0.00		
37224	Y	NRC	\$4,149.26	\$1,968.47	\$3,058.86
37225	Y	NRC	\$14,187.22	\$5,009.21	\$9,598.21
37226	Y	NRC	\$8,639.98	\$3,271.06	\$5,955.52
37227	Y	NRC	\$14,295.22	\$4,912.68	\$9,603.95
37228	Y	NRC	\$7,527.57	\$4,265.43	\$5,896.50
37229	Y	NRC	\$13,515.06	\$5,610.04	\$9,562.55
37230	Y	NRC	\$13,040.37	\$6,034.37	\$9,537.37
37231	Y	NRC	\$13,977.68	\$5,196.53	\$9,587.10
37232	N	BN	\$0.00		
37233	N	BN	\$0.00		
37234	N	BN	\$0.00		
37235	N	BN	\$0.00		
37236	Y		\$8,007.90	\$3,836.08	\$5,921.99
37237	N	BN	\$0.00		
37238	Y		\$8,096.55	\$3,756.83	\$5,926.69
37239	N	BN	\$0.00		
37241	Y		\$7,357.78	\$4,417.21	\$5,887.49
37242	Y		\$13,521.52	\$5,604.29	\$9,562.90
37243	Y		\$7,444.43	\$4,339.75	\$5,892.09
37246	Y	NRC	\$3,901.48	\$2,189.96	\$3,045.72
37247	N	BN	\$0.00		
37248	Y	NRC	\$3,785.86	\$2,293.30	\$3,039.58
37249	N	BN	\$0.00		
37252	N	BN	\$0.00		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
37253	N	BN	\$0.00		
37500	Y	NRC	\$3,009.55		
37607	Y	NRC	\$1,588.69		
37609	Y		\$708.28		
37650	Y	NRC	\$1,588.69		
37700	Y	NRC	\$1,588.69		
37718	Y	NRC	\$1,588.69		
37722	Y	NRC	\$1,588.69		
37735	Y	NRC	\$1,588.69		
37760	Y	NRC	\$1,588.69		
37761	Y	NRC	\$1,588.69		
37765	Y	NRC	\$207.66		
37766	Y	NRC	\$233.22		
37780	Y	NRC	\$1,588.69		
37785	Y	NRC	\$1,588.69		
37790	Y	NRC	\$1,655.31		
38200	N	BN	\$0.00		
38204	N	BN	\$0.00		
38206	N	NRC	\$879.62		
38220	Y		\$110.63		
38221	Y		\$111.27		
38222	Y		\$1,201.90		
38230	N		\$879.62		
38232	N		\$2,515.29		
38241	N	NRC	\$879.62		
38242	N	NRC	\$879.62		
38243	N		\$879.62		
38300	Y		\$1,201.90		
38305	Y		\$1,201.90		
38308	Y	NRC	\$1,538.05		
38500	Y		\$1,538.05		
38505	Y		\$708.28		
38510	Y		\$1,538.05		
38520	Y		\$1,538.05		
38525	Y		\$1,538.05		
38530	Y		\$1,538.05		
38531	Y		\$1,538.05		
38542	Y		\$2,860.32		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
38550	Y		\$1,538.05		
38555	Y		\$2,682.40		
38570	Y		\$2,860.32		
38571	Y		\$4,896.00		
38572	Y		\$4,896.00		
38573	Y		\$4,896.00		
38700	Y		\$2,682.40		
38740	Y		\$2,860.32		
38745	Y		\$2,860.32		
38760	Y		\$2,682.40		
38790	N	BN	\$0.00		
38792	N	BN	\$0.00		
38794	N	BN	\$0.00		
38900	N	BN	\$0.00		
40490	Y		\$74.72		
40500	Y	NRC	\$1,394.45		
40510	Y	NRC	\$1,394.45		
40520	Y	NRC	\$1,394.45		
40525	Y	NRC	\$1,394.45		
40527	Y	NRC	\$2,917.35		
40530	Y	NRC	\$1,394.45		
40650	Y		\$273.04		
40652	Y		\$273.04		
40654	Y		\$657.38		
40700	Y	NRC	\$2,917.35		
40701	Y	NRC	\$2,917.35		
40702	Y	NRC	\$2,917.35		
40720	Y	NRC	\$1,394.45		
40761	Y	NRC	\$2,917.35		
40800	Y		\$153.97		
40801	Y		\$273.04		
40804	N	BN	\$0.00		
40805	Y		\$180.82		
40806	Y	NRC	\$86.04		
40808	Y		\$125.18		
40810	Y		\$159.14		
40812	Y		\$183.08		
40814	Y		\$1,394.45		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
40816	Y		\$1,394.45		
40818	Y		\$273.04		
40819	Y		\$657.38		
40820	Y		\$198.61		
40830	Y		\$124.13		
40831	Y		\$273.04		
40840	Y		\$2,917.35		
40842	Y		\$2,917.35		
40843	Y		\$2,917.35		
40844	Y		\$2,917.35		
40845	Y		\$2,917.35		
41000	Y		\$95.10		
41005	Y		\$124.13		
41006	Y		\$657.38		
41007	Y		\$657.38		
41008	Y		\$1,394.45		
41009	Y		\$273.04		
41010	Y	NRC	\$657.38		
41015	Y		\$273.04		
41016	Y		\$2,917.35		
41017	Y		\$1,394.45		
41018	Y		\$657.38		
41019	Y		\$2,917.35		
41100	Y		\$129.06		
41105	Y		\$128.09		
41108	Y		\$122.27		
41110	Y		\$163.03		
41112	Y		\$1,394.45		
41113	Y		\$1,394.45		
41114	Y		\$1,394.45		
41115	Y		\$183.73		
41116	Y		\$1,394.45		
41120	Y	NRC	\$2,917.35		
41250	N	BN	\$0.00		
41251	Y		\$124.13		
41252	Y		\$124.13		
41510	Y	NRC	\$1,394.45		
41512	Y	NRC	\$4,215.31	\$2,530.64	\$3,372.97

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
41520	Y	NRC	\$1,394.45		
41530	Y	NRC	\$732.32		
41800	N	BN	\$0.00		
41805	Y		\$245.19		
41806	Y		\$291.77		
41820	Y	NRC	\$1,394.45		
41821	Y	NRC	\$657.38		
41822	Y		\$252.30		
41823	Y		\$371.66		
41825	Y		\$161.09		
41826	Y		\$204.75		
41827	Y		\$2,917.35		
41828	Y		\$224.16		
41830	Y		\$323.14		
41850	Y	NRC	\$657.38		
41870	Y	NRC	\$657.38		
41872	Y	NRC	\$344.49		
41874	Y	NRC	\$266.21		
42000	Y	NRC	\$124.13		
42100	Y		\$92.19		
42104	Y		\$148.47		
42106	Y		\$167.55		
42107	Y		\$2,917.35		
42120	Y		\$2,917.35		
42140	Y		\$1,394.45		
42145	Y		\$2,917.35		
42160	Y		\$150.09		
42180	Y		\$273.04		
42182	Y		\$2,917.35		
42200	Y	NRC	\$2,917.35		
42205	Y	NRC	\$1,394.45		
42210	Y	NRC	\$2,917.35		
42215	Y	NRC	\$2,917.35		
42220	Y	NRC	\$2,917.35		
42225	Y	NRC	\$2,917.35		
42226	Y	NRC	\$2,917.35		
42227	Y	NRC	\$2,917.35		
42235	Y	NRC	\$2,917.35		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
42260	Y	NRC	\$2,917.35		
42280	Y	NRC	\$114.18		
42281	Y	NRC	\$2,917.35		
42300	Y	NRC	\$657.38		
42305	Y	NRC	\$1,394.45		
42310	Y	NRC	\$273.04		
42320	Y	NRC	\$273.04		
42330	Y	NRC	\$144.59		
42335	Y	NRC	\$291.12		
42340	Y	NRC	\$1,394.45		
42400	Y		\$63.72		
42405	Y		\$657.38		
42408	Y	NRC	\$1,394.45		
42409	Y	NRC	\$1,394.45		
42410	Y		\$2,917.35		
42415	Y		\$2,917.35		
42420	Y		\$2,917.35		
42425	Y		\$2,917.35		
42440	Y	NRC	\$2,917.35		
42450	Y	NRC	\$2,917.35		
42500	Y		\$2,917.35		
42505	Y		\$2,917.35		
42507	Y	NRC	\$2,917.35		
42509	Y	NRC	\$2,917.35		
42510	Y	NRC	\$1,394.45		
42550	N	BN	\$0.00		
42600	Y	NRC	\$1,394.45		
42650	Y	NRC	\$43.99		
42660	Y	NRC	\$54.99		
42665	Y	NRC	\$1,394.45		
42700	Y	NRC	\$124.13		
42720	Y	NRC	\$1,394.45		
42725	Y	NRC	\$2,917.35		
42800	Y		\$100.27		
42804	Y		\$1,394.45		
42806	Y		\$1,394.45		
42808	Y		\$1,394.45		
42809	N	BN	\$0.00		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
42810	Y	NRC	\$1,394.45		
42815	Y	NRC	\$2,917.35		
42820	Y	NRC	\$2,917.35		
42821	Y	NRC	\$1,394.45		
42825	Y	NRC	\$2,917.35		
42826	Y	NRC	\$1,394.45		
42830	Y	NRC	\$1,394.45		
42831	Y	NRC	\$1,394.45		
42835	Y	NRC	\$1,394.45		
42836	Y	NRC	\$1,394.45		
42860	Y	NRC	\$1,394.45		
42870	Y	NRC	\$2,917.35		
42890	Y	NRC	\$2,917.35		
42892	Y	NRC	\$2,917.35		
42900	Y		\$1,263.46	\$289.93	\$776.69
42950	Y	NRC	\$2,917.35		
42955	Y	NRC	\$657.38		
42960	Y		\$273.04		
42962	Y		\$1,394.45		
42970	Y		\$124.13		
42972	Y		\$1,394.45		
42975	Y	NRC	\$792.14		
43030	Y	NRC	\$2,917.35		
43130	Y	NRC	\$2,917.35		
43180	Y		\$2,917.35		
43191	Y		\$864.15		
43192	Y		\$864.15		
43193	Y		\$864.15		
43194	Y		\$864.15		
43195	Y		\$1,875.81		
43196	Y		\$864.15		
43197	Y		\$130.03		
43198	Y		\$140.06		
43200	Y	NRC	\$503.39		
43201	Y	NRC	\$864.15		
43202	Y		\$864.15		
43204	Y	NRC	\$864.15		
43205	Y	NRC	\$864.15		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
43206	Y	NRC	\$864.15		
43210	Y		\$8,123.13	\$3,309.47	\$5,716.30
43211	Y		\$864.15		
43212	Y		\$4,583.30	\$1,741.65	\$3,162.47
43213	Y		\$864.15		
43214	Y		\$864.15		
43215	Y		\$864.15		
43216	Y		\$864.15		
43217	Y		\$864.15		
43220	Y	NRC	\$864.15		
43226	Y	NRC	\$864.15		
43227	Y		\$864.15		
43229	Y		\$3,147.47	\$1,236.46	\$2,191.96
43231	Y	NRC	\$864.15		
43232	Y		\$864.15		
43233	Y		\$864.15		
43235	Y		\$503.39		
43236	Y	NRC	\$503.39		
43237	Y	NRC	\$864.15		
43238	Y		\$864.15		
43239	Y		\$503.39		
43240	Y	NRC	\$4,899.82	\$1,458.71	\$3,179.26
43241	Y	NRC	\$864.15		
43242	Y		\$864.15		
43243	Y	NRC	\$864.15		
43244	Y	NRC	\$864.15		
43245	Y		\$864.15		
43246	Y		\$864.15		
43247	Y		\$503.39		
43248	Y	NRC	\$503.39		
43249	Y	NRC	\$864.15		
43250	Y		\$864.15		
43251	Y		\$864.15		
43252	Y		\$864.15		
43253	Y		\$864.15		
43254	Y		\$864.15		
43255	Y		\$864.15		
43257	Y	NRC	\$2,714.44	\$1,623.54	\$2,168.99

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
43259	Y	NRC	\$864.15		
43260	Y		\$1,875.81		
43261	Y		\$1,875.81		
43262	Y	NRC	\$1,875.81		
43263	Y	NRC	\$864.15		
43264	Y	NRC	\$1,875.81		
43265	Y	NRC	\$2,704.26		
43266	Y		\$4,801.68	\$1,546.45	\$3,174.06
43270	Y		\$1,307.85	\$696.64	\$1,002.24
43273	N	BN	\$0.00		
43274	Y		\$4,052.65	\$2,215.98	\$3,134.31
43275	Y		\$864.15		
43276	Y		\$4,036.43	\$2,230.49	\$3,133.46
43277	Y		\$1,875.81		
43278	Y		\$1,875.81		
43284	Y	NRC	\$8,000.33	\$3,419.24	\$5,709.78
43285	N	NRC	\$2,860.32		
43290	Y	NRC	\$1,449.70	\$569.83	\$1,009.76
43291	Y	NRC	\$503.39		
43450	Y	NRC	\$503.39		
43453	Y	NRC	\$864.15		
43653	Y	NRC	\$2,860.32		
43752	N		\$211.72		
43753	N	BN	\$0.00		
43754	N	BN	\$0.00		
43755	N	NRC	\$85.20		
43756	N	NRC	\$503.39		
43757	Y	NRC	\$503.39		
43761	Y		\$130.70		
43762	Y	NRC	\$130.70		
43763	Y	NRC	\$130.70		
43774	Y	NRC	\$1,875.81		
43870	Y	NRC	\$1,875.81		
43886	Y	NRC	\$1,957.33		
43887	N	NRC	\$981.09		
43888	Y	NRC	\$1,957.33		
44100	Y		\$503.39		
44312	Y	NRC	\$1,957.33		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
44340	Y	NRC	\$1,957.33		
44360	Y		\$864.15		
44361	Y		\$864.15		
44363	Y		\$864.15		
44364	Y		\$864.15		
44365	Y		\$864.15		
44366	Y	NRC	\$864.15		
44369	Y		\$864.15		
44370	Y		\$5,026.97	\$1,345.07	\$3,186.02
44372	Y		\$864.15		
44373	Y		\$864.15		
44376	Y		\$864.15		
44377	Y		\$864.15		
44378	Y	NRC	\$864.15		
44379	Y		\$2,704.26		
44380	Y		\$503.39		
44381	Y	NRC	\$864.15		
44382	Y		\$503.39		
44384	Y		\$1,280.14	\$721.41	\$1,000.77
44385	Y		\$489.47		
44386	Y		\$489.47		
44388	Y		\$489.47		
44389	Y		\$632.96		
44390	Y		\$489.47		
44391	Y	NRC	\$632.96		
44392	Y		\$632.96		
44394	Y		\$632.96		
44401	Y		\$632.96		
44402	Y	NRC	\$2,704.26		
44403	Y	NRC	\$632.96		
44404	Y	NRC	\$632.96		
44405	Y	NRC	\$965.00	\$503.98	\$734.49
44406	Y	NRC	\$632.96		
44407	Y		\$632.96		
44408	Y	NRC	\$489.47		
44500	Y	NRC	\$503.39		
44701	N	BN	\$0.00		
45000	Y	NRC	\$632.96		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
45005	Y	NRC	\$632.96		
45020	Y	NRC	\$1,397.97		
45100	Y		\$1,397.97		
45108	Y		\$1,397.97		
45150	Y	NRC	\$632.96		
45160	Y		\$1,397.97		
45171	Y		\$1,397.97		
45172	Y		\$1,397.97		
45190	Y		\$1,397.97		
45300	Y		\$95.42		
45303	Y	NRC	\$632.96		
45305	Y		\$632.96		
45307	Y		\$1,397.97		
45308	Y		\$1,397.97		
45309	Y		\$632.96		
45315	Y		\$632.96		
45317	Y	NRC	\$632.96		
45320	Y		\$1,397.97		
45321	Y	NRC	\$1,397.97		
45327	Y	NRC	\$4,837.04	\$1,514.82	\$3,175.93
45330	Y		\$148.79		
45331	Y		\$489.47		
45332	Y		\$632.96		
45333	Y		\$489.47		
45334	Y	NRC	\$632.96		
45335	Y	NRC	\$489.47		
45337	Y	NRC	\$489.47		
45338	Y		\$632.96		
45340	Y	NRC	\$632.96		
45341	Y	NRC	\$489.47		
45342	Y		\$632.96		
45346	Y		\$632.96		
45347	Y	NRC	\$4,844.76	\$1,507.93	\$3,176.34
45349	Y	NRC	\$1,397.97		
45350	Y	NRC	\$632.96		
45378	Y		\$489.47		
45379	Y		\$632.96		
45380	Y		\$632.96		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
45381	Y	NRC	\$632.96		
45382	Y	NRC	\$632.96		
45384	Y		\$632.96		
45385	Y		\$632.96		
45386	Y	NRC	\$632.96		
45388	Y		\$632.96		
45389	Y	NRC	\$4,789.97	\$1,556.91	\$3,173.44
45390	Y	NRC	\$1,397.97		
45391	Y	NRC	\$632.96		
45392	Y		\$632.96		
45393	Y	NRC	\$632.96		
45398	Y	NRC	\$632.96		
45500	Y	NRC	\$1,397.97		
45505	Y	NRC	\$1,397.97		
45520	N	BN	\$0.00		
45541	Y	NRC	\$1,397.97		
45560	Y	NRC	\$1,397.97		
45900	Y	NRC	\$489.47		
45905	Y	NRC	\$632.96		
45910	Y	NRC	\$632.96		
45915	Y		\$632.96		
45990	Y	NRC	\$1,397.97		
46020	Y	NRC	\$1,397.97		
46030	Y	NRC	\$632.96		
46040	Y		\$632.96		
46045	Y		\$1,397.97		
46050	Y		\$489.47		
46060	Y	NRC	\$1,397.97		
46070	Y	NRC	\$1,397.97		
46080	Y	NRC	\$1,397.97		
46083	Y	NRC	\$130.70		
46200	Y	NRC	\$1,397.97		
46220	Y	NRC	\$632.96		
46221	Y	NRC	\$190.84		
46230	Y	NRC	\$1,397.97		
46250	Y	NRC	\$1,397.97		
46255	Y	NRC	\$1,397.97		
46257	Y	NRC	\$1,397.97		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
46258	Y	NRC	\$1,397.97		
46260	Y	NRC	\$1,397.97		
46261	Y	NRC	\$1,397.97		
46262	Y	NRC	\$1,397.97		
46270	Y	NRC	\$1,397.97		
46275	Y	NRC	\$1,397.97		
46280	Y	NRC	\$1,397.97		
46285	Y	NRC	\$1,397.97		
46288	Y	NRC	\$1,397.97		
46320	Y	NRC	\$143.62		
46500	Y	NRC	\$238.72		
46505	Y	NRC	\$632.96		
46600	N	BN	\$0.00		
46601	N	BN	\$0.00		
46604	Y	NRC	\$553.77		
46606	Y		\$218.02		
46607	Y		\$632.96		
46608	Y		\$489.47		
46610	Y		\$1,397.97		
46611	Y		\$489.47		
46612	Y		\$1,397.97		
46614	Y	NRC	\$122.59		
46615	Y		\$1,397.97		
46700	Y	NRC	\$1,397.97		
46706	Y	NRC	\$1,397.97		
46707	Y	NRC	\$1,397.97		
46750	Y	NRC	\$1,397.97		
46753	Y	NRC	\$1,397.97		
46754	Y	NRC	\$1,397.97		
46760	Y	NRC	\$1,397.97		
46761	Y	NRC	\$1,397.97		
46900	Y		\$165.61		
46910	Y		\$186.32		
46916	Y		\$106.77		
46917	Y		\$1,397.97		
46922	Y		\$1,397.97		
46924	Y		\$1,397.97		
46930	Y	NRC	\$155.59		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
46940	Y	NRC	\$170.14		
46942	Y	NRC	\$167.55		
46945	Y	NRC	\$1,397.97		
46946	Y	NRC	\$1,397.97		
46947	Y	NRC	\$1,397.97		
46948	Y	NRC	\$1,397.97		
47000	Y		\$708.28		
47001	N	BN	\$0.00		
47382	Y		\$2,860.32		
47383	Y		\$8,157.32	\$3,278.91	\$5,718.11
47531	N	BN	\$0.00		
47532	N	BN	\$0.00		
47533	Y		\$1,685.17		
47534	Y		\$1,685.17		
47535	Y		\$1,685.17		
47536	Y		\$1,685.17		
47537	N		\$503.39		
47538	Y		\$4,632.28	\$2,034.79	\$3,333.53
47539	Y		\$4,696.42	\$1,977.44	\$3,336.93
47540	Y		\$4,319.44	\$2,314.44	\$3,316.94
47541	Y		\$4,582.05	\$2,750.81	\$3,666.43
47542	N	BN	\$0.00		
47543	N	BN	\$0.00		
47544	N	BN	\$0.00		
47552	Y	NRC	\$3,171.15		
47553	Y	NRC	\$3,171.15		
47554	Y	NRC	\$4,896.00		
47555	Y	NRC	\$2,435.42	\$1,461.35	\$1,948.38
47556	Y	NRC	\$7,483.13	\$3,881.55	\$5,682.34
47562	Y	NRC	\$2,860.32		
47563	Y	NRC	\$2,860.32		
47564	Y	NRC	\$4,896.00		
48102	Y		\$708.28		
49082	Y		\$503.39		
49083	Y		\$503.39		
49084	Y		\$503.39		
49180	Y		\$708.28		
49250	Y	NRC	\$1,685.17		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
49320	Y		\$2,860.32		
49321	Y		\$2,860.32		
49322	Y	NRC	\$2,860.32		
49324	Y	NRC	\$2,860.32		
49325	Y	NRC	\$2,860.32		
49326	N	BN	\$0.00		
49327	N	BN	\$0.00		
49400	N	BN	\$0.00		
49402	Y		\$1,685.17		
49406	Y		\$708.28		
49407	Y		\$708.28		
49411	N		\$332.85		
49418	Y		\$1,685.17		
49419	Y	NRC	\$3,009.55		
49421	Y	NRC	\$1,685.17		
49422	N	NRC	\$1,588.69		
49423	Y	NRC	\$864.15		
49424	N	BN	\$0.00		
49426	Y		\$1,685.17		
49427	N	BN	\$0.00		
49429	N		\$1,588.69		
49435	N	BN	\$0.00		
49436	Y	NRC	\$864.15		
49440	Y		\$864.15		
49441	Y		\$864.15		
49442	Y		\$632.96		
49446	Y		\$864.15		
49450	Y		\$503.39		
49451	Y		\$503.39		
49452	Y		\$503.39		
49460	Y		\$503.39		
49465	N		\$130.28		
49495	Y	NRC	\$1,685.17		
49496	Y	NRC	\$1,685.17		
49500	Y	NRC	\$3,171.15		
49501	Y	NRC	\$1,685.17		
49505	Y		\$1,685.17		
49507	Y		\$1,685.17		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
49520	Y		\$1,685.17		
49521	Y		\$3,171.15		
49525	Y		\$1,685.17		
49540	Y		\$2,860.32		
49550	Y		\$1,685.17		
49553	Y		\$1,685.17		
49555	Y		\$1,685.17		
49557	Y		\$1,685.17		
49591	Y		\$1,685.17		
49592	Y		\$2,860.32		
49593	Y		\$3,171.15		
49594	Y		\$2,860.32		
49595	Y		\$3,171.15		
49600	Y	NRC	\$1,685.17		
49613	Y		\$1,685.17		
49614	Y		\$2,860.32		
49615	Y		\$3,171.15		
49650	Y		\$2,860.32		
49651	Y		\$2,860.32		
50080	Y	NRC	\$4,779.70		
50081	Y	NRC	\$4,779.70		
50200	Y		\$708.28		
50382	Y	NRC	\$959.88		
50384	N	NRC	\$959.88		
50385	Y	NRC	\$959.88		
50386	N	NRC	\$590.32		
50387	Y	NRC	\$959.88		
50389	N	NRC	\$315.93		
50390	Y		\$377.60		
50391	Y	NRC	\$50.14		
50396	Y	NRC	\$315.93		
50430	N	BN	\$0.00		
50431	N	BN	\$0.00		
50432	Y		\$959.88		
50433	Y		\$1,655.31		
50434	Y		\$959.88		
50435	Y		\$959.88		
50436	Y	NRC	\$1,655.31		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
50437	Y	NRC	\$1,655.31		
50551	Y	NRC	\$2,521.60		
50553	Y	NRC	\$2,521.60		
50555	Y		\$4,779.70		
50557	Y		\$4,779.70		
50561	Y	NRC	\$2,521.60		
50562	Y		\$4,779.70		
50570	Y	NRC	\$1,655.31		
50572	Y	NRC	\$315.93		
50574	Y		\$1,655.31		
50575	Y	NRC	\$2,521.60		
50576	Y		\$4,779.70		
50580	Y	NRC	\$2,521.60		
50590	Y	NRC	\$1,655.31		
50592	Y		\$2,860.32		
50593	Y		\$7,975.77	\$3,441.19	\$5,708.48
50606	N	BN	\$0.00		
50684	N	BN	\$0.00		
50686	N	NRC	\$83.78		
50688	Y	NRC	\$959.88		
50690	N	BN	\$0.00		
50693	Y		\$1,655.31		
50694	Y		\$1,655.31		
50695	Y		\$1,655.31		
50705	N	BN	\$0.00		
50706	N	BN	\$0.00		
50727	Y	NRC	\$1,655.31		
50947	Y	NRC	\$4,896.00		
50948	Y	NRC	\$4,896.00		
50951	Y	NRC	\$1,655.31		
50953	Y	NRC	\$1,655.31		
50955	Y		\$2,521.60		
50957	Y		\$2,521.60		
50961	Y	NRC	\$2,521.60		
50970	Y	NRC	\$1,655.31		
50972	Y	NRC	\$1,655.31		
50974	Y		\$2,521.60		
50976	Y		\$2,521.60		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
50980	Y	NRC	\$2,521.60		
51020	Y	NRC	\$1,655.31		
51040	Y	NRC	\$959.88		
51045	Y	NRC	\$959.88		
51050	Y	NRC	\$2,521.60		
51065	Y	NRC	\$1,655.31		
51080	Y	NRC	\$1,201.90		
51100	Y	NRC	\$42.70		
51101	N	NRC	\$108.68		
51102	Y	NRC	\$959.88		
51500	Y	NRC	\$2,860.32		
51520	Y		\$1,655.31		
51535	Y		\$1,655.31		
51600	N	BN	\$0.00		
51605	N	BN	\$0.00		
51610	N	BN	\$0.00		
51700	Y	NRC	\$51.75		
51701	N	BN	\$0.00		
51702	N	BN	\$0.00		
51703	N		\$85.20		
51705	Y		\$61.78		
51710	Y		\$315.93		
51715	Y	NRC	\$2,619.56	\$1,232.29	\$1,925.92
51720	Y		\$54.34		
51725	Y		\$127.77		
51726	Y		\$130.70		
51727	Y		\$228.37		
51728	Y		\$229.01		
51729	Y		\$226.43		
51736	N	BN	\$0.00		
51741	N	BN	\$0.00		
51784	N	NRC	\$26.52		
51785	Y	NRC	\$130.70		
51792	N	BN	\$0.00		
51797	N	BN	\$0.00		
51798	N	BN	\$0.00		
51880	Y	NRC	\$1,655.31		
51992	Y	NRC	\$4,468.26	\$2,181.40	\$3,324.83

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
52000	Y		\$315.93		
52001	Y	NRC	\$1,655.31		
52005	Y		\$959.88		
52007	Y		\$1,655.31		
52010	Y	NRC	\$315.93		
52204	Y		\$959.88		
52214	Y	NRC	\$1,655.31		
52224	Y		\$1,655.31		
52234	Y		\$1,655.31		
52235	Y		\$1,655.31		
52240	Y		\$2,521.60		
52250	Y		\$1,655.31		
52260	Y	NRC	\$959.88		
52265	Y	NRC	\$230.31		
52270	Y	NRC	\$959.88		
52275	Y	NRC	\$959.88		
52276	Y	NRC	\$959.88		
52277	Y	NRC	\$1,655.31		
52281	Y		\$959.88		
52282	Y	NRC	\$1,655.31		
52283	Y	NRC	\$959.88		
52284	Y		\$3,779.90	\$2,065.41	\$2,922.65
52285	Y	NRC	\$315.93		
52287	Y		\$959.88		
52290	Y	NRC	\$959.88		
52300	Y	NRC	\$1,655.31		
52301	Y	NRC	\$1,655.31		
52305	Y	NRC	\$2,521.60		
52310	Y		\$959.88		
52315	Y		\$959.88		
52317	Y	NRC	\$1,655.31		
52318	Y	NRC	\$1,655.31		
52320	Y	NRC	\$1,655.31		
52325	Y	NRC	\$2,521.60		
52327	Y	NRC	\$4,063.38	\$1,812.00	\$2,937.69
52330	Y	NRC	\$1,655.31		
52332	Y	NRC	\$1,655.31		
52334	Y	NRC	\$1,655.31		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
52341	Y	NRC	\$1,655.31		
52342	Y	NRC	\$1,655.31		
52343	Y	NRC	\$1,655.31		
52344	Y	NRC	\$1,655.31		
52345	Y	NRC	\$2,402.21	\$1,426.59	\$1,914.40
52346	Y	NRC	\$2,521.60		
52351	Y	NRC	\$1,655.31		
52352	Y	NRC	\$1,655.31		
52353	Y	NRC	\$2,521.60		
52354	Y		\$2,521.60		
52355	Y		\$2,521.60		
52356	Y	NRC	\$2,521.60		
52400	Y	NRC	\$1,655.31		
52402	Y	NRC	\$1,655.31		
52450	Y	NRC	\$1,655.31		
52500	Y	NRC	\$1,655.31		
52601	Y	NRC	\$2,521.60		
52630	Y	NRC	\$2,521.60		
52640	Y	NRC	\$1,655.31		
52647	Y	NRC	\$2,521.60		
52648	Y	NRC	\$2,521.60		
52649	Y	NRC	\$2,521.60		
52700	Y	NRC	\$1,655.31		
53000	Y	NRC	\$959.88		
53010	Y	NRC	\$2,521.60		
53020	Y	NRC	\$959.88		
53025	Y	NRC	\$959.88		
53040	Y	NRC	\$1,655.31		
53060	Y	NRC	\$83.45		
53080	Y	NRC	\$315.93		
53085	Y	NRC	\$959.88		
53200	Y		\$959.88		
53210	Y	NRC	\$1,655.31		
53215	Y	NRC	\$2,521.60		
53220	Y		\$1,655.31		
53230	Y		\$2,521.60		
53235	Y		\$2,521.60		
53240	Y	NRC	\$1,655.31		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
53250	Y	NRC	\$1,655.31		
53260	Y		\$1,655.31		
53265	Y	NRC	\$959.88		
53270	Y	NRC	\$1,655.31		
53275	Y	NRC	\$1,655.31		
53400	Y	NRC	\$2,521.60		
53405	Y	NRC	\$2,521.60		
53410	Y	NRC	\$2,521.60		
53420	Y	NRC	\$2,521.60		
53425	Y	NRC	\$2,521.60		
53430	Y	NRC	\$2,521.60		
53431	Y	NRC	\$2,521.60		
53440	Y	NRC	\$12,170.83	\$3,900.14	\$8,035.48
53442	Y	NRC	\$3,677.71	\$2,156.75	\$2,917.23
53444	Y	NRC	\$19,228.48	\$5,942.95	\$12,585.71
53445	Y	NRC	\$19,710.06	\$5,512.48	\$12,611.27
53446	N	NRC	\$2,521.60		
53447	Y	NRC	\$19,352.83	\$5,831.80	\$12,592.31
53449	Y	NRC	\$4,779.70		
53450	Y	NRC	\$1,655.31		
53451	Y	NRC	\$12,450.92	\$3,649.77	\$8,050.34
53452	Y	NRC	\$8,209.43	\$2,981.24	\$5,595.33
53453	Y	NRC	\$1,655.31		
53454	Y	NRC	\$130.70		
53460	Y	NRC	\$1,655.31		
53502	Y		\$1,655.31		
53505	Y		\$2,521.60		
53510	Y		\$2,521.60		
53515	Y		\$2,521.60		
53520	Y	NRC	\$2,521.60		
53600	Y	NRC	\$42.05		
53601	N	BN	\$0.00		
53605	Y	NRC	\$1,655.31		
53620	Y	NRC	\$103.19		
53621	Y	NRC	\$106.42		
53660	N	NRC	\$47.87		
53661	N	BN	\$0.00		
53665	Y	NRC	\$959.88		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
53850	Y	NRC	\$1,122.42		
53852	Y	NRC	\$1,074.23		
53854	Y	NRC	\$1,336.23		
53855	Y	NRC	\$1,660.64	\$587.99	\$1,124.31
53860	Y	NRC	\$959.88		
53865	Y	NRC	\$2,923.21	\$960.86	\$1,942.03
53866	Y	NRC	\$83.13		
54000	Y	NRC	\$1,655.31		
54001	Y	NRC	\$959.88		
54015	Y		\$708.28		
54050	N	BN	\$0.00		
54055	Y		\$90.89		
54056	N	BN	\$0.00		
54057	Y		\$981.09		
54060	Y		\$981.09		
54065	Y		\$981.09		
54100	Y		\$708.28		
54105	Y		\$1,201.90		
54110	Y		\$1,655.31		
54111	Y		\$2,521.60		
54112	Y		\$4,779.70		
54115	Y		\$1,201.90		
54120	Y		\$1,655.31		
54150	Y	NRC	\$959.88		
54160	Y	NRC	\$315.93		
54161	Y	NRC	\$959.88		
54162	Y	NRC	\$959.88		
54163	Y	NRC	\$959.88		
54164	Y	NRC	\$959.88		
54200	Y	NRC	\$74.07		
54205	Y	NRC	\$2,521.60		
54220	Y	NRC	\$130.70		
54230	N	BN	\$0.00		
54231	Y	NRC	\$67.28		
54235	Y	NRC	\$45.93		
54240	N	NRC	\$42.70		
54250	Y	NRC	\$13.91		
54300	Y	NRC	\$1,655.31		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
54304	Y	NRC	\$1,655.31		
54308	Y	NRC	\$2,521.60		
54312	Y	NRC	\$1,655.31		
54316	Y	NRC	\$4,779.70		
54318	Y	NRC	\$1,655.31		
54322	Y	NRC	\$1,655.31		
54324	Y	NRC	\$1,655.31		
54326	Y	NRC	\$1,655.31		
54328	Y	NRC	\$1,655.31		
54340	Y	NRC	\$1,655.31		
54344	Y	NRC	\$4,779.70		
54348	Y	NRC	\$2,521.60		
54352	Y	NRC	\$2,521.60		
54360	Y	NRC	\$1,655.31		
54380	Y	NRC	\$959.88		
54385	Y	NRC	\$959.88		
54400	N	NRC	\$12,438.80	\$3,660.60	\$8,049.70
54401	N	NRC	\$19,604.68	\$5,606.67	\$12,605.67
54405	N	NRC	\$19,695.31	\$5,525.67	\$12,610.49
54406	N	NRC	\$1,655.31		
54408	Y	NRC	\$2,521.60		
54410	N	NRC	\$19,330.71	\$5,851.59	\$12,591.15
54415	N	NRC	\$1,655.31		
54416	N	NRC	\$19,144.19	\$6,018.31	\$12,581.25
54420	Y	NRC	\$1,655.31		
54435	Y	NRC	\$1,655.31		
54437	Y		\$1,655.31		
54440	Y		\$1,655.31		
54450	Y	NRC	\$130.70		
54500	Y		\$1,201.90		
54505	Y		\$1,655.31		
54512	Y		\$1,655.31		
54520	Y	NRC	\$1,655.31		
54522	Y	NRC	\$1,655.31		
54530	Y		\$1,685.17		
54550	Y	NRC	\$1,685.17		
54560	Y	NRC	\$959.88		
54600	Y	NRC	\$1,655.31		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
54620	Y	NRC	\$1,655.31		
54640	Y	NRC	\$1,685.17		
54650	Y	NRC	\$1,685.17		
54660	Y	NRC	\$3,888.03	\$1,968.75	\$2,928.39
54670	Y	NRC	\$1,655.31		
54680	Y	NRC	\$1,655.31		
54690	Y	NRC	\$2,860.32		
54692	Y	NRC	\$2,860.32		
54700	Y	NRC	\$959.88		
54800	Y		\$708.28		
54830	Y		\$1,655.31		
54840	Y		\$959.88		
54860	Y	NRC	\$1,655.31		
54861	Y	NRC	\$1,655.31		
54865	Y	NRC	\$1,655.31		
54900	Y	NRC	\$959.88		
54901	Y	NRC	\$1,655.31		
55000	Y	NRC	\$64.69		
55040	Y	NRC	\$1,685.17		
55041	Y	NRC	\$1,685.17		
55060	Y	NRC	\$1,655.31		
55100	Y	NRC	\$708.28		
55110	Y	NRC	\$1,655.31		
55120	Y		\$959.88		
55150	Y	NRC	\$1,655.31		
55175	Y	NRC	\$1,655.31		
55180	Y	NRC	\$2,521.60		
55200	Y	NRC	\$1,655.31		
55250	Y	NRC	\$959.88		
55300	N	BN	\$0.00		
55400	Y	NRC	\$1,655.31		
55500	Y	NRC	\$1,655.31		
55520	Y		\$1,655.31		
55530	Y	NRC	\$1,655.31		
55535	Y	NRC	\$3,171.15		
55540	Y	NRC	\$1,685.17		
55550	Y	NRC	\$2,860.32		
55600	Y	NRC	\$959.88		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
55680	Y	NRC	\$1,655.31		
55700	Y		\$959.88		
55705	Y		\$1,655.31		
55706	Y		\$1,655.31		
55720	Y	NRC	\$1,655.31		
55725	Y	NRC	\$1,655.31		
55860	Y		\$2,521.60		
55870	Y	NRC	\$81.51		
55873	Y	NRC	\$7,889.75	\$3,267.00	\$5,578.37
55874	Y	NRC	\$4,450.30	\$1,466.16	\$2,958.23
55875	Y	NRC	\$2,521.60		
55876	N		\$1,096.78	\$602.63	\$849.70
55880	Y		\$4,779.70		
55882	Y	NRC	\$12,229.41	\$3,847.78	\$8,038.59
55920	Y		\$2,225.58		
56405	Y	NRC	\$84.75		
56420	Y	NRC	\$108.77		
56440	Y		\$1,674.26		
56441	Y		\$1,674.26		
56442	Y	NRC	\$1,674.26		
56501	Y		\$126.47		
56515	Y		\$981.09		
56605	Y		\$51.75		
56606	N	BN	\$0.00		
56620	Y	NRC	\$1,674.26		
56625	Y	NRC	\$1,674.26		
56700	Y	NRC	\$1,674.26		
56740	Y		\$1,674.26		
56800	Y	NRC	\$1,674.26		
56805	Y	NRC	\$1,674.26		
56810	Y	NRC	\$1,674.26		
56820	Y	NRC	\$65.66		
56821	Y		\$85.39		
57000	Y	NRC	\$1,674.26		
57010	Y	NRC	\$1,674.26		
57020	Y	NRC	\$2,225.58		
57022	Y	NRC	\$1,201.90		
57023	Y		\$1,201.90		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
57061	Y		\$112.57		
57065	Y		\$1,674.26		
57100	Y		\$54.99		
57105	Y		\$1,674.26		
57120	Y	NRC	\$2,225.58		
57130	Y	NRC	\$1,674.26		
57135	Y		\$1,674.26		
57150	N	BN	\$0.00		
57155	Y		\$2,225.58		
57156	Y		\$163.08		
57160	Y	NRC	\$38.49		
57170	Y	NRC	\$40.43		
57180	Y		\$108.77		
57200	Y		\$1,674.26		
57210	Y	NRC	\$1,674.26		
57220	Y	NRC	\$2,225.58		
57230	Y		\$1,674.26		
57240	Y	NRC	\$2,225.58		
57250	Y	NRC	\$2,225.58		
57260	Y	NRC	\$2,225.58		
57265	Y	NRC	\$2,225.58		
57267	N	BN	\$0.00		
57268	Y	NRC	\$2,225.58		
57282	Y	NRC	\$3,121.37		
57283	Y	NRC	\$3,121.37		
57287	N	NRC	\$1,674.26		
57288	Y	NRC	\$3,290.85	\$1,863.45	\$2,577.15
57289	Y	NRC	\$3,121.37		
57291	Y	NRC	\$2,225.58		
57295	Y	NRC	\$1,674.26		
57300	Y	NRC	\$1,674.26		
57310	Y		\$3,121.37		
57320	Y		\$2,225.58		
57400	Y	NRC	\$1,674.26		
57410	Y	NRC	\$1,674.26		
57415	Y	NRC	\$1,674.26		
57420	Y		\$69.22		
57421	Y		\$89.28		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
57425	Y	NRC	\$4,896.00		
57426	Y	NRC	\$3,121.37		
57452	Y		\$66.63		
57454	Y		\$76.01		
57455	Y		\$81.84		
57456	Y		\$77.96		
57460	Y		\$191.49		
57461	Y		\$204.75		
57500	Y		\$100.92		
57505	Y	NRC	\$103.51		
57510	Y	NRC	\$89.28		
57511	Y	NRC	\$118.39		
57513	Y	NRC	\$1,674.26		
57520	Y	NRC	\$1,674.26		
57522	Y	NRC	\$1,674.26		
57530	Y	NRC	\$2,225.58		
57550	Y	NRC	\$2,225.58		
57556	Y	NRC	\$2,225.58		
57558	Y	NRC	\$1,674.26		
57700	Y	NRC	\$1,674.26		
57720	Y	NRC	\$1,674.26		
57800	Y	NRC	\$45.93		
58100	Y		\$51.75		
58110	N	BN	\$0.00		
58120	Y	NRC	\$1,674.26		
58145	Y		\$1,674.26		
58260	Y	NRC	\$2,225.58		
58262	Y	NRC	\$2,225.58		
58301	N	NRC	\$58.22		
58321	Y	NRC	\$45.29		
58322	Y	NRC	\$47.23		
58323	Y	NRC	\$5.50		
58340	N	BN	\$0.00		
58345	Y	NRC	\$1,674.26		
58346	Y		\$2,225.58		
58350	Y	NRC	\$2,225.58		
58353	Y	NRC	\$2,225.58		
58356	Y	NRC	\$1,300.65		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
58541	Y	NRC	\$4,896.00		
58542	Y	NRC	\$4,896.00		
58543	Y	NRC	\$4,896.00		
58544	Y	NRC	\$4,896.00		
58545	Y	NRC	\$2,860.32		
58546	Y	NRC	\$4,896.00		
58550	Y	NRC	\$2,860.32		
58552	Y	NRC	\$4,896.00		
58553	Y	NRC	\$4,896.00		
58554	Y	NRC	\$4,896.00		
58555	Y	NRC	\$1,674.26		
58558	Y		\$1,674.26		
58559	Y	NRC	\$2,225.58		
58560	Y	NRC	\$2,225.58		
58561	Y	NRC	\$2,225.58		
58562	Y	NRC	\$1,674.26		
58563	Y	NRC	\$2,225.58		
58565	Y	NRC	\$3,215.76	\$1,930.57	\$2,573.16
58570	Y	NRC	\$4,896.00		
58571	Y	NRC	\$4,896.00		
58572	Y	NRC	\$4,896.00		
58573	Y	NRC	\$4,896.00		
58580	Y	NRC	\$4,510.10	\$2,707.62	\$3,608.86
58600	Y	NRC	\$1,674.26		
58615	Y	NRC	\$1,674.26		
58660	Y	NRC	\$2,860.32		
58661	Y	NRC	\$2,860.32		
58662	Y		\$2,860.32		
58670	Y	NRC	\$2,860.32		
58671	Y	NRC	\$2,860.32		
58672	Y	NRC	\$2,860.32		
58673	Y	NRC	\$4,896.00		
58674	Y	NRC	\$4,896.00		
58800	Y	NRC	\$1,674.26		
58805	Y	NRC	\$1,674.26		
58820	Y	NRC	\$1,674.26		
58900	Y		\$1,674.26		
58970	Y	NRC	\$467.17		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
58974	Y	NRC	\$467.17		
58976	Y	NRC	\$163.08		
59000	Y	NRC	\$60.16		
59001	Y	NRC	\$163.08		
59012	Y	NRC	\$163.08		
59015	Y		\$61.78		
59020	Y	NRC	\$33.32		
59025	Y	NRC	\$19.41		
59070	Y	NRC	\$163.08		
59072	Y	NRC	\$251.11	\$127.65	\$189.38
59074	Y	NRC	\$163.08		
59076	Y	NRC	\$163.08		
59100	Y	NRC	\$2,225.58		
59150	Y	NRC	\$2,860.32		
59151	Y	NRC	\$2,860.32		
59160	Y	NRC	\$1,674.26		
59200	Y	NRC	\$78.60		
59300	Y	NRC	\$119.68		
59320	Y	NRC	\$1,674.26		
59412	Y	NRC	\$1,674.26		
59414	Y	NRC	\$1,674.26		
59812	Y	NRC	\$1,674.26		
59820	Y	NRC	\$1,674.26		
59821	Y	NRC	\$1,674.26		
59840	Y	NRC	\$1,674.26		
59841	Y	NRC	\$1,674.26		
59866	Y	NRC	\$163.08		
59870	Y	NRC	\$1,674.26		
59871	N	NRC	\$1,674.26		
60000	Y	NRC	\$657.38		
60100	Y		\$50.78		
60200	Y		\$2,860.32		
60210	Y	NRC	\$2,860.32		
60212	Y	NRC	\$2,860.32		
60220	Y	NRC	\$2,860.32		
60225	Y	NRC	\$2,860.32		
60240	Y	NRC	\$2,860.32		
60260	Y	NRC	\$2,917.35		

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HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
60280	Y	NRC	\$2,860.32		
60281	Y	NRC	\$2,860.32		
60300	Y	NRC	\$65.34		
60500	Y	NRC	\$2,917.35		
60512	N	BN	\$0.00		
60660	Y	NRC	\$708.28		
60661	N	BN	\$0.00		
61000	Y	NRC	\$371.75		
61001	Y	NRC	\$371.75		
61020	Y		\$477.94		
61026	Y		\$371.75		
61050	Y		\$158.48		
61055	Y		\$158.48		
61070	Y		\$371.75		
61215	Y		\$3,089.62		
61330	Y		\$1,394.45		
61770	Y		\$3,089.62		
61781	N	BN	\$0.00		
61782	N	BN	\$0.00		
61783	N	BN	\$0.00		
61790	Y	NRC	\$924.93		
61791	Y	NRC	\$924.93		
61880	Y		\$1,944.33		
61885	N		\$22,916.78	\$4,263.22	\$13,590.00
61886	N		\$29,970.10	\$6,093.03	\$18,031.56
61888	Y		\$12,144.19	\$3,591.89	\$7,868.04
62160	N	BN	\$0.00		
62194	Y	NRC	\$924.93		
62225	Y	NRC	\$3,089.62		
62230	Y	NRC	\$3,089.62		
62252	N	NRC	\$40.43		
62263	Y		\$477.94		
62264	Y		\$477.94		
62267	Y		\$377.60		
62268	Y		\$477.94		
62269	Y		\$708.28		
62270	Y		\$371.75		
62272	Y		\$371.75		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
62273	Y		\$371.75		
62280	Y		\$525.73		
62281	Y		\$525.73		
62282	Y		\$525.73		
62284	N	BN	\$0.00		
62287	Y		\$924.93		
62290	N	BN	\$0.00		
62291	N	BN	\$0.00		
62292	Y		\$924.93		
62294	Y		\$477.94		
62302	N	BN	\$0.00		
62303	N	BN	\$0.00		
62304	N	BN	\$0.00		
62305	N	BN	\$0.00		
62320	Y		\$408.93		
62321	Y		\$408.93		
62322	Y		\$525.73		
62323	Y		\$408.93		
62324	Y		\$525.73		
62325	Y		\$525.73		
62326	Y		\$525.73		
62327	Y		\$525.73		
62328	Y		\$371.75		
62329	Y		\$371.75		
62350	Y		\$4,886.63	\$2,302.49	\$3,594.56
62355	N		\$924.93		
62360	Y		\$16,748.94	\$4,114.92	\$10,431.93
62361	Y		\$17,712.36	\$3,253.72	\$10,483.04
62362	Y		\$16,540.25	\$4,301.46	\$10,420.85
62365	N		\$3,089.62		
62367	N		\$13.91		
62368	N		\$19.41		
62369	N		\$64.69		
62370	N		\$56.61		
62380	Y		\$3,510.84		
63001	Y		\$3,510.84		
63003	Y		\$3,510.84		
63005	Y		\$3,510.84		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
63020	Y		\$3,510.84		
63030	Y		\$3,510.84		
63042	Y		\$3,510.84		
63044	N	BN	\$0.00		
63045	Y		\$3,510.84		
63046	Y		\$3,510.84		
63047	Y		\$3,510.84		
63055	Y		\$3,510.84		
63056	Y		\$3,510.84		
63600	Y		\$924.93		
63610	Y		\$1,490.38	\$664.74	\$1,077.56
63650	N		\$5,796.05	\$2,660.29	\$4,228.17
63655	N		\$20,639.34	\$6,298.99	\$13,469.16
63661	N		\$924.93		
63662	Y		\$1,944.33		
63663	N		\$5,881.77	\$2,583.64	\$4,232.70
63664	N		\$10,410.55	\$5,141.56	\$7,776.05
63685	N		\$29,961.10	\$6,101.06	\$18,031.08
63688	Y		\$1,944.33		
63744	Y	NRC	\$4,902.74	\$2,288.10	\$3,595.42
63746	N	NRC	\$924.93		
64400	Y		\$85.76		
64405	Y		\$39.49		
64408	Y		\$55.51		
64415	Y		\$525.73		
64416	Y		\$690.58	\$414.59	\$552.58
64417	Y		\$525.73		
64418	Y		\$48.04		
64420	Y		\$408.93		
64421	Y		\$525.73		
64425	Y		\$77.57		
64430	Y	NRC	\$525.73		
64435	Y	NRC	\$53.37		
64445	Y		\$111.36		
64446	Y		\$525.73		
64447	Y		\$71.52		
64448	Y		\$693.53	\$411.93	\$552.73
64449	Y		\$525.73		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
64450	Y		\$49.82		
64451	Y		\$408.93		
64454	Y		\$408.93		
64455	Y		\$24.55		
64461	Y		\$408.93		
64462	N	BN	\$0.00		
64463	Y		\$408.93		
64466	N	BN	\$0.00		
64467	N	BN	\$0.00		
64468	N	BN	\$0.00		
64469	N	BN	\$0.00		
64473	N	BN	\$0.00		
64474	N	BN	\$0.00		
64479	Y		\$525.73		
64480	N	BN	\$0.00		
64483	Y		\$525.73		
64484	N	BN	\$0.00		
64486	N	BN	\$0.00		
64487	N	BN	\$0.00		
64488	N	BN	\$0.00		
64489	N	BN	\$0.00		
64490	Y		\$525.73		
64491	N	BN	\$0.00		
64492	N	BN	\$0.00		
64493	Y		\$525.73		
64494	N	BN	\$0.00		
64495	N	BN	\$0.00		
64505	Y	NRC	\$93.93		
64510	Y		\$525.73		
64517	Y	NRC	\$525.73		
64520	Y		\$525.73		
64530	Y	NRC	\$525.73		
64553	N	NRC	\$10,363.16	\$5,183.92	\$7,773.54
64555	N		\$6,672.67	\$1,876.69	\$4,274.68
64561	N	NRC	\$5,948.21	\$2,524.25	\$4,236.23
64566	Y	NRC	\$96.78		
64568	N	NRC	\$30,597.77	\$5,531.96	\$18,064.86
64569	N	NRC	\$12,972.84	\$2,851.19	\$7,912.01

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
64570	N	NRC	\$3,398.58		
64575	N	NRC	\$11,312.25	\$4,335.54	\$7,823.89
64580	N	NRC	\$23,025.01	\$4,166.46	\$13,595.73
64581	N	NRC	\$6,240.43	\$2,263.06	\$4,251.74
64582	N	NRC	\$29,448.79	\$6,559.03	\$18,003.91
64583	Y	NRC	\$9,668.78	\$5,804.60	\$7,736.69
64584	N	NRC	\$3,398.58		
64585	Y		\$2,138.76		
64590	N	NRC	\$22,426.34	\$4,701.61	\$13,563.97
64595	Y		\$2,824.49	\$1,673.09	\$2,248.79
64596	Y		\$9,668.78	\$5,804.60	\$7,736.69
64597	N	BN	\$0.00		
64598	Y		\$2,138.76		
64600	Y		\$525.73		
64605	Y		\$1,017.42		
64610	Y		\$1,017.42		
64611	Y	NRC	\$91.80		
64612	Y		\$87.18		
64615	Y		\$75.43		
64616	Y		\$76.14		
64617	Y		\$94.64		
64620	Y		\$525.73		
64624	Y		\$1,017.42		
64625	Y		\$1,017.42		
64628	Y		\$10,857.37	\$4,616.16	\$7,736.76
64630	Y	NRC	\$525.73		
64632	Y		\$50.52		
64633	Y		\$1,017.42		
64634	N	BN	\$0.00		
64635	Y		\$1,017.42		
64636	N	BN	\$0.00		
64640	Y		\$187.15		
64642	Y		\$92.16		
64643	N	BN	\$0.00		
64644	Y		\$112.08		
64645	N	BN	\$0.00		
64646	Y		\$92.16		
64647	Y		\$100.34		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
64650	Y	NRC	\$64.41		
64653	Y	NRC	\$71.87		
64680	Y	NRC	\$525.73		
64681	Y	NRC	\$525.73		
64702	Y		\$924.93		
64704	Y		\$924.93		
64708	Y		\$924.93		
64712	Y		\$924.93		
64713	Y		\$924.93		
64714	Y		\$924.93		
64716	Y		\$924.93		
64718	Y		\$924.93		
64719	Y		\$924.93		
64721	Y		\$924.93		
64722	Y		\$924.93		
64726	Y		\$924.93		
64727	N	BN	\$0.00		
64732	Y		\$924.93		
64734	Y		\$924.93		
64736	Y		\$924.93		
64738	Y		\$924.93		
64740	Y		\$924.93		
64742	Y		\$924.93		
64744	Y		\$924.93		
64746	Y		\$924.93		
64763	Y		\$924.93		
64766	Y		\$1,336.44	\$802.32	\$1,069.38
64771	Y		\$924.93		
64772	Y		\$924.93		
64774	Y		\$924.93		
64776	Y		\$924.93		
64778	N	BN	\$0.00		
64782	Y		\$924.93		
64783	N	BN	\$0.00		
64784	Y		\$924.93		
64786	Y		\$3,089.62		
64787	N	BN	\$0.00		
64788	Y		\$924.93		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
64790	Y		\$924.93		
64792	Y		\$3,089.62		
64795	Y		\$924.93		
64802	Y		\$924.93		
64820	Y		\$924.93		
64821	Y		\$1,579.16		
64822	Y		\$1,579.16		
64823	Y		\$1,579.16		
64831	Y		\$924.93		
64832	N	BN	\$0.00		
64834	Y		\$3,089.62		
64835	Y		\$3,089.62		
64836	Y		\$3,089.62		
64837	N	BN	\$0.00		
64840	Y		\$3,089.62		
64856	Y		\$3,089.62		
64857	Y		\$3,089.62		
64858	Y		\$924.93		
64859	N	BN	\$0.00		
64861	Y		\$924.93		
64862	Y		\$3,089.62		
64864	Y		\$3,089.62		
64865	Y		\$4,464.23	\$2,680.08	\$3,572.15
64872	N	BN	\$0.00		
64874	N	BN	\$0.00		
64876	N	BN	\$0.00		
64885	Y		\$3,089.62		
64886	Y		\$4,464.23	\$2,680.08	\$3,572.15
64890	Y		\$4,464.23	\$2,680.08	\$3,572.15
64891	Y		\$4,464.23	\$2,680.08	\$3,572.15
64892	Y		\$5,230.94	\$1,994.72	\$3,612.83
64893	Y		\$3,089.62		
64895	Y		\$3,089.62		
64896	Y		\$3,089.62		
64897	Y		\$3,089.62		
64898	Y		\$3,089.62		
64901	N	BN	\$0.00		
64902	N	BN	\$0.00		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
64905	Y		\$3,089.62		
64907	Y		\$3,089.62		
64910	Y		\$5,051.03	\$2,155.53	\$3,603.28
64912	Y		\$5,203.59	\$2,019.17	\$3,611.38
64913	N	BN	\$0.00		
65091	Y		\$1,587.04		
65093	Y		\$1,587.04		
65101	Y		\$1,587.04		
65103	Y		\$1,587.04		
65105	Y		\$1,587.04		
65110	Y		\$1,587.04		
65112	Y		\$1,587.04		
65114	Y		\$1,587.04		
65125	Y		\$1,026.00		
65130	Y		\$1,587.04		
65135	Y		\$1,587.04		
65140	Y		\$1,587.04		
65150	Y		\$1,587.04		
65155	Y		\$1,587.04		
65175	Y		\$1,587.04		
65205	N	BN	\$0.00		
65210	N	BN	\$0.00		
65220	N	BN	\$0.00		
65222	N	BN	\$0.00		
65235	Y		\$1,214.31		
65260	Y		\$1,214.31		
65265	Y		\$1,214.31		
65270	Y		\$1,026.00		
65272	Y		\$1,026.00		
65275	Y		\$1,587.04		
65280	Y		\$2,628.34		
65285	Y		\$2,628.34		
65286	Y		\$432.47		
65290	Y		\$1,587.04		
65400	Y		\$495.97		
65410	Y		\$1,026.00		
65420	Y		\$1,026.00		
65426	Y		\$1,026.00		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
65430	N	BN	\$0.00		
65435	Y		\$47.55		
65436	Y		\$206.37		
65450	Y		\$160.11		
65600	Y		\$273.33		
65710	Y		\$2,628.34		
65730	Y		\$2,094.33		
65750	Y		\$2,628.34		
65755	Y		\$2,094.33		
65756	Y		\$2,094.33		
65757	N	BN	\$0.00		
65770	Y		\$12,594.95	\$4,332.76	\$8,463.85
65772	Y		\$495.97		
65775	Y		\$1,026.00		
65778	N	BN	\$0.00		
65779	N	BN	\$0.00		
65780	Y	NRC	\$1,587.04		
65781	Y	NRC	\$4,045.89	\$2,058.09	\$3,051.99
65782	Y	NRC	\$1,587.04		
65785	Y	NRC	\$3,398.35	\$1,483.98	\$2,441.16
65800	Y	NRC	\$1,214.31		
65810	Y	NRC	\$1,214.31		
65815	Y		\$1,214.31		
65820	Y	NRC	\$2,094.33		
65850	Y	NRC	\$1,214.31		
65855	Y	NRC	\$130.68		
65860	Y		\$170.14		
65865	Y		\$1,214.31		
65870	Y		\$1,214.31		
65875	Y		\$1,214.31		
65880	Y		\$2,094.33		
65900	Y		\$1,214.31		
65920	Y		\$1,214.31		
65930	Y		\$1,214.31		
66020	Y		\$1,214.31		
66030	Y		\$1,214.31		
66130	Y		\$1,026.00		
66150	Y	NRC	\$2,094.33		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
66155	Y	NRC	\$2,094.33		
66160	Y	NRC	\$1,214.31		
66170	Y	NRC	\$1,214.31		
66172	Y	NRC	\$1,214.31		
66174	Y	NRC	\$2,094.33		
66175	Y	NRC	\$4,849.13	\$1,340.12	\$3,094.62
66179	Y	NRC	\$3,777.81	\$2,297.73	\$3,037.77
66180	Y	NRC	\$3,903.20	\$2,185.66	\$3,044.43
66183	Y	NRC	\$3,410.31	\$1,473.31	\$2,441.81
66184	Y	NRC	\$1,214.31		
66185	Y	NRC	\$1,214.31		
66225	Y		\$2,628.34		
66250	Y		\$1,026.00		
66500	Y		\$1,214.31		
66505	Y		\$1,214.31		
66600	Y		\$2,094.33		
66605	Y	NRC	\$1,214.31		
66625	Y	NRC	\$1,214.31		
66630	Y	NRC	\$1,214.31		
66635	Y		\$1,214.31		
66680	Y		\$1,214.31		
66682	Y		\$1,214.31		
66683	Y	NRC	\$15,829.53	\$3,912.48	\$9,871.00
66700	Y		\$1,214.31		
66710	Y		\$1,026.00		
66711	Y		\$1,214.31		
66720	Y		\$1,026.00		
66740	Y		\$1,026.00		
66761	Y	NRC	\$180.49		
66762	Y	NRC	\$270.74		
66770	Y		\$294.52		
66820	Y	NRC	\$1,214.31		
66821	Y	NRC	\$294.52		
66825	Y		\$1,214.31		
66830	Y		\$1,214.31		
66840	Y		\$1,214.31		
66850	Y		\$1,214.31		
66852	Y	NRC	\$2,094.33		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
66920	Y	NRC	\$1,214.31		
66930	Y	NRC	\$2,094.33		
66940	Y	NRC	\$1,214.31		
66982	Y	NRC	\$1,214.31		
66983	Y	NRC	\$1,214.31		
66984	Y	NRC	\$1,214.31		
66985	Y	NRC	\$1,214.31		
66986	Y	NRC	\$1,214.31		
66987	Y	NRC	\$2,094.33		
66988	Y	NRC	\$2,094.33		
66989	Y	NRC	\$4,289.68	\$1,840.18	\$3,064.93
66990	N	BN	\$0.00		
66991	Y	NRC	\$4,286.06	\$1,843.42	\$3,064.74
67005	Y		\$1,214.31		
67010	Y		\$1,214.31		
67015	Y		\$1,214.31		
67025	Y		\$1,214.31		
67027	Y		\$1,882.00		
67028	N		\$58.55		
67030	Y	NRC	\$1,214.31		
67031	Y	NRC	\$294.52		
67036	Y		\$2,094.33		
67039	Y		\$2,094.33		
67040	Y		\$2,094.33		
67041	Y	NRC	\$2,094.33		
67042	Y	NRC	\$2,094.33		
67043	Y	NRC	\$2,094.33		
67101	Y		\$199.25		
67105	Y		\$166.26		
67107	Y		\$2,094.33		
67108	Y		\$2,094.33		
67110	Y		\$493.93		
67113	Y		\$2,628.34		
67115	Y		\$2,094.33		
67120	Y	NRC	\$1,214.31		
67121	Y	NRC	\$1,214.31		
67141	Y	NRC	\$160.11		
67145	Y	NRC	\$145.24		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
67208	Y		\$160.11		
67210	Y		\$272.03		
67218	Y		\$1,587.04		
67220	Y		\$286.27		
67221	Y	NRC	\$150.73		
67225	N	BN	\$0.00		
67227	Y		\$161.41		
67228	Y		\$172.41		
67229	Y	NRC	\$294.52		
67250	Y		\$1,026.00		
67255	Y		\$2,094.33		
67311	Y	NRC	\$1,026.00		
67312	Y	NRC	\$1,587.04		
67314	Y	NRC	\$1,026.00		
67316	Y	NRC	\$1,026.00		
67318	Y	NRC	\$1,026.00		
67320	N	BN	\$0.00		
67331	N	BN	\$0.00		
67332	N	BN	\$0.00		
67334	N	BN	\$0.00		
67335	N	BN	\$0.00		
67340	N	BN	\$0.00		
67343	Y	NRC	\$1,026.00		
67345	Y		\$123.89		
67346	Y		\$1,587.04		
67400	Y		\$1,587.04		
67405	Y		\$1,026.00		
67412	Y		\$1,026.00		
67413	Y		\$1,026.00		
67414	Y		\$1,587.04		
67415	Y		\$1,026.00		
67420	Y		\$1,587.04		
67430	Y		\$1,587.04		
67440	Y		\$2,293.13	\$1,376.67	\$1,834.90
67445	Y		\$1,587.04		
67450	Y		\$1,587.04		
67500	Y		\$32.99		
67505	Y		\$41.08		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
67515	Y		\$23.29		
67516	Y		\$62.11		
67550	Y		\$1,587.04		
67560	Y		\$1,587.04		
67570	Y		\$1,587.04		
67700	Y	NRC	\$160.11		
67710	Y	NRC	\$189.87		
67715	Y	NRC	\$1,026.00		
67800	Y		\$75.69		
67801	Y		\$90.89		
67805	Y		\$117.74		
67808	Y		\$1,026.00		
67810	Y		\$132.94		
67820	N	BN	\$0.00		
67825	Y	NRC	\$79.57		
67830	Y	NRC	\$495.97		
67835	Y	NRC	\$1,026.00		
67840	Y		\$191.81		
67850	Y		\$145.88		
67875	Y	NRC	\$495.97		
67880	Y	NRC	\$1,026.00		
67882	Y	NRC	\$1,026.00		
67900	Y	NRC	\$1,026.00		
67901	Y	NRC	\$1,026.00		
67902	Y	NRC	\$1,587.04		
67903	Y	NRC	\$1,026.00		
67904	Y	NRC	\$1,026.00		
67906	Y	NRC	\$1,587.04		
67908	Y	NRC	\$1,026.00		
67909	Y	NRC	\$1,026.00		
67911	Y	NRC	\$1,026.00		
67912	Y	NRC	\$1,026.00		
67914	Y	NRC	\$1,026.00		
67915	Y	NRC	\$226.43		
67916	Y	NRC	\$1,026.00		
67917	Y	NRC	\$1,026.00		
67921	Y	NRC	\$1,026.00		
67922	Y	NRC	\$221.57		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
67923	Y	NRC	\$1,026.00		
67924	Y	NRC	\$1,026.00		
67930	Y		\$226.10		
67935	Y		\$1,026.00		
67938	Y		\$160.11		
67950	Y		\$1,026.00		
67961	Y		\$1,026.00		
67966	Y		\$1,026.00		
67971	Y		\$1,026.00		
67973	Y		\$1,026.00		
67974	Y		\$1,587.04		
67975	Y		\$1,026.00		
68020	Y	NRC	\$67.93		
68040	Y		\$31.70		
68100	Y		\$122.92		
68110	Y		\$161.73		
68115	Y		\$1,026.00		
68130	Y		\$1,026.00		
68135	Y		\$86.69		
68200	N	BN	\$0.00		
68320	Y	NRC	\$1,026.00		
68325	Y	NRC	\$1,587.04		
68326	Y	NRC	\$1,587.04		
68328	Y	NRC	\$1,026.00		
68330	Y	NRC	\$1,214.31		
68335	Y	NRC	\$1,587.04		
68340	Y	NRC	\$1,026.00		
68360	Y	NRC	\$1,587.04		
68362	Y	NRC	\$1,026.00		
68371	Y	NRC	\$1,026.00		
68400	Y	NRC	\$219.63		
68420	Y	NRC	\$231.92		
68440	Y	NRC	\$66.63		
68500	Y		\$1,587.04		
68505	Y		\$1,587.04		
68510	Y		\$1,026.00		
68520	Y	NRC	\$1,587.04		
68525	Y		\$1,026.00		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
68530	Y		\$160.11		
68540	Y		\$1,026.00		
68550	Y		\$1,587.04		
68700	Y	NRC	\$1,026.00		
68705	Y	NRC	\$160.11		
68720	Y	NRC	\$1,587.04		
68745	Y	NRC	\$1,587.04		
68750	Y	NRC	\$1,587.04		
68760	Y	NRC	\$146.21		
68761	Y	NRC	\$90.89		
68770	Y	NRC	\$1,026.00		
68801	N	BN	\$0.00		
68810	Y	NRC	\$160.11		
68811	Y	NRC	\$1,026.00		
68815	Y	NRC	\$1,026.00		
68816	Y	NRC	\$1,026.00		
68840	Y	NRC	\$83.13		
68841	N	BN	\$0.00		
68850	N	BN	\$0.00		
69000	Y		\$123.24		
69005	Y		\$131.97		
69020	Y		\$165.94		
69100	Y		\$62.75		
69105	Y		\$106.10		
69110	Y		\$1,201.90		
69120	Y		\$2,917.35		
69140	Y		\$2,917.35		
69145	Y		\$1,201.90		
69150	Y		\$2,917.35		
69200	N	BN	\$0.00		
69205	Y		\$708.28		
69209	N	BN	\$0.00		
69210	N	BN	\$0.00		
69220	N	BN	\$0.00		
69222	Y	NRC	\$154.29		
69300	Y	NRC	\$1,394.45		
69310	Y		\$2,917.35		
69320	Y	NRC	\$2,917.35		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
69420	Y	NRC	\$124.13		
69421	Y	NRC	\$1,394.45		
69424	N	NRC	\$92.19		
69433	Y	NRC	\$137.47		
69436	Y	NRC	\$657.38		
69440	Y	NRC	\$1,394.45		
69450	Y	NRC	\$1,394.45		
69501	Y	NRC	\$2,917.35		
69502	Y	NRC	\$2,917.35		
69505	Y	NRC	\$2,917.35		
69511	Y	NRC	\$2,917.35		
69530	Y	NRC	\$2,917.35		
69540	Y		\$155.59		
69550	Y		\$2,917.35		
69552	Y		\$2,917.35		
69601	Y	NRC	\$2,917.35		
69602	Y	NRC	\$2,917.35		
69603	Y	NRC	\$2,917.35		
69604	Y	NRC	\$2,917.35		
69610	Y	NRC	\$206.37		
69620	Y	NRC	\$1,394.45		
69631	Y	NRC	\$2,917.35		
69632	Y	NRC	\$2,917.35		
69633	Y	NRC	\$2,917.35		
69635	Y	NRC	\$2,917.35		
69636	Y	NRC	\$2,917.35		
69637	Y	NRC	\$2,917.35		
69641	Y	NRC	\$2,917.35		
69642	Y	NRC	\$2,917.35		
69643	Y	NRC	\$2,917.35		
69644	Y	NRC	\$2,917.35		
69645	Y	NRC	\$2,917.35		
69646	Y	NRC	\$2,917.35		
69650	Y	NRC	\$1,394.45		
69660	Y	NRC	\$2,917.35		
69661	Y	NRC	\$2,917.35		
69662	Y	NRC	\$2,917.35		
69666	Y	NRC	\$1,394.45		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
69667	Y	NRC	\$1,394.45		
69670	Y	NRC	\$2,917.35		
69676	Y	NRC	\$1,394.45		
69700	Y	NRC	\$657.38		
69705	Y	NRC	\$4,830.23	\$1,980.97	\$3,405.60
69706	Y	NRC	\$4,815.30	\$1,994.30	\$3,404.80
69711	Y	NRC	\$1,394.45		
69714	Y	NRC	\$11,607.67	\$3,945.47	\$7,776.57
69716	Y	NRC	\$11,593.97	\$3,957.72	\$7,775.84
69717	Y	NRC	\$6,087.05	\$2,138.87	\$4,112.96
69719	Y	NRC	\$12,050.03	\$3,550.07	\$7,800.05
69720	Y		\$2,917.35		
69726	Y	NRC	\$1,579.16		
69727	Y	NRC	\$1,579.16		
69728	Y	NRC	\$1,579.16		
69729	Y	NRC	\$11,693.15	\$3,869.08	\$7,781.11
69730	Y	NRC	\$10,646.64	\$4,804.54	\$7,725.59
69740	Y		\$2,917.35		
69745	Y		\$2,917.35		
69801	Y	NRC	\$143.29		
69805	Y	NRC	\$2,917.35		
69806	Y	NRC	\$2,917.35		
69905	Y	NRC	\$2,917.35		
69910	Y	NRC	\$2,917.35		
69915	Y	NRC	\$1,394.45		
69930	Y	NRC	\$31,498.69	\$7,785.31	\$19,642.00
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		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
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		\$130.28		
70350	N	BN	\$0.00		
70355	N	BN	\$0.00		
70360	N	BN	\$0.00		
70370	N	BN	\$0.00		
70371	N	BN	\$0.00		
70380	N	BN	\$0.00		
70390	N	BN	\$0.00		
70450	N		\$56.71		
70460	N		\$94.13		
70470	N		\$96.71		
70480	N		\$56.71		
70481	N		\$96.71		
70482	N		\$96.71		
70486	N		\$56.71		
70487	N		\$96.71		
70488	N		\$96.71		
70490	N		\$56.71		
70491	N		\$96.71		
70492	N		\$96.71		
70496	N		\$96.71		
70498	N		\$96.71		
70540	N		\$130.28		
70542	N		\$188.26		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
70543	N		\$192.74		
70544	N		\$130.28		
70545	N		\$168.85		
70546	N		\$192.74		
70547	N		\$130.28		
70548	N		\$173.38		
70549	N		\$192.74		
70551	N		\$125.50		
70552	N		\$184.38		
70553	N		\$192.74		
70554	N		\$130.28		
70555	N		\$130.28		
70557	N		\$291.79		
70558	N		\$96.71		
70559	N		\$96.71		
71045	N		\$16.50		
71046	N		\$22.32		
71047	N	BN	\$0.00		
71048	N	BN	\$0.00		
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		\$56.71		
71260	N		\$96.71		
71270	N		\$96.71		
71275	N		\$96.71		
71550	N		\$130.28		
71551	N		\$287.56		
71552	N		\$192.74		
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		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
72074	N	BN	\$0.00		
72080	N	BN	\$0.00		
72081	N	BN	\$0.00		
72082	N	BN	\$0.00		
72083	N		\$56.71		
72084	N		\$56.71		
72100	N	BN	\$0.00		
72110	N	BN	\$0.00		
72114	N	BN	\$0.00		
72120	N	BN	\$0.00		
72125	N		\$56.71		
72126	N		\$109.98		
72127	N		\$96.71		
72128	N		\$56.71		
72129	N		\$96.71		
72130	N		\$96.71		
72131	N		\$56.71		
72132	N		\$110.63		
72133	N		\$96.71		
72141	N		\$119.36		
72142	N		\$187.93		
72146	N		\$119.68		
72147	N		\$185.99		
72148	N		\$120.01		
72149	N		\$183.40		
72156	N		\$192.74		
72157	N		\$192.74		
72158	N		\$192.74		
72170	N	BN	\$0.00		
72190	N	BN	\$0.00		
72191	N		\$96.71		
72192	N		\$56.71		
72193	N		\$96.71		
72194	N		\$96.71		
72195	N		\$130.28		
72196	N		\$184.70		
72197	N		\$192.74		
72200	N	BN	\$0.00		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
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		
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		\$56.71		
73201	N		\$143.29		
73202	N		\$96.71		
73206	N		\$96.71		
73218	N		\$130.28		
73219	N		\$192.74		
73220	N		\$192.74		
73221	N		\$130.28		
73222	N		\$230.63		
73223	N		\$192.74		
73501	N	BN	\$0.00		
73502	N	BN	\$0.00		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
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		
73650	N	BN	\$0.00		
73660	N	BN	\$0.00		
73700	N		\$56.71		
73701	N		\$96.71		
73702	N		\$96.71		
73706	N		\$96.71		
73718	N		\$130.28		
73719	N		\$183.73		
73720	N		\$192.74		
73721	N		\$130.28		
73722	N		\$232.25		
73723	N		\$192.74		
74018	N	BN	\$0.00		
74019	N	BN	\$0.00		
74021	N	BN	\$0.00		
74022	N	BN	\$0.00		
74150	N		\$56.71		
74160	N		\$96.71		
74170	N		\$96.71		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
74174	N		\$192.74		
74175	N		\$96.71		
74176	N		\$100.92		
74177	N		\$192.74		
74178	N		\$192.74		
74181	N		\$125.50		
74182	N		\$192.74		
74183	N		\$192.74		
74190	N	BN	\$0.00		
74210	N	BN	\$0.00		
74220	N	BN	\$0.00		
74221	N	BN	\$0.00		
74230	N		\$93.48		
74235	N	BN	\$0.00		
74240	N		\$79.90		
74246	N	NRC	\$91.22		
74248	N	BN	\$0.00		
74250	N	NRC	\$79.25		
74251	N	NRC	\$96.71		
74261	N	NRC	\$56.71		
74262	N	NRC	\$96.71		
74270	N	BN	\$0.00		
74280	N	BN	\$0.00		
74283	N	NRC	\$96.71		
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	\$96.71		
74410	N	NRC	\$96.71		
74415	N	NRC	\$96.71		
74420	N	NRC	\$192.74		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
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	\$130.28		
74713	N	BN	\$0.00		
74740	N	BN	\$0.00		
74742	N	BN	\$0.00		
74775	N	NRC	\$130.28		
75557	N	NRC	\$130.28		
75559	N	NRC	\$231.92		
75561	N	NRC	\$192.74		
75563	N	NRC	\$277.53		
75565	N	BN	\$0.00		
75571	N	BN	\$0.00		
75572	N		\$144.59		
75573	N	NRC	\$184.38		
75574	N		\$192.74		
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	\$96.72		
75733	N	BN	\$0.00		
75736	N	BN	\$0.00		
75741	N	BN	\$0.00		
75743	N	BN	\$0.00		
75746	N	NRC	\$80.22		
75756	N	BN	\$0.00		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
75774	N	BN	\$0.00		
75801	N	BN	\$0.00		
75803	N	NRC	\$632.40		
75805	N	NRC	\$1,588.69		
75807	N	BN	\$0.00		
75809	N	BN	\$0.00		
75810	N	NRC	\$1,588.69		
75820	N	BN	\$0.00		
75822	N	NRC	\$62.43		
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	\$100.60		
75872	N	BN	\$0.00		
75880	N	BN	\$0.00		
75885	N	BN	\$0.00		
75887	N	NRC	\$69.87		
75889	N	BN	\$0.00		
75891	N	BN	\$0.00		
75893	N	BN	\$0.00		
75894	N	BN	\$0.00		
75898	N	NRC	\$1,588.69		
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		\$26.85		
76010	N	BN	\$0.00		
76015	N	BN	\$0.00		
76080	N	BN	\$0.00		
76098	N	BN	\$0.00		
76100	N	BN	\$0.00		
76120	N	BN	\$0.00		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
76125	N	BN	\$0.00		
76145	N	NRC	\$284.98		
76376	N	BN	\$0.00		
76377	N	BN	\$0.00		
76380	N	BN	\$0.00		
76390	N		\$48.59		
76391	N		\$130.28		
76496	N	BN	\$0.00		
76497	N	BN	\$0.00		
76498	N	NRC	\$48.59		
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		
76536	N	BN	\$0.00		
76604	N	BN	\$0.00		
76641	N	BN	\$0.00		
76642	N	BN	\$0.00		
76700	N		\$56.71		
76705	N		\$56.71		
76770	N		\$56.71		
76775	N	BN	\$0.00		
76776	N		\$56.71		
76800	N	BN	\$0.00		
76801	N	NRC	\$56.71		
76802	N	BN	\$0.00		
76805	N	NRC	\$56.71		
76810	N	BN	\$0.00		
76811	N	NRC	\$84.75		
76812	N	BN	\$0.00		
76813	N	BN	\$0.00		
76814	N	BN	\$0.00		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
76815	N	BN	\$0.00		
76816	N	BN	\$0.00		
76817	N	BN	\$0.00		
76818	N	NRC	\$56.71		
76819	N	NRC	\$47.55		
76820	N	BN	\$0.00		
76821	N	BN	\$0.00		
76825	N	NRC	\$171.76		
76826	N	NRC	\$110.95		
76827	N	BN	\$0.00		
76828	N	BN	\$0.00		
76830	N	NRC	\$56.71		
76831	N	NRC	\$76.98		
76856	N	NRC	\$56.71		
76857	N	NRC	\$25.55		
76870	N	BN	\$0.00		
76872	N	NRC	\$56.71		
76873	N	NRC	\$56.71		
76881	N	NRC	\$10.03		
76882	N	BN	\$0.00		
76883	N	BN	\$0.00		
76885	N	BN	\$0.00		
76886	N	BN	\$0.00		
76932	N	BN	\$0.00		
76936	N	NRC	\$158.82		
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	\$4.21		
76978	N		\$96.71		
76979	N	BN	\$0.00		
76981	N		\$56.71		

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HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
76982	N		\$56.71		
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		\$130.28		
77047	N		\$130.28		
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		
77075	N	BN	\$0.00		
77076	N	BN	\$0.00		
77077	N	BN	\$0.00		
77078	N	NRC	\$48.59		
77080	N	NRC	\$28.79		
77081	N	NRC	\$21.67		
77084	N		\$130.28		
77085	N	BN	\$0.00		
77086	N	BN	\$0.00		
77280	N		\$71.13		
77285	N		\$196.49		
77290	N		\$196.49		
77293	N	BN	\$0.00		
77295	N		\$249.39		
77299	N	NRC	\$71.13		
77300	N		\$32.99		
77301	N		\$733.21		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
77306	N		\$73.10		
77307	N		\$132.62		
77316	N		\$167.55		
77317	N		\$196.49		
77318	N		\$196.49		
77321	N		\$43.34		
77331	N		\$18.44		
77332	N		\$16.17		
77333	N		\$71.13		
77334	N		\$63.72		
77336	N		\$71.13		
77338	N		\$196.49		
77370	N		\$71.13		
77385	N		\$310.56		
77386	N		\$310.56		
77387	N	BN	\$0.00		
77399	N	NRC	\$71.13		
77401	N		\$39.46		
77402	N		\$58.80		
77407	N		\$141.20		
77412	N		\$141.20		
77417	N	BN	\$0.00		
77423	N		\$32.99		
77424	N		\$2,234.31		
77425	N		\$2,234.31		
77435	N	BN	\$0.00		
77470	N		\$37.20		
77520	N		\$310.56		
77522	N		\$684.09		
77523	N		\$684.09		
77525	N		\$684.09		
77600	N	NRC	\$141.20		
77605	N	NRC	\$376.27		
77610	N	NRC	\$310.56		
77615	N	NRC	\$310.56		
77620	N	NRC	\$310.56		
77750	N		\$128.74		
77761	N		\$213.81		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
77762	N		\$246.16		
77763	N		\$323.47		
77767	N		\$141.20		
77768	N		\$141.20		
77770	N		\$237.42		
77771	N		\$376.27		
77772	N		\$376.27		
77778	N		\$376.27		
77789	N		\$58.80		
77790	N	BN	\$0.00		
77799	N	NRC	\$58.80		
78012	N		\$216.76		
78013	N		\$216.76		
78014	N		\$216.76		
78015	N		\$216.76		
78016	N		\$216.76		
78018	N		\$291.51		
78020	N	BN	\$0.00		
78070	N	NRC	\$216.76		
78071	N	NRC	\$216.76		
78072	N	NRC	\$291.51		
78075	N	NRC	\$712.70		
78099	N	NRC	\$216.76		
78102	N		\$216.76		
78103	N		\$216.76		
78104	N		\$216.76		
78110	N	NRC	\$712.70		
78111	N	NRC	\$712.70		
78120	N	NRC	\$216.76		
78121	N	NRC	\$291.51		
78122	N		\$291.51		
78130	N		\$216.76		
78140	N		\$216.76		
78185	N		\$216.76		
78191	N		\$216.76		
78195	N		\$291.51		
78199	N	NRC	\$216.76		
78201	N		\$291.51		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
78202	N		\$291.51		
78215	N		\$216.76		
78216	N		\$216.76		
78226	N		\$216.76		
78227	N		\$291.51		
78230	N	NRC	\$216.76		
78231	N	NRC	\$216.76		
78232	N	NRC	\$216.76		
78258	N	NRC	\$216.76		
78261	N	NRC	\$216.76		
78262	N	NRC	\$216.76		
78264	N	NRC	\$216.76		
78265	N	NRC	\$216.76		
78266	N	NRC	\$291.51		
78278	N		\$216.76		
78282	N	NRC	\$216.76		
78290	N	NRC	\$216.76		
78291	N	NRC	\$216.76		
78299	N	NRC	\$216.76		
78300	N		\$216.76		
78305	N		\$216.76		
78306	N		\$216.76		
78315	N		\$216.76		
78399	N	NRC	\$216.76		
78414	N	NRC	\$291.51		
78428	N	NRC	\$216.76		
78429	N	NRC	\$783.26		
78430	N	NRC	\$783.26		
78431	N	NRC	\$1,208.13		
78432	N	NRC	\$1,047.08		
78433	N	NRC	\$1,208.13		
78434	N	BN	\$0.00		
78445	N		\$216.76		
78451	N		\$712.70		
78452	N		\$712.70		
78453	N		\$712.70		
78454	N		\$712.70		
78456	N		\$712.70		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
78457	N		\$291.51		
78458	N		\$216.76		
78459	N	NRC	\$712.70		
78466	N	NRC	\$216.76		
78468	N	NRC	\$291.51		
78469	N	NRC	\$291.51		
78472	N	NRC	\$216.76		
78473	N	NRC	\$216.76		
78481	N	NRC	\$291.51		
78483	N	NRC	\$291.51		
78491	N	NRC	\$783.26		
78492	N	NRC	\$783.26		
78494	N	NRC	\$216.76		
78496	N	BN	\$0.00		
78499	N	NRC	\$216.76		
78579	N		\$216.76		
78580	N		\$216.76		
78582	N		\$291.51		
78597	N		\$216.76		
78598	N		\$291.51		
78599	N	NRC	\$216.76		
78600	N		\$216.76		
78601	N		\$216.76		
78605	N		\$291.51		
78606	N		\$291.51		
78608	N	NRC	\$783.26		
78610	N		\$291.51		
78630	N		\$291.51		
78635	N		\$291.51		
78645	N		\$291.51		
78650	N		\$712.70		
78660	N		\$216.76		
78699	N	NRC	\$216.76		
78700	N		\$216.76		
78701	N		\$216.76		
78707	N	NRC	\$291.51		
78708	N	NRC	\$291.51		
78709	N	NRC	\$291.51		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
78725	N		\$216.76		
78730	N	BN	\$0.00		
78740	N	NRC	\$216.76		
78761	N	NRC	\$216.76		
78799	N	NRC	\$216.76		
78800	N		\$216.76		
78801	N		\$216.76		
78802	N		\$712.70		
78803	N		\$712.70		
78804	N		\$712.70		
78808	N	BN	\$0.00		
78811	N	NRC	\$712.70		
78812	N	NRC	\$783.26		
78813	N	NRC	\$783.26		
78814	N	NRC	\$783.26		
78815	N	NRC	\$783.26		
78816	N	NRC	\$783.26		
78830	N		\$712.70		
78831	N		\$712.70		
78832	N		\$783.26		
78835	N	BN	\$0.00		
78999	N	NRC	\$216.76		
79005	N		\$49.49		
79101	N		\$51.43		
79200	N		\$50.14		
79300	N		\$120.32		
79403	N	NRC	\$77.96		
79440	N	NRC	\$37.85		
79445	N	NRC	\$120.32		
79999	N	NRC	\$120.32		
90371	N		\$139.93		
90375	N		\$287.71		
90376	N		\$479.72		
90377	N		\$265.51		
90378	N	NRC	\$719.87		
90393	N	BN	\$0.00		
90396	N	NRC	\$2,250.71		
90476	N	BN	\$0.00		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
90581	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		
90655	N	BN	\$0.00		
90656	N	BN	\$0.00		
90657	N	BN	\$0.00		
90658	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		\$350.14		
90676	N		\$264.47		
90680	N	BN	\$0.00		
90682	N	BN	\$0.00		
90684	N	BN	\$0.00		
90684	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		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
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		
90885	N	BN	\$0.00		
90887	N	BN	\$0.00		
90889	N	BN	\$0.00		
90940	N	BN	\$0.00		
91035	N		\$284.98		
91200	N	BN	\$0.00		
92920	Y		\$4,136.07	\$1,980.26	\$3,058.16
92921	N	BN	\$0.00		
92928	Y		\$7,973.34	\$3,866.97	\$5,920.15
92929	N	BN	\$0.00		
92978	N	BN	\$0.00		
93355	N	BN	\$0.00		
93451	Y		\$1,655.71		
93452	Y		\$1,655.71		
93453	Y		\$1,655.71		
93454	Y		\$1,655.71		
93455	Y		\$1,655.71		
93456	Y		\$1,655.71		
93457	Y		\$1,655.71		
93458	Y		\$1,655.71		
93459	Y		\$1,655.71		
93460	Y		\$1,655.71		
93461	Y		\$1,655.71		
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		\$130.28		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
93986	N		\$56.71		
0101T	Y	NRC	\$128.93		
0102T	Y	NRC	\$1,579.16		
0200T	Y	NRC	\$5,232.39	\$2,902.85	\$4,067.62
0201T	Y	NRC	\$3,510.84		
0213T	Y	NRC	\$477.94		
0214T	N	BN	\$0.00		
0215T	N	BN	\$0.00		
0216T	Y	NRC	\$477.94		
0217T	N	BN	\$0.00		
0218T	N	BN	\$0.00		
0232T	N	BN	\$0.00		
0238T	Y	NRC	\$13,146.75	\$5,939.27	\$9,543.01
0253T	Y	NRC	\$3,365.19	\$1,513.63	\$2,439.41
0263T	N	NRC	\$2,515.29		
0264T	N	NRC	\$2,515.29		
0265T	N	NRC	\$2,515.29		
0266T	N	NRC	\$48,116.60	\$9,146.17	\$28,631.38
0268T	N	NRC	\$30,229.25	\$5,861.36	\$18,045.30
0269T	N	NRC	\$3,089.62		
0270T	Y	NRC	\$1,944.33		
0271T	Y	NRC	\$1,944.33		
0274T	Y	NRC	\$3,510.84		
0275T	Y	NRC	\$6,022.48	\$2,196.60	\$4,109.54
0278T	N	BN	\$0.00		
0308T	Y	NRC	\$12,961.87	\$6,475.83	\$9,718.85
0330T	N	BN	\$0.00		
0331T	N	NRC	\$712.70		
0332T	N	NRC	\$712.70		
0335T	Y	NRC	\$6,321.19	\$1,929.60	\$4,125.39
0338T	N	NRC	\$2,629.62		
0339T	N	NRC	\$4,264.10	\$1,865.82	\$3,064.96
0342T	N	NRC	\$2,515.29		
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		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
0353T	N	BN	\$0.00		
0379T	N	BN	\$0.00		
0394T	N	NRC	\$141.20		
0395T	N	NRC	\$376.27		
0397T	N	BN	\$0.00		
0402T	Y	NRC	\$1,026.00		
0408T	Y	NRC	\$29,623.76	\$6,968.93	\$18,296.34
0409T	Y	NRC	\$24,029.52	\$4,094.03	\$14,061.77
0410T	Y	NRC	\$7,977.00	\$2,297.02	\$5,137.01
0411T	Y	NRC	\$4,366.57		
0412T	N	NRC	\$1,953.83		
0413T	N	NRC	\$1,953.83		
0414T	Y	NRC	\$21,447.78	\$6,401.83	\$13,924.80
0415T	Y	NRC	\$332.31		
0416T	Y	NRC	\$981.09		
0419T	Y	NRC	\$328.29		
0420T	Y	NRC	\$328.29		
0421T	Y	NRC	\$7,702.17	\$3,434.67	\$5,568.42
0422T	N	NRC	\$48.59		
0437T	N	BN	\$0.00		
0439T	N	BN	\$0.00		
0440T	Y	NRC	\$1,714.08	\$464.76	\$1,089.42
0441T	Y	NRC	\$1,643.39	\$527.95	\$1,085.67
0442T	Y	NRC	\$5,274.39	\$1,955.87	\$3,615.13
0443T	N	BN	\$0.00		
0444T	N	BN	\$0.00		
0445T	N	BN	\$0.00		
0446T	Y	NRC	\$981.09		
0447T	N	NRC	\$49.81		
0448T	Y	NRC	\$981.09		
0449T	Y	NRC	\$4,443.75	\$1,702.45	\$3,073.10
0450T	N	BN	\$0.00		
0479T	Y	NRC	\$328.29		
0480T	N	BN	\$0.00		
0510T	N	NRC	\$1,579.16		
0511T	Y	NRC	\$5,694.78	\$2,489.54	\$4,092.16
0512T	N	NRC	\$106.77		
0513T	N	BN	\$0.00		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
0523T	N	BN	\$0.00		
0524T	Y	NRC	\$2,422.72	\$1,264.41	\$1,843.56
0525T	Y	NRC	\$16,297.43	\$3,958.79	\$10,128.11
0526T	Y	NRC	\$7,977.00	\$2,297.02	\$5,137.01
0527T	Y	NRC	\$7,590.46	\$2,642.54	\$5,116.50
0530T	N	NRC	\$1,953.83		
0531T	N	NRC	\$1,953.83		
0532T	N	NRC	\$1,953.83		
0581T	Y	NRC	\$2,519.92	\$1,068.18	\$1,794.05
0583T	Y	NRC	\$949.86	\$570.24	\$760.05
0587T	Y	NRC	\$6,789.48	\$1,772.27	\$4,280.87
0588T	Y	NRC	\$1,944.33		
0594T	Y	NRC	\$5,072.85	\$3,045.46	\$4,059.15
0596T	Y	NRC	\$315.93		
0597T	Y	NRC	\$315.93		
0598T	N	NRC	\$166.21		
0599T	N	BN	\$0.00		
0600T	Y	NRC	\$8,119.75	\$3,312.48	\$5,716.11
0601T	Y	NRC	\$8,326.34	\$3,127.81	\$5,727.07
0609T	N	NRC	\$130.28		
0611T	N	NRC	\$130.28		
0614T	Y	NRC	\$21,515.35	\$6,341.43	\$13,928.39
0619T	Y	NRC	\$7,327.94	\$3,769.17	\$5,548.55
0620T	N	NRC	\$36,154.51	\$8,248.61	\$22,201.56
0621T	Y	NRC	\$3,026.12	\$1,816.72	\$2,421.42
0627T	Y	NRC	\$12,866.88	\$2,819.90	\$7,843.39
0628T	N	BN	\$0.00		
0629T	Y	NRC	\$13,469.08	\$2,281.60	\$7,875.34
0630T	N	BN	\$0.00		
0632T	Y	NRC	\$14,026.83	\$5,152.57	\$9,589.70
0633T	N	NRC	\$56.71		
0634T	N	NRC	\$96.71		
0635T	N	NRC	\$96.71		
0636T	N	NRC	\$130.28		
0637T	N	NRC	\$192.74		
0638T	N	NRC	\$192.74		
0644T	Y	NRC	\$4,489.39	\$1,664.45	\$3,076.92
0647T	Y	NRC	\$864.15		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
0648T	N	NRC	\$510.25		
0651T	Y	NRC	\$796.22	\$375.10	\$585.66
0652T	Y	NRC	\$864.15		
0653T	Y	NRC	\$864.15		
0654T	Y	NRC	\$1,875.81		
0655T	Y	NRC	\$2,521.60		
0660T	Y	NRC	\$2,094.33		
0661T	Y	NRC	\$2,094.33		
0671T	Y	NRC	\$4,681.85	\$1,489.62	\$3,085.73
0673T	Y	NRC	\$708.28		
0674T	Y		\$29,887.71	\$6,166.68	\$18,027.19
0675T	Y		\$9,668.78	\$5,804.60	\$7,736.69
0676T	N	BN	\$0.00		
0677T	Y		\$7,074.28	\$4,247.01	\$5,660.64
0678T	N	BN	\$0.00		
0679T	Y		\$4,896.00		
0680T	Y		\$22,616.88	\$4,531.30	\$13,574.09
0681T	Y		\$1,944.33		
0682T	Y		\$1,944.33		
0686T	N	NRC	\$9,394.76		
0689T	N	NRC	\$48.59		
0697T	N	NRC	\$510.25		
0698T	N	NRC	\$510.25		
0699T	Y	NRC	\$1,214.31		
0707T	Y	NRC	\$2,606.54	\$1,079.52	\$1,843.03
0714T	Y	NRC	\$2,521.60		
0717T	Y	NRC	\$1,957.33		
0718T	Y	NRC	\$1,957.33		
0737T	Y		\$10,646.64	\$4,804.54	\$7,725.59
0784T	Y	NRC	\$9,668.78	\$5,804.60	\$7,736.69
0785T	Y	NRC	\$1,944.33		
0787T	Y	NRC	\$1,944.33		
0793T	Y	NRC	\$14,026.83	\$5,152.57	\$9,589.70
0797T	Y	NRC	\$15,288.83	\$4,860.37	\$10,074.60
0800T	Y	NRC	\$2,295.53	\$1,378.11	\$1,836.82
0803T	Y	NRC	\$15,288.83	\$4,860.37	\$10,074.60
0810T	Y	NRC	\$2,281.79		
0813T	Y	NRC	\$503.39		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
0816T	Y	NRC	\$22,616.88	\$4,531.30	\$13,574.09
0817T	Y	NRC	\$22,616.88	\$4,531.30	\$13,574.09
0818T	Y	NRC	\$1,944.33		
0819T	Y	NRC	\$1,944.33		
0864T	Y	NRC	\$130.70		
0867T	Y	NRC	\$2,521.60		
0869T	Y		\$2,281.76	\$1,369.85	\$1,825.80
0870T	N	BN	\$0.00		
0871T	N	BN	\$0.00		
0872T	N	BN	\$0.00		
0873T	N	BN	\$0.00		
0874T	N	BN	\$0.00		
0875T	N	BN	\$0.00		
0882T	N	BN	\$0.00		
0883T	N	BN	\$0.00		
0884T	Y		\$3,907.42	\$1,747.85	\$2,827.63
0885T	Y		\$3,907.42	\$1,747.85	\$2,827.63
0886T	Y		\$3,907.42	\$1,747.85	\$2,827.63
0887T	N	BN	\$0.00		
0888T	N		\$9,394.76		
0913T	Y	NRC	\$3,799.57	\$2,281.05	\$3,040.31
0914T	N	BN	\$0.00		
0915T	Y	NRC	\$28,642.41	\$7,846.15	\$18,244.28
0916T	Y	NRC	\$21,447.78	\$6,401.83	\$13,924.80
0917T	Y	NRC	\$7,977.00	\$2,297.02	\$5,137.01
0918T	Y	NRC	\$7,977.00	\$2,297.02	\$5,137.01
0919T	N	NRC	\$1,953.83		
0920T	N	NRC	\$1,953.83		
0921T	N	NRC	\$1,953.83		
0922T	N	NRC	\$1,953.83		
0923T	Y	NRC	\$21,447.78	\$6,401.83	\$13,924.80
0924T	Y	NRC	\$332.31		
0925T	Y	NRC	\$981.09		
0933T	Y	NRC	\$2,392.36	\$1,436.24	\$1,914.30
0946T	N		\$56.71		
A2001	N	BN	\$0.00		
A2002	N	BN	\$0.00		
A2004	N	BN	\$0.00		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
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		
A2026	N	BN	\$0.00		
A2027	N	BN	\$0.00		
A2027	N	BN	\$0.00		
A2028	N	BN	\$0.00		
A2028	N	BN	\$0.00		
A2029	N	BN	\$0.00		
A2029	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		
A9506	N		\$328.60		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
A9507	N	BN	\$0.00		
A9508	N	BN	\$0.00		
A9509	N	BN	\$0.00		
A9510	N	BN	\$0.00		
A9512	N	BN	\$0.00		
A9513	N		\$296.25		
A9515	N	NRC	\$2,062.94		
A9516	N	BN	\$0.00		
A9517	N		\$23.13		
A9520	N	BN	\$0.00		
A9521	N		\$802.34		
A9524	N	BN	\$0.00		
A9526	N	BN	\$0.00		
A9527	N	NRC	\$208.58		
A9528	N	BN	\$0.00		
A9529	N	BN	\$0.00		
A9530	N	NRC	\$20.88		
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	NRC	\$798.02		
A9543	N	NRC	\$65,476.58		
A9546	N	BN	\$0.00		
A9547	N		\$772.64		
A9548	N		\$715.29		
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	NRC	\$683.80		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
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		
A9563	N	NRC	\$179.12		
A9566	N	BN	\$0.00		
A9567	N	BN	\$0.00		
A9568	N	NRC	\$809.51		
A9569	N	NRC	\$1,040.32		
A9570	N	NRC	\$1,031.39		
A9571	N	BN	\$0.00		
A9572	N	NRC	\$1,914.61		
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	NRC	\$2,074.81		
A9583	N	BN	\$0.00		
A9584	N		\$1,388.02		
A9585	N	BN	\$0.00		
A9586	N		\$2,194.62		
A9587	N		\$51.09		
A9588	N	NRC	\$268.42		
A9589	N	BN	\$0.00		
A9590	N	BN	\$0.00		
A9591	N	NRC	\$677.08		
A9592	N	NRC	\$595.10		
A9593	N		\$886.76		
A9594	N		\$868.23		
A9595	N	NRC	\$615.12		
A9596	N		\$1,026.05		
A9597	N	BN	\$0.00		
A9598	N	BN	\$0.00		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
A9600	N	NRC	\$4,146.34		
A9601	N	NRC	\$3,710.00		
A9602	N	NRC	\$498.62		
A9603	N	BN	\$0.00		
A9604	N		\$17,259.85		
A9606	N	NRC	\$165.25		
A9607	N		\$241.24		
A9608	N	NRC	\$651.67		
A9609	N	BN	\$0.00		
A9610	N	BN	\$0.00		
A9615	N		\$37.51		
A9697	N	NRC	\$1,137.96		
A9698	N	BN	\$0.00		
A9700	N	BN	\$0.00		
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	BN	\$0.00		
C1605	N	BN	\$0.00		
C1606	N	BR	\$0.00		
C1713	N	BN	\$0.00		
C1714	N	BN	\$0.00		
C1715	N	BN	\$0.00		
C1716	N	NRC	\$868.33		
C1717	N	NRC	\$342.39		
C1719	N	NRC	\$564.50		
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		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
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		
C1735	N	NRC	\$0.00		
C1736	N	NRC	\$0.00		
C1737	N	BR	\$0.00		
C1738	N	NRC	\$0.00		
C1739	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		
C1758	N	BN	\$0.00		
C1759	N	BN	\$0.00		
C1760	N	BN	\$0.00		
C1761	N	BN	\$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		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
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		
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	BN	\$0.00		
C1832	N	BN	\$0.00		
C1833	N	BN	\$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		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
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		
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	\$17,485.10		
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		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
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	\$162.84		
C2635	N	NRC	\$69.38		
C2636	N	NRC	\$52.91		
C2638	N	NRC	\$37.04		
C2639	N	NRC	\$35.11		
C2640	N	NRC	\$69.69		
C2641	N	NRC	\$79.77		
C2642	N	NRC	\$107.86		
C2643	N	NRC	\$96.56		
C2644	N	BN	\$0.00		
C2645	N	NRC	\$4.69		
C2698	N	NRC	\$37.04		
C2699	N	NRC	\$35.11		
C5271	Y		\$328.29		
C5272	N	BN	\$0.00		
C5273	Y		\$981.09		
C5274	N	BN	\$0.00		
C5275	Y		\$328.29		
C5276	N	BN	\$0.00		
C5277	Y		\$328.29		
C5278	N	BN	\$0.00		
C7500	Y		\$1,201.90		
C7501	Y		\$1,201.90		
C7502	Y	NRC	\$1,201.90		
C7503	Y	NRC	\$2,682.40		
C7504	Y		\$3,510.84		
C7505	Y		\$3,510.84		
C7506	Y		\$3,510.84		
C7507	Y		\$6,633.26		
C7509	Y		\$1,610.31		
C7510	Y		\$1,610.31		
C7512	Y		\$1,610.31		
C7513	Y	NRC	\$1,588.69		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
C7514	Y	NRC	\$1,588.69		
C7515	Y	NRC	\$1,588.69		
C7516	Y	NRC	\$2,629.62		
C7517	Y	NRC	\$2,629.62		
C7518	Y		\$2,629.62		
C7519	Y		\$2,629.62		
C7521	Y	NRC	\$2,629.62		
C7522	Y	NRC	\$2,629.62		
C7523	Y	NRC	\$2,629.62		
C7524	Y	NRC	\$2,629.62		
C7525	Y	NRC	\$2,629.62		
C7526	Y	NRC	\$2,629.62		
C7527	Y	NRC	\$2,629.62		
C7528	Y	NRC	\$2,629.62		
C7529	Y	NRC	\$2,629.62		
C7531	Y	NRC	\$6,956.60	\$4,775.81	\$5,866.20
C7532	Y	NRC	\$6,708.82	\$4,997.30	\$5,853.06
C7535	Y		\$12,175.96	\$6,807.04	\$9,491.50
C7537	Y	NRC	\$12,432.12	\$7,413.91	\$9,923.01
C7538	Y	NRC	\$12,638.63	\$7,229.31	\$9,933.97
C7539	Y	NRC	\$12,753.15	\$7,126.96	\$9,940.05
C7540	Y	NRC	\$12,573.13	\$7,287.87	\$9,930.50
C7545	Y		\$2,704.26		
C7546	Y		\$1,655.31		
C7548	Y		\$1,655.31		
C7549	Y		\$1,655.31		
C7550	Y		\$1,655.31		
C7551	Y		\$3,089.62		
C7554	Y		\$959.88		
C7555	Y		\$4,896.00		
C7556	Y		\$1,610.31		
C7560	Y		\$1,875.81		
C7562	Y		\$2,629.62		
C7563	Y	NRC	\$6,708.82	\$4,997.30	\$5,853.06
C7564	Y		\$12,428.39	\$6,581.39	\$9,504.89
C7565	Y		\$2,704.26		
C8000	N	NRC	\$0.00		
C8002	Y		\$3,355.45		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
C8003	Y		\$16,572.52	\$5,826.79	\$11,199.65
C8900	N	NRC	\$192.74		
C8901	N	NRC	\$130.28		
C8902	N	NRC	\$192.74		
C8903	N	NRC	\$96.71		
C8905	N	NRC	\$192.74		
C8906	N	NRC	\$192.74		
C8908	N	NRC	\$192.74		
C8909	N	NRC	\$192.74		
C8910	N	NRC	\$130.28		
C8911	N	NRC	\$192.74		
C8912	N	NRC	\$192.74		
C8913	N	NRC	\$130.28		
C8914	N	NRC	\$192.74		
C8918	N	NRC	\$192.74		
C8919	N	NRC	\$130.28		
C8920	N	NRC	\$192.74		
C8931	N	NRC	\$192.74		
C8932	N	NRC	\$130.28		
C8933	N	NRC	\$192.74		
C8934	N	NRC	\$192.74		
C8935	N	NRC	\$130.28		
C8936	N	NRC	\$192.74		
C9046	N	BN	\$0.00		
C9047	N	BN	\$0.00		
C9067	N		\$4.05		
C9088	N		\$0.77		
C9089	N		\$0.85		
C9101	N		\$1.23		
C9143	N	BN	\$0.00		
C9144	N		\$0.50		
C9145	N		\$1.86		
C9173	N		\$0.54		
C9248	N		\$2.83		
C9250	N		\$138.35		
C9254	N	BN	\$0.00		
C9257	N	NRC	\$1.82		
C9285	N	BN	\$0.00		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
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		\$18.82		
C9462	N	BN	\$0.00		
C9482	N	NRC	\$22.83		
C9488	N	BN	\$0.00		
C9600	Y		\$8,050.98	\$3,797.58	\$5,924.28
C9601	N	BN	\$0.00		
C9610	N	NRC	\$0.00		
C9725	Y	NRC	\$489.47		
C9726	N	BN	\$0.00		
C9727	Y	NRC	\$657.38		
C9728	N	NRC	\$733.21		
C9738	N	BN	\$0.00		
C9739	Y		\$4,456.50	\$1,460.61	\$2,958.55
C9740	Y		\$8,914.62	\$2,350.89	\$5,632.75
C9757	Y		\$10,861.29	\$4,612.66	\$7,736.97
C9759	N	BN	\$0.00		
C9761	Y		\$4,779.70		
C9762	N	NRC	\$291.79		
C9763	N	NRC	\$291.79		
C9764	Y		\$8,838.83	\$3,093.33	\$5,966.08
C9765	Y		\$14,246.87	\$4,955.91	\$9,601.39
C9766	Y		\$14,533.78	\$4,699.44	\$9,616.61
C9767	Y		\$14,441.10	\$4,782.29	\$9,611.69
C9772	Y		\$8,634.47	\$3,275.99	\$5,955.23

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
C9773	Y		\$13,265.22	\$5,833.37	\$9,549.29
C9774	Y		\$13,545.70	\$5,582.67	\$9,564.18
C9775	Y		\$14,949.65	\$4,327.70	\$9,638.67
C9776	N	BN	\$0.00		
C9777	Y		\$2,988.98	\$1,378.13	\$2,183.55
C9778	Y		\$3,215.76	\$1,930.57	\$2,573.16
C9781	Y		\$11,601.80	\$3,950.72	\$7,776.26
C9789	Y	NRC	\$1,208.13		
C9796	Y	NRC	\$2,019.94	\$1,212.66	\$1,616.30
C9797	Y	NRC	\$14,026.83	\$5,152.57	\$9,589.70
C9804	N	NRC	\$0.00		
C9806	N	BR	\$0.00		
C9807	N	BR	\$0.00		
C9808	N	BR	\$0.00		
C9809	N	BR	\$0.00		
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		
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		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
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		
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		
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		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
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	\$1,394.45		
D4211	Y	NRC	\$1,394.45		
D4212	Y		\$1,394.45		
D4260	Y	NRC	\$2,917.35		
D4263	Y	NRC	\$892.61		
D4270	Y	NRC	\$657.38		
D4273	Y	NRC	\$657.38		
D4341	N	BN	\$0.00		
D4342	N	BN	\$0.00		
D4346	N	BN	\$0.00		
D4355	N	BN	\$0.00		
D4381	N	BN	\$0.00		
D4910	N	BN	\$0.00		
D7111	Y	NRC	\$892.61		
D7140	Y		\$892.61		
D7210	Y		\$657.38		
D7220	Y		\$892.61		
D7230	Y	NRC	\$892.61		
D7240	Y	NRC	\$892.61		
D7241	Y	NRC	\$892.61		
D7250	Y		\$892.61		
D7251	Y	NRC	\$657.38		
D7270	Y		\$892.61		
D7280	Y	NRC	\$892.61		
D7310	Y		\$657.38		
D7311	Y		\$657.38		
D7320	Y		\$657.38		
D7321	Y		\$657.38		
D7410	Y	NRC	\$657.38		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
D7411	Y	NRC	\$657.38		
D7412	Y	NRC	\$657.38		
D7413	Y		\$657.38		
D7414	Y		\$657.38		
D7415	Y		\$657.38		
D7450	Y	NRC	\$1,394.45		
D7451	Y	NRC	\$1,394.45		
D7460	Y	NRC	\$892.61		
D7461	Y	NRC	\$892.61		
D7471	Y	NRC	\$1,394.45		
D7472	Y	NRC	\$892.61		
D7473	Y	NRC	\$892.61		
D7485	Y	NRC	\$2,917.35		
D7510	Y	NRC	\$377.60		
D7511	Y	NRC	\$377.60		
D7520	Y	NRC	\$377.60		
D7521	Y	NRC	\$377.60		
D7530	Y		\$892.61		
D7540	Y		\$892.61		
D7550	Y		\$892.61		
D7922	N	BN	\$0.00		
D7950	Y	NRC	\$2,917.35		
G0104	Y		\$148.79		
G0105	Y		\$489.47		
G0121	Y		\$489.47		
G0130	N	NRC	\$25.88		
G0186	Y		\$294.52		
G0235	N		\$216.76		
G0260	Y		\$371.75		
G0269	N	BN	\$0.00		
G0276	Y	NRC	\$3,510.84		
G0330	Y		\$1,394.45		
G0429	Y	NRC	\$54.34		
G0516	N	BN	\$0.00		
G0517	N	BN	\$0.00		
G0518	N	BN	\$0.00		
G0564	Y	NRC	\$1,744.96		
G0565	Y	NRC	\$1,744.96		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J0120	N	BN	\$0.00		
J0121	N		\$3.80		
J0122	N	BN	\$0.00		
J0129	N	NRC	\$43.44		
J0130	N	BN	\$0.00		
J0131	N	BN	\$0.00		
J0132	N	BN	\$0.00		
J0133	N	BN	\$0.00		
J0134	N	BN	\$0.00		
J0136	N	BN	\$0.00		
J0137	N	BN	\$0.00		
J0138	N	BN	\$0.00		
J0139	N	NRC	\$91.73		
J0153	N	BN	\$0.00		
J0171	N	BN	\$0.00		
J0172	N	NRC	\$5.98		
J0173	N	BN	\$0.00		
J0174	N	NRC	\$1.34		
J0175	N	NRC	\$4.09		
J0177	N	NRC	\$333.70		
J0178	N	NRC	\$821.98		
J0179	N	NRC	\$332.57		
J0180	N	NRC	\$223.52		
J0184	N	NRC	\$9.06		
J0185	N		\$1.77		
J0190	N	BN	\$0.00		
J0200	N	BN	\$0.00		
J0202	N	NRC	\$2,337.69		
J0205	N	BN	\$0.00		
J0206	N	NRC	\$5.00		
J0207	N	BN	\$0.00		
J0208	N	NRC	\$96.08		
J0209	N	BN	\$0.00		
J0210	N	BN	\$0.00		
J0211	N		\$2.17		
J0215	N	BN	\$0.00		
J0216	N	BN	\$0.00		
J0217	N	NRC	\$442.00		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J0218	N	NRC	\$382.56		
J0219	N	NRC	\$77.75		
J0220	N	BN	\$0.00		
J0221	N	NRC	\$201.97		
J0222	N	NRC	\$98.88		
J0223	N	NRC	\$112.14		
J0224	N	NRC	\$317.88		
J0225	N	NRC	\$4,926.00		
J0256	N	NRC	\$4.94		
J0257	N	NRC	\$5.58		
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		\$23.33		
J0290	N	BN	\$0.00		
J0291	N	NRC	\$3.59		
J0295	N	BN	\$0.00		
J0300	N	BN	\$0.00		
J0330	N	BN	\$0.00		
J0348	N	BN	\$0.00		
J0349	N	NRC	\$10.12		
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	\$51.83		
J0395	N	BN	\$0.00		
J0400	N	BN	\$0.00		
J0401	N	NRC	\$7.07		
J0402	N	NRC	\$5.95		
J0456	N	BN	\$0.00		
J0457	N	BN	\$0.00		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J0461	N	BN	\$0.00		
J0470	N	BN	\$0.00		
J0475	N		\$174.58		
J0476	N	BN	\$0.00		
J0480	N	NRC	\$4,588.77		
J0485	N		\$3.81		
J0490	N		\$54.15		
J0491	N	NRC	\$17.29		
J0500	N	BN	\$0.00		
J0515	N	BN	\$0.00		
J0517	N		\$167.30		
J0520	N	BN	\$0.00		
J0558	N		\$19.52		
J0561	N		\$24.37		
J0565	N	NRC	\$39.86		
J0567	N	BN	\$0.00		
J0577	N		\$429.16		
J0578	N		\$1,716.62		
J0583	N	BN	\$0.00		
J0584	N	NRC	\$469.58		
J0585	N		\$6.41		
J0586	N		\$8.63		
J0587	N		\$12.99		
J0588	N		\$5.34		
J0589	N		\$3.12		
J0592	N	BN	\$0.00		
J0593	N	BN	\$0.00		
J0594	N	NRC	\$1.27		
J0595	N	BN	\$0.00		
J0596	N	NRC	\$34.72		
J0597	N	NRC	\$68.36		
J0598	N	NRC	\$64.21		
J0599	N	BN	\$0.00		
J0600	N	NRC	\$6,086.32		
J0606	N	BN	\$0.00		
J0612	N	BN	\$0.00		
J0613	N	BN	\$0.00		
J0620	N	BN	\$0.00		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J0630	N	NRC	\$1,173.06		
J0636	N	BN	\$0.00		
J0637	N	BN	\$0.00		
J0638	N	NRC	\$127.81		
J0640	N	BN	\$0.00		
J0641	N	BN	\$0.00		
J0642	N	BN	\$0.00		
J0650	N	BN	\$0.00		
J0651	N	NRC	\$3.75		
J0652	N	NRC	\$5.14		
J0665	N	BN	\$0.00		
J0666	N		\$1.45		
J0670	N	BN	\$0.00		
J0687	N		\$1.04		
J0688	N	NRC	\$0.98		
J0689	N	BN	\$0.00		
J0690	N	BN	\$0.00		
J0691	N	BN	\$0.00		
J0692	N	BN	\$0.00		
J0694	N	BN	\$0.00		
J0695	N		\$8.23		
J0696	N	BN	\$0.00		
J0697	N	BN	\$0.00		
J0698	N	BN	\$0.00		
J0699	N		\$2.28		
J0701	N	BN	\$0.00		
J0702	N	BN	\$0.00		
J0703	N	BN	\$0.00		
J0706	N	BN	\$0.00		
J0710	N	BN	\$0.00		
J0712	N		\$3.94		
J0713	N	BN	\$0.00		
J0714	N		\$100.58		
J0715	N	BN	\$0.00		
J0716	N		\$4,804.24		
J0717	N	NRC	\$4.65		
J0720	N	BN	\$0.00		
J0725	N	BN	\$0.00		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J0735	N	BN	\$0.00		
J0736	N	BN	\$0.00		
J0737	N	BN	\$0.00		
J0739	N	NRC	\$0.00		
J0740	N		\$528.00		
J0741	N	NRC	\$22.90		
J0742	N	NRC	\$2.51		
J0743	N	BN	\$0.00		
J0744	N	BN	\$0.00		
J0745	N	BN	\$0.00		
J0750	N	NRC	\$0.00		
J0751	N	NRC	\$0.00		
J0770	N	BN	\$0.00		
J0775	N	NRC	\$71.16		
J0780	N	BN	\$0.00		
J0791	N	NRC	\$128.54		
J0795	N	BN	\$0.00		
J0799	N	NRC	\$0.00		
J0801	N	BN	\$0.00		
J0802	N	BN	\$0.00		
J0834	N	BN	\$0.00		
J0840	N	NRC	\$1,762.35		
J0841	N	NRC	\$1,040.11		
J0850	N		\$1,814.94		
J0870	N	NRC	\$54.15		
J0872	N		\$0.04		
J0873	N	NRC	\$0.04		
J0874	N	BN	\$0.00		
J0875	N		\$15.61		
J0877	N	BN	\$0.00		
J0878	N	BN	\$0.00		
J0881	N		\$3.04		
J0882	N		\$3.04		
J0883	N		\$1.26		
J0884	N	BN	\$0.00		
J0885	N		\$7.53		
J0887	N	BN	\$0.00		
J0888	N	NRC	\$1.16		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J0889	N	BN	\$0.00		
J0891	N		\$4.20		
J0892	N	BN	\$0.00		
J0893	N	BN	\$0.00		
J0894	N	BN	\$0.00		
J0895	N	BN	\$0.00		
J0896	N	NRC	\$40.62		
J0897	N		\$26.96		
J0898	N		\$1.49		
J0899	N	BN	\$0.00		
J0911	N		\$8.58		
J0945	N	BN	\$0.00		
J1000	N	BN	\$0.00		
J1010	N		\$0.12		
J1050	N	BN	\$0.00		
J1071	N	BN	\$0.00		
J1094	N	BN	\$0.00		
J1095	N	BN	\$0.00		
J1096	N	NRC	\$117.14		
J1097	N	NRC	\$96.59		
J1100	N	BN	\$0.00		
J1105	N	NRC	\$0.78		
J1110	N	BN	\$0.00		
J1120	N	BN	\$0.00		
J1130	N	BN	\$0.00		
J1160	N	BN	\$0.00		
J1162	N	NRC	\$4,888.10		
J1165	N	BN	\$0.00		
J1171	N		\$0.09		
J1180	N	BN	\$0.00		
J1190	N		\$87.49		
J1200	N	BN	\$0.00		
J1201	N	NRC	\$14.87		
J1203	N	NRC	\$88.06		
J1205	N	BN	\$0.00		
J1212	N	NRC	\$715.90		
J1230	N	BN	\$0.00		
J1240	N	BN	\$0.00		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J1245	N	BN	\$0.00		
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	\$565.83		
J1300	N	NRC	\$224.63		
J1301	N	NRC	\$22.14		
J1302	N	NRC	\$18.13		
J1303	N	NRC	\$220.75		
J1304	N	NRC	\$153.66		
J1305	N	NRC	\$186.31		
J1306	N	NRC	\$12.19		
J1307	N	NRC	\$535.90		
J1320	N	BN	\$0.00		
J1322	N	NRC	\$293.92		
J1323	N	NRC	\$178.85		
J1324	N	BN	\$0.00		
J1325	N	BN	\$0.00		
J1327	N	BN	\$0.00		
J1330	N	BN	\$0.00		
J1335	N	BN	\$0.00		
J1364	N	BN	\$0.00		
J1380	N	BN	\$0.00		
J1410	N	NRC	\$382.79		
J1426	N	BN	\$0.00		
J1427	N	BN	\$0.00		
J1428	N	BN	\$0.00		
J1429	N	BN	\$0.00		
J1430	N	NRC	\$491.68		
J1434	N	NRC	\$3.14		
J1435	N	BN	\$0.00		
J1437	N	NRC	\$21.05		
J1438	N	NRC	\$790.78		
J1439	N	NRC	\$1.10		
J1440	N	NRC	\$63.30		
J1442	N		\$1.00		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J1443	N	BN	\$0.00		
J1444	N	BN	\$0.00		
J1445	N	BN	\$0.00		
J1447	N		\$0.39		
J1448	N		\$5.36		
J1449	N	NRC	\$22.75		
J1450	N	BN	\$0.00		
J1451	N	NRC	\$6.44		
J1452	N	BN	\$0.00		
J1453	N	BN	\$0.00		
J1454	N		\$679.51		
J1455	N	NRC	\$50.32		
J1456	N		\$2.04		
J1457	N	BN	\$0.00		
J1458	N	BN	\$0.00		
J1459	N	NRC	\$48.58		
J1460	N		\$49.85		
J1551	N	BN	\$0.00		
J1552	N	NRC	\$169.86		
J1554	N	NRC	\$491.40		
J1555	N	NRC	\$16.82		
J1556	N	BN	\$0.00		
J1557	N		\$57.93		
J1558	N	NRC	\$14.30		
J1559	N	NRC	\$13.23		
J1560	N		\$498.52		
J1561	N		\$48.81		
J1562	N	BN	\$0.00		
J1566	N	NRC	\$82.19		
J1568	N		\$49.00		
J1569	N		\$49.69		
J1570	N	BN	\$0.00		
J1571	N		\$68.66		
J1572	N		\$56.12		
J1573	N		\$68.66		
J1574	N	BN	\$0.00		
J1575	N	NRC	\$17.50		
J1576	N	NRC	\$67.46		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J1580	N	BN	\$0.00		
J1595	N	NRC	\$172.88		
J1596	N	NRC	\$0.51		
J1597	N	BN	\$0.00		
J1598	N		\$1.80		
J1599	N	BN	\$0.00		
J1600	N	BN	\$0.00		
J1602	N	NRC	\$11.10		
J1610	N	NRC	\$192.30		
J1611	N	NRC	\$108.93		
J1620	N	BN	\$0.00		
J1626	N	BN	\$0.00		
J1627	N		\$5.71		
J1628	N	NRC	\$74.47		
J1630	N	BN	\$0.00		
J1631	N	BN	\$0.00		
J1632	N	BN	\$0.00		
J1640	N	NRC	\$32.20		
J1642	N	BN	\$0.00		
J1643	N	BN	\$0.00		
J1644	N	BN	\$0.00		
J1645	N	BN	\$0.00		
J1650	N	BN	\$0.00		
J1652	N	BN	\$0.00		
J1655	N	BN	\$0.00		
J1670	N		\$581.78		
J1700	N	BN	\$0.00		
J1710	N	BN	\$0.00		
J1720	N	BN	\$0.00		
J1726	N	NRC	\$14.46		
J1729	N	BN	\$0.00		
J1730	N	BN	\$0.00		
J1738	N	BN	\$0.00		
J1740	N	BN	\$0.00		
J1741	N	BN	\$0.00		
J1742	N	NRC	\$241.40		
J1743	N	NRC	\$537.93		
J1744	N		\$151.64		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J1745	N	NRC	\$32.22		
J1746	N	NRC	\$77.06		
J1747	N	NRC	\$61.43		
J1748	N	BN	\$0.00		
J1749	N	BN	\$0.00		
J1750	N		\$17.67		
J1756	N	BN	\$0.00		
J1786	N	NRC	\$43.62		
J1790	N	BN	\$0.00		
J1800	N	BN	\$0.00		
J1805	N	BN	\$0.00		
J1806	N	BN	\$0.00		
J1811	N	NRC	\$7.41		
J1812	N	BN	\$0.00		
J1813	N	BN	\$0.00		
J1814	N	BN	\$0.00		
J1815	N	BN	\$0.00		
J1817	N	BN	\$0.00		
J1823	N	NRC	\$484.40		
J1826	N		\$2,203.14		
J1830	N	BN	\$0.00		
J1833	N		\$0.98		
J1835	N	BN	\$0.00		
J1836	N	BN	\$0.00		
J1885	N		\$0.68		
J1890	N	BN	\$0.00		
J1920	N	BN	\$0.00		
J1921	N	BN	\$0.00		
J1930	N		\$49.97		
J1931	N	NRC	\$38.70		
J1932	N		\$36.80		
J1939	N	NRC	\$0.62		
J1940	N	BN	\$0.00		
J1943	N	NRC	\$3.19		
J1944	N	NRC	\$3.23		
J1945	N	BN	\$0.00		
J1950	N	NRC	\$1,617.65		
J1951	N	NRC	\$140.62		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J1952	N	NRC	\$55.00		
J1953	N	BN	\$0.00		
J1954	N	NRC	\$257.70		
J1956	N	BN	\$0.00		
J1960	N	BN	\$0.00		
J1961	N	NRC	\$21.99		
J1980	N	BN	\$0.00		
J1990	N	BN	\$0.00		
J2002	N	NRC	\$0.00		
J2003	N	BN	\$0.00		
J2004	N	BN	\$0.00		
J2010	N	BN	\$0.00		
J2020	N	BN	\$0.00		
J2021	N	BN	\$0.00		
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	\$30.44		
J2183	N		\$1.62		
J2184	N	BN	\$0.00		
J2185	N	BN	\$0.00		
J2186	N	NRC	\$2.09		
J2210	N	BN	\$0.00		
J2212	N	BN	\$0.00		
J2246	N	BN	\$0.00		
J2247	N	BN	\$0.00		
J2248	N	BN	\$0.00		
J2249	N	BN	\$0.00		
J2250	N	BN	\$0.00		
J2251	N	BN	\$0.00		
J2252	N	BN	\$0.00		
J2253	N	BN	\$0.00		
J2260	N	BN	\$0.00		
J2265	N		\$2.59		
J2267	N	NRC	\$39.54		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J2270	N	BN	\$0.00		
J2272	N	BN	\$0.00		
J2274	N	BN	\$0.00		
J2277	N	NRC	\$25.22		
J2278	N		\$9.65		
J2280	N	BN	\$0.00		
J2281	N	BN	\$0.00		
J2300	N	BN	\$0.00		
J2305	N	BN	\$0.00		
J2310	N	BN	\$0.00		
J2311	N	BN	\$0.00		
J2315	N	NRC	\$4.12		
J2320	N	BN	\$0.00		
J2323	N	NRC	\$24.15		
J2326	N	NRC	\$1,231.90		
J2327	N	NRC	\$14.63		
J2329	N	NRC	\$69.44		
J2350	N	NRC	\$59.80		
J2353	N		\$214.88		
J2354	N	BN	\$0.00		
J2355	N	BN	\$0.00		
J2356	N	NRC	\$18.11		
J2357	N		\$38.29		
J2358	N	NRC	\$2.92		
J2359	N	BN	\$0.00		
J2360	N	BN	\$0.00		
J2371	N	BN	\$0.00		
J2372	N	BN	\$0.00		
J2373	N		\$0.15		
J2401	N	BN	\$0.00		
J2402	N	BN	\$0.00		
J2403	N		\$0.63		
J2404	N	BN	\$0.00		
J2405	N	BN	\$0.00		
J2406	N		\$42.50		
J2407	N		\$28.46		
J2410	N	BN	\$0.00		
J2425	N		\$33.99		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J2426	N	NRC	\$14.76		
J2427	N	NRC	\$12.66		
J2430	N	BN	\$0.00		
J2440	N	BN	\$0.00		
J2460	N	BN	\$0.00		
J2468	N		\$59.74		
J2469	N	BN	\$0.00		
J2470	N	BN	\$0.00		
J2471	N	BN	\$0.00		
J2501	N	BN	\$0.00		
J2502	N		\$479.84		
J2503	N	BN	\$0.00		
J2504	N	BN	\$0.00		
J2506	N	NRC	\$31.14		
J2507	N	NRC	\$3,482.15		
J2508	N	NRC	\$223.55		
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	NRC	\$1.41		
J2562	N	NRC	\$50.47		
J2590	N	BN	\$0.00		
J2597	N	NRC	\$5.42		
J2598	N	BN	\$0.00		
J2599	N	BN	\$0.00		
J2601	N		\$3.77		
J2650	N	BN	\$0.00		
J2670	N	BN	\$0.00		
J2675	N	BN	\$0.00		
J2679	N	NRC	\$7.35		
J2680	N	BN	\$0.00		
J2690	N	NRC	\$546.07		
J2700	N	BN	\$0.00		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J2704	N	BN	\$0.00		
J2710	N	BN	\$0.00		
J2720	N	BN	\$0.00		
J2724	N	NRC	\$15.05		
J2725	N	BN	\$0.00		
J2730	N	BN	\$0.00		
J2760	N	NRC	\$367.12		
J2765	N	BN	\$0.00		
J2770	N		\$4.26		
J2777	N	NRC	\$34.25		
J2778	N	NRC	\$137.14		
J2779	N	NRC	\$79.08		
J2781	N	NRC	\$147.36		
J2782	N	NRC	\$109.53		
J2783	N		\$371.29		
J2785	N	BN	\$0.00		
J2786	N	NRC	\$10.31		
J2787	N	BN	\$0.00		
J2788	N	BN	\$0.00		
J2790	N	BN	\$0.00		
J2791	N	BN	\$0.00		
J2792	N	NRC	\$34.34		
J2793	N	BN	\$0.00		
J2794	N		\$11.30		
J2795	N	BN	\$0.00		
J2798	N	NRC	\$12.19		
J2799	N	NRC	\$24.77		
J2800	N	BN	\$0.00		
J2801	N	NRC	\$13.03		
J2802	N		\$10.11		
J2805	N	BN	\$0.00		
J2810	N	BN	\$0.00		
J2820	N		\$60.28		
J2840	N	NRC	\$539.42		
J2850	N	NRC	\$42.57		
J2860	N	NRC	\$157.07		
J2910	N	BN	\$0.00		
J2916	N	BN	\$0.00		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J2919	N	NRC	\$0.30		
J2940	N	BN	\$0.00		
J2941	N	NRC	\$48.92		
J2950	N	BN	\$0.00		
J2993	N		\$2,777.14		
J2995	N	BN	\$0.00		
J2997	N		\$91.47		
J2998	N	NRC	\$32.55		
J3000	N	BN	\$0.00		
J3010	N	BN	\$0.00		
J3030	N	BN	\$0.00		
J3031	N	BN	\$0.00		
J3032	N	NRC	\$18.69		
J3055	N	NRC	\$67.65		
J3060	N	NRC	\$42.58		
J3070	N	BN	\$0.00		
J3090	N		\$1.81		
J3095	N	NRC	\$6.38		
J3101	N		\$157.72		
J3105	N	BN	\$0.00		
J3111	N	NRC	\$11.17		
J3121	N	BN	\$0.00		
J3145	N	NRC	\$1.95		
J3230	N	BN	\$0.00		
J3240	N	NRC	\$2,073.34		
J3241	N	NRC	\$343.89		
J3243	N	BN	\$0.00		
J3244	N	BN	\$0.00		
J3245	N	NRC	\$135.92		
J3246	N	BN	\$0.00		
J3247	N	NRC	\$17.54		
J3250	N	BN	\$0.00		
J3260	N	BN	\$0.00		
J3262	N	NRC	\$5.96		
J3263	N		\$38.87		
J3265	N	BN	\$0.00		
J3280	N	BN	\$0.00		
J3285	N	NRC	\$55.82		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 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	\$48.40		
J3300	N	BN	\$0.00		
J3301	N	BN	\$0.00		
J3302	N	BN	\$0.00		
J3303	N	BN	\$0.00		
J3304	N	NRC	\$17.75		
J3305	N	BN	\$0.00		
J3310	N	BN	\$0.00		
J3315	N		\$466.73		
J3316	N		\$3,418.49		
J3320	N	BN	\$0.00		
J3350	N	BN	\$0.00		
J3355	N	BN	\$0.00		
J3357	N	NRC	\$159.91		
J3358	N	NRC	\$12.97		
J3360	N	BN	\$0.00		
J3364	N	BN	\$0.00		
J3365	N	BN	\$0.00		
J3370	N	BN	\$0.00		
J3371	N	BN	\$0.00		
J3372	N	BN	\$0.00		
J3380	N	NRC	\$22.26		
J3385	N	NRC	\$370.20		
J3396	N	NRC	\$11.53		
J3397	N	BN	\$0.00		
J3398	N	NRC	\$3,084.46		
J3400	N	BN	\$0.00		
J3401	N	NRC	\$996.96		
J3410	N	BN	\$0.00		
J3411	N	BN	\$0.00		
J3415	N	BN	\$0.00		
J3420	N	BN	\$0.00		
J3424	N	NRC	\$5.03		
J3425	N	NRC	\$0.01		
J3430	N	BN	\$0.00		
J3465	N	BN	\$0.00		
J3470	N	BN	\$0.00		
J3471	N	BN	\$0.00		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J3472	N	BN	\$0.00		
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		
J7165	N		\$2.00		
J7168	N	NRC	\$2.24		
J7169	N	NRC	\$131.99		
J7170	N	NRC	\$52.82		
J7171	N	NRC	\$34.60		
J7175	N	NRC	\$9.11		
J7177	N	NRC	\$1.11		
J7178	N	NRC	\$1.45		
J7179	N	NRC	\$1.87		
J7180	N	NRC	\$10.16		
J7181	N	NRC	\$17.26		
J7182	N		\$1.38		
J7183	N		\$1.28		
J7185	N		\$1.48		
J7186	N		\$1.23		
J7187	N		\$1.40		
J7188	N		\$3.22		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J7189	N		\$2.52		
J7190	N		\$1.17		
J7191	N	BN	\$0.00		
J7192	N		\$1.55		
J7193	N		\$1.41		
J7194	N		\$1.65		
J7195	N		\$1.85		
J7196	N	BN	\$0.00		
J7197	N		\$3.85		
J7198	N		\$2.34		
J7200	N	BN	\$0.00		
J7201	N		\$3.59		
J7202	N	NRC	\$5.05		
J7203	N	NRC	\$4.57		
J7204	N	NRC	\$2.17		
J7205	N	NRC	\$2.34		
J7207	N	NRC	\$2.10		
J7208	N	NRC	\$2.44		
J7209	N	NRC	\$1.24		
J7210	N	NRC	\$1.46		
J7211	N	NRC	\$1.48		
J7212	N	BN	\$0.00		
J7213	N	NRC	\$1.81		
J7214	N	NRC	\$4.69		
J7308	N	NRC	\$396.97		
J7309	N	BN	\$0.00		
J7310	N	BN	\$0.00		
J7311	N	NRC	\$333.48		
J7312	N		\$205.62		
J7313	N	NRC	\$495.38		
J7314	N	NRC	\$527.97		
J7315	N	BN	\$0.00		
J7316	N	BN	\$0.00		
J7318	N		\$7.00		
J7320	N		\$5.90		
J7321	N	BN	\$0.00		
J7322	N		\$17.45		
J7323	N		\$121.31		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J7324	N		\$122.91		
J7325	N		\$9.16		
J7326	N	NRC	\$534.48		
J7327	N		\$683.17		
J7328	N	BN	\$0.00		
J7329	N		\$6.67		
J7331	N	BN	\$0.00		
J7332	N		\$10.36		
J7336	N	NRC	\$3.33		
J7340	N	NRC	\$235.06		
J7342	N	BN	\$0.00		
J7345	N	NRC	\$1.72		
J7351	N	NRC	\$209.86		
J7352	N	NRC	\$2,873.33		
J7353	N		\$58.34		
J7354	N	NRC	\$711.75		
J7355	N	NRC	\$197.16		
J7402	N	NRC	\$11.35		
J7500	N	BN	\$0.00		
J7501	N	NRC	\$235.67		
J7502	N	BN	\$0.00		
J7503	N	BN	\$0.00		
J7504	N	NRC	\$3,968.45		
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	\$956.74		
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	BN	\$0.00		
J7520	N	BN	\$0.00		
J7525	N	NRC	\$254.78		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
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		
J7999	N	BN	\$0.00		
J8501	N	BN	\$0.00		
J8510	N		\$84.21		
J8522	N	NRC	\$0.06		
J8530	N	BN	\$0.00		
J8540	N	BN	\$0.00		
J8541	N	BN	\$0.00		
J8560	N	BN	\$0.00		
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		
J8611	N		\$19.36		
J8612	N		\$20.71		
J8650	N	BN	\$0.00		
J8655	N		\$400.24		
J8670	N		\$1.58		
J8700	N	BN	\$0.00		
J8705	N	BN	\$0.00		
J9000	N	BN	\$0.00		
J9015	N		\$5,301.26		
J9017	N		\$7.20		
J9019	N	BN	\$0.00		
J9020	N	BN	\$0.00		
J9021	N	NRC	\$52.79		
J9022	N		\$86.24		
J9023	N		\$95.18		
J9025	N	BN	\$0.00		
J9026	N		\$1,545.00		
J9027	N		\$14.38		
J9028	N		\$92.19		
J9029	N	NRC	\$63,354.77		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J9030	N	BN	\$0.00		
J9032	N		\$50.09		
J9033	N		\$5.43		
J9034	N		\$12.95		
J9035	N		\$72.70		
J9036	N		\$27.53		
J9037	N		\$46.78		
J9039	N		\$152.18		
J9040	N	BN	\$0.00		
J9041	N	BN	\$0.00		
J9042	N		\$239.86		
J9043	N		\$216.46		
J9045	N	BN	\$0.00		
J9046	N		\$48.55		
J9047	N		\$49.58		
J9048	N		\$16.50		
J9049	N	BN	\$0.00		
J9050	N		\$330.87		
J9051	N	BN	\$0.00		
J9052	N	NRC	\$259.70		
J9055	N		\$75.48		
J9056	N	NRC	\$27.84		
J9057	N		\$92.81		
J9060	N	BN	\$0.00		
J9061	N	NRC	\$20.67		
J9063	N	NRC	\$66.76		
J9064	N	BN	\$0.00		
J9065	N		\$14.25		
J9071	N		\$1.16		
J9072	N	BN	\$0.00		
J9073	N	NRC	\$0.93		
J9074	N	NRC	\$4.34		
J9075	N	NRC	\$1.01		
J9076	N	BN	\$0.00		
J9098	N	BN	\$0.00		
J9100	N	BN	\$0.00		
J9118	N	BN	\$0.00		
J9119	N		\$28.24		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J9120	N		\$282.13		
J9130	N	BN	\$0.00		
J9144	N	NRC	\$51.41		
J9145	N		\$65.12		
J9150	N		\$24.44		
J9151	N	BN	\$0.00		
J9153	N		\$242.50		
J9155	N		\$4.18		
J9165	N	BN	\$0.00		
J9171	N	BN	\$0.00		
J9172	N	NRC	\$50.99		
J9173	N		\$81.82		
J9175	N	BN	\$0.00		
J9176	N		\$7.58		
J9177	N	NRC	\$36.74		
J9178	N	BN	\$0.00		
J9179	N		\$135.79		
J9181	N	BN	\$0.00		
J9185	N		\$134.15		
J9190	N	BN	\$0.00		
J9196	N	BN	\$0.00		
J9198	N	NRC	\$40.28		
J9200	N		\$3,858.03		
J9201	N	BN	\$0.00		
J9202	N		\$674.77		
J9203	N		\$229.67		
J9204	N		\$238.85		
J9205	N		\$64.77		
J9206	N	BN	\$0.00		
J9207	N		\$134.06		
J9208	N	BN	\$0.00		
J9209	N	BN	\$0.00		
J9210	N	NRC	\$378.03		
J9211	N	BN	\$0.00		
J9212	N	BN	\$0.00		
J9213	N	BN	\$0.00		
J9214	N	BN	\$0.00		
J9215	N	BN	\$0.00		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J9216	N	BN	\$0.00		
J9217	N		\$176.51		
J9218	N	BN	\$0.00		
J9219	N	BN	\$0.00		
J9223	N	NRC	\$203.60		
J9225	N	BN	\$0.00		
J9226	N	NRC	\$45,350.22		
J9227	N	NRC	\$78.05		
J9228	N		\$176.88		
J9229	N	NRC	\$2,618.85		
J9230	N	BN	\$0.00		
J9245	N		\$153.54		
J9246	N	NRC	\$17.35		
J9248	N	NRC	\$773.80		
J9249	N	BN	\$0.00		
J9255	N	BN	\$0.00		
J9260	N	BN	\$0.00		
J9261	N		\$72.53		
J9262	N	NRC	\$4.03		
J9263	N	BN	\$0.00		
J9264	N		\$13.34		
J9266	N	NRC	\$27,070.53		
J9267	N	BN	\$0.00		
J9268	N		\$2,541.77		
J9269	N	NRC	\$339.03		
J9270	N	BN	\$0.00		
J9271	N		\$58.22		
J9272	N	NRC	\$236.40		
J9273	N	NRC	\$181.60		
J9274	N		\$214.76		
J9280	N		\$42.51		
J9281	N	NRC	\$307.34		
J9285	N	BN	\$0.00		
J9286	N	NRC	\$2,701.04		
J9292	N	BN	\$0.00		
J9293	N		\$54.65		
J9294	N		\$0.62		
J9295	N		\$5.73		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J9296	N		\$9.66		
J9297	N	BN	\$0.00		
J9298	N	NRC	\$190.46		
J9299	N		\$31.75		
J9301	N		\$74.59		
J9302	N		\$63.96		
J9303	N		\$159.33		
J9304	N	NRC	\$50.83		
J9305	N		\$4.18		
J9306	N		\$16.12		
J9307	N		\$373.77		
J9308	N		\$71.07		
J9309	N		\$129.78		
J9311	N		\$36.94		
J9312	N		\$77.31		
J9313	N		\$23.39		
J9314	N		\$5.52		
J9316	N	NRC	\$64.58		
J9317	N	NRC	\$34.67		
J9318	N		\$33.91		
J9319	N		\$29.86		
J9320	N	BN	\$0.00		
J9321	N	NRC	\$54.17		
J9322	N	BN	\$0.00		
J9323	N		\$10.55		
J9324	N	NRC	\$82.30		
J9325	N		\$70.36		
J9328	N		\$10.40		
J9329	N	NRC	\$551.62		
J9330	N		\$32.21		
J9331	N	NRC	\$114.21		
J9332	N	NRC	\$32.57		
J9333	N	NRC	\$22.80		
J9334	N	NRC	\$33.13		
J9340	N		\$209.02		
J9345	N	NRC	\$29.20		
J9347	N		\$135.45		
J9348	N	NRC	\$642.15		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J9349	N		\$13.71		
J9350	N	NRC	\$635.47		
J9351	N	BN	\$0.00		
J9352	N		\$362.82		
J9353	N	NRC	\$48.21		
J9354	N		\$40.45		
J9355	N		\$77.94		
J9356	N		\$63.79		
J9357	N		\$1,437.08		
J9358	N	NRC	\$27.81		
J9359	N		\$206.38		
J9360	N	BN	\$0.00		
J9361	N	BN	\$0.00		
J9370	N	BN	\$0.00		
J9376	N	BN	\$0.00		
J9380	N	NRC	\$31.98		
J9381	N	NRC	\$36.90		
J9390	N	BN	\$0.00		
J9393	N		\$21.20		
J9394	N		\$53.00		
J9395	N		\$7.51		
J9400	N		\$6.50		
J9600	N		\$23,870.14		
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		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
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		
P9041	N	BN	\$0.00		
P9045	N	NRC	\$53.08		
P9046	N	NRC	\$21.23		
P9047	N	BN	\$0.00		
P9050	N	BN	\$0.00		
Q0035	N	BN	\$0.00		
Q0092	N	BN	\$0.00		
Q0138	N		\$0.34		
Q0139	N	NRC	\$0.34		
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		
Q0224	N	BN	\$0.00		
Q0240	N	BN	\$0.00		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
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	BN	\$0.00		
Q2009	N	BN	\$0.00		
Q2017	N	BN	\$0.00		
Q2026	N		\$333.42		
Q2028	N		\$1.00		
Q2034	N	BN	\$0.00		
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	\$55,015.23		
Q2049	N		\$528.86		
Q2050	N		\$133.08		
Q3027	N		\$56.23		
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		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
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		
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		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
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		
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		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
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		
Q4211	N	BN	\$0.00		
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		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
Q4241	N	BN	\$0.00		
Q4242	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		
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		
Q4278	N	BN	\$0.00		
Q4279	N	BN	\$0.00		
Q4280	N	BN	\$0.00		
Q4281	N	BN	\$0.00		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
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		
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		
Q4305	N	BN	\$0.00		
Q4306	N	BN	\$0.00		
Q4307	N	BN	\$0.00		
Q4308	N	BN	\$0.00		
Q4309	N	BN	\$0.00		
Q4310	N	BN	\$0.00		
Q4311	N	BN	\$0.00		
Q4312	N	BN	\$0.00		
Q4313	N	BN	\$0.00		
Q4314	N	BN	\$0.00		
Q4315	N	BN	\$0.00		
Q4316	N	BN	\$0.00		
Q4317	N	BN	\$0.00		
Q4318	N	BN	\$0.00		
Q4319	N	BN	\$0.00		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
Q4320	N	BN	\$0.00		
Q4321	N	BN	\$0.00		
Q4322	N	BN	\$0.00		
Q4323	N	BN	\$0.00		
Q4324	N	BN	\$0.00		
Q4325	N	BN	\$0.00		
Q4326	N	BN	\$0.00		
Q4327	N	BN	\$0.00		
Q4328	N	BN	\$0.00		
Q4329	N	BN	\$0.00		
Q4330	N	BN	\$0.00		
Q4331	N	BN	\$0.00		
Q4332	N	BN	\$0.00		
Q4333	N	BN	\$0.00		
Q4334	N	BN	\$0.00		
Q4335	N	BN	\$0.00		
Q4336	N	BN	\$0.00		
Q4337	N	BN	\$0.00		
Q4338	N	BN	\$0.00		
Q4339	N	BN	\$0.00		
Q4340	N	BN	\$0.00		
Q4341	N	BN	\$0.00		
Q4342	N	BN	\$0.00		
Q4343	N	BN	\$0.00		
Q4344	N	BN	\$0.00		
Q4345	N	BN	\$0.00		
Q5101	N		\$0.36		
Q5103	N	NRC	\$13.62		
Q5104	N	NRC	\$27.18		
Q5105	N	NRC	\$0.76		
Q5106	N		\$7.62		
Q5107	N	NRC	\$26.59		
Q5108	N		\$135.53		
Q5109	N	BN	\$0.00		
Q5110	N		\$0.27		
Q5111	N		\$143.38		
Q5112	N		\$34.17		
Q5113	N		\$60.44		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
Q5114	N		\$54.16		
Q5115	N		\$33.59		
Q5116	N		\$19.17		
Q5117	N		\$24.33		
Q5118	N		\$23.59		
Q5119	N	NRC	\$22.44		
Q5120	N	NRC	\$346.76		
Q5121	N	NRC	\$21.29		
Q5122	N	NRC	\$96.55		
Q5123	N	NRC	\$38.65		
Q5124	N	NRC	\$170.80		
Q5125	N		\$0.47		
Q5126	N		\$56.86		
Q5127	N	NRC	\$305.66		
Q5128	N	NRC	\$201.01		
Q5129	N		\$56.82		
Q5130	N	NRC	\$186.19		
Q5133	N		\$5.72		
Q5134	N	BN	\$0.00		
Q5135	N	NRC	\$5.04		
Q5136	N	BN	\$0.00		
Q5137	N	BN	\$0.00		
Q5138	N	BN	\$0.00		
Q5139	N	BN	\$0.00		
Q5140	N	NRC	\$87.14		
Q5141	N	NRC	\$43.57		
Q5142	N	NRC	\$13.36		
Q5143	N	NRC	\$87.14		
Q5144	N	NRC	\$14.63		
Q5145	N	NRC	\$99.63		
Q5146	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		

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
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	\$8.53		
Q9982	N	NRC	\$874.40		
Q9983	N	NRC	\$1,273.76		
Q9991	N	NRC	\$1,943.06		
Q9992	N	NRC	\$1,943.06		
Q9996	N	BN	\$0.00		
Q9997	N	BN	\$0.00		
Q9998	N	BN	\$0.00		
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		

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HCP Code	2025 ASC MUE
0101T	1
0102T	2
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

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HCPSC Code	2025 ASC MUE
0422T	1
0440T	3
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
0619T	1
0620T	1
0621T	1
0627T	1
0629T	1
0632T	1
0633T	1
0634T	1

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HCP Code	2025 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
0660T	1
0661T	1
0671T	1
0673T	1
0674T	1
0675T	1
0677T	1
0679T	1
0680T	1
0681T	1
0682T	1
0686T	1
0689T	2
0697T	1
0698T	1
0699T	2
0707T	1
0714T	1
0717T	1
0718T	1
0737T	1
0784T	1
0785T	1
0787T	1
0793T	1
0797T	1
0800T	1
0803T	1

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HCPCS Code	2025 ASC MUE
0810T	1
0813T	1
0816T	1
0817T	1
0818T	1
0819T	1
0864T	1
0867T	1
0869T	1
0884T	1
0885T	1
0886T	1
A9586	1
A9587	54
A9593	7
A9594	7
J0716	4
J1744	30
J1826	1
J2265	400
J2502	60
J3316	6
10080	1
10081	1
J7353	300
J9057	60
C9600	3
C9739	1
C9740	1
C9757	2
C9761	2
C9764	2
C9765	2
C9766	2
C9767	2
C9772	2
C9773	2
C9774	2
C9775	2
C9777	1

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HCPSC Code	2025 ASC MUE
C9778	1
C9781	1
G0330	1
J1171	240
11400	3
11401	3
11402	3
11403	2
11404	2
11406	2
11420	3
11421	3
11422	3
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
J2403	1600
J8522	50
27278	1
52284	1
52287	1
52310	1
52315	2
52354	1
52355	1
53200	1
53220	1
53230	1

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HCPCS Code	2025 ASC MUE
53235	1
53260	1
53502	1
53505	1
53510	1
53515	1
54015	1
54055	1
11770	1
11771	1
11772	1
11920	1
11921	1
11950	1
11951	1
11952	1
11954	1
54057	1
54060	1
54065	1
11976	1
54100	2
54105	2
54110	1
54111	1
54112	1
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54120	1
54437	1
54500	1
54505	1
54512	1
54530	1
54800	1
54830	1
54840	1
55120	1
55520	1
55700	1
55705	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
55706	1
55860	1
55876	1
55880	1
55920	1
56440	1
56441	1
56501	1
56515	1
56605	1
56740	1
56821	1
57023	1
57061	1
57065	1
57100	2
57105	2
57135	2
57155	1
57156	1
57180	1
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57452	1
57454	1
57455	1
57456	1
57460	1
57461	1
57500	1
58100	1
58145	1
58346	1
58558	1
58662	1
58900	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCP Code	2025 ASC MUE
59015	2
60100	3
60200	2
61020	2
61026	2
61050	1
61055	1
61070	2
61215	1
61330	1
61770	1
61880	1
61885	1
61886	1
61888	1
62263	1
62264	1
62267	2
62268	1
62269	2
62270	2
62272	1
62273	2
62280	1
62281	1
62282	1
62287	1
62292	1
62294	1
62320	1
15769	1
62321	1
15771	1
15773	1
15775	1
15776	1
15780	1
15781	1
15782	1
15783	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCP Code	2025 ASC MUE
15789	1
15820	1
15821	1
15822	1
15823	1
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15833	1
15834	1
15835	1
15836	1
15837	2
15838	1
15839	2
62322	1
62323	1
62324	1
62325	1
15851	1
15876	1
15877	1
15878	1
15879	1
62326	1
62327	1
62328	2
62329	1
62350	1
62355	1
62360	1
62361	1
62362	1
62365	1
62367	1
62368	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
62369	1
62370	1
62380	2
63001	1
63003	1
63005	1
63020	1
63030	1
63042	1
63045	1
63046	1
63047	1
63055	1
63056	1
63600	2
63610	1
63650	2
63655	1
63661	1
63662	1
63663	1
63664	1
63685	1
63688	1
64400	4
64405	1
64408	1
64415	1
17380	4
64416	1
64417	1
64418	1
64420	2
64421	4
64425	1
64445	1
64446	1
64447	1
64448	1
64449	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCP Code	2025 ASC MUE
64450	10
64451	2
64454	2
19300	1
64455	1
64461	1
64463	1
64479	1
19316	1
19318	1
19325	1
19328	1
19330	1
19340	1
19342	1
19350	1
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19357	1
19370	1
19371	1
19380	1
19396	1
64483	1
64490	1
64493	1
64510	1
64520	1
64555	2
64585	2
64595	1
64600	2
64605	1
64610	1
64612	1
64615	1
64616	1
64617	1
64620	5
64624	2
64625	2

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
64628	1
64632	1
64633	1
64635	1
64640	5
64642	1
64644	1
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64714	1
64716	2
64718	1
64719	1
64721	1
64722	4
64726	2
64732	1
64734	1
64736	1
64738	1
64740	1
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64744	1
64746	1
64763	1
64766	1
64771	2
64772	2
64774	2
64776	1
64782	2
64784	3
64786	1
64788	5
64790	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCP Code	2025 ASC MUE
64792	2
64795	2
64802	1
64820	4
64821	1
21029	1
21030	1
21031	2
21032	1
64822	1
21040	2
64823	1
21046	2
21047	2
21048	2
64831	1
64834	1
21070	1
21073	1
64835	1
64836	1
64840	1
64856	2
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64858	1
64861	1
64862	1
64864	2
64865	1
64885	1
64886	1
64890	2
21110	2
21120	1
21121	1
21122	1
21123	1
21125	2
21127	2
21137	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCP Code	2025 ASC MUE
21138	1
21139	1
21150	1
21181	1
21194	1
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21208	1
21209	1
64891	2
64892	2
64893	2
64895	2
64896	2
64897	2
64898	2
64905	1
64907	1
64910	3
64912	3
65091	1
65093	1
65101	1
65103	1
65105	1
21280	1
21282	1
21295	1
21296	1
65110	1
65112	1
65114	1
65125	1
65130	1
65135	1
65140	1
65150	1
65155	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
65175	1
65235	1
65260	1
65265	1
65270	1
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65772	1
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65815	1
65860	1
65865	1
65870	1
65875	1
65880	1
65900	1
65920	1
21600	5
21610	1
21685	1
21700	1
21720	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
21725	1
65930	1
66020	1
66030	1
66130	1
66225	1
66250	1
66500	1
66505	1
66600	1
66635	1
66680	1
66682	1
66700	1
66710	1
66711	1
66720	1
66740	1
66770	1
66825	1
66830	1
66840	1
66850	1
67005	1
67010	1
67015	1
67025	1
67027	1
67028	1
67036	1
67039	1
67040	1
67101	1
67105	1
67107	1
67108	1
67110	1
67113	1
67115	1
67208	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
67210	1
67218	1
67220	1
67227	1
67228	1
67250	1
67255	1
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
67800	1
67801	1
67805	1
67808	1
67810	2
67840	3
67850	3
67930	2
67935	2
67938	2
67950	2
67961	2
67966	2

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
67971	1
67973	1
67974	1
67975	1
68040	1
68100	1
68110	1
68115	1
68130	1
68135	1
68500	1
68505	1
68510	1
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69000	1
69005	1
69020	1
69100	3
69105	1
69110	1
69120	1
69140	1
69145	1
69150	1
69205	1
69310	1
69540	1
69550	1
69552	1
69720	1
69740	1
69745	1
70336	1
70450	3
70460	1
70470	2
70480	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
70481	1
70482	1
70486	1
70487	1
70488	1
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70491	1
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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

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
72127	1
72128	1
72129	1
72130	1
72131	1
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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

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
73721	3
73722	2
73723	2
74150	1
74160	1
74170	1
74174	1
74175	1
74176	2
74177	2
74178	1
74181	1
74182	1
74183	1
74230	1
74240	2
75572	1
75574	1
76000	3
76390	1
24640	1
76391	1
76700	1
76705	2
76770	1
76776	2
76978	1
76981	1
76982	1
54440	1
64596	1
64598	1
A9513	200
A9584	1
A9604	1
0888T	1
A9506	1
J0211	4
J0577	1
J0578	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
J0589	250
J0687	16
J0872	3000
J0911	50
J1010	120
J1598	12
J2183	60
J2468	10
J2919	5400
J3263	600
J7165	5000
J8611	30
J8612	30
J9073	1000
J9074	1500
J9075	1500
Q5133	1200
J9028	400
C7562	1
C7564	1
10011	1
21088	1
77385	1
77386	1
77424	1
J2802	2200
77425	1
77522	2
J9026	10
77525	2
C9173	2200
10005	1
10007	1
10009	1
10021	1
10030	2
10060	1
10061	1
10120	3
10121	2

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
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
11600	2
11601	2
11602	3
11603	2
11604	2
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11620	2
11621	2
11622	2
11623	2
11624	2
11626	2
11640	2
11641	2
11642	3
11643	2
11644	2
25450	1
25455	1
25490	1
25491	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
25492	1
11646	2
11750	6
11755	2
11760	4
11762	2
11960	2
11970	2
11971	2
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
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12045	1
12046	1
12047	1
12051	1
12052	1
12053	1
12054	1
12055	1
12056	1
12057	1
13100	1
13101	1
13120	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
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
15576	2

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
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
15770	2
15840	1
15841	2
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15935	1
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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

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
16035	1
17004	1
17106	1
17107	1
17108	1
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
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
19301	1
19302	1
19303	1
19307	1
20103	3
20150	2
20200	2

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
20205	3
20206	3
20220	3
20225	2
20240	4
20245	3
20250	1
20251	2
26580	1
26587	2
26590	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
20665	1
20670	3
20680	3
20690	2
20692	2
20693	2
20694	2
20696	2

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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
21034	1
21044	1
21050	1
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21076	1
21077	1
21079	1
21080	1
21081	1
21082	1
21083	1
21084	1
21085	1
21086	1
21087	1
21100	1
21210	2

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
21215	2
21230	2
21235	2
21240	1
21242	1
21243	1
21244	1
21245	2
21246	2
21248	2
21249	2
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21360	1
21365	1
21390	1
21400	1
21401	1
21406	1
21407	1
21421	1
21440	2
21445	2
21450	1
21451	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
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
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
22510	1
22511	1
22513	1
22514	1
22551	1
22554	1
22612	1
22856	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
22867	1
22869	1
22900	3
22901	2
22902	4
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23030	2
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23035	1
23040	1
23044	1
23065	2
23066	2
23071	2
27475	1
27479	1
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
23145	1
23146	1
23150	1
23155	1
23156	1
23170	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCP Code	2025 ASC MUE
23172	1
23174	1
23180	1
23182	1
23184	1
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23472	1
23473	1
23480	1
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23490	1
23491	1
23500	1
23505	1
23515	1
23520	1
23525	1
23530	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCP Code	2025 ASC MUE
23532	1
23540	1
23545	1
23550	1
23552	1
23570	1
23575	1
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23615	1
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23655	1
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23665	1
23670	1
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23800	1
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23935	2
24000	1
24006	1
24065	2
24066	2
24071	2
24073	2
24075	5
24076	4
24077	1
24079	1
24100	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
24101	1
24102	1
24105	1
24110	1
24115	1
24116	1
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24300	1
24301	2
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24310	2
24320	2
24330	1
24331	1
24332	1
24340	1
24341	2
24342	2
24343	1
24344	1
24345	1
24346	1
24357	1
24358	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCP Code	2025 ASC MUE
24359	2
24360	1
24361	1
24362	1
24363	1
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24366	1
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24505	1
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24516	1
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24535	1
24538	1
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24546	1
24560	1
24565	1
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24575	1
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24579	1
24582	1
24586	1
24587	1
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24605	1
24615	1
24620	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
24635	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
28280	1
25107	1
25109	4
25110	2
25111	1
25112	1
28292	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
28295	1
28296	1
28297	1
28298	1
28299	1
25115	1
25116	1
25118	5
25119	1
25120	1
25125	1
25126	1
25130	1
25135	1
25136	1
28313	4
25145	1
25150	1
25151	1
28340	2
28341	2
28344	1
28345	2
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

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
25295	9
25300	1
25301	1
25310	5
25312	4
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
25500	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 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

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
25825	1
25830	1
25907	1
25922	1
29750	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

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
26185	1
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

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
26450	6
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
30400	1
26498	1
26499	2
26500	3
26502	2
26508	1
30460	1
30462	1
26510	4
26516	1
26517	1
26518	1
30540	1
30545	1
26520	4
26525	4
26530	4
26531	4
26535	3
26536	4
26540	4
26541	4

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
26542	4
26545	4
26546	2
26548	3
26550	1
26555	2
26560	2
26561	2
26562	2
26565	2
26567	3
26568	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
31231	1
31233	1
31235	1
26675	1
26676	2
31239	1
31240	1
31242	1
31243	1
26685	3
26686	3
26700	2
26705	3
26706	2
26715	3

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCP Code	2025 ASC MUE
26720	4
26725	3
26727	3
26735	4
26740	3
26742	3
26746	3
26750	3
26755	2
26756	2
26765	3
26770	3
26775	2
26776	4
26785	3
26820	1
26841	1
26842	1
26843	2
31520	1
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
31551	1
27006	1
31553	1
27033	1
27035	1
27040	2
27041	3

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
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
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

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
27275	2
27279	1
27301	3
27305	1
27306	1
27307	1
27310	1
27323	2
27324	3
27325	1
27326	1
27327	5
27328	3
27329	1
27330	1
27331	1
27332	1
27333	1
27334	1
27335	1
27337	3
27339	4
27340	1
27345	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

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
33223	1
33224	1
33226	1
33227	1
33228	1
33229	1
33230	1
33231	1
33233	1
33234	1
33235	1
33240	1
33241	1
33249	1
33262	1
33263	1
33264	1
33270	1
33271	1
33273	1
33274	1
33275	1
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
27347	1
35875	2

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
35876	2
27350	1
27355	1
27356	1
27357	1
27360	2
36440	1
36450	1
27364	1
36465	1
36466	1
36470	1
36471	1
36473	1
36475	1
36478	1
36482	1
27372	2
27380	1
27381	1
27385	2
27386	2
27390	1
36555	2
27391	1
36557	2
27392	1
36560	2
27393	1
27394	1
27395	1
27396	1
36568	2
27397	1
36570	2
27400	1
36572	1
27403	1
27405	2
27407	2

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCP Code	2025 ASC MUE
27409	1
27412	1
27415	1
27416	1
27418	1
27420	1
27422	1
27424	1
27425	1
27427	1
27428	1
27429	1
27430	1
27435	1
27437	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
27438	1
27440	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
27441	1
27442	1
27443	1
27445	1
27446	1
27447	1
27496	1
27497	1
37220	1
37221	1
37224	1
37225	1
37226	1
37227	1
37228	1
37229	1
37230	1
37231	1
27498	1
27499	1
27500	1
27501	1
27502	1
37246	1
37248	1
37500	1
37607	1
27503	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

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
38206	1
27508	1
27509	1
27510	1
27516	1
27517	1
38241	1
38242	1
27520	1
27524	1
27530	1
38308	1
27532	1
27538	1
27550	1
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
40500	2
40510	2
40520	2
40525	2
40527	2
40530	2
27613	3
27614	3
27615	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
40700	1
40701	1
40702	1
40720	1
40761	1
27616	1
27618	3
27619	2
40806	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
27664	2
27665	2
27675	1
41010	1
27676	1
27680	2
27681	1
27685	2
27686	3
27687	1
27690	2
27691	2
27695	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
27696	1
27698	2
27700	1
27702	1
27703	1
27704	1
41120	1
27705	1
27707	1
41510	1
41512	1
41520	1
41530	1
27709	1
27720	1
41820	4
41821	2
27726	1
27730	1
27732	1
27734	1
27740	1
27742	1
27745	1
41850	2
41870	2
41872	4
41874	4
42000	1
27750	1
27752	1
27756	1
27758	1
27759	1
27760	1
27762	1
27766	1
27767	1
27768	1
42200	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
42205	1
42210	1
42215	1
42220	1
42225	1
42226	1
42227	1
42235	1
42260	1
42280	1
42281	1
42300	2
42305	2
42310	2
42320	2
42330	1
42335	2
42340	1
27769	1
27780	1
42408	1
42409	1
27781	1
27784	1
27786	1
27788	1
42440	1
42450	1
27792	1
27808	1
42507	1
42509	1
42510	1
42600	1
42650	2
42660	2
42665	2
42700	2
42720	1
42725	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
27810	1
27814	1
27816	1
27818	1
42810	1
42815	1
42820	1
42821	1
42825	1
42826	1
42830	1
42831	1
42835	1
42836	1
42860	1
42870	1
42890	1
42892	1
27822	1
42950	1
42955	1
27823	1
27824	1
27825	1
27826	1
42975	1
43030	1
43130	1
27827	1
27828	1
27829	1
27830	1
27831	1
27832	1
27840	1
27842	1
27846	1
43200	1
43201	1
27848	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCP Code	2025 ASC MUE
43204	1
43205	1
43206	1
27860	1
27870	1
27871	1
27884	1
27889	1
27892	1
27893	1
27894	1
43220	1
43226	1
28001	2
28002	3
43231	1
28003	2
28005	3
28008	2
43236	1
43237	1
28010	4
28011	4
43240	1
43241	1
28020	2
43243	1
43244	1
28022	3
28024	4
28035	1
43248	1
43249	1
28039	2
28041	2
28043	4
28045	4
28046	1
28047	1
43257	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
43259	1
28050	2
28052	2
43262	2
43263	1
43264	1
43265	1
28054	2
28055	1
28060	1
28062	1
28070	2
28072	4
28080	3
43284	1
43285	1
43290	1
43291	1
43450	1
43453	1
43653	1
28086	2
43755	1
43756	1
43757	1
28088	2
43762	2
43763	2
43774	1
43870	1
43886	1
43887	1
43888	1
28090	2
44312	1
44340	1
28092	2
28100	1
28102	1
28103	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
28104	2
44366	1
28106	1
28107	1
28108	2
28110	1
28111	1
28112	4
44378	1
28113	1
28114	1
44381	1
28116	1
28118	1
28119	1
28120	2
28122	4
28124	4
28126	4
44391	1
28130	1
28140	3
28150	4
44402	1
44403	1
44404	1
44405	1
44406	1
28153	4
44408	1
44500	1
45000	1
45005	1
45020	1
28160	5
28171	1
45150	1
28173	2
28175	2
28190	3

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
28192	2
28193	2
45303	1
28200	4
28202	2
28208	4
28210	2
28220	1
45317	1
28222	1
45321	1
45327	1
28225	1
28226	1
28230	1
28232	6
45334	1
45335	1
45337	1
28234	6
45340	1
45341	1
28238	1
28240	1
45347	1
45349	1
45350	1
28250	1
28260	1
28261	1
45381	1
45382	1
28262	1
28264	1
45386	1
28270	6
45389	1
45390	1
45391	1
28272	6

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
45393	1
45398	1
45500	1
45505	1
45541	1
45560	1
45900	1
45905	1
45910	1
28285	4
45990	1
46020	2
46030	1
28286	1
28288	4
28289	1
46060	2
46070	1
46080	1
46083	2
46200	1
46220	1
46221	1
46230	1
46250	1
46255	1
46257	1
46258	1
46260	1
46261	1
46262	1
46270	1
46275	1
46280	1
46285	1
46288	1
46320	2
46500	1
46505	1
46604	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
28291	1
28300	1
28302	1
28304	1
28305	1
28306	1
46614	1
28307	1
46700	1
46706	1
46707	1
46750	1
46753	1
46754	1
46760	1
46761	1
28308	4
28309	1
28310	1
28312	4
28315	1
28320	1
46930	1
46940	1
46942	1
46945	1
46946	1
46947	1
46948	1
28322	2
28400	1
28405	1
28406	1
28415	1
28420	1
28430	1
28435	1
28436	1
28445	1
28446	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
28450	2
47552	1
47553	1
47554	1
47555	1
47556	1
47562	1
47563	1
47564	1
28455	3
28456	2
28465	3
28470	2
28475	5
49250	1
28476	4
28485	5
49322	1
49324	1
49325	1
28490	1
28495	1
28496	1
28505	1
28510	4
49419	1
49421	1
49422	1
49423	2
28515	4
28525	4
49436	1
28530	1
28531	1
28540	1
28545	1
28546	1
28555	1
28570	1
28575	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
28576	1
49495	1
49496	1
49500	1
49501	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
49600	1
28725	1
28730	1
28735	1
28737	1
28740	5
50080	1
50081	1
28750	1
50382	1
50384	1
50385	1
50386	1
50387	1
50389	1
28755	1
50391	1
50396	1
28760	1
28810	5

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
28820	6
28825	8
50436	1
50437	1
50551	1
50553	1
28890	1
29000	1
50561	1
29010	1
50570	1
50572	1
29015	1
50575	1
29035	1
50580	1
50590	1
29040	1
29044	1
50686	2
50688	2
29046	1
29049	1
29055	1
50727	1
50947	1
50948	1
50951	1
50953	1
29058	1
29065	1
50961	1
50970	1
50972	1
29075	1
29085	1
50980	1
51020	1
51040	1
51045	2

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
51050	1
51065	1
51080	1
51100	1
51101	1
51102	1
51500	1
29086	2
29105	1
51700	1
29200	1
29305	1
29325	1
51715	1
29345	1
29355	1
29358	1
29365	1
29405	1
29425	1
51784	1
51785	1
51880	1
51992	1
29435	1
52001	1
29440	1
29445	1
52010	1
29450	1
52214	1
29505	1
29515	1
29540	1
29580	1
29581	1
52260	1
52265	1
52270	1
52275	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCP Code	2025 ASC MUE
52276	1
52277	1
29584	1
52282	1
52283	1
29700	2
52285	1
29705	1
52290	1
52300	1
52301	1
52305	1
29710	1
29720	1
52317	1
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52630	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
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2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
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54163	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
54164	1
54200	1
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54220	1
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54406	1
54408	1
54410	1
54415	1
54416	1
54420	1
54435	1
29843	1
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29846	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
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54522	1
29848	1
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54660	1
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54680	1
54690	1
54692	1
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29851	1
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55060	1
55100	2
55110	1
29856	1
55150	1
55175	1
55180	1
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55250	1
55400	1
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2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
55535	1
55540	1
55550	1
55600	1
55680	1
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29876	1
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56625	1
56700	1
29877	1
56800	1
56805	1
56810	1
56820	1
29879	1
57000	1
57010	1
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29880	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCP Code	2025 ASC MUE
29881	1
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29884	1
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2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCP Code	2025 ASC MUE
29899	1
29900	2
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2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
58553	1
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29916	1
58970	1
58974	1
58976	2
59000	2
59001	2
59012	2
30000	1
59020	2
59025	2
59070	2
59072	2

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
59074	2
59076	2
59100	1
59150	1
59151	1
59160	1
59200	1
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59320	1
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59871	1
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30020	1
30100	2
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60281	1
60300	2
60500	1
61000	1
61001	1
30110	1
30115	1
30117	2
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30120	1
30124	2

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
30125	1
30130	1
61790	1
61791	1
30140	1
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30160	1
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62194	1
62225	2
62230	2
62252	2
30210	1
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30320	1
30410	1
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30435	1
30450	1
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30468	1
30469	1
30520	1
30560	1
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30600	1
30620	1
30630	1
30801	1
30802	1
30903	1
30905	1
30906	1
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31000	1
31002	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
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63744	1
63746	1
31287	1
31288	1
31295	1
31296	1
31297	1
31298	1
31300	1
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31420	1
31500	2

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCP Code	2025 ASC MUE
64430	1
64435	1
31502	1
31505	1
31510	1
31511	1
31512	1
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31535	1
64505	1
31536	1
64517	1
31540	1
64530	1
64553	1
31541	1
64561	1
64566	1
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64569	1
64570	1
64575	2
64580	2
64581	2
64582	1
64583	1
64584	1
31545	1
64590	1
31546	1
31552	1
31554	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
31560	1
31561	1
31570	1
64611	1
31571	1
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31630	1
31631	1
31634	1
31635	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
31636	1
31638	1
31640	1
31641	1
31643	1
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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
35207	3
36002	2
36260	1
36261	1
36262	1
36430	1
36455	1
36511	1
36512	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
36513	1
36514	1
36516	1
36522	1
36556	2
36558	2
36561	2
36563	1
36565	1
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36569	2
36571	2
36573	1
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36576	2
36578	2
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36581	2
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36583	2
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36598	2
36640	1
37184	1
37187	1
37188	1
37192	1
37193	1
37197	2
37200	2
37211	1
37212	1
37236	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCP Code	2025 ASC MUE
37238	1
37241	2
37242	2
37243	1
37609	1
38220	1
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38530	1
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38550	1
66150	1
66155	1
66160	1
66170	1
66172	1
66174	1
66175	1
66179	1
66180	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
66183	1
66184	1
66185	1
38555	1
38570	1
38571	1
38572	1
38573	1
66605	1
66625	1
66630	1
38700	1
38740	1
38745	1
38760	1
40490	2
40650	2
40652	2
40654	2
66761	1
66762	1
40800	2
66820	1
66821	1
40801	2
40805	2
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66852	1
66920	1
66930	1
66940	1
66982	1
66983	1
66984	1
66985	1
66986	1
66987	2
66988	2
66989	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
66991	1
40812	2
40814	4
40816	2
40818	2
40819	2
40820	2
67030	1
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40830	2
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67041	1
67042	1
67043	1
40842	1
40843	1
40844	1
40845	1
41000	1
41005	1
41006	2
67120	1
67121	1
67141	1
67145	1
41007	2
41008	2
41009	2
41015	2
67221	1
41016	1
41017	2
67229	1
41018	2
41019	1
67311	1
67312	1
67314	1
67316	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
67318	1
67343	1
41100	2
41105	2
41108	2
41110	2
41112	2
41113	2
41114	2
41115	1
41116	2
41251	2
41252	2
41805	1
41806	1
41822	1
41823	1
41825	2
41826	2
41827	2
41828	4
41830	2
67700	2
67710	1
67715	1
42100	2
42104	2
42106	2
42107	2
42120	1
67825	1
67830	1
67835	1
42140	1
42145	1
67875	1
67880	1
67882	1
67900	1
67901	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCP Code	2025 ASC MUE
67902	1
67903	1
67904	1
67906	1
67908	1
67909	1
67911	2
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67914	2
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67916	2
67917	2
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67923	2
67924	2
42160	1
42180	1
42182	1
42400	2
42405	2
42410	1
42415	1
42420	1
42425	1
42500	2
68020	1
42505	2
42800	3
42804	1
42806	1
42808	2
42900	1
68320	1
68325	1
68326	1
68328	1
68330	1
68335	1
68340	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
68360	1
68362	1
68371	1
68400	1
68420	1
68440	2
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42970	1
68520	1
42972	1
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43191	1
43192	1
68700	1
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68720	1
68745	1
68750	1
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68761	4
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43193	1
43194	1
43195	1
43196	1
43197	1
43198	1
43202	1
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43211	1
43212	1
43213	1
69222	1
69300	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
43214	1
69320	1
69420	1
69421	1
69424	1
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69436	1
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69661	1
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69666	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
69667	1
69670	1
69676	1
69700	1
69705	1
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43245	1
43246	1
43247	1
43250	1
43251	1
43252	1
43253	1
43254	1
43255	2

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
43260	1
43261	1
43266	1
43270	1
43274	2
43275	1
43276	2
43277	3
43278	1
43752	2
43761	2
44100	1
44360	1
44361	1
44363	1
44364	1
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44384	1
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44388	1
44389	1
44390	1
44392	1
44394	1
44401	1
44407	1
45100	2
45108	1
45160	1
45171	2

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
45172	2
45190	1
45300	1
45305	1
45307	1
45308	1
45309	1
45315	1
45320	1
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45332	1
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46606	1
46607	1
46608	1
46610	1
46611	1
46612	1
46615	1
46900	1
46910	1
46916	1
46917	1
46922	1
46924	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
47000	3
47382	1
47383	1
47533	1
47534	2
47535	1
47536	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
47537	1
75573	1
47538	2
75731	1
75746	1
75803	1
75805	1
75810	1
75822	1
75870	1
75887	1
75898	2
47539	2
76145	1
47540	2
47541	1
76498	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCP Code	2025 ASC MUE
48102	1
49082	1
49083	2
49084	1
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
49180	2
49320	1
49321	1
49402	1
49406	2
77078	1
77080	1
77081	1
49407	1
49411	1
49418	1
49426	1
49429	1
77299	1
49440	1
49441	1
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49446	1
49450	1
49451	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
49452	1
49460	1
49465	1
49505	1
49507	1
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77610	1
77615	1
77620	1
50200	1
50390	2
50432	2
50433	2
50434	2
50435	2
50555	1
50557	1
50562	1
50574	1
50576	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCP Code	2025 ASC MUE
77799	1
50592	1
50593	1
50693	2
50694	2
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78111	1
78120	1
78121	1
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51710	1
51720	1
78199	1
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51726	1
51727	1
51728	1
51729	1
52000	1
78230	1
78231	1
78232	1
78258	1
78261	1
78262	1
78264	1
78265	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
78266	1
52005	2
78282	1
78290	1
78291	1
78299	1
52007	1
52204	1
52224	1
52234	1
78399	1
78414	1
78428	1
78429	1
78430	1
78431	1
78432	1
78433	1
52235	1
52240	1
52250	1
52281	1
77046	1
77047	1
77084	1
77280	2
78459	1
78466	1
78468	1
78469	1
78472	1
78473	1
78481	1
78483	1
78491	1
78492	1
78494	1
78499	1
77285	1
77290	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
77295	1
77300	10
77301	1
78599	1
77306	1
77307	1
77316	1
77317	1
78608	1
77318	1
77321	1
77331	3
77332	4
77333	2
77334	10
78699	1
77336	1
77338	1
78707	1
78708	1
78709	1
77370	1
78740	1
78761	1
78799	1
77401	1
77402	2
77407	2
77412	2
77423	1
78811	1
78812	1
78813	1
78814	1
78815	1
78816	1
77470	1
77520	2
77523	2
78999	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
77750	1
77761	1
77762	1
77763	1
79403	1
79440	1
79445	1
79999	1
77767	2
77768	2
77770	2
77771	2
90378	4
90396	1
77772	2
77778	1
90739	1
90740	1
90743	1
90744	1
90746	1
90747	1
90759	1
77789	2
78012	1
78013	1
78014	1
78015	1
78016	1
78018	1
78102	1
78103	1
78104	1
78122	1
78130	1
78140	1
78185	1
78191	1
78195	1
78201	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
78202	1
A9515	1
78215	1
78216	1
A9527	195
A9530	200
A9542	1
A9543	1
78226	1
78227	1
A9557	2
A9563	10
A9569	1
A9570	1
A9572	1
A9582	1
78278	2
78300	1
78305	1
A9588	10
A9591	6
A9521	2
78306	1
78315	1
A9595	10
78445	1
A9600	7
A9601	10
A9602	5
78451	1
A9606	224
78452	1
A9608	8
78453	1
A9697	1
78454	1
C1600	1
C1601	1
C1602	1
C1603	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
C1606	1
A9592	4
C1716	4
C1717	10
C1747	1
C1826	1
C1827	1
C1890	1
C1719	99
C2616	1
C2635	124
C2634	24
C2636	690
C2638	150
C2639	150
C2640	150
C2641	150
C2642	120
C2645	4608
C2643	120
C2698	150
78456	1
78457	1
78458	1
78579	1
78580	1
78582	1
C7502	1
C7503	1
78597	1
78598	1
78600	1
78601	1
78605	1
78606	1
78610	1
C7513	1
C7514	1
C7515	1
C7516	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
C7517	1
78630	1
78635	1
C7521	1
C7522	1
C7523	1
C7524	1
C7525	1
C7526	1
C7527	1
C7528	1
C7529	1
C7531	1
C7532	1
78645	1
C7537	1
C7538	1
C7539	1
C7540	1
78650	1
78660	1
78700	1
78701	1
78725	1
78800	1
78801	1
78802	1
78803	1
78804	1
78830	1
C7563	1
78831	1
78832	1
79005	1
79101	1
C8900	1
C8901	1
C8902	1
C8903	1
C8905	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
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
79200	1
79300	1
90371	10
90375	20
90376	20
90377	20
90675	1
90676	1
91035	1
C9257	10
92920	3
C9482	150
92928	3
C9725	1
C9727	1
C9728	1
93451	1
93452	1
93453	1
93454	1
C9762	1
C9763	1
93455	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
93456	1
93457	1
93458	1
93459	1
93460	1
93461	1
93985	1
93986	1
A9517	200
C2699	150
C9789	1
C9796	1
C9797	1
D4210	4
D4211	4
A9547	2
D4260	4
D4263	4
D4270	4
D4273	1
D7111	20
A9548	2
A9596	7
A9607	216
D7230	6
D7240	6
D7241	6
A9800	7
C5271	1
C5273	1
C5275	1
C5277	1
C7500	1
C7501	1
C7504	1
C7505	1
D7472	1
D7473	1
D7510	1
D7511	1

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
D7520	1
C7506	1
C7507	1
C7509	1
D7950	1
C7510	1
C7512	1
C7518	1
G0130	1
C7519	1
C7535	1
C7545	2
G0276	1
C7546	1
G0429	1
C7548	1
J0129	100
J0139	40
J0172	1
J0174	2000
J0177	4
J0178	4
J0179	12
J0180	140
J0184	10
C7549	1
J0202	12
J0206	1000
J0208	25
C7550	1
J0217	200
J0218	460
J0219	750
J0221	250
J0222	300
J0223	756
J0224	945
J0225	25
J0256	1600
J0257	1400

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
C7551	1
C7554	1
J0291	500
J0349	400
J0391	1440
J0401	400
J0402	960
C7555	1
J0480	1
C7556	1
C7560	1
J0491	300
C9067	500
C9088	400
C9089	300
J0565	200
C9101	300
C9144	660
J0584	90
C9145	150
C9248	25
C9250	1
C9460	1
D4212	1
J0594	320
J0596	840
J0597	250
J0598	100
J0600	3
J0630	1
J0638	300
J0651	30
J0652	30
D7140	32
D7210	32
J0688	16
D7220	6
D7250	32
D7270	1
D7310	4

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
D7311	4
J0717	400
J0739	600
J0741	300
J0742	500
J0750	1
J0751	1
J0775	180
J0791	160
J0799	1
J0840	6
J0841	20
D7321	4
J0870	1562
J0873	1000
D7550	1
G0104	1
G0105	1
G0121	1
J0888	360
G0186	1
J0896	1100
G0235	1
G0260	2
J0121	200
J0185	130
J1096	8
J1097	4
J1105	200
J1162	1
J0287	50
J0289	50
J1201	20
J1203	800
J1212	1
J1290	30
J1300	120
J1301	60
J1302	770
J1303	360

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
J1304	100
J1305	480
J1306	284
J1322	150
J1323	76
J1410	4
J1430	10
J1434	150
J1437	100
J1438	2
J1439	1000
J1440	150
J0475	8
J0485	1500
J0490	160
J1449	132
J1451	1
J0517	30
J1455	18
J0558	24
J1459	300
J0561	24
J1554	240
J1555	480
J0585	600
J1558	480
J1559	2400
J0586	300
J0587	300
J1566	300
J0588	600
J0695	60
J0699	600
J0712	120
J0714	12
J1575	650
J1576	600
J1595	1
J1596	18
J0740	2

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
J1602	300
J1610	2
J1611	2
J0850	9
J1628	100
J1640	672
J0875	300
J1726	28
J1742	2
J1743	66
J0881	500
J1745	150
J1746	200
J1747	900
J0882	300
J1786	680
J1823	300
J0883	1125
J0885	60
J0897	120
J1931	377
J1939	24
J1943	675
J1944	1064
J1950	12
J1951	180
J1952	42
J1954	3
J1961	927
J1190	8
J2182	300
J1442	1500
J2186	600
J1447	960
J2267	300
J2277	1000
J1448	900
J2315	380
J2323	300
J2326	120

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
J2327	600
J2329	450
J2350	600
J1454	1
J2356	210
J1456	150
J2358	405
J1460	10
J1557	300
J1560	1
J1561	360
J1568	300
J2426	1560
J2427	1560
J1569	400
J1571	20
J2506	12
J2507	8
J2508	200
J1572	300
J2547	600
J2562	48
J2597	45
J1573	130
J2679	8
J2690	4
J2724	3500
J2760	2
J1627	100
J2777	120
J2778	10
J2779	100
J2781	30
J2782	40
J1670	1
J2786	500
J2792	450
J1750	45
J2798	240
J2799	250

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCP Code	2025 ASC MUE
J2801	100
J1833	372
J1885	8
J2840	160
J2850	16
J2860	170
J1930	120
J2941	8
J1932	120
J2278	1000
J2998	1032
J3032	300
J3055	480
J3060	760
J2353	60
J3095	150
J2357	120
J3111	210
J3145	750
J3240	1
J3241	500
J3245	100
J3247	300
J3262	800
J2406	120
J3285	1
J3299	36
J3304	64
J2407	120
J2425	125
J3357	90
J3358	520
J3380	300
J3385	80
J3396	150
J3398	150
J3401	16
J3424	400
J3425	20
J2510	4

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
J7168	5000
J7169	180
J7170	1800
J7171	800
J7175	9000
J7177	10500
J7178	7700
J7179	7500
J7180	6000
J7181	3850
J2770	6
J2783	60
J2794	100
J2820	15
J2993	2
J2997	100
J3090	200
J3101	50
J3315	6
J7182	22000
J7183	7500
J7185	22000
J7186	7500
J7187	7500
J7188	22000
J7202	11550
J7203	12000
J7204	19500
J7205	9750
J7207	22500
J7208	12000
J7209	7500
J7210	22000
J7211	22000
J7213	12000
J7214	7500
J7308	3
J7311	118
J7189	13000
J7313	38

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
J7314	36
J7190	22000
J7192	22000
J7193	4000
J7194	9000
J7195	6000
J7197	6300
J7326	2
J7198	6000
J7201	9000
J7312	14
J7336	1120
J7340	1
J7345	200
J7351	20
J7352	16
J7318	120
J7354	2
J7355	75
J7402	270
J7501	1
J7504	15
J7511	9
J7525	2
J7320	50
J7322	48
J7323	2
J7324	2
J7325	96
J7327	2
J7329	50
J7332	40
J9021	800
J8510	5
J8655	1
J8670	180
J9015	1
J9017	30
J9029	80
J9022	168

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
J9023	140
J9027	100
J9032	300
J9033	300
J9034	360
J9035	180
J9036	360
J9037	800
J9039	210
J9042	200
J9043	60
J9046	35
J9052	6
J9047	210
J9056	360
J9048	35
J9061	700
J9063	900
J9050	6
J9055	150
J9065	100
J9071	1500
J9119	350
J9120	5
J9145	240
J9144	180
J9150	12
J9153	132
J9155	240
J9173	150
J9172	300
J9176	3000
J9179	50
J9177	520
J9185	2
J9200	5
J9198	38
J9202	3
J9203	180
J9204	160

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
J9205	215
J9207	90
J9217	6
J9210	1500
J9228	1100
J9223	120
J9226	1
J9227	150
J9245	9
J9229	27
J9261	80
J9246	300
J9248	30
J9264	800
J9262	700
J9268	1
J9266	2
J9271	400
J9269	200
J9274	100
J9272	100
J9273	200
J9280	12
J9293	8
J9281	80
J9286	400
J9294	150
J9295	800
J9296	150
J9299	480
J9298	160
J9301	100
J9302	200
J9303	90
J9305	150
J9304	150
J9306	840
J9307	80
J9308	280
J9309	280

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
J9311	160
J9312	150
J9313	600
J9314	150
J9318	475
J9316	180
J9317	648
J9319	500
J9323	150
J9321	300
J9325	400
J9324	95
J9328	400
J9330	50
J9329	200
J9340	30
J9331	300
J9332	600
J9333	840
J9334	504
J9347	300
J9345	500
J9349	900
J9348	160
J9352	40
J9350	60
J9354	600
J9353	450
J9355	120
J9356	60
J9357	4
J9359	400
J9358	900
J9393	20
J9380	480
J9381	800
J9394	20
J9395	20
J9400	500
J9600	4

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPSC Code	2025 ASC MUE
Q0138	510
P9045	20
P9046	25
Q2026	30
Q0139	510
Q2028	1470
Q2049	10
Q2043	1
Q2050	14
Q3027	30
Q5101	1500
Q5106	60
Q5103	150
Q5104	150
Q5105	100
Q5108	12
Q5107	170
Q5110	1500
Q5111	12
Q5112	120
Q5113	120
Q5114	120
Q5115	150
Q5116	120
Q5117	120
Q5118	230
Q5125	1800
Q5119	150
Q5120	12
Q5121	150
Q5122	12
Q5123	150
Q5124	10
Q5126	230
Q5129	230
Q5127	12
Q5128	10
Q5130	12
Q5140	40
Q5141	40

2025 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
Q5142	40
Q5143	40
Q9968	200
Q9982	1
Q9983	1
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	1730318353	GARDENDALE SURGERY CENTER
AL	1982055638	INVISION OPHTHALMOLOGY P.C.
AR	1053685677	ARKANSAS CENTER FOR SURGICAL EXCELLENCE
AR	1093799405	ORTHOARKANSAS SURGERY CENTER LLC
AR	1114906393	PHYSICIANS SURGERY CENTER LLC
AR	1114951365	DOCTORS SURGERY CENTER PA
AR	1235376104	KANIS ENDOSCOPY CENTER
AR	1578643607	PAIN CENTER LLC
AR	1629404918	CENTRAL ARKANSAS SURGERY CENTER LLC
AZ	1033250618	MCDOWELL AMBULATORY SURGERY CENTER LLC
AZ	1043222417	COTTONWOOD DAY SURGERY CENTER
AZ	1063408649	AIMS OUTPATIENT SURGERY
AZ	1285085068	VALLEY PAIN CENTERS OF ARIZONA DBA VALLEY PAIN CENTERS
AZ	1417985102	SOUTHWESTERN EYE CENTER LTD
AZ	1528000817	SOUTHWESTERN EYE CENTER LTD
AZ	1609930676	DESERT PAIN INSTITUTE
AZ	1649662206	ADVANCED SURGERY CENTER OF ARIZONA
AZ	1659683662	PREMIER ENDOSCOPY CENTER LLC
AZ	1790711091	PRESCOTT UROCENTER LTD
AZ	1801388061	VALLEY PAIN CENTERS OF ARIZONA
AZ	1851531248	LASER SURGERY HOLDING COMPANY LTD
AZ	1861089666	BARNET DULANEY PERKINS EYE CENTER DBA AMERICAN VISION PARTNERS BDPEC ASC TUCSON 5TH ST
AZ	1932644606	INNOVATIVE SURGERY CENTER LLC
AZ	1962869826	ENDOTECH LLC
CA	1043426950	HOSPITAL DRIVE SURGERY CENTER LLC
CA	1053412189	HEMET ENDOSCOPY
CA	1053852236	SURGERY CENTER OF ANAHEIM HILLS LLC
CA	1063887875	MAGNOLIA SURGERY CENTER LLC
CA	1104087089	CONGRESS MEDICAL SURGERY CENTER LLC
CA	1144370594	THIRD STREET SURGERY CENTER LP
CA	1184798837	SHADELANDS ADVANCED ENDOSCOPY INSTITUTE INC.
CA	1205076593	TALBERT SURGICAL ASSOCIATES
CA	1225123227	COMPREHENSIVE PAIN MANAGEMENT CENTER INC
CA	1255314662	MAZZOCCO AMBULATORY SURGICAL CENTER
CA	1255354486	SIMI SURGERY CENTER INC
CA	1265859573	MODESTO SPECIALTY SURGERY CENTER PC
CA	1295204113	HUNTINGTON SPECIALTY SURGERY LLC
CA	1316082365	WEST WILSHIRE MEDICAL SURGICAL CENTER INC
CA	1336143734	ENDOSCOPY CENTER AT SKYPARK
CA	1336231059	CENTINELA VALLEY ENDOSCOPY CENTER INC
CA	1437219276	MINEHART MEDICAL CORPORATION

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

STATE	NPI	ASC NAME
CA	1447213954	REAGAN ST SURGERY CENTER
CA	1447301593	481 ASC PROJECT LLC
CA	1457820466	CHINO PREMIER SURGERY CENTER
CA	1487197943	COAST CITIES SURGERY CENTER INC
CA	1497705883	MISSION AMBULATORY SURGICENTER
CA	1497791040	CANYON PINOLE SURGERY CENTER LP
CA	1528130879	PACIFIC SURGICAL INSTITUTE OF PAIN MANAGEMENT
CA	1538159397	MAGNOLIA SURGERY CENTER
CA	1558832741	GRAND AVE SURGERY CENTER LLC
CA	1558853234	BROADWAY LASER SURGICAL INSTITUTE INC.
CA	1578505079	TRUXTUN SURGERY CENTER INC
CA	1598372344	MURRIETA CENTER FOR PAIN INC
CA	1598809758	CALIFORNIA EYE CLINIC
CA	1609938570	LASER SURGERY CTR
CA	1619970472	CYPRESS OUTPATIENT SURGICAL CENTER INC
CA	1629376207	MARTEL EYE INSTITUTE LLC
CA	1659657856	ALFA SURGERY CENTER
CA	1659822914	FRESNO AMBULATORY SURGERY CENTER INC.
CA	1659885325	GOLDEN SPRINGS SURGICAL CENTER
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	1699274464	SANDHU SURGERY CENTER LLC
CA	1699720573	SANTA CLARITA SURGERY CENTER FOR ADVANCED PAIN MANAGEMENT
CA	1699768713	ADVANCED PAIN MANAGEMENT
CA	1720300312	DELTA BAY SURGERY CENTER LLC
CA	1740337435	DIAGNOSTIC AND INTERVENTIONAL SURGICAL CENTER
CA	1740831437	THE REGENTS OF THE UNIVERSITY OF CALIFORNIA
CA	1760423180	CENTRAL COAST ENDOSCOPY CENTER INC
CA	1770951915	TRI COUNTY VASCULAR CARE LLC
CA	1780901520	WESTWOOD EYE SURGICAL INSTITUTE INC
CA	1790384303	ABROMS DOUGHERTY VISION ASC LLC
CA	1811386147	RIVERS EDGE SURGERY CENTER INC
CA	1871029389	SOCAL SURGERY CENTER LLC DBA HAWTHORNE SURGERY CENTER
CA	1891770814	REGIONAL HAND CENTER OF CENTRAL CALIFORNIA INC
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	1972692754	PACIFIC COAST SURGERY CENTER 7 LLC
CA	1982931465	GARDEN GROVE SURGERY CENTER
CA	1992794580	VALLEY MEDICAL PLAZA AMBULATORY ASC

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

STATE	NPI	ASC NAME
CO	1033292214	PIKES PEAK ENDOSCOPY AND SURGERY CENTER 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	1447799044	GREENWOOD ASC LLC DBA COLORADO PREMIER SURGERY CENTER AT LAKEWOOD
CO	1871658658	PARKWEST SURGERY CENTER LLC
FL	1144283003	NORTH MIAMI BEACH SURGERY CENTER LIMITED PARTNERSHIP
FL	1164473922	OPHTHALMOLOGY CENTER OF BREVARD LP DBA ASC OF BREVARD
FL	1295793974	SANTA LUCIA SURGICAL CENTER LLC
FL	1316508252	MINIMALLY INVASIVE SURGICENTER
FL	1366549511	SOUTHWEST FLORIDA INSTITUTE OF AMBULATORY SURGERY
FL	1376185876	RINEHART RD SURGERY CENTER
FL	1386792588	WM DARRELL GASKINS LLC DBA GASKINS EYE CARE AND SURGERY CENTER
FL	1417041468	SURGICAL LICENSED WARD PARTNERS LLP DBA UNDERWOOD SURGERY CENTER
FL	1417912353	WINTER PARK SURGERY CENTER LP DBA PHYSICIAN'S SURGICAL CARE CENTER
FL	1467582437	NORTH FLORIDA SURGERY CENTER INC
FL	1487840740	ORANGE CITY SURGERY CENTER
FL	1548274061	EYE INSTITUTE SURGERY CENTER LLC
FL	1558372029	HOLIDAY SURGERY CENTER
FL	1689636219	FLORIDA OUTPATIENT SURGERY CENTER LTD
FL	1760627830	MUSCULOSKELETAL AMBULATORY SURGERY CENTER
FL	1760724314	HENGHOLD SURGERY CENTER LLC
FL	1861463259	ORLANDO CENTER FOR OUTPATIENT SURGERY LP
FL	1891253035	ADVANCED CENTER FOR SURGERY VERO BEACH DBA THE ADVANCED CENTER FOR SURGERY
FL	1912378357	DAVENPORT AMBULATORY SURGERY CENTER LLC
FL	1942884457	CVI AMBULATORY SURGERY CENTER DBA SUGERY CENTER OF CENTRAL FLORIDA
FL	1952404550	OUTPATIENT PLASTIC SURGERY CENTER
GA	1053719393	PCA INTERVENTIONAL SPINE AT MACQUARIUM
GA	1093842270	NORTH GEORGIA EYE SURGERY CENTER
GA	1104228931	GLENNVILLE EYE SURGERY CENTER LLC
GA	1124083787	NORTHLAKE SURGICAL CENTER LP
GA	1164938825	ALPHARETTA EYE SURGERY CENTER
GA	1225321508	SOUTHERN CROSS SURGERY CENTER
GA	1225378276	WHITE OAK SURGERY CENTER
GA	1427355080	PINNACLE ORTHOPAEDICS SURGERY CENTER WOODSTOCK LLC

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

STATE	NPI	ASC NAME
GA	1447791074	PCA INTERVENTIONAL SPINE AT FAYETTE
GA	1558662858	ATHENS ENDOSCOPY LLC
GA	1780075861	ROSWELL EYE SURGERY CENTER LLC
GA	1780199356	GEORGIA UROLOGY DBA CUMMING AMBULATORY SURGERY CENTER
GA	1780735175	THE CENTER FOR SPINE PROCEDURES PC
GA	1821394602	BROOKSTONE SURGICAL CENTER
GA	1861491987	THE PLASTIC SURGERY CENTER LAND LLC
GA	1902861941	PEACHTREE ORTHOPAEDIC SURGERY CENTER AT PIEDMONT LLC
GA	1952771230	GEORGIA UROLOGY DBA GA UROLOGY AMBULATORY SURGERY CENTER ALPHARETTA
ID	1467097725	CENTER FOR SURGERY PLLC
ID	1750386256	PALOUSE SURGERY CENTER LLC
IL	1053362343	PEORIA AMBULATORY SURGERY
IL	1083613327	BLOOMINGTON NORMAL HEALTHCARE LLC
IL	1164488714	NORTHWEST SURGICARE LTD
IL	1407812498	LOYOLA AMBULATORY SURGERY CENTER AT OAKBROOK LP
IL	1538101373	DANVILLE POLYCLINIC LTD
IL	1548390081	ADVANCED AMBULATORY SURGICAL CENTER INC
IL	1811957251	AMBULATORY SURGERY CENTER OF CENTRALIA LLC
IN	1033190566	RIVERPOINTE SURGERY CENTER
IN	1689053050	BELTWAY SURGERY CENTERS LLC
KS	1174197990	KANSAS CITY SURGERY CENTER LLC
KS	1366117988	KANSAS SURGERY CENTER LLC
KY	1003369216	CCESTVIEW HILLS SURGERY CENTER DBA ICAN
KY	1447212774	LOUISVILLE SC LTD DBA SURGECENTER OF LOUISVILLE
KY	1801869292	ST ELIZABETH PHYSICIANS ENDOSCOPY CENTER
LA	1063735702	OCHSNER MEDICAL CENTER NORTHSORE LLC
LA	1184605792	COLONNADE ENDOSCOPY CENTER LLC
LA	1265437743	REGIONAL UROLOGY ASC LLC
LA	1427027721	WEST MONROE ENDOSCOPY ASC LLC
LA	1437419660	ADVANCED SURGERY CENTER OF METAIRIE LLC
LA	1851686596	ADVANCED PAIN INSTITUTE TREATMENT CENTER LLC
LA	1992788772	EAST JEFFERSON AMBULATORY SURGERY CENTER
MD	1023162013	PENINSULA ENDOSCOPY CENTER LLC
MD	1023349909	PICCARD SURGERY CENTER LLC
MD	1033141825	GREENSPRING SURGERY CENTER
MD	1073601332	LISA RENFRO SURGERY CENTER LLC
MD	1073644399	PRIVATE SURGICAL SUITE
MD	1083624225	UNIVERSITY OF MARYLAND UROLOGICAL SURGERY CENTER
MD	1134431323	BETHESDA CHEVY CHASE SURGERY CENTER LLC DBA BETHESDA CHEVY CHASE SURGERY CENTER
MD	1154623452	MARYLAND SPINE AND SPORTS SURGICENTER LLC
MD	1255909842	GREENBELT AMBULATORY SURGERY LLP

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STATE	NPI	ASC NAME
MD	1275184293	JOHNS HOPKINS SURGERY CENTER SERIES DBA BEL AIR SURGERY CENTER
MD	1295060069	TIMONIUM SURGERY CENTER LLC
MD	1336159284	HOWARD COUNTY GASTROINTESTINAL DIAGNOSTIC CTR LLC
MD	1396919783	SURGCENTER OF SOUTHERN MARYLAND
MD	1447685458	CHECKERSPOT SURGERY CENTERS
MD	1649393695	HICKORY RIDGE SURGERY CTR
MD	1942264619	SURGERY CENTER OF CHEVY CHASE
MI	1043288467	GRAND RIVER ENDOSCOPY CENTER LLC
MI	1104179878	SYNERGY SPINE AND ORTHOPEDIC SURGERY CENTER LLC
MI	1255342366	MILLMANDERR CENTER FOR EYE CARE PC
MI	1457709289	GENESYS SURGERY CENTER
MI	1518211440	CAPITAL HEALTHCARE LLC DBA CAPITAL SURGERY CENTER
MI	1528091360	GREAT LAKES ENDOSCOPY CENTER
MI	1952342453	SAGINAW VALLEY ENDOSCOPY CENTER
MN	1235539180	MINNESOTA ENDOSCOPY CENTER LLC
MN	1558313544	MINNESOTA VALLEY SURGERY CENTER
MO	1083884894	SOUTH COUNTY SURGICAL CENTER
MO	1336364231	SURGERY CENTER AT LIBERTY HOSPITAL LLC
MO	1457779399	CSA SURGICAL CENTER LLC
MO	1649269663	PHYSICIANS ALLIANCE LC DBA PHYSICIANS ALLIANCE SURGERY CENTER
MS	1154867562	UROLOGIC AMBULATORY SURGERY CENTER
MS	1619923661	DELTA ENDOSCOPY CENTER PC
MS	1669757761	COASTAL EYE SURGERY CENTER
MS	1770743031	NEWSOUTH NEUROSPINE LLC
MT	1023079860	WEB PROPERTIES INC
NC	1194744532	LEBAUER ENDOSCOPY CENTER
NC	1205804697	GOLDSBORO ENDOSCOPY CENTER
NC	1376901900	CAROLINA DIGESTIVE CARE
NC	1386190957	HOLLY SPRINGS SURGERY CENTER LLC
NC	1417911322	TRIANGLE GASTROENTEROLOGY PLLC
NC	1437269800	IREDELL SURGICAL ASSOCIATES LLP
NC	1922444520	KURT G VERNON MD PA
NH	1588628366	PORTSMOUTH REGIONAL AMBULATORY SURGERY CENTER LLC
NJ	1104415702	SALEM ASC LLC
NJ	1194950915	JASPER AMBULATORY SURGICAL CENTER LLC
NJ	1235321571	SURGICARE SURGICAL ASSOCIATES OF MAHWAH LLC
NJ	1255361259	CENTRAL JERSEY SURGERY CENTER LLC
NJ	1346508520	FIRST GI ENDOSCOPY AND SURGERY CENTER LLC
NJ	1396700944	WATTS PLASTIC SURGERY ASSOCIATION PC
NJ	1437512514	NEW CENTURY SPINE AND OUTPATIENT SURGICAL INSTITUTE
NJ	1437654084	VEIN TREATMENT ACCESS CARE LLC
NJ	1477568463	CAPE CATARACT CENTER PC

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STATE	NPI	ASC NAME
NJ	1609390459	WEST ORANGE SURGICAL CENTER DBA MOUNTAIN SURGERY CENTER
NJ	1730227992	MEMORIAL AMBULATORY SURGERY CENTER LLC
NJ	1912199258	SURGICARE SURGICAL ASSOCIATES OF RIDGEWOOD LLC
NJ	1952874182	SAME DAY SURGERY CENTER
NV	1174607303	SOUTHWEST MEDICAL ASSOCIATES INC
NV	1760033229	SEVEN HILLS AMBULATORY SURGERY CENTER
NV	1801073648	ELITE ENDOSCOPY LLC
NY	1104125939	GASTROENTEROLOGY CARE INC
NY	1164516084	ENDOSCOPIC AMBULATORY SPECIALTY CENTER OF BAY RIDGE INC
NY	1306089180	NEW YORK ENDOSCOPY CENTER LLC
NY	1376054007	HUDSON YARDS SURGERY CENTER LLC
NY	1558612762	QUEENS BLVD ENDOSCOPY LLC
NY	1588938682	WESTSIDE GI CENTER
NY	1598258865	NORTHERN WESTCHESTER FACILITY PROJECT LLC
NY	1598905317	ISLAND ENDOSCOPY CENTER LLC
NY	1659338382	STERLING SURGICAL CENTER LLC
NY	1720407273	BRONX SC LLC DBA EMPIRE STATE AMBULATORY SURGERY CENTER
NY	1811220429	SURGICARE OF MANHATTAN
NY	1811220429	SURGICARE OF MANHATTAN LLC
NY	1922230853	CRYSTAL RUN AMBULATORY SURGERY
NY	1972894962	MOHAWK VALLEY EC LLC
OH	1124173596	GASTROENTEROLOGY ASSOCIATES INC
OH	1184682445	PORTSMOUTH SURGERY CENTER
OH	1225558497	TRIHEALTH SURGERY CENTER -- ANDERSON
OH	1316905680	OHIO EYE SURGERY CENTER
OH	1407247208	COLONOSCOPY AND ENDOSCOPY CENTER LLC
OH	1427127919	OSU INTERNAL MEDICINE LLC
OH	1487620043	NEW HORIZONS SURGERY CENTER LLC
OH	1497368013	PHYSICIANS REGIONAL SURGERY CENTER LLC
OH	1518034354	NORTH COAST ENDOSCOPY INC
OH	1649250218	LORAIN SURGERY CENTER LLC
OH	1689632051	ROSS SURGERY CENTER INC
OH	1881948073	CENTRAL OHIO UROLOGY SURGERY CENTER
OK	1114952025	ESEC LLC
OK	1346510476	TULSA AMBULATORY PROCEDURE CENTER LLC
OR	1184782203	EASTERN OREGON REGIONAL SURGERY
OR	1538146931	WILLAMETTE SURGERY CENTER LLC
OR	1912177163	SURGERY CENTER AT TANASBOURNE LLC
PA	1063477198	GRANDVIEW SURGERY AND LASER CENTER
PA	1235788878	INTEGRATED SURGICAL INSTITUTE
PA	1366041097	HYPERTENSION NEPHROLOGY ASSOCIATES
PA	1366498115	VALLEY PAIN CENTER LLC

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STATE	NPI	ASC NAME
PA	1538607544	DELAWARE VALLEY NEPHROLOGY AND HYPERTENSION ASSOC PC DBA VASCULAR ACCESS CENTER OF DELAWARE VALLEY
PA	1598773111	SURGERY CENTER OF POTTSVILLE LP
PA	1609887041	ZITELLI AND BRODLAND PC
PA	1629409578	PAIN CENTER OF WYOMING VALLEY LLC
PA	1811938863	DERMATOLOGIC SURGICENTER
PA	1831230788	LACKAWANNA PHYSICIANS AMBULATORY SURGERY CENTER LLC DBA NORTH EAST SURGERY CENTER
PA	1871729111	RIVERVIEW AMBULATORY SURGICAL CENTER LLC
PA	1952312399	ZITELLI AND BRODLAND PC DBA ZITELLI AND BRODLAND ASF SOUTH
PA	1972977627	JEFFERSON ENDOSCOPY CENTER AT BALA
RI	1609472042	ORTHOPEDICS RHODE ISLAND INC DBA ORTHO RI SURGERY CENTER
SC	1083695860	ELMS ENDOSCOPY CENTER
SC	1386221604	CONWAY HOSPITAL INC DBA CMC SURGICAL CENTER SOUTH
SC	1528143922	MIDLANDS ENDOSCOPY CENTER LLC
SC	1811345267	THE CENTER FOR ORTHOPAEDIC SURGERY
TN	1376538876	THE ENDOSCOPY CENTER OF BRISTOL
TX	1144827114	GULFSTREAM SURGICAL FORT WORTH LLC
TX	1184922353	PEARLAND SURGERY CENTER LLC
TX	1235241688	SPECIALTY SURGERY CENTER OF SAN ANTONIO
TX	1245266790	ABILENE SPINE AND JOINT SURGERY CENTER PA
TX	1265511463	INGRAM INVESTMENTS LLC
TX	1326494188	SOUTH AUSTIN SURGICENTER LLC
TX	1336710854	SOUTHWEST SURGICAL OPERATING COMPANY LLC DBA ADVANCED SURGICAL CENTER AUSTIN
TX	1346237237	LUFKIN ENDOSCOPY CENTER LTD
TX	1346246840	MEMORIAL HERMANN WEST HOUSTON SURGERY CENTER LLC
TX	1407144132	STONE OAK SURGERY CENTER
TX	1427134998	HILL COUNTRY MEMORIAL SURGERY CENTER
TX	1528377678	NORTH TEXAS TEAM CARE SURGERY CENTER LLC
TX	1528604675	SURGERY CENTER OF NORTH TEXAS PLLC
TX	1588636278	AUESTETIC PLASTIC SURGERY CENTER LP DBA MUSEUM DISTRICT AMBULATORY SURGERY CENTER
TX	1609400290	ORTHOPAEDIC ASSOCIATES OF CENTRAL TEXAS SURGERY CENTER LLC
TX	1639682503	SOUTH PLAINS SURGERY CENTER LLC
TX	1730702523	TEXAS HELATH SURGERY CENTER WAXAHACHIE
TX	1740654664	RYMD SURGERY CENTER LLC DBA CRYSTAL OUTPATIENT SURGERY CENTER
TX	1750528717	ROUND ROCK SURGERY CENTER LLC
TX	1821471640	WATERMERE SURGERY CENTER LLC
UT	1437205028	CENTRAL UTAH CLINIC SURGERY CENTER

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STATE	NPI	ASC NAME
VA	1053345082	VIRGINIA CENTER FOR EYE SURGERY
VA	1629045133	MONTICELLO COMMUNITY SURGERY CENTER LLC
VA	1942462064	MCCONE MT VERNON ENDOSCOPY CENTER
WA	1124792403	SIGHT PARTNERS PHYSICIANS PC DBA EMPIRE EYE PHYSICIANS
WA	1144779232	PAIN CARE PHYSICIANS PLLC
WA	1245358050	CHARLES SUNG MD PC DBA RETINA LASER EYE CENTER
WA	1386615912	PUGET SOUND GASTROENTEROLOGY PS
WA	1689755894	SKIN SURGERY CENTER
WA	1780845826	OLYMPIA EYE CLINIC INC PS
WA	1811936990	PROLIANCE SURGEONS INC PS
WA	1851371611	TRI CITY ORTHOPAEDIC CLINIC PSC
WA	1902447386	SEATTLE PAIN RELIEF PLLC DBA FEDERAL WAY AMBULATORY SURGICAL FACILITY
WA	1952068298	PUGET SOUND GASTROENTEROLOGY PLLC DBA TRI-CITIES ENDOSCOPY CENTER
WA	1982149761	THE POLYCLINIC - MOHS DERMATOLOGY
WI	1013548833	ASCENSION WISCONSIN SURGERY CENTER-MOUNT PLEASANT
WI	1407046436	NORTHWOODS SURGERY CENTER LLC
WI	1902052350	SURGERY CENTER LLC
WY	1447293113	WESTERN AMBULATORY SURGERY LLC