

The five character codes included in the Ohio Bureau of Workers' Compensation (BWC) 2026 Ambulatory Surgical Center Fee Schedule are obtained from Current Procedural Terminology (CPT®), copyright 2025 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 2026 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 2026 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 2026 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	
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.

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

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.
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 2026 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 2026 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 410, 412, 413, 415, 416, and 419, 45 CFR Part 180 Medicare and Medicaid Programs: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems; Quality Reporting Programs; Overall Hospital Quality Star Ratings; and Hospital Price Transparency" final rule, Federal Register, Volume 90, Number 225, 53448-54088, November 25, 2025.

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

<p>ASC Reimbursement Levels 2025</p>	<p>The BWC 2026 Ambulatory Surgical Center Fee Schedule rates for covered orthopedic procedures (CPT® range 20100-29999) shall be calculated using the Medicare 2026 Ambulatory Surgical Center Prospective Payment System rates published in Addenda AA and BB of the Department of Health and Human Services, Centers for Medicare and Medicaid Services rule specified above, multiplied by a payment adjustment factor of 1.12.</p> <p>The BWC 2026 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 2026 Ambulatory Surgical Center Prospective Payment System rates published in Addenda AA and BB of the Department of Health and Human Services, Centers for Medicare and Medicaid Services rule specified above, multiplied by a payment adjustment factor of 1.10.</p> <p>The BWC 2026 Ambulatory Surgical Center Fee Schedule rates for covered, device-intensive services (payment indicator J8, identified in Addendum AA of the Medicare 2026 Ambulatory Surgical Center Prospective Payment System rates) shall be calculated using the Medicare 2026 Ambulatory Surgical Center Prospective Payment System rates published in Addenda AA and BB of the Department of Health and Human Services, Centers for Medicare and Medicaid Services rule specified above, multiplied by a payment adjustment factor of 1.14.</p>
<p>Modifiers: BWC accepts all industry-standard modifiers as published with CPT codes by the AMA and published by CMS with HCPCS level II codes in effect on the billed date of service. Unless otherwise specified in this document, modifiers will not affect the fee schedule amount calculated for a procedure.</p>	
<p>Modifier 50</p>	<p>Bilateral procedure. Reimbursement is 150% of fee schedule amount.</p>
<p>Modifier 52</p>	<p>Reduced services. Reimbursement is 50% of fee schedule amount.</p>
<p>Modifier 73</p>	<p>Discontinued procedure prior to administration of anesthesia. Reimbursement is 50% of fee schedule amount.</p>

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

Modifier 74	Discontinued procedure after administration of anesthesia. Reimbursement is 100% of fee schedule amount.
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	<b>Services eligible for multiple procedure discounting are labeled as “Y” in the column titled “Subject to Multiple Procedure Discounting” of this appendix.</b> 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.

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
0095T	N	BN	\$0.00		
0098T	N	BN	\$0.00		
0101T	Y	NRC	\$135.54		
0102T	Y	NRC	\$1,644.87		
0164T	N	BN	\$0.00		
0165T	N	BN	\$0.00		
0184T	Y	0	\$2,819.48		
0200T	Y	NRC	\$5,380.26	\$3,167.41	\$4,273.83
0201T	Y	NRC	\$3,695.53		
0202T	Y	0	\$11,872.77	\$4,070.96	\$7,971.86
0213T	Y	NRC	\$485.51		
0214T	N	BN	\$0.00		
0215T	N	BN	\$0.00		
0216T	Y	NRC	\$485.51		
0217T	N	BN	\$0.00		
0218T	N	BN	\$0.00		
0219T	Y	0	\$12,254.27	\$3,729.28	\$7,991.77
0220T	Y	0	\$9,828.27	\$5,902.04	\$7,865.15
0221T	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
0222T	N	BN	\$0.00		
0232T	N	BN	\$0.00		
0238T	Y	NRC	\$15,779.60	\$4,433.66	\$10,106.63
0253T	Y	NRC	\$3,539.46	\$1,592.59	\$2,566.02
0263T	N	NRC	\$2,389.95		
0264T	N	NRC	\$2,389.95		
0265T	N	NRC	\$2,389.95		
0274T	Y	NRC	\$3,695.53		
0278T	N	BN	\$0.00		
0308T	Y	NRC	\$13,903.73	\$7,936.72	\$10,920.22
0330T	N	BN	\$0.00		
0331T	N	NRC	\$719.28		
0332T	N	NRC	\$719.28		
0335T	Y	NRC	\$6,649.57	\$2,030.59	\$4,340.08
0338T	N	NRC	\$5,063.24	\$1,358.99	\$3,211.11
0339T	N	NRC	\$4,759.56	\$1,630.97	\$3,195.26

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
0342T	N	NRC	\$2,389.95		
0347T	N	BN	\$0.00		
0348T	N	BN	\$0.00		
0349T	N	BN	\$0.00		
0350T	N	BN	\$0.00		
0351T	N	BN	\$0.00		
0353T	N	BN	\$0.00		
0379T	N	BN	\$0.00		
0395T	N	NRC	\$387.03		
0397T	N	BN	\$0.00		
0402T	Y	NRC	\$1,088.43		
0408T	Y	NRC	\$29,734.63	\$6,871.63	\$18,303.13
0409T	Y	NRC	\$22,405.48	\$5,972.39	\$14,188.93
0410T	Y	NRC	\$8,145.80	\$2,392.87	\$5,269.33
0411T	Y	NRC	\$8,316.61	\$2,239.90	\$5,278.25
0412T	N	NRC	\$2,092.20		
0413T	N	NRC	\$2,092.20		
0414T	Y	NRC	\$21,608.03	\$6,686.60	\$14,147.31
0415T	Y	NRC	\$344.58		
0416T	Y	NRC	\$1,128.57		
0419T	Y	NRC	\$404.93		
0420T	Y	NRC	\$404.93		
0422T	N	NRC	\$48.98		
0437T	N	BN	\$0.00		
0439T	N	BN	\$0.00		
0440T	Y	NRC	\$1,682.20	\$543.46	\$1,112.83
0441T	Y	NRC	\$1,671.39	\$553.13	\$1,112.26
0442T	Y	NRC	\$7,242.84	\$2,516.37	\$4,879.60
0443T	N	BN	\$0.00		
0444T	N	BN	\$0.00		
0445T	N	BN	\$0.00		
0446T	Y	NRC	\$2,283.58		
0447T	N	NRC	\$54.72		
0448T	Y	NRC	\$2,283.58		
0449T	Y	NRC	\$4,599.19	\$1,903.35	\$3,251.27

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
0450T	N	BN	\$0.00		
0479T	Y	NRC	\$404.93		
0480T	N	BN	\$0.00		
0505T	Y	NRC	\$9,798.85	\$2,935.42	\$6,367.13
0510T	N	NRC	\$1,644.87		
0511T	Y	NRC	\$5,651.32	\$2,924.64	\$4,287.98
0512T	N	NRC	\$110.23		
0513T	N	BN	\$0.00		
0515T	Y	NRC	\$21,608.03	\$14,655.31	\$18,131.67
0516T	Y	0	\$8,643.77	\$5,647.94	\$7,145.85
0517T	Y	0	\$8,643.77	\$5,647.94	\$7,145.85
0518T	N	0	\$2,092.20		
0519T	Y	0	\$5,191.97		
0520T	Y	0	\$8,990.94	\$3,167.44	\$6,079.19
0523T	N	BN	\$0.00		
0524T	Y	NRC	\$2,475.03	\$1,292.13	\$1,883.58
0525T	Y	NRC	\$17,007.85	\$4,132.74	\$10,570.29
0526T	Y	NRC	\$8,145.80	\$2,392.87	\$5,269.33
0527T	Y	NRC	\$8,926.30	\$1,693.83	\$5,310.06
0530T	N	NRC	\$2,092.20		
0531T	N	NRC	\$2,092.20		
0532T	N	NRC	\$2,092.20		
0581T	Y	NRC	\$2,662.26	\$1,080.12	\$1,871.19
0582T	Y	0	\$12,417.78	\$3,882.11	\$8,149.94
0583T	Y	NRC	\$952.11	\$571.76	\$761.93
0587T	Y	NRC	\$7,158.32	\$1,438.08	\$4,298.20
0588T	Y	NRC	\$2,003.41		
0594T	Y	NRC	\$5,337.81	\$3,205.44	\$4,271.62
0596T	Y	NRC	\$310.63		
0597T	Y	NRC	\$310.63		
0598T	N	NRC	\$119.30		
0599T	N	BN	\$0.00		
0600T	Y	NRC	\$8,675.12	\$3,295.86	\$5,985.49
0601T	Y	NRC	\$8,589.14	\$3,372.86	\$5,981.00
0609T	N	NRC	\$131.48		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
0611T	N	NRC	\$131.48		
0614T	Y	NRC	\$23,798.06	\$4,725.18	\$14,261.62
0620T	N	NRC	\$45,166.33	\$11,793.96	\$28,480.14
0621T	Y	NRC	\$4,159.45	\$1,037.32	\$2,598.38
0627T	Y	NRC	\$13,512.37	\$2,602.51	\$8,057.44
0628T	N	BN	\$0.00		
0629T	Y	NRC	\$14,143.09	\$2,037.62	\$8,090.35
0630T	N	BN	\$0.00		
0632T	Y	NRC	\$14,639.88	\$5,454.39	\$10,047.13
0633T	N	NRC	\$57.04		
0634T	N	NRC	\$97.27		
0635T	N	NRC	\$97.27		
0636T	N	NRC	\$131.48		
0637T	N	NRC	\$192.55		
0638T	N	NRC	\$192.55		
0644T	Y	NRC	\$5,265.16	\$1,178.15	\$3,221.65
0645T	Y	0	\$8,591.43		
0647T	Y	NRC	\$894.33		
0648T	N	NRC	\$510.65		
0651T	Y	NRC	\$787.08	\$370.92	\$579.00
0652T	Y	NRC	\$894.33		
0653T	Y	NRC	\$894.33		
0654T	Y	NRC	\$1,986.55		
0655T	Y	NRC	\$2,729.66		
0656T	Y	NRC	\$13,369.07	\$8,028.35	\$10,698.71
0657T	Y	0	\$13,369.07	\$8,028.35	\$10,698.71
0660T	Y	NRC	\$2,203.87		
0661T	Y	NRC	\$2,203.87		
0671T	Y	NRC	\$5,001.18	\$1,543.33	\$3,272.25
0673T	Y	NRC	\$742.04		
0674T	Y	0	\$31,421.59	\$6,350.32	\$18,885.95
0675T	Y	0	\$8,524.01	\$5,118.81	\$6,821.41
0676T	N	BN	\$0.00		
0677T	Y	0	\$7,396.02	\$4,441.43	\$5,918.72
0678T	N	BN	\$0.00		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
0679T	Y	0	\$5,120.50		
0680T	Y	0	\$18,450.02	\$3,963.79	\$11,206.90
0681T	Y	0	\$2,003.41		
0682T	Y	0	\$2,003.41		
0686T	N	NRC	\$18,804.05		
0689T	N	NRC	\$48.98		
0692T	N	0	\$854.76		
0697T	N	NRC	\$510.65		
0698T	N	NRC	\$510.65		
0699T	Y	NRC	\$1,255.73		
0707T	Y	NRC	\$2,714.35	\$1,123.53	\$1,918.94
0714T	Y	NRC	\$3,936.27	\$2,373.42	\$3,154.84
0717T	Y	NRC	\$1,940.78		
0718T	Y	NRC	\$1,940.78		
0737T	Y	0	\$10,823.13	\$5,011.04	\$7,917.08
0744T	Y	0	\$3,187.37		
0784T	Y	NRC	\$10,741.06	\$3,133.18	\$6,937.12
0785T	Y	NRC	\$2,003.41		
0786T	Y	0	\$10,615.32	\$3,245.81	\$6,930.56
0787T	Y	NRC	\$2,003.41		
0790T	Y	0	\$13,369.07	\$8,028.35	\$10,698.71
0793T	Y	NRC	\$14,639.88	\$5,454.39	\$10,047.13
0797T	Y	NRC	\$16,946.26	\$4,187.90	\$10,567.08
0800T	Y	NRC	\$2,345.25	\$1,408.36	\$1,876.80
0803T	Y	NRC	\$17,417.89	\$3,765.50	\$10,591.69
0810T	Y	NRC	\$2,283.58		
0813T	Y	NRC	\$497.85		
0816T	Y	NRC	\$19,195.68	\$3,295.95	\$11,245.81
0817T	Y	NRC	\$19,070.01	\$3,408.51	\$11,239.26
0818T	Y	NRC	\$2,003.41		
0819T	Y	NRC	\$2,003.41		
0861T	N	0	\$2,092.20		
0862T	Y	0	\$1,128.57		
0863T	Y	0	\$1,128.57		
0864T	Y	NRC	\$137.79		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
0865T	N	0	\$131.48		
0866T	N	0	\$131.48		
0867T	Y	NRC	\$2,729.66		
0869T	Y	0	\$2,375.83	\$1,426.72	\$1,901.27
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	0	\$4,408.80	\$2,144.30	\$3,276.55
0885T	Y	0	\$4,408.80	\$2,144.30	\$3,276.55
0886T	Y	0	\$4,408.80	\$2,144.30	\$3,276.55
0887T	N	BN	\$0.00		
0888T	N	0	\$9,402.16		
0908T	Y	NRC	\$31,421.59	\$6,350.32	\$18,885.95
0909T	Y	0	\$31,421.59	\$6,350.32	\$18,885.95
0910T	Y	0	\$2,003.41		
0913T	Y	NRC	\$8,479.67	\$4,116.89	\$6,298.28
0914T	N	BN	\$0.00		
0915T	Y	NRC	\$28,399.59	\$8,067.31	\$18,233.45
0916T	Y	NRC	\$21,608.03	\$6,686.60	\$14,147.31
0917T	Y	NRC	\$8,145.80	\$2,392.87	\$5,269.33
0918T	Y	NRC	\$8,145.80	\$2,392.87	\$5,269.33
0919T	N	NRC	\$2,092.20		
0920T	N	NRC	\$2,092.20		
0921T	N	NRC	\$2,092.20		
0922T	N	NRC	\$2,092.20		
0923T	Y	NRC	\$21,608.03	\$6,686.60	\$14,147.31
0924T	Y	NRC	\$344.58		
0925T	Y	NRC	\$1,128.57		
0933T	Y	NRC	\$2,466.66	\$1,481.27	\$1,973.96
0946T	N	0	\$57.04		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS 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
0950T	Y	0	\$8,330.42	\$3,335.09	\$5,832.75
0956T	N	0	\$23,869.40	\$9,317.54	\$16,593.47
0957T	Y	0	\$872.87		
0958T	Y	0	\$1,644.87		
0959T	N	0	\$742.04		
0960T	N	0	\$23,869.40	\$9,317.54	\$16,593.47
0962T	N	0	\$73.54		
0963T	Y	0	\$948.62	\$569.66	\$759.14
0964T	Y	0	\$1,480.50		
0965T	Y	0	\$1,480.50		
0966T	Y	0	\$1,480.50		
0967T	Y	0	\$948.62	\$569.66	\$759.14
0970T	Y	0	\$2,315.63	\$1,390.57	\$1,853.10
0971T	Y	0	\$2,315.63	\$1,390.57	\$1,853.10
0973T	Y	0	\$223.01		
0975T	Y	0	\$223.01		
0977T	Y	0	\$497.85		
0981T	Y	0	\$14,639.88	\$5,454.39	\$10,047.13
0989T	Y	NRC	\$2,003.41		
0991T	Y	NRC	\$8,330.42	\$3,335.09	\$5,832.75
0996T	Y	NRC	\$1,255.73		
10004	N	BN	\$0.00		
10005	Y	0	\$388.55		
10006	N	BN	\$0.00		
10007	Y	0	\$277.94		
10008	N	BN	\$0.00		
10009	Y	0	\$388.55		
10010	N	BN	\$0.00		
10011	Y	BR	\$388.55		
10012	N	BN	\$0.00		
10021	Y	0	\$63.44		
10030	Y	0	\$388.55		
10035	Y	BN	\$0.00		
10036	N	BN	\$0.00		
1003T	Y	NRC	\$10,823.13	\$5,011.04	\$7,917.08

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS 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
10040	N	BN	\$0.00		
10060	Y	0	\$84.93		
10061	Y	0	\$129.91		
10080	Y	NRC	\$224.23		
10081	Y	NRC	\$283.98		
10120	Y	0	\$113.46		
10121	Y	0	\$742.04		
1012T	Y	NRC	\$3,183.26	\$1,911.60	\$2,547.43
1013T	Y	NRC	\$18,450.02	\$3,963.79	\$11,206.90
10140	Y	0	\$116.48		
1014T	Y	NRC	\$5,901.44		
1015T	Y	NRC	\$2,003.41		
10160	Y	0	\$85.93		
10180	Y	0	\$1,248.36		
1019T	Y	NRC	\$2,848.20		
1022T	N	BN	\$0.00		
1023T	N	BN	\$0.00		
1024T	N	BN	\$0.00		
1025T	N	NRC	\$73.56		
11000	Y	0	\$37.93		
11001	N	BN	\$0.00		
11010	Y	0	\$388.55		
11011	Y	0	\$388.55		
11012	Y	0	\$1,248.36		
11042	Y	0	\$223.01		
11043	Y	0	\$404.93		
11044	Y	0	\$742.04		
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	0	\$66.46		
11102	Y	0	\$72.51		
11103	N	BN	\$0.00		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
11104	Y	0	\$91.64		
11105	N	BN	\$0.00		
11106	Y	0	\$115.14		
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	0	\$89.96		
11308	N	BN	\$0.00		
11310	Y	0	\$83.58		
11311	Y	0	\$93.32		
11312	Y	0	\$104.39		
11313	Y	0	\$116.81		
11400	Y	NRC	\$95.33		
11401	Y	NRC	\$108.42		
11402	Y	NRC	\$118.49		
11403	Y	NRC	\$132.26		
11404	Y	NRC	\$742.04		
11406	Y	NRC	\$742.04		
11420	Y	NRC	\$88.28		
11421	Y	NRC	\$106.41		
11422	Y	NRC	\$118.49		
11423	Y	NRC	\$133.26		
11424	Y	NRC	\$742.04		
11426	Y	NRC	\$1,248.36		
11440	Y	NRC	\$104.73		
11441	Y	NRC	\$118.16		
11442	Y	NRC	\$129.57		
11443	Y	NRC	\$144.68		
11444	Y	NRC	\$742.04		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
11446	Y	NRC	\$1,248.36		
11450	Y	NRC	\$1,248.36		
11451	Y	NRC	\$1,248.36		
11462	Y	NRC	\$1,248.36		
11463	Y	NRC	\$1,248.36		
11470	Y	NRC	\$1,248.36		
11471	Y	NRC	\$1,248.36		
11600	Y	0	\$138.97		
11601	Y	0	\$152.40		
11602	Y	0	\$159.45		
11603	Y	0	\$174.22		
11604	Y	0	\$388.55		
11606	Y	0	\$742.04		
11620	Y	0	\$138.97		
11621	Y	0	\$153.40		
11622	Y	0	\$163.47		
11623	Y	0	\$182.27		
11624	Y	0	\$742.04		
11626	Y	0	\$1,248.36		
11640	Y	0	\$141.99		
11641	Y	0	\$158.44		
11642	Y	0	\$172.54		
11643	Y	0	\$191.33		
11644	Y	0	\$742.04		
11646	Y	0	\$1,248.36		
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	0	\$102.05		
11755	Y	0	\$75.53		
11760	Y	0	\$127.89		
11762	Y	0	\$187.98		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS 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
11765	N	BN	\$0.00		
11770	Y	NRC	\$1,248.36		
11771	Y	NRC	\$1,248.36		
11772	Y	NRC	\$1,248.36		
11900	N	BN	\$0.00		
11901	N	BN	\$0.00		
11920	Y	NRC	\$155.42		
11921	Y	NRC	\$159.78		
11922	N	BN	\$0.00		
11950	Y	NRC	\$56.06		
11951	Y	NRC	\$71.83		
11952	Y	NRC	\$91.97		
11954	Y	NRC	\$102.05		
11960	Y	0	\$1,940.78		
11970	Y	0	\$3,695.53		
11971	N	0	\$1,248.36		
11976	N	NRC	\$78.88		
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	0	\$223.01		
12006	N	0	\$223.01		
12007	Y	0	\$110.23		
12011	N	BN	\$0.00		
12013	N	BN	\$0.00		
12014	N	BN	\$0.00		
12015	N	0	\$110.23		
12016	N	0	\$223.01		
12017	N	0	\$223.01		
12018	N	0	\$110.23		
12020	Y	0	\$404.93		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS 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
12021	Y	0	\$223.01		
12031	Y	0	\$187.98		
12032	Y	0	\$209.80		
12034	Y	0	\$223.01		
12035	Y	0	\$223.01		
12036	Y	0	\$404.93		
12037	Y	0	\$1,128.57		
12041	N	0	\$186.97		
12042	Y	0	\$205.10		
12044	Y	0	\$404.93		
12045	Y	0	\$404.93		
12046	Y	0	\$404.93		
12047	Y	0	\$1,128.57		
12051	Y	0	\$198.38		
12052	Y	0	\$208.12		
12053	Y	0	\$223.01		
12054	N	0	\$223.01		
12055	Y	0	\$223.01		
12056	N	0	\$223.01		
12057	Y	0	\$223.01		
13100	Y	0	\$404.93		
13101	Y	0	\$404.93		
13102	N	BN	\$0.00		
13120	Y	0	\$223.01		
13121	Y	0	\$223.01		
13122	N	BN	\$0.00		
13131	Y	0	\$223.01		
13132	Y	0	\$223.01		
13133	N	BN	\$0.00		
13151	Y	0	\$404.93		
13152	Y	0	\$404.93		
13153	N	BN	\$0.00		
13160	Y	0	\$1,940.78		
14000	Y	0	\$1,128.57		
14001	Y	0	\$1,128.57		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
14020	Y	0	\$1,128.57		
14021	Y	0	\$1,128.57		
14040	Y	0	\$1,128.57		
14041	Y	0	\$1,128.57		
14060	Y	0	\$1,128.57		
14061	Y	0	\$1,128.57		
14301	Y	0	\$1,940.78		
14302	N	BN	\$0.00		
14350	Y	0	\$1,128.57		
15002	Y	0	\$404.93		
15003	N	BN	\$0.00		
15004	Y	0	\$223.01		
15005	N	BN	\$0.00		
15011	Y	BR	\$1,128.57		
15012	N	BN	\$0.00		
15013	N	BR	\$3,895.34		
15014	N	BN	\$0.00		
15015	Y	BR	\$1,128.57		
15016	N	BN	\$0.00		
15017	Y	BR	\$1,128.57		
15018	N	BN	\$0.00		
15040	Y	0	\$1,128.57		
15050	Y	0	\$404.93		
15100	Y	0	\$1,128.57		
15101	N	BN	\$0.00		
15110	Y	0	\$1,128.57		
15111	N	BN	\$0.00		
15115	Y	0	\$1,128.57		
15116	N	BN	\$0.00		
15120	Y	0	\$1,940.78		
15121	N	BN	\$0.00		
15130	Y	0	\$1,128.57		
15131	N	BN	\$0.00		
15135	Y	0	\$1,940.78		
15136	N	BN	\$0.00		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
15150	Y	0	\$1,128.57		
15151	N	BN	\$0.00		
15152	N	BN	\$0.00		
15155	Y	0	\$1,940.78		
15156	N	BN	\$0.00		
15157	N	BN	\$0.00		
15200	Y	0	\$1,128.57		
15201	N	BN	\$0.00		
15220	Y	0	\$1,128.57		
15221	N	BN	\$0.00		
15240	Y	0	\$1,128.57		
15241	N	BN	\$0.00		
15260	Y	0	\$1,128.57		
15261	N	BN	\$0.00		
15271	Y	0	\$404.93		
15272	N	BN	\$0.00		
15273	Y	0	\$1,128.57		
15274	N	BN	\$0.00		
15275	Y	0	\$94.66		
15276	N	BN	\$0.00		
15277	Y	0	\$1,128.57		
15278	N	BN	\$0.00		
15570	Y	0	\$1,128.57		
15572	Y	0	\$1,940.78		
15574	Y	0	\$1,128.57		
15576	Y	0	\$1,128.57		
15600	Y	0	\$1,940.78		
15610	Y	0	\$1,128.57		
15620	Y	0	\$1,128.57		
15630	Y	0	\$1,128.57		
15650	Y	0	\$1,128.57		
15730	Y	0	\$1,940.78		
15731	Y	0	\$1,940.78		
15733	Y	0	\$1,940.78		
15734	Y	0	\$1,940.78		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
15736	Y	0	\$1,128.57		
15738	Y	0	\$1,940.78		
15740	Y	0	\$1,128.57		
15750	Y	0	\$1,940.78		
15760	Y	0	\$1,128.57		
15769	Y	NRC	\$1,940.78		
15770	Y	0	\$1,940.78		
15771	Y	NRC	\$1,940.78		
15773	Y	NRC	\$1,128.57		
15775	Y	NRC	\$223.01		
15776	Y	NRC	\$223.01		
15777	N	BN	\$0.00		
15780	Y	NRC	\$517.95		
15781	Y	NRC	\$339.03		
15782	Y	NRC	\$317.88		
15783	Y	NRC	\$223.01		
15786	N	BN	\$0.00		
15787	N	BN	\$0.00		
15788	N	BN	\$0.00		
15789	Y	NRC	\$349.44		
15792	N	BN	\$0.00		
15793	N	BN	\$0.00		
15820	Y	NRC	\$1,128.57		
15821	Y	NRC	\$1,128.57		
15822	Y	NRC	\$1,128.57		
15823	Y	NRC	\$1,128.57		
15824	Y	NRC	\$1,128.57		
15825	Y	NRC	\$1,940.78		
15826	Y	NRC	\$1,940.78		
15828	Y	NRC	\$1,940.78		
15829	Y	NRC	\$1,940.78		
15830	Y	NRC	\$2,848.20		
15832	Y	NRC	\$1,248.36		
15833	Y	NRC	\$1,248.36		
15834	Y	NRC	\$1,248.36		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
15835	Y	NRC	\$1,248.36		
15836	Y	NRC	\$1,248.36		
15837	Y	NRC	\$1,248.36		
15838	Y	NRC	\$1,248.36		
15839	Y	NRC	\$1,248.36		
15840	Y	0	\$1,940.78		
15841	Y	0	\$1,940.78		
15842	Y	0	\$1,128.57		
15845	Y	0	\$1,940.78		
15847	N	BN	\$0.00		
15851	Y	NRC	\$1,128.57		
15852	N	BN	\$0.00		
15860	N	BN	\$0.00		
15876	Y	NRC	\$1,940.78		
15877	Y	NRC	\$1,940.78		
15878	Y	NRC	\$1,128.57		
15879	Y	NRC	\$1,940.78		
15920	Y	0	\$1,248.36		
15922	Y	0	\$1,940.78		
15931	Y	0	\$1,248.36		
15933	Y	0	\$1,248.36		
15934	Y	0	\$1,940.78		
15935	Y	0	\$1,940.78		
15936	Y	0	\$1,128.57		
15937	Y	0	\$1,128.57		
15940	Y	0	\$1,248.36		
15941	Y	0	\$1,248.36		
15944	Y	0	\$1,940.78		
15945	Y	0	\$1,128.57		
15946	Y	0	\$1,128.57		
15950	Y	0	\$742.04		
15951	Y	0	\$1,248.36		
15952	Y	0	\$1,128.57		
15953	Y	0	\$1,940.78		
15956	Y	0	\$1,128.57		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
15958	Y	0	\$1,940.78		
16000	N	BN	\$0.00		
16020	N	BN	\$0.00		
16025	Y	0	\$110.23		
16030	Y	0	\$223.01		
16035	Y	0	\$223.01		
17000	N	BN	\$0.00		
17003	N	BN	\$0.00		
17004	Y	0	\$113.79		
17106	Y	0	\$208.79		
17107	Y	0	\$271.56		
17108	Y	0	\$359.51		
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	0	\$131.58		
17266	Y	0	\$145.68		
17270	Y	0	\$98.35		
17271	Y	0	\$107.42		
17272	N	BN	\$0.00		
17273	Y	0	\$129.57		
17274	Y	0	\$145.68		
17276	Y	0	\$162.80		
17280	N	BN	\$0.00		
17281	Y	0	\$110.23		
17282	Y	0	\$110.23		
17283	Y	0	\$141.99		
17284	Y	0	\$157.43		
17286	Y	0	\$191.67		
17311	Y	0	\$404.93		
17312	N	BN	\$0.00		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
17313	Y	0	\$404.93		
17314	N	BN	\$0.00		
17315	N	BN	\$0.00		
17340	N	BN	\$0.00		
17360	N	BN	\$0.00		
17380	Y	NRC	\$404.93		
19000	Y	0	\$65.46		
19001	N	BN	\$0.00		
19020	Y	0	\$742.04		
19030	N	BN	\$0.00		
19081	Y	0	\$742.04		
19082	N	BN	\$0.00		
19083	Y	0	\$742.04		
19084	N	BN	\$0.00		
19085	Y	0	\$742.04		
19086	N	BN	\$0.00		
19100	Y	0	\$742.04		
19101	Y	0	\$1,603.18		
19105	Y	0	\$2,721.61	\$1,026.97	\$1,874.29
19110	Y	0	\$1,603.18		
19112	Y	0	\$1,603.18		
19120	Y	0	\$1,603.18		
19125	Y	0	\$1,603.18		
19126	N	BN	\$0.00		
19281	N	BN	\$0.00		
19282	N	BN	\$0.00		
19283	N	BN	\$0.00		
19284	N	BN	\$0.00		
19285	N	BN	\$0.00		
19286	N	BN	\$0.00		
19287	N	BN	\$0.00		
19288	N	BN	\$0.00		
19294	N	BN	\$0.00		
19296	Y	0	\$5,094.41	\$2,290.98	\$3,692.69
19297	N	BN	\$0.00		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
19298	Y	0	\$6,614.64	\$1,883.58	\$4,249.11
19300	Y	NRC	\$1,603.18		
19301	Y	0	\$1,603.18		
19302	Y	0	\$2,848.20		
19303	Y	0	\$2,848.20		
19307	Y	0	\$2,848.20		
19316	Y	NRC	\$2,848.20		
19318	Y	NRC	\$2,848.20		
19325	Y	NRC	\$3,171.50		
19328	N	NRC	\$1,603.18		
19330	N	NRC	\$1,603.18		
19340	Y	NRC	\$3,171.50		
19342	Y	NRC	\$3,171.50		
19350	Y	NRC	\$1,603.18		
19355	Y	NRC	\$1,603.18		
19357	Y	NRC	\$5,196.28	\$3,153.89	\$4,175.08
19370	Y	NRC	\$1,603.18		
19371	Y	NRC	\$1,603.18		
19380	Y	NRC	\$2,848.20		
19396	Y	NRC	\$1,603.18		
20100	Y	0	\$330.93		
20101	Y	0	\$1,264.00		
20102	Y	0	\$1,264.00		
20103	Y	0	\$831.08		
20150	Y	0	\$1,842.25		
20200	Y	0	\$831.08		
20205	Y	0	\$1,398.16		
20206	Y	0	\$831.08		
20220	Y	0	\$831.08		
20225	Y	0	\$831.08		
20240	Y	0	\$1,398.16		
20245	Y	0	\$1,398.16		
20250	Y	0	\$1,842.25		
20251	Y	0	\$4,138.99		
20500	Y	0	\$92.11		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
20501	N	BN	\$0.00		
20520	Y	0	\$178.95		
20525	Y	0	\$1,398.16		
20526	Y	0	\$58.27		
20527	Y	0	\$62.04		
20550	Y	0	\$37.22		
20551	Y	0	\$37.60		
20552	Y	0	\$31.58		
20553	Y	0	\$36.85		
20555	Y	0	\$1,842.25		
20600	Y	0	\$36.09		
20604	Y	0	\$61.29		
20605	Y	0	\$36.47		
20606	Y	0	\$64.67		
20610	Y	0	\$43.61		
20611	Y	0	\$71.80		
20612	Y	0	\$47.38		
20615	Y	0	\$186.10		
20650	Y	0	\$1,842.25		
20660	N	0	\$977.61		
20661	N	0	\$1,260.77	\$757.11	\$1,008.94
20662	Y	0	\$977.61		
20663	Y	0	\$1,842.25		
20664	N	0	\$1,260.77	\$757.11	\$1,008.94
20665	N	0	\$270.79		
20670	N	0	\$831.08		
20680	N	0	\$1,398.16		
20690	Y	0	\$6,012.02	\$2,601.61	\$4,306.81
20692	Y	0	\$10,952.74	\$4,894.94	\$7,923.84
20693	Y	0	\$4,138.99		
20694	N	0	\$977.61		
20696	Y	0	\$20,516.47	\$12,320.47	\$16,418.47
20697	Y	0	\$977.61		
20700	N	BN	\$0.00		
20802	Y	0	\$13,369.07	\$8,028.35	\$10,698.71

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
20805	Y	0	\$13,369.07	\$8,028.35	\$10,698.71
20808	Y	0	\$13,369.07	\$8,028.35	\$10,698.71
20816	Y	0	\$1,260.77	\$757.11	\$1,008.94
20822	Y	0	\$977.61		
20824	Y	0	\$1,260.77	\$757.11	\$1,008.94
20827	Y	0	\$977.61		
20838	Y	0	\$13,369.07	\$8,028.35	\$10,698.71
20900	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
20902	Y	0	\$4,138.99		
20910	Y	0	\$453.52		
20912	Y	0	\$2,173.67		
20920	Y	0	\$1,264.00		
20922	Y	0	\$1,264.00		
20924	Y	0	\$4,138.99		
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	0	\$435.18		
20955	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
20956	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
20957	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
20962	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
20969	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
20970	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
20972	Y	0	\$4,138.99		
20973	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
20975	N	BN	\$0.00		
20979	N	BN	\$0.00		
20982	Y	0	\$10,366.53		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
20983	Y	0	\$6,012.75	\$2,600.96	\$4,306.85
20985	N	BN	\$0.00		
21010	Y	0	\$1,658.16		
21011	Y	0	\$315.06		
21012	Y	0	\$831.08		
21013	Y	0	\$401.15		
21014	Y	0	\$1,398.16		
21015	Y	0	\$1,398.16		
21016	Y	0	\$1,398.16		
21025	Y	0	\$3,388.69		
21026	Y	0	\$3,388.69		
21029	Y	NRC	\$1,658.16		
21030	Y	NRC	\$333.47		
21031	Y	NRC	\$301.52		
21032	Y	NRC	\$293.62		
21034	Y	0	\$3,388.69		
21040	Y	NRC	\$1,658.16		
21044	Y	0	\$3,388.69		
21045	Y	0	\$3,388.69		
21046	Y	NRC	\$3,388.69		
21047	Y	NRC	\$3,388.69		
21048	Y	NRC	\$3,388.69		
21049	Y	NRC	\$3,388.69		
21050	Y	0	\$3,388.69		
21060	Y	0	\$3,388.69		
21070	Y	NRC	\$3,388.69		
21073	Y	NRC	\$339.48		
21076	Y	0	\$481.22		
21077	Y	0	\$1,092.91		
21079	Y	0	\$799.29		
21080	Y	0	\$919.22		
21081	Y	0	\$853.80		
21082	Y	0	\$832.36		
21083	Y	0	\$801.91		
21084	Y	0	\$894.78		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
21085	Y	0	\$145.04		
21086	Y	0	\$815.82		
21087	Y	0	\$815.82		
21088	Y	BR	\$1,658.16		
21100	Y	0	\$3,388.69		
21110	N	NRC	\$736.50		
21116	N	BN	\$0.00		
21120	Y	NRC	\$3,388.69		
21121	Y	NRC	\$2,455.06	\$1,000.60	\$1,727.83
21122	Y	NRC	\$3,388.69		
21123	Y	NRC	\$1,658.16		
21125	Y	NRC	\$4,370.18	\$2,624.36	\$3,497.27
21127	Y	NRC	\$3,388.69		
21137	Y	NRC	\$1,658.16		
21138	Y	NRC	\$3,388.69		
21139	Y	NRC	\$3,388.69		
21141	Y	NRC	\$3,388.69		
21142	Y	NRC	\$4,424.84	\$2,575.40	\$3,500.12
21143	Y	NRC	\$3,388.69		
21145	Y	NRC	\$4,568.33	\$2,446.88	\$3,507.60
21146	Y	NRC	\$4,370.18	\$2,624.36	\$3,497.27
21147	Y	NRC	\$4,370.18	\$2,624.36	\$3,497.27
21150	Y	NRC	\$4,370.18	\$2,624.36	\$3,497.27
21151	Y	NRC	\$4,370.18	\$2,624.36	\$3,497.27
21154	Y	NRC	\$4,370.18	\$2,624.36	\$3,497.27
21155	Y	NRC	\$4,370.18	\$2,624.36	\$3,497.27
21159	Y	NRC	\$4,370.18	\$2,624.36	\$3,497.27
21160	Y	NRC	\$4,370.18	\$2,624.36	\$3,497.27
21172	Y	NRC	\$3,388.69		
21175	Y	NRC	\$3,388.69		
21179	Y	NRC	\$4,370.18	\$2,624.36	\$3,497.27
21180	Y	NRC	\$4,370.18	\$2,624.36	\$3,497.27
21181	Y	NRC	\$3,388.69		
21182	Y	NRC	\$4,370.18	\$2,624.36	\$3,497.27
21183	Y	NRC	\$4,370.18	\$2,624.36	\$3,497.27

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
21184	Y	NRC	\$4,370.18	\$2,624.36	\$3,497.27
21188	Y	NRC	\$4,370.18	\$2,624.36	\$3,497.27
21193	Y	NRC	\$3,388.69		
21194	Y	NRC	\$4,370.18	\$2,624.36	\$3,497.27
21195	Y	NRC	\$4,620.33	\$2,400.33	\$3,510.33
21196	Y	NRC	\$3,388.69		
21198	Y	NRC	\$3,388.69		
21199	Y	NRC	\$3,388.69		
21206	Y	NRC	\$3,388.69		
21208	Y	NRC	\$3,388.69		
21209	Y	NRC	\$3,388.69		
21210	Y	0	\$3,388.69		
21215	Y	0	\$3,388.69		
21230	Y	0	\$3,388.69		
21235	Y	0	\$3,388.69		
21240	Y	0	\$3,388.69		
21242	Y	0	\$3,388.69		
21243	Y	0	\$22,237.57	\$10,779.04	\$16,508.30
21244	Y	0	\$4,718.96	\$2,311.98	\$3,515.47
21245	Y	0	\$5,041.60	\$2,023.02	\$3,532.31
21246	Y	0	\$5,700.84	\$1,432.60	\$3,566.72
21247	Y	NRC	\$3,388.69		
21248	Y	0	\$3,388.69		
21249	Y	0	\$3,388.69		
21255	Y	0	\$4,370.18	\$2,624.36	\$3,497.27
21256	Y	0	\$4,407.02	\$2,591.37	\$3,499.19
21260	Y	0	\$3,388.69		
21261	Y	0	\$3,388.69		
21263	Y	0	\$3,388.69		
21267	Y	0	\$5,793.83	\$1,349.32	\$3,571.57
21268	Y	0	\$4,370.18	\$2,624.36	\$3,497.27
21270	Y	0	\$4,699.95	\$2,329.02	\$3,514.48
21275	Y	0	\$4,381.76	\$2,613.98	\$3,497.87
21280	Y	NRC	\$1,658.16		
21282	Y	NRC	\$1,658.16		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
21295	Y	NRC	\$738.27		
21296	Y	NRC	\$1,658.16		
21315	Y	0	\$738.27		
21320	Y	0	\$1,658.16		
21325	Y	0	\$1,658.16		
21330	Y	0	\$3,388.69		
21335	Y	0	\$1,658.16		
21336	Y	0	\$1,842.25		
21337	Y	0	\$1,658.16		
21338	Y	0	\$3,388.69		
21339	Y	0	\$3,388.69		
21340	Y	0	\$1,658.16		
21343	Y	0	\$4,648.85	\$2,374.78	\$3,511.81
21344	Y	0	\$3,388.69		
21345	Y	0	\$738.27		
21346	Y	0	\$3,388.69		
21347	Y	0	\$4,416.23	\$2,583.12	\$3,499.67
21348	Y	0	\$4,370.18	\$2,624.36	\$3,497.27
21355	Y	0	\$1,658.16		
21356	Y	0	\$3,388.69		
21360	Y	0	\$3,388.69		
21365	Y	0	\$3,388.69		
21366	Y	0	\$4,370.18	\$2,624.36	\$3,497.27
21385	Y	0	\$3,388.69		
21386	Y	0	\$3,388.69		
21387	Y	0	\$3,388.69		
21390	Y	0	\$3,388.69		
21395	Y	0	\$3,388.69		
21400	Y	0	\$330.93		
21401	Y	0	\$738.27		
21406	Y	0	\$3,388.69		
21407	Y	0	\$3,388.69		
21408	Y	0	\$3,388.69		
21421	Y	0	\$1,658.16		
21422	Y	0	\$4,475.95	\$2,529.64	\$3,502.79

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
21423	Y	0	\$5,517.25	\$1,597.04	\$3,557.14
21431	Y	0	\$4,370.18	\$2,624.36	\$3,497.27
21432	Y	0	\$4,370.18	\$2,624.36	\$3,497.27
21433	Y	0	\$4,370.18	\$2,624.36	\$3,497.27
21435	Y	0	\$4,370.18	\$2,624.36	\$3,497.27
21436	Y	0	\$4,370.18	\$2,624.36	\$3,497.27
21440	Y	0	\$750.41		
21445	Y	0	\$3,388.69		
21450	Y	0	\$330.93		
21451	Y	0	\$738.27		
21452	Y	0	\$3,388.69		
21453	Y	0	\$3,388.69		
21454	Y	0	\$3,388.69		
21461	Y	0	\$4,370.18	\$2,624.36	\$3,497.27
21462	Y	0	\$4,446.24	\$2,556.25	\$3,501.24
21465	Y	0	\$4,370.18	\$2,624.36	\$3,497.27
21470	Y	0	\$4,461.69	\$2,542.42	\$3,502.05
21480	Y	0	\$151.80		
21485	Y	0	\$738.27		
21490	Y	0	\$2,144.53	\$1,278.69	\$1,711.61
21497	Y	0	\$738.27		
21501	Y	0	\$1,398.16		
21502	Y	0	\$1,842.25		
21510	Y	0	\$1,842.25		
21550	Y	0	\$831.08		
21552	Y	0	\$1,398.16		
21554	Y	0	\$1,398.16		
21555	Y	0	\$831.08		
21556	Y	0	\$1,398.16		
21557	Y	0	\$1,398.16		
21558	Y	0	\$1,398.16		
21600	Y	NRC	\$4,138.99		
21601	Y	0	\$1,398.16		
21602	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
21603	Y	0	\$5,337.81	\$3,205.44	\$4,271.62

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
21610	Y	NRC	\$1,842.25		
21615	Y	NRC	\$4,138.99		
21616	Y	NRC	\$4,138.99		
21620	Y	NRC	\$1,842.25		
21627	Y	NRC	\$1,842.25		
21630	Y	NRC	\$4,138.99		
21685	Y	NRC	\$4,604.59	\$2,414.43	\$3,509.51
21700	Y	NRC	\$4,138.99		
21705	Y	NRC	\$4,138.99		
21720	Y	NRC	\$1,842.25		
21725	Y	NRC	\$435.18		
21740	Y	NRC	\$5,337.81	\$3,205.44	\$4,271.62
21742	Y	NRC	\$2,375.83	\$1,426.72	\$1,901.27
21743	Y	NRC	\$2,375.83	\$1,426.72	\$1,901.27
21750	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
21820	Y	0	\$151.80		
21825	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
21920	Y	0	\$208.28		
21925	Y	0	\$831.08		
21930	Y	0	\$387.24		
21931	Y	0	\$831.08		
21932	Y	0	\$1,398.16		
21933	Y	0	\$1,398.16		
21935	Y	0	\$1,398.16		
21936	Y	0	\$1,398.16		
22010	Y	0	\$4,138.99		
22015	Y	0	\$4,138.99		
22100	Y	0	\$4,138.99		
22101	Y	0	\$4,138.99		
22102	Y	0	\$4,138.99		
22103	N	BN	\$0.00		
22110	Y	0	\$4,138.99		
22112	Y	0	\$4,138.99		
22114	Y	0	\$4,138.99		
22116	N	BN	\$0.00		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
22206	Y	0	\$4,138.99		
22207	Y	0	\$4,138.99		
22208	N	BN	\$0.00		
22210	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
22212	Y	0	\$6,472.86	\$2,188.87	\$4,330.86
22214	Y	0	\$6,460.16	\$2,200.24	\$4,330.20
22216	N	BN	\$0.00		
22220	Y	0	\$7,123.12	\$1,606.48	\$4,364.80
22222	Y	0	\$4,138.99		
22224	Y	0	\$4,138.99		
22226	N	BN	\$0.00		
22310	Y	0	\$151.80		
22315	Y	0	\$1,842.25		
22318	Y	0	\$7,620.96		
22319	Y	0	\$9,828.27	\$5,902.04	\$7,865.15
22325	Y	0	\$10,607.99	\$5,203.72	\$7,905.85
22326	Y	0	\$7,620.96		
22327	Y	0	\$10,828.46	\$5,006.24	\$7,917.35
22328	N	BN	\$0.00		
22505	Y	0	\$977.61		
22510	Y	0	\$1,842.25		
22511	Y	0	\$1,842.25		
22512	N	BN	\$0.00		
22513	Y	0	\$4,138.99		
22514	Y	0	\$4,138.99		
22515	N	BN	\$0.00		
22532	Y	0	\$7,620.96		
22533	Y	0	\$10,366.53		
22534	N	BN	\$0.00		
22548	Y	0	\$9,828.27	\$5,902.04	\$7,865.15
22551	Y	0	\$10,295.29	\$5,483.75	\$7,889.52
22552	N	BN	\$0.00		
22554	Y	0	\$10,193.07	\$5,575.31	\$7,884.19
22556	Y	0	\$15,216.74	\$6,373.54	\$10,795.14
22558	Y	0	\$22,915.40	\$10,171.95	\$16,543.67

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
22585	N	BN	\$0.00		
22586	Y	0	\$13,369.07	\$8,028.35	\$10,698.71
22590	Y	0	\$9,938.51	\$5,803.30	\$7,870.90
22595	Y	0	\$7,620.96		
22600	Y	0	\$14,937.73	\$6,623.43	\$10,780.58
22610	Y	0	\$14,970.45	\$6,594.13	\$10,782.29
22612	Y	0	\$15,380.33	\$6,227.02	\$10,803.67
22614	N	BN	\$0.00		
22630	Y	0	\$23,778.75	\$9,398.74	\$16,588.74
22632	N	BN	\$0.00		
22633	Y	0	\$23,759.22	\$9,416.23	\$16,587.72
22800	Y	NRC	\$15,376.70	\$6,230.28	\$10,803.49
22802	Y	NRC	\$13,369.07	\$8,028.35	\$10,698.71
22804	Y	NRC	\$13,369.07	\$8,028.35	\$10,698.71
22808	Y	NRC	\$15,638.44	\$5,995.85	\$10,817.14
22810	Y	NRC	\$13,369.07	\$8,028.35	\$10,698.71
22812	Y	NRC	\$13,369.07	\$8,028.35	\$10,698.71
22818	Y	NRC	\$10,366.53		
22819	Y	NRC	\$10,366.53		
22830	Y	0	\$5,715.91	\$2,866.79	\$4,291.35
22836	Y	NRC	\$13,369.07	\$8,028.35	\$10,698.71
22837	Y	NRC	\$13,369.07	\$8,028.35	\$10,698.71
22838	Y	NRC	\$13,369.07	\$8,028.35	\$10,698.71
22840	N	BN	\$0.00		
22841	N	BN	\$0.00		
22842	N	BN	\$0.00		
22843	N	BN	\$0.00		
22844	N	BN	\$0.00		
22845	N	BN	\$0.00		
22846	N	BN	\$0.00		
22847	N	BN	\$0.00		
22848	N	BN	\$0.00		
22849	Y	0	\$10,505.76	\$5,295.27	\$7,900.51
22850	Y	0	\$4,138.99		
22852	Y	0	\$4,138.99		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
22853	N	BN	\$0.00		
22854	N	BN	\$0.00		
22855	Y	0	\$4,138.99		
22856	Y	0	\$14,932.27	\$6,628.31	\$10,780.29
22857	Y	0	\$14,477.85	\$7,035.29	\$10,756.57
22858	N	BN	\$0.00		
22859	N	BN	\$0.00		
22860	N	BN	\$0.00		
22861	Y	0	\$13,329.07	\$8,064.15	\$10,696.61
22862	Y	0	\$13,369.07	\$8,028.35	\$10,698.71
22864	Y	0	\$4,138.99		
22865	Y	0	\$4,138.99		
22867	Y	0	\$15,732.06	\$5,912.02	\$10,822.04
22868	N	BN	\$0.00		
22869	Y	0	\$12,744.68	\$3,290.06	\$8,017.37
22870	N	BN	\$0.00		
22900	Y	0	\$1,398.16		
22901	Y	0	\$1,398.16		
22902	Y	0	\$831.08		
22903	Y	0	\$1,398.16		
22904	Y	0	\$1,398.16		
22905	Y	0	\$1,398.16		
23000	Y	0	\$1,398.16		
23020	Y	0	\$1,842.25		
23030	Y	0	\$1,398.16		
23031	Y	0	\$1,398.16		
23035	Y	0	\$977.61		
23040	Y	0	\$1,842.25		
23044	Y	0	\$1,842.25		
23065	Y	0	\$163.16		
23066	Y	0	\$1,398.16		
23071	Y	0	\$831.08		
23073	Y	0	\$1,398.16		
23075	Y	0	\$831.08		
23076	Y	0	\$1,398.16		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
23077	Y	0	\$1,398.16		
23078	Y	0	\$1,398.16		
23100	Y	0	\$1,842.25		
23101	Y	0	\$1,842.25		
23105	Y	0	\$4,138.99		
23106	Y	0	\$1,842.25		
23107	Y	0	\$4,138.99		
23120	Y	0	\$1,842.25		
23125	Y	0	\$1,842.25		
23130	Y	0	\$1,842.25		
23140	Y	0	\$1,842.25		
23145	Y	0	\$1,842.25		
23146	Y	0	\$4,138.99		
23150	Y	0	\$1,842.25		
23155	Y	0	\$4,138.99		
23156	Y	0	\$4,138.99		
23170	Y	0	\$2,634.24	\$1,195.27	\$1,914.75
23172	Y	0	\$2,475.32	\$1,337.62	\$1,906.47
23174	Y	0	\$4,138.99		
23180	Y	0	\$4,138.99		
23182	Y	0	\$4,138.99		
23184	Y	0	\$4,138.99		
23190	Y	0	\$1,842.25		
23195	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
23200	Y	0	\$4,138.99		
23210	Y	0	\$4,138.99		
23220	Y	0	\$4,138.99		
23330	Y	0	\$831.08		
23333	Y	0	\$1,398.16		
23334	Y	0	\$4,138.99		
23335	Y	0	\$5,696.32	\$2,884.35	\$4,290.33
23350	N	BN	\$0.00		
23395	Y	0	\$4,138.99		
23397	Y	0	\$4,138.99		
23400	Y	0	\$4,138.99		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
23405	Y	0	\$4,138.99		
23406	Y	0	\$4,138.99		
23410	Y	0	\$4,138.99		
23412	Y	0	\$4,138.99		
23415	Y	0	\$4,138.99		
23420	Y	0	\$5,355.95	\$3,189.19	\$4,272.57
23430	Y	0	\$5,331.27	\$3,211.29	\$4,271.28
23440	Y	0	\$6,229.38	\$2,406.94	\$4,318.16
23450	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
23455	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
23460	Y	0	\$6,086.77	\$2,534.66	\$4,310.71
23462	Y	0	\$4,138.99		
23465	Y	0	\$4,138.99		
23466	Y	0	\$4,138.99		
23470	Y	0	\$11,051.63	\$4,806.39	\$7,929.01
23472	Y	0	\$15,859.29	\$5,798.06	\$10,828.67
23473	Y	0	\$10,704.86	\$5,116.94	\$7,910.90
23474	Y	0	\$11,395.05	\$4,498.81	\$7,946.93
23480	Y	0	\$4,138.99		
23485	Y	0	\$10,265.23	\$5,510.69	\$7,887.96
23490	Y	0	\$4,138.99		
23491	Y	0	\$10,357.42	\$5,428.10	\$7,892.76
23500	Y	0	\$151.80		
23505	Y	0	\$977.61		
23515	Y	0	\$5,493.11	\$3,066.34	\$4,279.72
23520	Y	0	\$977.61		
23525	Y	0	\$151.80		
23530	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
23532	Y	0	\$4,138.99		
23540	Y	0	\$151.80		
23545	Y	0	\$151.80		
23550	Y	0	\$5,590.37	\$2,979.25	\$4,284.81
23552	Y	0	\$5,322.92	\$3,218.76	\$4,270.84
23570	Y	0	\$151.80		
23575	Y	0	\$977.61		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
23585	Y	0	\$5,626.29	\$2,947.08	\$4,286.68
23600	Y	0	\$151.80		
23605	Y	0	\$977.61		
23615	Y	0	\$10,481.03	\$5,317.40	\$7,899.21
23616	Y	0	\$15,318.53	\$6,282.37	\$10,800.45
23620	Y	0	\$151.80		
23625	Y	0	\$977.61		
23630	Y	0	\$5,393.33	\$3,155.72	\$4,274.52
23650	Y	0	\$151.80		
23655	Y	0	\$977.61		
23660	Y	0	\$4,138.99		
23665	Y	0	\$977.61		
23670	Y	0	\$4,138.99		
23675	Y	0	\$977.61		
23680	Y	0	\$10,346.74	\$5,437.68	\$7,892.21
23700	Y	0	\$977.61		
23800	Y	0	\$4,138.99		
23802	Y	0	\$7,620.96		
23900	Y	0	\$7,620.96		
23920	Y	0	\$7,620.96		
23921	Y	0	\$1,264.00		
23930	Y	0	\$1,398.16		
23931	Y	0	\$831.08		
23935	Y	0	\$1,842.25		
24000	Y	0	\$1,842.25		
24006	Y	0	\$1,842.25		
24065	Y	0	\$206.40		
24066	Y	0	\$1,398.16		
24071	Y	0	\$1,398.16		
24073	Y	0	\$1,398.16		
24075	Y	0	\$831.08		
24076	Y	0	\$1,398.16		
24077	Y	0	\$1,398.16		
24079	Y	0	\$1,398.16		
24100	Y	0	\$1,842.25		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
24101	Y	0	\$1,842.25		
24102	Y	0	\$1,842.25		
24105	Y	0	\$1,842.25		
24110	Y	0	\$1,842.25		
24115	Y	0	\$4,138.99		
24116	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
24120	Y	0	\$1,842.25		
24125	Y	0	\$1,842.25		
24126	Y	0	\$4,138.99		
24130	Y	0	\$1,842.25		
24134	Y	0	\$4,138.99		
24136	Y	0	\$1,842.25		
24138	Y	0	\$4,138.99		
24140	Y	0	\$1,842.25		
24145	Y	0	\$4,138.99		
24147	Y	0	\$1,842.25		
24149	Y	0	\$4,138.99		
24150	Y	0	\$4,138.99		
24152	Y	0	\$5,640.80	\$2,934.07	\$4,287.43
24155	Y	0	\$2,375.83	\$1,426.72	\$1,901.27
24160	N	0	\$1,842.25		
24164	N	0	\$1,842.25		
24200	Y	0	\$194.00		
24201	Y	0	\$1,398.16		
24220	N	BN	\$0.00		
24300	Y	0	\$977.61		
24301	Y	0	\$4,138.99		
24305	Y	0	\$1,842.25		
24310	Y	0	\$1,842.25		
24320	Y	0	\$4,138.99		
24330	Y	0	\$4,138.99		
24331	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
24332	Y	0	\$1,842.25		
24340	Y	0	\$4,138.99		
24341	Y	0	\$4,138.99		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
24342	Y	0	\$4,138.99		
24343	Y	0	\$1,842.25		
24344	Y	0	\$5,550.08	\$3,015.32	\$4,282.70
24345	Y	0	\$4,138.99		
24346	Y	0	\$7,620.96		
24357	Y	0	\$1,842.25		
24358	Y	0	\$1,842.25		
24359	Y	0	\$1,842.25		
24360	Y	0	\$5,936.17	\$2,669.52	\$4,302.84
24361	Y	0	\$16,784.49	\$4,969.43	\$10,876.96
24362	Y	0	\$11,020.89	\$4,833.91	\$7,927.40
24363	Y	0	\$15,678.43	\$5,960.04	\$10,819.23
24365	Y	0	\$11,418.43	\$4,477.86	\$7,948.14
24366	Y	0	\$11,337.59	\$4,550.27	\$7,943.93
24370	Y	0	\$9,828.27	\$5,902.04	\$7,865.15
24371	Y	0	\$13,706.24	\$7,726.35	\$10,716.29
24400	Y	0	\$4,138.99		
24410	Y	0	\$7,620.96		
24420	Y	0	\$4,138.99		
24430	Y	0	\$10,221.80	\$5,549.58	\$7,885.69
24435	Y	0	\$10,322.02	\$5,459.82	\$7,890.92
24470	Y	0	\$1,842.25		
24495	Y	0	\$4,138.99		
24498	Y	0	\$10,172.36	\$5,593.86	\$7,883.11
24500	Y	0	\$151.80		
24505	Y	0	\$977.61		
24515	Y	0	\$10,052.76	\$5,700.97	\$7,876.86
24516	Y	0	\$10,217.79	\$5,553.17	\$7,885.48
24530	Y	0	\$151.80		
24535	Y	0	\$977.61		
24538	Y	0	\$4,138.99		
24545	Y	0	\$10,410.22	\$5,380.84	\$7,895.53
24546	Y	0	\$10,429.59	\$5,363.48	\$7,896.53
24560	Y	0	\$151.80		
24565	Y	0	\$977.61		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
24566	Y	0	\$977.61		
24575	Y	0	\$9,828.27	\$5,902.04	\$7,865.15
24576	Y	0	\$151.80		
24577	Y	0	\$977.61		
24579	Y	0	\$10,056.10	\$5,697.98	\$7,877.04
24582	Y	0	\$5,377.72	\$3,169.69	\$4,273.70
24586	Y	0	\$10,360.10	\$5,425.71	\$7,892.90
24587	Y	0	\$10,896.62	\$4,945.21	\$7,920.91
24600	Y	0	\$151.80		
24605	Y	0	\$977.61		
24615	Y	0	\$6,153.17	\$2,475.18	\$4,314.17
24620	Y	0	\$977.61		
24635	Y	0	\$5,550.81	\$3,014.67	\$4,282.74
24640	Y	NRC	\$69.17		
24650	Y	0	\$151.80		
24655	Y	0	\$977.61		
24665	Y	0	\$4,138.99		
24666	Y	0	\$11,027.57	\$4,827.92	\$7,927.74
24670	Y	0	\$151.80		
24675	Y	0	\$977.61		
24685	Y	0	\$5,379.90	\$3,167.74	\$4,273.82
24800	Y	0	\$4,138.99		
24802	Y	0	\$7,620.96		
24900	Y	0	\$7,620.96		
24920	Y	0	\$7,620.96		
24925	Y	0	\$1,842.25		
24930	Y	0	\$4,138.99		
24931	Y	0	\$9,828.27	\$5,902.04	\$7,865.15
24935	Y	0	\$4,138.99		
24940	Y	0	\$9,828.27	\$5,902.04	\$7,865.15
25000	Y	0	\$977.61		
25001	Y	0	\$1,842.25		
25020	Y	0	\$977.61		
25023	Y	0	\$1,842.25		
25024	Y	0	\$1,842.25		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
25025	Y	0	\$977.61		
25028	Y	0	\$1,842.25		
25031	Y	0	\$977.61		
25035	Y	0	\$4,138.99		
25040	Y	0	\$1,842.25		
25065	Y	0	\$209.41		
25066	Y	0	\$1,398.16		
25071	Y	0	\$831.08		
25073	Y	0	\$1,398.16		
25075	Y	0	\$831.08		
25076	Y	0	\$831.08		
25077	Y	0	\$1,398.16		
25078	Y	0	\$1,398.16		
25085	Y	0	\$1,842.25		
25100	Y	0	\$1,842.25		
25101	Y	0	\$1,842.25		
25105	Y	0	\$1,842.25		
25107	Y	0	\$1,842.25		
25109	Y	0	\$1,842.25		
25110	Y	0	\$977.61		
25111	Y	0	\$977.61		
25112	Y	0	\$977.61		
25115	Y	0	\$977.61		
25116	Y	0	\$1,842.25		
25118	Y	0	\$977.61		
25119	Y	0	\$1,842.25		
25120	Y	0	\$1,842.25		
25125	Y	0	\$977.61		
25126	Y	0	\$1,842.25		
25130	Y	0	\$1,842.25		
25135	Y	0	\$4,138.99		
25136	Y	0	\$4,138.99		
25145	Y	0	\$1,842.25		
25150	Y	0	\$1,842.25		
25151	Y	0	\$1,842.25		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
25170	Y	0	\$4,138.99		
25210	Y	0	\$1,842.25		
25215	Y	0	\$1,842.25		
25230	Y	0	\$1,842.25		
25240	Y	0	\$1,842.25		
25246	N	BN	\$0.00		
25248	Y	0	\$977.61		
25250	N	0	\$977.61		
25251	N	0	\$1,842.25		
25259	Y	0	\$977.61		
25260	Y	0	\$1,842.25		
25263	Y	0	\$4,138.99		
25265	Y	0	\$1,842.25		
25270	Y	0	\$1,842.25		
25272	Y	0	\$1,842.25		
25274	Y	0	\$1,842.25		
25275	Y	0	\$1,842.25		
25280	Y	0	\$1,842.25		
25290	Y	0	\$1,842.25		
25295	Y	0	\$1,842.25		
25300	Y	0	\$1,842.25		
25301	Y	0	\$1,842.25		
25310	Y	0	\$1,842.25		
25312	Y	0	\$1,842.25		
25315	Y	0	\$4,138.99		
25316	Y	0	\$4,138.99		
25320	Y	0	\$4,138.99		
25332	Y	0	\$2,395.54	\$1,409.08	\$1,902.31
25335	Y	0	\$1,842.25		
25337	Y	0	\$4,138.99		
25350	Y	0	\$5,422.35	\$3,129.71	\$4,276.03
25355	Y	0	\$1,842.25		
25360	Y	0	\$5,784.86	\$2,805.05	\$4,294.95
25365	Y	0	\$7,620.96		
25370	Y	0	\$1,842.25		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
25375	Y	0	\$1,842.25		
25390	Y	0	\$5,437.59	\$3,116.06	\$4,276.82
25391	Y	0	\$11,068.99	\$4,790.82	\$7,929.90
25392	Y	0	\$4,138.99		
25393	Y	0	\$5,388.97	\$3,159.62	\$4,274.29
25394	Y	0	\$1,842.25		
25400	Y	0	\$5,587.09	\$2,982.16	\$4,284.62
25405	Y	0	\$5,578.02	\$2,990.29	\$4,284.15
25415	Y	0	\$5,615.40	\$2,956.82	\$4,286.11
25420	Y	0	\$5,847.64	\$2,748.83	\$4,298.23
25425	Y	0	\$6,680.79	\$2,002.65	\$4,341.72
25426	Y	0	\$2,472.90	\$1,339.79	\$1,906.34
25430	Y	0	\$1,842.25		
25431	Y	0	\$6,145.19	\$2,482.34	\$4,313.76
25440	Y	0	\$4,138.99		
25441	Y	0	\$12,719.30	\$3,312.80	\$8,016.05
25442	Y	0	\$16,163.76	\$5,525.38	\$10,844.57
25443	Y	0	\$6,056.65	\$2,561.63	\$4,309.14
25444	Y	0	\$12,582.33	\$3,435.47	\$8,008.90
25445	Y	0	\$5,810.99	\$2,781.65	\$4,296.32
25446	Y	0	\$16,564.55	\$5,166.41	\$10,865.48
25447	Y	0	\$1,842.25		
25448	Y	0	\$1,842.25		
25449	Y	0	\$4,138.99		
25450	Y	NRC	\$1,842.25		
25455	Y	NRC	\$1,842.25		
25490	Y	NRC	\$4,138.99		
25491	Y	NRC	\$9,828.27	\$5,902.04	\$7,865.15
25492	Y	NRC	\$1,842.25		
25500	Y	0	\$151.80		
25505	Y	0	\$977.61		
25515	Y	0	\$5,306.23	\$3,233.71	\$4,269.97
25520	Y	0	\$977.61		
25525	Y	0	\$5,633.18	\$2,940.90	\$4,287.04
25526	Y	0	\$5,492.38	\$3,066.99	\$4,279.68

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
25530	Y	0	\$151.80		
25535	Y	0	\$151.80		
25545	Y	0	\$5,304.42	\$3,235.34	\$4,269.88
25560	Y	0	\$151.80		
25565	Y	0	\$977.61		
25574	Y	0	\$5,880.66	\$2,719.26	\$4,299.96
25575	Y	0	\$5,532.31	\$3,031.25	\$4,281.78
25600	Y	0	\$151.80		
25605	Y	0	\$977.61		
25606	Y	0	\$1,842.25		
25607	Y	0	\$5,666.93	\$2,910.67	\$4,288.80
25608	Y	0	\$5,677.82	\$2,900.93	\$4,289.37
25609	Y	0	\$5,716.28	\$2,866.48	\$4,291.38
25622	Y	0	\$151.80		
25624	Y	0	\$977.61		
25628	Y	0	\$4,138.99		
25630	Y	0	\$151.80		
25635	Y	0	\$977.61		
25645	Y	0	\$1,842.25		
25650	Y	0	\$151.80		
25651	Y	0	\$2,661.23	\$1,171.13	\$1,916.18
25652	Y	0	\$5,365.74	\$3,180.41	\$4,273.07
25660	Y	0	\$151.80		
25670	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
25671	Y	0	\$1,842.25		
25675	Y	0	\$151.80		
25676	Y	0	\$4,138.99		
25680	Y	0	\$151.80		
25685	Y	0	\$4,138.99		
25690	Y	0	\$977.61		
25695	Y	0	\$4,138.99		
25800	Y	0	\$5,914.05	\$2,689.36	\$4,301.70
25805	Y	0	\$4,138.99		
25810	Y	0	\$10,382.15	\$5,405.97	\$7,894.06
25820	Y	0	\$5,773.61	\$2,815.12	\$4,294.36

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
25825	Y	0	\$5,367.20	\$3,179.12	\$4,273.16
25830	Y	0	\$4,138.99		
25900	Y	0	\$4,138.99		
25905	Y	0	\$4,138.99		
25907	Y	0	\$1,842.25		
25909	Y	0	\$4,138.99		
25915	Y	0	\$4,138.99		
25920	Y	0	\$1,842.25		
25922	Y	0	\$977.61		
25924	Y	0	\$1,842.25		
25927	Y	0	\$1,842.25		
25929	Y	0	\$1,264.00		
25931	Y	0	\$1,842.25		
26010	Y	0	\$123.46		
26011	Y	0	\$831.08		
26020	Y	0	\$1,842.25		
26025	Y	0	\$1,842.25		
26030	Y	0	\$1,842.25		
26034	Y	0	\$977.61		
26035	Y	0	\$1,842.25		
26037	Y	0	\$1,842.25		
26040	Y	0	\$977.61		
26045	Y	0	\$1,842.25		
26055	Y	0	\$977.61		
26060	Y	0	\$977.61		
26070	Y	0	\$977.61		
26075	Y	0	\$1,842.25		
26080	Y	0	\$977.61		
26100	Y	0	\$1,842.25		
26105	Y	0	\$1,842.25		
26110	Y	0	\$977.61		
26111	Y	0	\$831.08		
26113	Y	0	\$831.08		
26115	Y	0	\$831.08		
26116	Y	0	\$831.08		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
26117	Y	0	\$1,398.16		
26118	Y	0	\$1,398.16		
26121	Y	0	\$1,842.25		
26123	Y	0	\$1,842.25		
26125	N	BN	\$0.00		
26130	Y	0	\$1,842.25		
26135	Y	0	\$1,842.25		
26140	Y	0	\$977.61		
26145	Y	0	\$977.61		
26160	Y	0	\$977.61		
26170	Y	0	\$977.61		
26180	Y	0	\$977.61		
26185	Y	0	\$977.61		
26200	Y	0	\$977.61		
26205	Y	0	\$4,138.99		
26210	Y	0	\$977.61		
26215	Y	0	\$1,842.25		
26230	Y	0	\$1,842.25		
26235	Y	0	\$977.61		
26236	Y	0	\$977.61		
26250	Y	0	\$2,694.65	\$1,141.18	\$1,917.91
26260	Y	0	\$1,842.25		
26262	Y	0	\$977.61		
26320	N	0	\$831.08		
26340	Y	0	\$977.61		
26341	Y	0	\$100.39		
26350	Y	0	\$1,842.25		
26352	Y	0	\$4,138.99		
26356	Y	0	\$1,842.25		
26357	Y	0	\$1,842.25		
26358	Y	0	\$4,138.99		
26370	Y	0	\$1,842.25		
26372	Y	0	\$4,138.99		
26373	Y	0	\$1,842.25		
26390	Y	0	\$5,337.81	\$3,205.44	\$4,271.62

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
26392	Y	0	\$4,138.99		
26410	Y	0	\$977.61		
26412	Y	0	\$1,842.25		
26415	Y	0	\$1,842.25		
26416	Y	0	\$1,842.25		
26418	Y	0	\$977.61		
26420	Y	0	\$1,842.25		
26426	Y	0	\$1,842.25		
26428	Y	0	\$1,842.25		
26432	Y	0	\$977.61		
26433	Y	0	\$1,842.25		
26434	Y	0	\$1,842.25		
26437	Y	0	\$1,842.25		
26440	Y	0	\$977.61		
26442	Y	0	\$1,842.25		
26445	Y	0	\$1,842.25		
26449	Y	0	\$1,842.25		
26450	Y	0	\$1,842.25		
26455	Y	0	\$977.61		
26460	Y	0	\$977.61		
26471	Y	0	\$1,842.25		
26474	Y	0	\$977.61		
26476	Y	0	\$1,842.25		
26477	Y	0	\$1,842.25		
26478	Y	0	\$1,842.25		
26479	Y	0	\$1,842.25		
26480	Y	0	\$1,842.25		
26483	Y	0	\$1,842.25		
26485	Y	0	\$1,842.25		
26489	Y	0	\$1,842.25		
26490	Y	0	\$1,842.25		
26492	Y	0	\$1,842.25		
26494	Y	0	\$1,842.25		
26496	Y	0	\$1,842.25		
26497	Y	0	\$1,842.25		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
26498	Y	0	\$1,842.25		
26499	Y	0	\$1,842.25		
26500	Y	0	\$4,138.99		
26502	Y	0	\$1,842.25		
26508	Y	0	\$1,842.25		
26510	Y	0	\$1,842.25		
26516	Y	0	\$1,842.25		
26517	Y	0	\$1,842.25		
26518	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
26520	Y	0	\$1,842.25		
26525	Y	0	\$977.61		
26530	Y	0	\$5,673.83	\$2,904.51	\$4,289.17
26531	Y	0	\$5,703.21	\$2,878.17	\$4,290.69
26535	Y	0	\$1,842.25		
26536	Y	0	\$5,452.11	\$3,103.07	\$4,277.59
26540	Y	0	\$1,842.25		
26541	Y	0	\$2,501.16	\$1,314.47	\$1,907.81
26542	Y	0	\$2,415.56	\$1,391.14	\$1,903.35
26545	Y	0	\$1,842.25		
26546	Y	0	\$4,138.99		
26548	Y	0	\$1,842.25		
26550	Y	0	\$1,842.25		
26551	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
26553	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
26554	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
26555	Y	0	\$4,138.99		
26556	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
26560	Y	0	\$977.61		
26561	Y	0	\$1,842.25		
26562	Y	0	\$1,842.25		
26565	Y	0	\$1,842.25		
26567	Y	0	\$1,842.25		
26568	Y	0	\$5,889.01	\$2,711.78	\$4,300.39
26580	Y	NRC	\$1,842.25		
26587	Y	NRC	\$1,842.25		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
26590	Y	NRC	\$977.61		
26591	Y	0	\$1,842.25		
26593	Y	0	\$1,842.25		
26596	Y	0	\$1,842.25		
26600	Y	0	\$151.80		
26605	Y	0	\$151.80		
26607	Y	0	\$1,842.25		
26608	Y	0	\$1,842.25		
26615	Y	0	\$1,842.25		
26641	Y	0	\$151.80		
26645	Y	0	\$977.61		
26650	Y	0	\$1,842.25		
26665	Y	0	\$1,842.25		
26670	Y	0	\$151.80		
26675	Y	0	\$977.61		
26676	Y	0	\$1,842.25		
26685	Y	0	\$1,842.25		
26686	Y	0	\$2,375.83	\$1,426.72	\$1,901.27
26700	Y	0	\$151.80		
26705	Y	0	\$977.61		
26706	Y	0	\$1,842.25		
26715	Y	0	\$1,842.25		
26720	Y	0	\$151.80		
26725	Y	0	\$151.80		
26727	Y	0	\$1,842.25		
26735	Y	0	\$1,842.25		
26740	Y	0	\$151.80		
26742	Y	0	\$977.61		
26746	Y	0	\$1,842.25		
26750	Y	0	\$151.80		
26755	Y	0	\$151.80		
26756	Y	0	\$1,842.25		
26765	Y	0	\$1,842.25		
26770	Y	0	\$151.80		
26775	Y	0	\$172.05		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
26776	Y	0	\$1,842.25		
26785	Y	0	\$1,842.25		
26820	Y	0	\$4,138.99		
26841	Y	0	\$4,138.99		
26842	Y	0	\$4,138.99		
26843	Y	0	\$4,138.99		
26844	Y	0	\$5,818.61	\$2,774.83	\$4,296.72
26850	Y	0	\$4,138.99		
26852	Y	0	\$4,138.99		
26860	Y	0	\$1,842.25		
26861	N	BN	\$0.00		
26862	Y	0	\$1,842.25		
26863	N	BN	\$0.00		
26910	Y	0	\$1,842.25		
26951	Y	0	\$1,842.25		
26952	Y	0	\$1,842.25		
26990	Y	0	\$1,842.25		
26991	Y	0	\$977.61		
26992	Y	0	\$1,842.25		
27000	Y	0	\$977.61		
27001	Y	0	\$1,842.25		
27003	Y	0	\$4,138.99		
27005	Y	0	\$1,842.25		
27006	Y	0	\$1,842.25		
27025	Y	0	\$2,395.86	\$1,408.79	\$1,902.32
27027	Y	0	\$4,138.99		
27030	Y	0	\$4,138.99		
27033	Y	0	\$4,138.99		
27035	Y	0	\$1,842.25		
27036	Y	0	\$4,138.99		
27040	Y	0	\$831.08		
27041	Y	0	\$831.08		
27043	Y	0	\$1,398.16		
27045	Y	0	\$1,398.16		
27047	Y	0	\$1,398.16		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
27048	Y	0	\$1,398.16		
27049	Y	0	\$1,398.16		
27050	Y	0	\$977.61		
27052	Y	0	\$977.61		
27054	Y	0	\$1,842.25		
27057	Y	0	\$1,345.11	\$681.58	\$1,013.34
27059	Y	0	\$1,398.16		
27060	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
27062	Y	0	\$1,842.25		
27065	Y	0	\$4,138.99		
27066	Y	0	\$1,842.25		
27067	Y	0	\$5,978.99	\$2,631.18	\$4,305.08
27070	Y	0	\$3,061.61	\$812.54	\$1,937.07
27071	Y	0	\$1,842.25		
27075	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
27076	Y	0	\$4,138.99		
27077	Y	0	\$4,138.99		
27078	Y	0	\$4,138.99		
27080	Y	0	\$1,842.25		
27086	Y	0	\$1,398.16		
27087	Y	0	\$1,842.25		
27090	Y	0	\$4,138.99		
27091	Y	0	\$7,620.96		
27093	N	BN	\$0.00		
27095	N	BN	\$0.00		
27097	Y	0	\$1,842.25		
27098	Y	0	\$2,375.83	\$1,426.72	\$1,901.27
27100	Y	0	\$5,419.81	\$3,131.99	\$4,275.90
27105	Y	0	\$2,720.34	\$1,118.19	\$1,919.26
27110	Y	0	\$5,664.39	\$2,912.95	\$4,288.67
27111	Y	0	\$1,842.25		
27120	Y	0	\$9,828.27	\$5,902.04	\$7,865.15
27122	Y	0	\$4,138.99		
27125	Y	0	\$9,864.35	\$5,869.72	\$7,867.03
27130	Y	0	\$10,960.09	\$4,888.36	\$7,924.22

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
27132	Y	0	\$11,066.32	\$4,793.21	\$7,929.76
27134	Y	0	\$10,631.37	\$5,182.77	\$7,907.07
27137	Y	0	\$10,191.06	\$5,577.10	\$7,884.08
27138	Y	0	\$10,389.50	\$5,399.38	\$7,894.44
27140	Y	0	\$4,138.99		
27146	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
27147	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
27151	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
27156	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
27158	Y	NRC	\$5,337.81	\$3,205.44	\$4,271.62
27161	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
27165	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
27170	Y	0	\$5,497.83	\$3,062.12	\$4,279.97
27175	Y	0	\$1,842.25		
27176	Y	0	\$2,375.83	\$1,426.72	\$1,901.27
27177	Y	0	\$2,375.83	\$1,426.72	\$1,901.27
27178	Y	0	\$2,375.83	\$1,426.72	\$1,901.27
27179	Y	0	\$4,138.99		
27181	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
27185	Y	NRC	\$2,375.83	\$1,426.72	\$1,901.27
27187	Y	NRC	\$6,091.12	\$2,530.76	\$4,310.94
27197	Y	0	\$151.80		
27198	Y	0	\$151.80		
27200	Y	0	\$151.80		
27202	Y	0	\$1,842.25		
27220	Y	0	\$151.80		
27222	Y	0	\$151.80		
27226	Y	0	\$6,469.59	\$2,191.79	\$4,330.69
27227	Y	0	\$5,583.10	\$2,985.74	\$4,284.42
27228	Y	0	\$6,066.09	\$2,553.19	\$4,309.64
27230	Y	0	\$151.80		
27232	Y	0	\$977.61		
27235	Y	0	\$4,138.99		
27236	Y	0	\$5,564.97	\$3,002.00	\$4,283.48
27238	Y	0	\$977.61		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
27240	Y	0	\$977.61		
27244	Y	0	\$5,454.28	\$3,101.11	\$4,277.69
27245	Y	0	\$5,507.99	\$3,053.02	\$4,280.50
27246	Y	0	\$151.80		
27248	Y	0	\$4,138.99		
27250	Y	0	\$151.80		
27252	Y	0	\$977.61		
27253	Y	0	\$1,842.25		
27254	Y	0	\$4,138.99		
27256	Y	0	\$151.80		
27257	Y	0	\$977.61		
27258	Y	0	\$1,842.25		
27259	Y	0	\$2,375.83	\$1,426.72	\$1,901.27
27265	Y	0	\$151.80		
27266	Y	0	\$977.61		
27267	Y	0	\$1,842.25		
27268	Y	0	\$977.61		
27269	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
27275	Y	0	\$977.61		
27278	Y	0	\$17,154.39	\$4,638.15	\$10,896.27
27279	Y	0	\$16,550.02	\$5,179.45	\$10,864.73
27280	Y	0	\$15,742.05	\$5,903.06	\$10,822.55
27282	Y	0	\$2,375.83	\$1,426.72	\$1,901.27
27284	Y	0	\$9,828.27	\$5,902.04	\$7,865.15
27286	Y	0	\$9,828.27	\$5,902.04	\$7,865.15
27290	Y	0	\$10,366.53		
27295	Y	0	\$10,366.53		
27301	Y	0	\$1,398.16		
27303	Y	0	\$2,375.83	\$1,426.72	\$1,901.27
27305	Y	0	\$1,842.25		
27306	Y	0	\$1,842.25		
27307	Y	0	\$1,842.25		
27310	Y	0	\$1,842.25		
27323	Y	0	\$831.08		
27324	Y	0	\$1,398.16		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
27325	Y	0	\$1,062.50		
27326	Y	0	\$1,062.50		
27327	Y	0	\$831.08		
27328	Y	0	\$1,398.16		
27329	Y	0	\$1,398.16		
27330	Y	0	\$1,842.25		
27331	Y	0	\$1,842.25		
27332	Y	0	\$1,842.25		
27333	Y	0	\$1,842.25		
27334	Y	0	\$1,842.25		
27335	Y	0	\$4,138.99		
27337	Y	0	\$1,398.16		
27339	Y	0	\$1,398.16		
27340	Y	0	\$1,842.25		
27345	Y	0	\$1,842.25		
27347	Y	0	\$1,842.25		
27350	Y	0	\$4,138.99		
27355	Y	0	\$1,842.25		
27356	Y	0	\$9,828.27	\$5,902.04	\$7,865.15
27357	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
27358	N	BN	\$0.00		
27360	Y	0	\$1,842.25		
27364	Y	0	\$1,398.16		
27365	Y	0	\$1,842.25		
27369	N	BN	\$0.00		
27372	Y	0	\$1,398.16		
27380	Y	0	\$4,138.99		
27381	Y	0	\$4,138.99		
27385	Y	0	\$4,138.99		
27386	Y	0	\$4,138.99		
27390	Y	0	\$1,842.25		
27391	Y	0	\$1,842.25		
27392	Y	0	\$1,842.25		
27393	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
27394	Y	0	\$4,138.99		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
27395	Y	0	\$1,842.25		
27396	Y	0	\$4,138.99		
27397	Y	0	\$6,223.57	\$2,412.14	\$4,317.85
27400	Y	0	\$4,138.99		
27403	Y	0	\$6,248.25	\$2,390.04	\$4,319.14
27405	Y	0	\$4,138.99		
27407	Y	0	\$5,992.79	\$2,618.84	\$4,305.81
27409	Y	0	\$4,138.99		
27412	Y	0	\$4,138.99		
27415	Y	0	\$11,960.96	\$3,991.97	\$7,976.46
27416	Y	0	\$4,138.99		
27418	Y	0	\$4,138.99		
27420	Y	0	\$4,138.99		
27422	Y	0	\$4,138.99		
27424	Y	0	\$4,138.99		
27425	Y	0	\$1,842.25		
27427	Y	0	\$5,539.57	\$3,024.75	\$4,282.16
27428	Y	0	\$9,828.27	\$5,902.04	\$7,865.15
27429	Y	0	\$11,000.85	\$4,851.86	\$7,926.35
27430	Y	0	\$4,138.99		
27435	Y	0	\$1,842.25		
27437	Y	0	\$4,138.99		
27438	Y	0	\$7,620.96		
27440	Y	0	\$9,828.27	\$5,902.04	\$7,865.15
27441	Y	0	\$7,620.96		
27442	Y	0	\$10,323.36	\$5,458.63	\$7,890.99
27443	Y	0	\$11,637.58	\$4,281.59	\$7,959.58
27446	Y	0	\$10,503.75	\$5,297.06	\$7,900.40
27447	Y	0	\$10,708.20	\$5,113.95	\$7,911.07
27448	Y	0	\$4,138.99		
27450	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
27454	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
27455	Y	0	\$4,138.99		
27457	Y	0	\$4,138.99		
27458	Y	BR	\$5,337.81	\$3,205.44	\$4,271.62

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
27465	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
27466	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
27470	Y	0	\$4,138.99		
27472	Y	0	\$5,490.94	\$3,068.30	\$4,279.62
27475	Y	NRC	\$4,138.99		
27477	Y	NRC	\$5,789.22	\$2,801.16	\$4,295.19
27479	Y	NRC	\$4,138.99		
27485	Y	NRC	\$4,138.99		
27486	Y	0	\$7,620.96		
27487	Y	0	\$15,919.28	\$5,744.34	\$10,831.81
27488	Y	0	\$9,828.27	\$5,902.04	\$7,865.15
27495	Y	0	\$5,668.02	\$2,909.70	\$4,288.86
27496	Y	0	\$1,842.25		
27497	Y	0	\$1,842.25		
27498	Y	0	\$977.61		
27499	Y	0	\$4,138.99		
27500	Y	0	\$151.80		
27501	Y	0	\$151.80		
27502	Y	0	\$977.61		
27503	Y	0	\$977.61		
27506	Y	0	\$5,357.03	\$3,188.21	\$4,272.62
27507	Y	0	\$5,765.27	\$2,822.60	\$4,293.93
27508	Y	0	\$151.80		
27509	Y	0	\$5,585.65	\$2,983.48	\$4,284.56
27510	Y	0	\$977.61		
27511	Y	0	\$10,552.52	\$5,253.37	\$7,902.94
27513	Y	0	\$10,295.29	\$5,483.75	\$7,889.52
27514	Y	0	\$10,532.48	\$5,271.33	\$7,901.90
27516	Y	0	\$151.80		
27517	Y	0	\$977.61		
27519	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
27520	Y	0	\$151.80		
27524	Y	0	\$4,138.99		
27530	Y	0	\$151.80		
27532	Y	0	\$1,842.25		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
27535	Y	0	\$5,768.54	\$2,819.68	\$4,294.11
27536	Y	0	\$5,748.21	\$2,837.87	\$4,293.04
27538	Y	0	\$151.80		
27540	Y	0	\$4,138.99		
27550	Y	0	\$151.80		
27552	Y	0	\$977.61		
27556	Y	0	\$4,138.99		
27557	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
27558	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
27560	Y	0	\$151.80		
27562	Y	0	\$151.80		
27566	Y	0	\$4,138.99		
27570	Y	0	\$977.61		
27580	Y	0	\$10,028.04	\$5,723.11	\$7,875.57
27590	Y	0	\$1,842.25		
27591	Y	0	\$1,842.25		
27592	Y	0	\$1,842.25		
27594	Y	0	\$1,842.25		
27596	Y	0	\$1,842.25		
27598	Y	0	\$1,842.25		
27600	Y	0	\$1,842.25		
27601	Y	0	\$1,842.25		
27602	Y	0	\$1,842.25		
27603	Y	0	\$1,398.16		
27604	Y	0	\$1,842.25		
27605	Y	0	\$977.61		
27606	Y	0	\$1,842.25		
27607	Y	0	\$1,842.25		
27610	Y	0	\$1,842.25		
27612	Y	0	\$1,842.25		
27613	Y	0	\$200.38		
27614	Y	0	\$1,398.16		
27615	Y	0	\$1,398.16		
27616	Y	0	\$1,398.16		
27618	Y	0	\$831.08		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
27619	Y	0	\$1,398.16		
27620	Y	0	\$1,842.25		
27625	Y	0	\$1,842.25		
27626	Y	0	\$1,842.25		
27630	Y	0	\$1,842.25		
27632	Y	0	\$1,398.16		
27634	Y	0	\$1,398.16		
27635	Y	0	\$1,842.25		
27637	Y	0	\$5,318.21	\$3,222.99	\$4,270.60
27638	Y	0	\$4,138.99		
27640	Y	0	\$1,842.25		
27641	Y	0	\$1,842.25		
27645	Y	0	\$1,842.25		
27646	Y	0	\$1,842.25		
27647	Y	0	\$1,842.25		
27648	N	BN	\$0.00		
27650	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
27652	Y	0	\$5,602.70	\$2,968.20	\$4,285.45
27654	Y	0	\$5,374.45	\$3,172.61	\$4,273.53
27656	Y	0	\$1,842.25		
27658	Y	0	\$1,842.25		
27659	Y	0	\$4,138.99		
27664	Y	0	\$4,138.99		
27665	Y	0	\$5,513.44	\$3,048.15	\$4,280.79
27675	Y	0	\$1,842.25		
27676	Y	0	\$4,138.99		
27680	Y	0	\$1,842.25		
27681	Y	0	\$1,842.25		
27685	Y	0	\$1,842.25		
27686	Y	0	\$1,842.25		
27687	Y	0	\$1,842.25		
27690	Y	0	\$4,138.99		
27691	Y	0	\$4,138.99		
27692	N	BN	\$0.00		
27695	Y	0	\$5,761.99	\$2,825.52	\$4,293.75

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
27696	Y	0	\$6,102.01	\$2,521.01	\$4,311.51
27698	Y	0	\$5,680.36	\$2,898.65	\$4,289.50
27700	Y	0	\$5,842.19	\$2,753.70	\$4,297.94
27702	Y	0	\$24,894.53	\$8,399.43	\$16,646.98
27703	Y	0	\$15,989.26	\$5,681.66	\$10,835.46
27704	N	0	\$1,842.25		
27705	Y	0	\$5,879.57	\$2,720.23	\$4,299.90
27707	Y	0	\$1,842.25		
27709	Y	0	\$10,115.56	\$5,644.72	\$7,880.14
27712	Y	0	\$9,828.27	\$5,902.04	\$7,865.15
27713	Y	BR	\$5,337.81	\$3,205.44	\$4,271.62
27715	Y	0	\$9,828.27	\$5,902.04	\$7,865.15
27720	Y	0	\$5,524.33	\$3,038.40	\$4,281.36
27722	Y	0	\$5,400.94	\$3,148.89	\$4,274.91
27724	Y	0	\$5,670.55	\$2,907.42	\$4,288.98
27725	Y	0	\$5,473.16	\$3,084.22	\$4,278.69
27726	Y	0	\$5,411.10	\$3,139.79	\$4,275.44
27727	Y	NRC	\$1,842.25		
27730	Y	0	\$2,375.83	\$1,426.72	\$1,901.27
27732	Y	0	\$1,842.25		
27734	Y	0	\$1,842.25		
27740	Y	0	\$1,842.25		
27742	Y	0	\$1,842.25		
27745	Y	0	\$5,525.77	\$3,037.09	\$4,281.43
27750	Y	0	\$151.80		
27752	Y	0	\$977.61		
27756	Y	0	\$6,215.59	\$2,419.29	\$4,317.44
27758	Y	0	\$10,114.90	\$5,645.33	\$7,880.11
27759	Y	0	\$10,084.83	\$5,672.25	\$7,878.54
27760	Y	0	\$151.80		
27762	Y	0	\$977.61		
27766	Y	0	\$4,138.99		
27767	Y	0	\$151.80		
27768	Y	0	\$977.61		
27769	Y	0	\$5,337.81	\$3,205.44	\$4,271.62

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
27780	Y	0	\$151.80		
27781	Y	0	\$977.61		
27784	Y	0	\$4,138.99		
27786	Y	0	\$151.80		
27788	Y	0	\$151.80		
27792	Y	0	\$5,486.95	\$3,071.87	\$4,279.41
27808	Y	0	\$151.80		
27810	Y	0	\$977.61		
27814	Y	0	\$5,521.42	\$3,041.00	\$4,281.21
27816	Y	0	\$151.80		
27818	Y	0	\$977.61		
27822	Y	0	\$5,496.38	\$3,063.42	\$4,279.90
27823	Y	0	\$5,506.18	\$3,054.65	\$4,280.41
27824	Y	0	\$151.80		
27825	Y	0	\$977.61		
27826	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
27827	Y	0	\$10,189.73	\$5,578.31	\$7,884.02
27828	Y	0	\$10,483.71	\$5,315.01	\$7,899.36
27829	Y	0	\$5,559.52	\$3,006.87	\$4,283.19
27830	Y	0	\$151.80		
27831	Y	0	\$1,842.25		
27832	Y	0	\$5,639.72	\$2,935.05	\$4,287.38
27840	Y	0	\$151.80		
27842	Y	0	\$977.61		
27846	Y	0	\$6,296.51	\$2,346.82	\$4,321.66
27848	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
27860	Y	0	\$1,842.25		
27870	Y	0	\$11,050.95	\$4,806.97	\$7,928.96
27871	Y	0	\$10,821.12	\$5,012.83	\$7,916.97
27880	Y	0	\$4,138.99		
27881	Y	0	\$1,842.25		
27882	Y	0	\$1,842.25		
27884	Y	0	\$1,842.25		
27886	Y	0	\$1,842.25		
27888	Y	0	\$1,842.25		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
27889	Y	0	\$4,138.99		
27892	Y	0	\$1,842.25		
27893	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
27894	Y	0	\$1,842.25		
28001	Y	0	\$108.27		
28002	Y	0	\$977.61		
28003	Y	0	\$1,842.25		
28005	Y	0	\$1,842.25		
28008	Y	0	\$1,842.25		
28010	Y	0	\$146.62		
28011	Y	0	\$977.61		
28020	Y	0	\$1,842.25		
28022	Y	0	\$1,842.25		
28024	Y	0	\$977.61		
28035	Y	0	\$1,062.50		
28039	Y	0	\$1,398.16		
28041	Y	0	\$1,398.16		
28043	Y	0	\$831.08		
28045	Y	0	\$1,398.16		
28046	Y	0	\$1,398.16		
28047	Y	0	\$1,398.16		
28050	Y	0	\$1,842.25		
28052	Y	0	\$1,842.25		
28054	Y	0	\$1,842.25		
28055	Y	0	\$1,062.50		
28060	Y	0	\$1,842.25		
28062	Y	0	\$1,842.25		
28070	Y	0	\$4,138.99		
28072	Y	0	\$1,842.25		
28080	Y	0	\$977.61		
28086	Y	0	\$1,842.25		
28088	Y	0	\$1,842.25		
28090	Y	0	\$977.61		
28092	Y	0	\$977.61		
28100	Y	0	\$1,842.25		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
28102	Y	0	\$6,038.87	\$2,577.56	\$4,308.21
28103	Y	0	\$5,655.68	\$2,920.75	\$4,288.21
28104	Y	0	\$1,842.25		
28106	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
28107	Y	0	\$4,138.99		
28108	Y	0	\$977.61		
28110	Y	0	\$1,842.25		
28111	Y	0	\$1,842.25		
28112	Y	0	\$1,842.25		
28113	Y	0	\$1,842.25		
28114	Y	0	\$1,842.25		
28116	Y	0	\$1,842.25		
28118	Y	0	\$1,842.25		
28119	Y	0	\$1,842.25		
28120	Y	0	\$1,842.25		
28122	Y	0	\$1,842.25		
28124	Y	0	\$332.72		
28126	Y	0	\$1,842.25		
28130	Y	0	\$5,686.89	\$2,892.80	\$4,289.84
28140	Y	0	\$1,842.25		
28150	Y	0	\$1,842.25		
28153	Y	0	\$1,842.25		
28160	Y	0	\$1,842.25		
28171	Y	0	\$1,842.25		
28173	Y	0	\$1,842.25		
28175	Y	0	\$977.61		
28190	Y	0	\$187.98		
28192	Y	0	\$831.08		
28193	Y	0	\$831.08		
28200	Y	0	\$1,842.25		
28202	Y	0	\$5,580.93	\$2,987.70	\$4,284.31
28208	Y	0	\$1,842.25		
28210	Y	0	\$5,509.08	\$3,052.04	\$4,280.56
28220	Y	0	\$315.43		
28222	Y	0	\$1,842.25		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
28225	Y	0	\$1,842.25		
28226	Y	0	\$1,842.25		
28230	Y	0	\$309.03		
28232	Y	0	\$280.09		
28234	Y	0	\$977.61		
28238	Y	0	\$4,138.99		
28240	Y	0	\$1,842.25		
28250	Y	0	\$1,842.25		
28260	Y	0	\$1,842.25		
28261	Y	0	\$977.61		
28262	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
28264	Y	0	\$977.61		
28270	Y	0	\$1,842.25		
28272	Y	0	\$268.06		
28280	Y	NRC	\$1,842.25		
28285	Y	0	\$1,842.25		
28286	Y	0	\$1,842.25		
28288	Y	0	\$1,842.25		
28289	Y	0	\$1,842.25		
28291	Y	0	\$5,665.83	\$2,911.64	\$4,288.73
28292	Y	NRC	\$1,842.25		
28295	Y	NRC	\$1,842.25		
28296	Y	NRC	\$1,842.25		
28297	Y	NRC	\$11,403.07	\$4,491.63	\$7,947.35
28298	Y	NRC	\$5,337.81	\$3,205.44	\$4,271.62
28299	Y	NRC	\$5,416.19	\$3,135.25	\$4,275.72
28300	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
28302	Y	0	\$6,567.56	\$2,104.04	\$4,335.80
28304	Y	0	\$4,138.99		
28305	Y	0	\$6,786.37	\$1,908.07	\$4,347.22
28306	Y	0	\$4,138.99		
28307	Y	0	\$4,138.99		
28308	Y	0	\$1,842.25		
28309	Y	0	\$4,138.99		
28310	Y	0	\$4,138.99		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
28312	Y	0	\$1,842.25		
28313	Y	NRC	\$1,842.25		
28315	Y	0	\$1,842.25		
28320	Y	0	\$10,895.95	\$4,945.81	\$7,920.88
28322	Y	0	\$5,397.32	\$3,152.14	\$4,274.73
28340	Y	NRC	\$1,842.25		
28341	Y	NRC	\$1,842.25		
28344	Y	NRC	\$1,842.25		
28345	Y	NRC	\$977.61		
28360	Y	NRC	\$5,337.81	\$3,205.44	\$4,271.62
28400	Y	0	\$151.80		
28405	Y	0	\$151.80		
28406	Y	0	\$4,138.99		
28415	Y	0	\$5,552.99	\$3,012.72	\$4,282.85
28420	Y	0	\$10,122.25	\$5,638.74	\$7,880.49
28430	Y	0	\$151.80		
28435	Y	0	\$977.61		
28436	Y	0	\$5,854.89	\$2,742.32	\$4,298.60
28445	Y	0	\$5,359.58	\$3,185.94	\$4,272.76
28446	Y	0	\$5,443.76	\$3,110.54	\$4,277.15
28450	Y	0	\$151.80		
28455	Y	0	\$164.29		
28456	Y	0	\$5,454.65	\$3,100.79	\$4,277.72
28465	Y	0	\$5,325.46	\$3,216.48	\$4,270.97
28470	Y	0	\$151.80		
28475	Y	0	\$151.80		
28476	Y	0	\$1,842.25		
28485	Y	0	\$5,420.91	\$3,131.02	\$4,275.96
28490	Y	0	\$129.33		
28495	Y	0	\$151.13		
28496	Y	0	\$1,842.25		
28505	Y	0	\$1,842.25		
28510	Y	0	\$98.87		
28515	Y	0	\$132.34		
28525	Y	0	\$1,842.25		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
28530	Y	0	\$93.99		
28531	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
28540	Y	0	\$136.85		
28545	Y	0	\$1,842.25		
28546	Y	0	\$1,337.90	\$688.02	\$1,012.96
28555	Y	0	\$6,039.23	\$2,577.23	\$4,308.23
28570	Y	0	\$151.80		
28575	Y	0	\$1,842.25		
28576	Y	0	\$4,138.99		
28585	Y	0	\$6,031.25	\$2,584.38	\$4,307.81
28600	Y	0	\$134.22		
28605	Y	0	\$151.80		
28606	Y	0	\$1,842.25		
28615	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
28630	Y	0	\$118.43		
28635	Y	0	\$977.61		
28636	Y	0	\$1,842.25		
28645	Y	0	\$1,842.25		
28660	Y	0	\$111.66		
28665	Y	0	\$172.05		
28666	Y	0	\$1,842.25		
28675	Y	0	\$1,842.25		
28705	Y	0	\$15,345.79	\$6,257.95	\$10,801.87
28715	Y	0	\$10,842.49	\$4,993.67	\$7,918.08
28725	Y	0	\$10,679.47	\$5,139.68	\$7,909.57
28730	Y	0	\$11,451.17	\$4,448.54	\$7,949.85
28735	Y	0	\$11,664.98	\$4,257.06	\$7,961.02
28737	Y	0	\$10,996.84	\$4,855.45	\$7,926.14
28740	Y	0	\$5,946.34	\$2,660.43	\$4,303.38
28750	Y	0	\$5,913.32	\$2,690.01	\$4,301.66
28755	Y	0	\$4,138.99		
28760	Y	0	\$5,364.29	\$3,181.71	\$4,273.00
28800	Y	0	\$1,842.25		
28805	Y	0	\$1,842.25		
28810	Y	0	\$1,842.25		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
28820	Y	0	\$1,842.25		
28825	Y	0	\$1,842.25		
28890	Y	0	\$204.89		
29000	Y	0	\$172.05		
29010	Y	0	\$172.05		
29015	Y	0	\$172.05		
29035	Y	0	\$172.05		
29040	Y	0	\$172.05		
29044	Y	0	\$99.81		
29046	Y	0	\$172.05		
29049	Y	0	\$88.35		
29055	Y	0	\$172.05		
29058	Y	0	\$97.75		
29065	Y	0	\$83.46		
29075	Y	0	\$76.32		
29085	Y	0	\$82.33		
29086	Y	0	\$68.42		
29105	Y	0	\$73.68		
29125	N	BN	\$0.00		
29126	N	BN	\$0.00		
29130	N	BN	\$0.00		
29131	N	BN	\$0.00		
29200	Y	0	\$20.68		
29240	N	BN	\$0.00		
29260	N	BN	\$0.00		
29280	N	BN	\$0.00		
29305	Y	0	\$172.05		
29325	Y	0	\$172.05		
29345	Y	0	\$106.40		
29355	Y	0	\$107.52		
29358	Y	0	\$142.87		
29365	Y	0	\$104.52		
29405	Y	0	\$64.67		
29425	Y	0	\$58.27		
29435	Y	0	\$104.89		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
29440	Y	0	\$26.69		
29445	Y	0	\$76.32		
29450	Y	0	\$79.70		
29505	Y	0	\$93.24		
29515	Y	0	\$62.04		
29520	N	BN	\$0.00		
29530	N	BN	\$0.00		
29540	Y	0	\$16.16		
29550	N	BN	\$0.00		
29580	Y	0	\$48.13		
29581	Y	0	\$71.43		
29584	Y	0	\$71.05		
29700	Y	0	\$53.39		
29705	Y	0	\$45.49		
29710	Y	0	\$94.36		
29720	Y	0	\$80.45		
29730	Y	0	\$43.61		
29740	Y	0	\$74.07		
29750	Y	NRC	\$77.45		
29800	Y	0	\$1,842.25		
29804	Y	0	\$1,842.25		
29805	Y	0	\$1,842.25		
29806	Y	0	\$4,138.99		
29807	Y	0	\$4,138.99		
29819	Y	0	\$1,842.25		
29820	Y	0	\$4,138.99		
29821	Y	0	\$1,842.25		
29822	Y	0	\$1,842.25		
29823	Y	0	\$1,842.25		
29824	Y	0	\$1,842.25		
29825	Y	0	\$1,842.25		
29826	N	BN	\$0.00		
29827	Y	0	\$4,138.99		
29828	Y	0	\$4,138.99		
29830	Y	0	\$1,842.25		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
29834	Y	0	\$1,842.25		
29835	Y	0	\$1,842.25		
29836	Y	0	\$4,138.99		
29837	Y	0	\$1,842.25		
29838	Y	0	\$1,842.25		
29840	Y	0	\$1,842.25		
29843	Y	0	\$1,842.25		
29844	Y	0	\$1,842.25		
29845	Y	0	\$1,842.25		
29846	Y	0	\$1,842.25		
29847	Y	0	\$4,138.99		
29848	Y	0	\$977.61		
29850	Y	0	\$977.61		
29851	Y	0	\$977.61		
29855	Y	0	\$5,850.90	\$2,745.90	\$4,298.40
29856	Y	0	\$11,705.73	\$4,220.56	\$7,963.14
29860	Y	0	\$4,138.99		
29861	Y	0	\$4,138.99		
29862	Y	0	\$4,138.99		
29863	Y	0	\$1,842.25		
29866	Y	0	\$4,138.99		
29867	Y	0	\$9,828.27	\$5,902.04	\$7,865.15
29868	Y	0	\$4,138.99		
29870	Y	0	\$1,842.25		
29871	Y	0	\$1,842.25		
29873	Y	0	\$1,842.25		
29874	Y	0	\$1,842.25		
29875	Y	0	\$1,842.25		
29876	Y	0	\$1,842.25		
29877	Y	0	\$1,842.25		
29879	Y	0	\$1,842.25		
29880	Y	0	\$1,842.25		
29881	Y	0	\$1,842.25		
29882	Y	0	\$1,842.25		
29883	Y	0	\$1,842.25		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
29884	Y	0	\$1,842.25		
29885	Y	0	\$5,689.06	\$2,890.85	\$4,289.95
29886	Y	0	\$1,842.25		
29887	Y	0	\$6,040.68	\$2,575.93	\$4,308.30
29888	Y	0	\$5,491.67	\$3,067.65	\$4,279.66
29889	Y	0	\$11,324.89	\$4,561.64	\$7,943.26
29891	Y	0	\$1,842.25		
29892	Y	0	\$4,138.99		
29893	Y	0	\$1,842.25		
29894	Y	0	\$1,842.25		
29895	Y	0	\$1,842.25		
29897	Y	0	\$1,842.25		
29898	Y	0	\$1,842.25		
29899	Y	0	\$5,814.62	\$2,778.41	\$4,296.51
29900	Y	0	\$1,842.25		
29901	Y	0	\$1,842.25		
29902	Y	0	\$977.61		
29904	Y	0	\$1,842.25		
29905	Y	0	\$4,138.99		
29906	Y	0	\$1,842.25		
29907	Y	0	\$11,171.22	\$4,699.27	\$7,935.24
29914	Y	0	\$4,138.99		
29915	Y	0	\$4,138.99		
29916	Y	0	\$4,138.99		
30000	Y	0	\$129.50		
30020	Y	0	\$213.15		
30100	Y	0	\$106.74		
30110	Y	0	\$185.29		
30115	Y	0	\$1,480.50		
30117	Y	0	\$1,480.50		
30118	Y	0	\$1,480.50		
30120	Y	0	\$1,480.50		
30124	Y	0	\$659.17		
30125	Y	0	\$3,025.62		
30130	Y	0	\$1,480.50		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
30140	Y	0	\$1,480.50		
30150	Y	0	\$3,025.62		
30160	Y	0	\$3,025.62		
30200	Y	0	\$82.91		
30210	Y	0	\$114.47		
30220	Y	0	\$659.17		
30300	N	BN	\$0.00		
30310	Y	0	\$1,480.50		
30320	Y	0	\$659.17		
30400	Y	NRC	\$3,025.62		
30410	Y	0	\$3,025.62		
30420	Y	0	\$3,025.62		
30430	Y	0	\$3,025.62		
30435	Y	0	\$3,025.62		
30450	Y	0	\$3,025.62		
30460	Y	NRC	\$3,025.62		
30462	Y	NRC	\$3,025.62		
30465	Y	0	\$3,025.62		
30468	Y	0	\$4,773.03	\$2,263.56	\$3,518.29
30469	Y	0	\$4,606.96	\$2,412.30	\$3,509.63
30520	Y	0	\$1,480.50		
30540	Y	NRC	\$3,025.62		
30545	Y	NRC	\$3,025.62		
30560	Y	0	\$295.47		
30580	Y	0	\$3,025.62		
30600	Y	0	\$3,025.62		
30620	Y	0	\$3,025.62		
30630	Y	0	\$1,480.50		
30801	Y	0	\$659.17		
30802	Y	0	\$659.17		
30901	N	BN	\$0.00		
30903	Y	0	\$73.54		
30905	Y	0	\$73.54		
30906	Y	0	\$129.50		
30915	Y	0	\$1,623.69		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
30920	Y	0	\$1,623.69		
30930	Y	0	\$1,480.50		
31000	Y	0	\$129.50		
31002	Y	0	\$659.17		
31020	Y	0	\$1,480.50		
31030	Y	0	\$3,025.62		
31032	Y	0	\$3,025.62		
31040	Y	0	\$3,025.62		
31050	Y	0	\$3,025.62		
31051	Y	0	\$3,025.62		
31070	Y	0	\$3,025.62		
31075	Y	0	\$3,025.62		
31080	Y	0	\$3,025.62		
31081	Y	0	\$3,025.62		
31084	Y	0	\$4,370.18	\$2,624.36	\$3,497.27
31085	Y	0	\$4,489.90	\$2,517.13	\$3,503.51
31086	Y	0	\$3,025.62		
31087	Y	0	\$4,895.43	\$2,153.93	\$3,524.68
31090	Y	0	\$3,025.62		
31200	Y	0	\$3,025.62		
31201	Y	0	\$659.17		
31205	Y	0	\$1,480.50		
31231	Y	NRC	\$109.73		
31233	Y	NRC	\$214.82		
31235	Y	NRC	\$843.77		
31237	Y	0	\$843.77		
31238	Y	0	\$843.77		
31239	Y	NRC	\$1,696.42		
31240	Y	NRC	\$843.77		
31241	Y	NRC	\$843.77		
31242	Y	NRC	\$4,690.74	\$2,337.27	\$3,514.00
31243	Y	NRC	\$4,678.86	\$2,347.91	\$3,513.38
31253	Y	0	\$2,451.02		
31254	Y	0	\$2,451.02		
31255	Y	0	\$2,451.02		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
31256	Y	0	\$1,696.42		
31257	Y	0	\$2,451.02		
31259	Y	0	\$2,451.02		
31267	Y	0	\$2,451.02		
31276	Y	0	\$2,451.02		
31287	Y	0	\$2,451.02		
31288	Y	0	\$2,451.02		
31292	Y	0	\$2,451.02		
31293	Y	0	\$2,451.02		
31294	Y	0	\$2,451.02		
31295	Y	0	\$3,540.25	\$2,125.98	\$2,833.11
31296	Y	0	\$1,496.44		
31297	Y	0	\$3,548.67	\$2,118.43	\$2,833.55
31298	Y	0	\$2,451.02		
31300	Y	0	\$1,480.50		
31400	Y	0	\$3,025.62		
31420	Y	0	\$3,025.62		
31500	Y	0	\$129.50		
31502	Y	0	\$129.50		
31505	Y	0	\$66.80		
31510	Y	0	\$1,696.42		
31511	Y	0	\$109.73		
31512	Y	0	\$1,696.42		
31513	Y	0	\$214.82		
31515	Y	0	\$214.82		
31520	Y	NRC	\$214.82		
31525	Y	0	\$843.77		
31526	Y	0	\$843.77		
31527	Y	0	\$1,696.42		
31528	Y	0	\$1,696.42		
31529	Y	0	\$1,696.42		
31530	Y	0	\$843.77		
31531	Y	0	\$1,696.42		
31535	Y	0	\$1,696.42		
31536	Y	0	\$1,696.42		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
31540	Y	0	\$1,696.42		
31541	Y	0	\$1,696.42		
31545	Y	0	\$1,696.42		
31546	Y	0	\$2,451.02		
31551	Y	NRC	\$3,025.62		
31552	Y	0	\$3,025.62		
31553	Y	NRC	\$3,025.62		
31554	Y	0	\$3,025.62		
31560	Y	0	\$2,451.02		
31561	Y	0	\$2,451.02		
31570	Y	0	\$1,696.42		
31571	Y	0	\$1,696.42		
31572	Y	0	\$1,696.42		
31573	Y	0	\$197.04		
31574	Y	0	\$815.02		
31575	Y	0	\$92.65		
31576	Y	0	\$843.77		
31577	Y	0	\$214.82		
31578	Y	0	\$1,696.42		
31579	Y	0	\$126.55		
31580	Y	0	\$3,025.62		
31584	Y	0	\$3,025.62		
31587	Y	0	\$3,025.62		
31590	Y	0	\$3,025.62		
31591	Y	0	\$3,025.62		
31592	Y	0	\$3,025.62		
31600	Y	0	\$1,480.50		
31601	Y	0	\$3,025.62		
31603	Y	0	\$659.17		
31605	Y	0	\$129.50		
31610	Y	0	\$3,025.62		
31611	Y	0	\$1,480.50		
31612	Y	0	\$1,480.50		
31613	Y	0	\$1,480.50		
31614	Y	0	\$3,025.62		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
31615	Y	0	\$295.47		
31622	Y	0	\$843.77		
31623	Y	0	\$843.77		
31624	Y	0	\$843.77		
31625	Y	0	\$843.77		
31626	Y	0	\$2,451.02		
31627	N	BN	\$0.00		
31628	Y	0	\$1,696.42		
31629	Y	0	\$1,696.42		
31630	Y	0	\$1,696.42		
31631	Y	0	\$2,451.02		
31632	N	BN	\$0.00		
31633	N	BN	\$0.00		
31634	Y	0	\$2,451.02		
31635	Y	0	\$843.77		
31636	Y	0	\$3,996.32	\$1,717.52	\$2,856.92
31637	N	BN	\$0.00		
31638	Y	0	\$2,451.02		
31640	Y	0	\$1,696.42		
31641	Y	0	\$1,696.42		
31643	Y	0	\$843.77		
31645	Y	0	\$843.77		
31646	Y	0	\$214.82		
31647	Y	0	\$3,585.25	\$2,085.67	\$2,835.46
31648	Y	0	\$1,696.42		
31649	N	0	\$843.77		
31651	N	BN	\$0.00		
31652	Y	0	\$1,696.42		
31653	Y	0	\$1,696.42		
31654	N	BN	\$0.00		
31660	Y	0	\$4,380.67	\$1,373.29	\$2,876.98
31661	Y	0	\$4,005.94	\$1,708.89	\$2,857.41
31717	Y	0	\$214.82		
31720	N	BN	\$0.00		
31730	Y	0	\$843.77		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
31750	Y	0	\$3,025.62		
31755	Y	0	\$3,025.62		
31785	Y	0	\$3,025.62		
31820	Y	0	\$1,480.50		
31825	Y	0	\$1,480.50		
31830	Y	0	\$1,480.50		
32400	Y	0	\$742.04		
32408	Y	0	\$742.04		
32550	Y	0	\$2,588.54	\$1,450.94	\$2,019.74
32551	Y	0	\$649.99		
32552	N	0	\$344.58		
32553	N	0	\$758.79		
32554	Y	0	\$344.58		
32555	Y	0	\$344.58		
32556	Y	0	\$894.33		
32557	Y	0	\$649.99		
32560	Y	0	\$344.58		
32561	Y	0	\$344.58		
32562	Y	0	\$344.58		
32601	Y	0	\$3,030.97		
32604	Y	0	\$5,120.50		
32606	Y	0	\$3,030.97		
32607	Y	0	\$5,120.50		
32608	Y	0	\$5,120.50		
32609	Y	0	\$3,030.97		
32960	Y	0	\$344.58		
32994	Y	0	\$8,371.94	\$3,567.39	\$5,969.66
32998	Y	0	\$3,030.97		
33016	Y	NRC	\$649.99		
33206	Y	NRC	\$8,304.24	\$3,782.47	\$6,043.35
33207	Y	NRC	\$8,623.88	\$3,496.18	\$6,060.03
33208	Y	NRC	\$8,822.71	\$3,318.12	\$6,070.41
33210	Y	NRC	\$4,483.27		
33211	Y	NRC	\$8,676.70	\$1,917.38	\$5,297.04
33212	Y	NRC	\$7,586.28	\$2,893.98	\$5,240.13

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
33213	Y	NRC	\$8,756.43	\$3,377.47	\$6,066.95
33214	Y	NRC	\$8,705.45	\$3,423.13	\$6,064.29
33215	Y	NRC	\$1,623.69		
33216	Y	NRC	\$6,736.66	\$3,654.91	\$5,195.78
33217	Y	NRC	\$7,408.87	\$3,052.86	\$5,230.86
33218	Y	NRC	\$2,092.20		
33220	Y	NRC	\$3,021.96	\$1,814.74	\$2,418.35
33221	Y	NRC	\$14,837.98	\$6,076.10	\$10,457.04
33222	Y	NRC	\$1,128.57		
33223	Y	NRC	\$1,128.57		
33224	Y	NRC	\$8,776.31	\$3,359.66	\$6,067.98
33225	N	BN	\$0.00		
33226	Y	NRC	\$2,457.49	\$1,307.84	\$1,882.66
33227	Y	NRC	\$7,336.68	\$3,117.53	\$5,227.10
33228	Y	NRC	\$8,611.65	\$3,507.15	\$6,059.40
33229	Y	NRC	\$15,421.36	\$5,553.61	\$10,487.48
33230	Y	NRC	\$21,582.00	\$6,709.91	\$14,145.95
33231	Y	NRC	\$29,045.03	\$7,489.23	\$18,267.13
33233	N	NRC	\$4,483.27		
33234	N	NRC	\$2,092.20		
33235	N	NRC	\$2,092.20		
33240	Y	NRC	\$21,182.09	\$7,068.07	\$14,125.08
33241	N	NRC	\$2,092.20		
33244	N	NRC	\$2,092.20		
33249	Y	NRC	\$28,244.32	\$8,206.37	\$18,225.34
33262	Y	NRC	\$21,570.17	\$6,720.51	\$14,145.34
33263	Y	NRC	\$21,617.50	\$6,678.12	\$14,147.81
33264	Y	NRC	\$28,408.72	\$8,059.12	\$18,233.92
33270	Y	NRC	\$28,699.48	\$7,798.72	\$18,249.10
33271	Y	NRC	\$8,916.62	\$1,702.51	\$5,309.56
33272	N	NRC	\$2,092.20		
33273	Y	NRC	\$2,092.20		
33274	Y	NRC	\$16,213.29	\$4,844.36	\$10,528.82
33275	Y	NRC	\$2,905.65	\$906.45	\$1,906.05
33276	N	NRC	\$44,715.29	\$12,197.93	\$28,456.61

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
33277	N	BN	\$0.00		
33278	Y	NRC	\$2,003.41		
33279	Y	NRC	\$2,893.72	\$1,737.73	\$2,315.72
33280	Y	NRC	\$2,003.41		
33281	Y	NRC	\$2,003.41		
33285	Y	NRC	\$8,180.58	\$2,361.72	\$5,271.15
33286	N	NRC	\$388.55		
33287	Y	NRC	\$30,790.00	\$6,915.99	\$18,852.99
33288	Y	NRC	\$10,953.14	\$2,943.23	\$6,948.18
33289	Y	NRC	\$29,805.51	\$7,237.18	\$18,521.34
33419	N	BN	\$0.00		
33508	N	BN	\$0.00		
33866	N	BN	\$0.00		
33900	Y	NRC	\$8,479.67	\$4,116.89	\$6,298.28
33901	Y	NRC	\$5,419.44		
33902	Y	NRC	\$13,317.96	\$6,638.33	\$9,978.14
33903	Y	NRC	\$9,769.58	\$2,961.63	\$6,365.60
34101	Y	NRC	\$3,187.37		
34111	Y	NRC	\$3,187.37		
34201	Y	0	\$4,603.82	\$2,764.67	\$3,684.24
34203	Y	0	\$4,603.82	\$2,764.67	\$3,684.24
34421	Y	0	\$2,935.94	\$879.32	\$1,907.63
34471	Y	NRC	\$344.58		
34490	Y	NRC	\$1,623.69		
34501	Y	NRC	\$3,187.37		
34510	Y	NRC	\$3,187.37		
34520	Y	NRC	\$3,187.37		
34530	Y	NRC	\$1,623.69		
34713	N	BN	\$0.00		
34714	N	BN	\$0.00		
34715	N	BN	\$0.00		
34716	N	BN	\$0.00		
35011	Y	NRC	\$3,187.37		
35045	Y	NRC	\$3,187.37		
35180	Y	NRC	\$649.99		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
35184	Y	NRC	\$1,623.69		
35188	Y	NRC	\$3,187.37		
35190	Y	NRC	\$3,187.37		
35201	Y	0	\$3,187.37		
35206	Y	0	\$1,623.69		
35207	Y	0	\$1,623.69		
35226	Y	0	\$388.55		
35231	Y	NRC	\$1,623.69		
35236	Y	0	\$3,187.37		
35256	Y	0	\$3,187.37		
35261	Y	NRC	\$1,623.69		
35266	Y	NRC	\$3,187.37		
35286	Y	NRC	\$3,187.37		
35321	Y	0	\$3,187.37		
35372	Y	0	\$4,789.11	\$2,598.74	\$3,693.92
35572	N	BN	\$0.00		
35800	Y	NRC	\$3,187.37		
35860	Y	NRC	\$1,623.69		
35875	Y	NRC	\$3,187.37		
35876	Y	NRC	\$3,187.37		
35879	Y	NRC	\$3,187.37		
35881	Y	NRC	\$4,603.82	\$2,764.67	\$3,684.24
35883	Y	NRC	\$3,187.37		
35884	Y	NRC	\$3,187.37		
35903	Y	NRC	\$1,623.69		
36000	N	BN	\$0.00		
36002	Y	0	\$344.58		
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		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
36140	N	BN	\$0.00		
36160	N	BN	\$0.00		
36200	N	BN	\$0.00		
36215	N	BN	\$0.00		
36216	N	BN	\$0.00		
36217	N	BN	\$0.00		
36218	N	BN	\$0.00		
36221	N	BN	\$0.00		
36222	N	BN	\$0.00		
36223	N	BN	\$0.00		
36224	N	BN	\$0.00		
36225	N	BN	\$0.00		
36226	N	BN	\$0.00		
36227	N	BN	\$0.00		
36228	N	BN	\$0.00		
36245	N	BN	\$0.00		
36246	N	BN	\$0.00		
36247	N	BN	\$0.00		
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	0	\$4,603.82	\$2,764.67	\$3,684.24
36261	Y	0	\$3,333.00	\$1,536.18	\$2,434.59
36262	N	0	\$2,092.20		
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	0	\$46.66		
36440	N	NRC	\$244.40		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
36450	N	NRC	\$244.40		
36455	N	0	\$244.40		
36460	N	NRC	\$244.40		
36465	Y	NRC	\$1,128.57		
36466	Y	NRC	\$1,128.57		
36468	N	BN	\$0.00		
36470	Y	NRC	\$91.97		
36471	Y	NRC	\$147.36		
36473	Y	NRC	\$1,040.93		
36474	N	BN	\$0.00		
36475	Y	NRC	\$1,623.69		
36476	N	BN	\$0.00		
36478	Y	NRC	\$1,623.69		
36479	N	BN	\$0.00		
36481	N	BN	\$0.00		
36482	Y	NRC	\$1,527.32		
36483	N	BN	\$0.00		
36500	N	BN	\$0.00		
36510	N	BN	\$0.00		
36511	N	0	\$854.76		
36512	N	0	\$854.76		
36513	N	0	\$244.40		
36514	N	0	\$854.76		
36516	N	0	\$2,178.20		
36522	N	0	\$2,389.95		
36555	Y	NRC	\$1,623.69		
36556	Y	0	\$1,623.69		
36557	Y	NRC	\$3,187.37		
36558	Y	0	\$1,623.69		
36560	Y	NRC	\$1,623.69		
36561	Y	0	\$1,623.69		
36563	Y	0	\$3,187.37		
36565	Y	0	\$1,623.69		
36566	Y	0	\$3,187.37		
36568	Y	NRC	\$649.99		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
36569	Y	0	\$649.99		
36570	Y	NRC	\$1,623.69		
36571	Y	0	\$1,623.69		
36572	Y	NRC	\$344.58		
36573	Y	0	\$649.99		
36575	Y	0	\$344.58		
36576	Y	0	\$649.99		
36578	Y	0	\$1,623.69		
36580	Y	0	\$649.99		
36581	Y	0	\$2,348.75	\$1,405.21	\$1,876.98
36582	Y	0	\$1,623.69		
36583	Y	0	\$5,869.48	\$1,631.12	\$3,750.30
36584	Y	0	\$649.99		
36585	Y	0	\$1,623.69		
36589	N	0	\$344.58		
36590	N	0	\$649.99		
36591	N	BN	\$0.00		
36592	N	BN	\$0.00		
36593	Y	0	\$37.60		
36595	Y	0	\$451.82		
36596	Y	0	\$649.99		
36597	Y	0	\$649.99		
36598	Y	0	\$90.30		
36600	N	BN	\$0.00		
36620	N	BN	\$0.00		
36625	N	BN	\$0.00		
36640	Y	0	\$2,345.25	\$1,408.36	\$1,876.80
36680	N	BN	\$0.00		
36800	Y	NRC	\$3,187.37		
36810	Y	NRC	\$2,355.76	\$1,398.93	\$1,877.34
36815	Y	NRC	\$3,187.37		
36818	Y	NRC	\$3,187.37		
36819	Y	NRC	\$3,187.37		
36820	Y	NRC	\$3,187.37		
36821	Y	NRC	\$1,623.69		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
36825	Y	NRC	\$3,187.37		
36830	Y	NRC	\$3,187.37		
36831	Y	NRC	\$3,187.37		
36832	Y	NRC	\$3,187.37		
36833	Y	NRC	\$3,187.37		
36835	Y	NRC	\$2,650.40	\$1,135.06	\$1,892.73
36836	Y	NRC	\$13,808.09	\$6,199.35	\$10,003.72
36837	Y	NRC	\$12,720.69	\$7,173.25	\$9,946.97
36838	Y	NRC	\$3,187.37		
36860	Y	NRC	\$649.99		
36861	Y	NRC	\$3,187.37		
36901	Y	NRC	\$562.93		
36902	Y	NRC	\$2,727.30		
36903	Y	NRC	\$8,891.02	\$3,748.49	\$6,319.75
36904	Y	NRC	\$4,128.36	\$2,196.28	\$3,162.32
36905	Y	NRC	\$7,859.73	\$4,672.13	\$6,265.93
36906	Y	NRC	\$14,095.76	\$5,941.71	\$10,018.73
36907	N	BN	\$0.00		
36908	N	BN	\$0.00		
36909	N	BN	\$0.00		
37182	Y	0	\$15,143.51	\$5,003.33	\$10,073.42
37183	Y	0	\$4,045.35	\$2,270.64	\$3,157.99
37184	Y	0	\$14,202.90	\$5,845.76	\$10,024.33
37185	N	BN	\$0.00		
37186	N	BN	\$0.00		
37187	Y	0	\$9,588.65	\$3,123.67	\$6,356.16
37188	Y	0	\$3,103.67	\$729.11	\$1,916.39
37191	Y	0	\$4,973.14	\$2,433.92	\$3,703.53
37192	Y	0	\$2,520.46	\$1,251.43	\$1,885.94
37193	Y	0	\$1,623.69		
37195	Y	0	\$181.36		
37197	Y	0	\$1,623.69		
37200	Y	0	\$3,187.37		
37211	Y	0	\$5,038.54	\$2,375.33	\$3,706.93
37212	Y	0	\$2,381.12	\$1,376.23	\$1,878.67

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
37213	Y	0	\$1,623.69		
37214	Y	0	\$1,623.69		
37236	Y	0	\$8,586.63	\$4,021.10	\$6,303.86
37237	N	BN	\$0.00		
37238	Y	0	\$8,620.16	\$3,991.08	\$6,305.62
37239	N	BN	\$0.00		
37241	Y	0	\$7,827.80	\$4,700.72	\$6,264.26
37242	Y	0	\$13,052.22	\$6,876.32	\$9,964.27
37243	Y	0	\$5,419.44		
37244	Y	0	\$7,827.80	\$4,700.72	\$6,264.26
37246	Y	NRC	\$4,123.00	\$2,201.07	\$3,162.03
37247	N	BN	\$0.00		
37248	Y	NRC	\$3,989.11	\$2,321.00	\$3,155.05
37249	N	BN	\$0.00		
37252	N	BN	\$0.00		
37253	N	BN	\$0.00		
37254	Y	NRC	\$4,089.26	\$2,231.30	\$3,160.28
37255	N	BN	\$0.00		
37256	Y	NRC	\$4,089.26	\$2,231.30	\$3,160.28
37257	N	BN	\$0.00		
37258	Y	NRC	\$8,738.29	\$3,885.27	\$6,311.78
37259	N	BN	\$0.00		
37260	Y	NRC	\$8,738.29	\$3,885.27	\$6,311.78
37261	N	BN	\$0.00		
37262	N	BN	\$0.00		
37263	Y	NRC	\$4,327.06	\$2,018.31	\$3,172.68
37264	N	BN	\$0.00		
37265	Y	NRC	\$4,327.06	\$2,018.31	\$3,172.68
37266	N	BN	\$0.00		
37267	Y	NRC	\$9,194.88	\$3,476.36	\$6,335.62
37268	N	BN	\$0.00		
37269	Y	NRC	\$9,194.88	\$3,476.36	\$6,335.62
37270	N	BN	\$0.00		
37271	Y	NRC	\$14,933.46	\$5,191.46	\$10,062.46
37272	N	BN	\$0.00		

2026 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
37273	Y	NRC	\$14,933.46	\$5,191.46	\$10,062.46
37274	N	BN	\$0.00		
37275	Y	NRC	\$15,054.10	\$5,083.42	\$10,068.76
37276	N	BN	\$0.00		
37277	Y	NRC	\$15,054.10	\$5,083.42	\$10,068.76
37278	N	BN	\$0.00		
37279	N	BN	\$0.00		
37280	Y	NRC	\$8,068.86	\$4,484.82	\$6,276.84
37281	N	BN	\$0.00		
37282	Y	NRC	\$8,068.86	\$4,484.82	\$6,276.84
37283	N	BN	\$0.00		
37284	Y	NRC	\$13,916.07	\$6,102.64	\$10,009.35
37285	N	BN	\$0.00		
37286	Y	NRC	\$13,916.07	\$6,102.64	\$10,009.35
37287	N	BN	\$0.00		
37288	Y	NRC	\$14,105.04	\$5,933.40	\$10,019.22
37289	N	BN	\$0.00		
37290	Y	NRC	\$14,105.04	\$5,933.40	\$10,019.22
37291	N	BN	\$0.00		
37292	Y	NRC	\$14,707.38	\$5,393.95	\$10,050.66
37293	N	BN	\$0.00		
37294	Y	NRC	\$14,707.38	\$5,393.95	\$10,050.66
37295	N	BN	\$0.00		
37296	Y	NRC	\$8,068.86	\$4,484.82	\$6,276.84
37297	N	BN	\$0.00		
37298	Y	NRC	\$8,068.86	\$4,484.82	\$6,276.84
37299	N	BN	\$0.00		
37565	Y	NRC	\$1,623.69		
37600	Y	NRC	\$1,623.69		
37605	Y	NRC	\$1,623.69		
37606	Y	NRC	\$1,623.69		
37607	Y	NRC	\$1,623.69		
37609	Y	0	\$742.04		
37615	Y	0	\$1,623.69		
37617	Y	0	\$3,187.37		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
37619	Y	0	\$3,187.37		
37650	Y	NRC	\$1,623.69		
37700	Y	NRC	\$1,623.69		
37718	Y	NRC	\$1,623.69		
37722	Y	NRC	\$1,623.69		
37735	Y	NRC	\$1,623.69		
37760	Y	NRC	\$1,623.69		
37761	Y	NRC	\$1,623.69		
37765	Y	NRC	\$222.89		
37766	Y	NRC	\$252.76		
37780	Y	NRC	\$1,623.69		
37785	Y	NRC	\$1,623.69		
37790	Y	NRC	\$1,723.02		
38120	Y	0	\$5,120.50		
38200	N	BN	\$0.00		
38204	N	BN	\$0.00		
38206	N	NRC	\$854.76		
38207	N	NRC	\$244.40		
38208	N	NRC	\$244.40		
38209	N	NRC	\$244.40		
38210	N	NRC	\$244.40		
38211	N	0	\$244.40		
38212	N	NRC	\$244.40		
38213	N	NRC	\$244.40		
38214	N	NRC	\$244.40		
38215	N	NRC	\$244.40		
38220	Y	0	\$126.55		
38221	Y	0	\$122.52		
38222	Y	0	\$1,248.36		
38230	N	0	\$854.76		
38232	N	0	\$2,389.95		
38240	Y	NRC	\$13,892.33		
38241	N	NRC	\$854.76		
38242	N	NRC	\$854.76		
38243	N	0	\$854.76		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
38300	Y	0	\$1,248.36		
38305	Y	0	\$1,248.36		
38308	Y	NRC	\$1,603.18		
38500	Y	0	\$1,603.18		
38505	Y	0	\$742.04		
38510	Y	0	\$1,603.18		
38520	Y	0	\$1,603.18		
38525	Y	0	\$1,603.18		
38530	Y	0	\$1,603.18		
38531	Y	0	\$1,603.18		
38542	Y	0	\$3,030.97		
38550	Y	0	\$1,603.18		
38555	Y	0	\$2,848.20		
38562	Y	0	\$3,171.50		
38570	Y	0	\$3,030.97		
38571	Y	0	\$5,120.50		
38572	Y	0	\$5,120.50		
38573	Y	0	\$5,120.50		
38700	Y	0	\$2,848.20		
38720	Y	0	\$2,848.20		
38740	Y	0	\$3,030.97		
38745	Y	0	\$3,030.97		
38760	Y	0	\$2,848.20		
38790	N	BN	\$0.00		
38792	N	BN	\$0.00		
38794	N	BN	\$0.00		
38900	N	BN	\$0.00		
39401	Y	0	\$3,030.97		
39402	Y	0	\$3,030.97		
40490	Y	0	\$76.87		
40500	Y	NRC	\$1,480.50		
40510	Y	NRC	\$1,480.50		
40520	Y	NRC	\$1,480.50		
40525	Y	NRC	\$1,480.50		
40527	Y	NRC	\$3,025.62		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
40530	Y	NRC	\$1,480.50		
40650	Y	0	\$295.47		
40652	Y	0	\$295.47		
40654	Y	0	\$659.17		
40700	Y	NRC	\$3,025.62		
40701	Y	NRC	\$3,025.62		
40702	Y	NRC	\$3,025.62		
40720	Y	NRC	\$1,480.50		
40761	Y	NRC	\$3,025.62		
40800	Y	0	\$165.15		
40801	Y	0	\$295.47		
40804	N	BN	\$0.00		
40805	Y	0	\$191.67		
40806	Y	NRC	\$89.63		
40808	Y	0	\$129.91		
40810	Y	0	\$166.49		
40812	Y	0	\$195.36		
40814	Y	0	\$1,480.50		
40816	Y	0	\$1,480.50		
40818	Y	0	\$295.47		
40819	Y	0	\$659.17		
40820	Y	0	\$204.43		
40830	Y	0	\$129.50		
40831	Y	0	\$295.47		
40840	Y	0	\$3,025.62		
40842	Y	0	\$3,025.62		
40843	Y	0	\$3,025.62		
40844	Y	0	\$3,025.62		
40845	Y	0	\$3,025.62		
41000	Y	0	\$110.10		
41005	Y	0	\$129.50		
41006	Y	0	\$659.17		
41007	Y	0	\$659.17		
41008	Y	0	\$1,480.50		
41009	Y	0	\$295.47		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
41010	Y	NRC	\$659.17		
41015	Y	0	\$295.47		
41016	Y	0	\$3,025.62		
41017	Y	0	\$1,480.50		
41018	Y	0	\$659.17		
41019	Y	0	\$3,025.62		
41100	Y	0	\$136.28		
41105	Y	0	\$135.95		
41108	Y	0	\$129.91		
41110	Y	0	\$169.85		
41112	Y	0	\$1,480.50		
41113	Y	0	\$1,480.50		
41114	Y	0	\$1,480.50		
41115	Y	0	\$189.99		
41116	Y	0	\$1,480.50		
41120	Y	NRC	\$3,025.62		
41250	N	BN	\$0.00		
41251	Y	0	\$129.50		
41252	Y	0	\$129.50		
41510	Y	NRC	\$1,480.50		
41512	Y	NRC	\$4,370.18	\$2,624.36	\$3,497.27
41520	Y	NRC	\$1,480.50		
41530	Y	NRC	\$794.21		
41800	N	BN	\$0.00		
41805	Y	0	\$270.55		
41806	Y	0	\$323.59		
41820	Y	NRC	\$1,480.50		
41821	Y	NRC	\$659.17		
41822	Y	0	\$290.69		
41823	Y	0	\$431.34		
41825	Y	0	\$164.48		
41826	Y	0	\$213.15		
41827	Y	0	\$3,025.62		
41828	Y	0	\$259.81		
41830	Y	0	\$373.61		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS 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
41850	Y	NRC	\$659.17		
41870	Y	NRC	\$659.17		
41872	Y	NRC	\$399.79		
41874	Y	NRC	\$274.25		
42000	Y	NRC	\$129.50		
42100	Y	0	\$100.03		
42104	Y	0	\$156.76		
42106	Y	0	\$183.28		
42107	Y	0	\$3,025.62		
42120	Y	0	\$3,025.62		
42140	Y	0	\$1,480.50		
42145	Y	0	\$3,025.62		
42160	Y	0	\$165.82		
42180	Y	0	\$295.47		
42182	Y	0	\$3,025.62		
42200	Y	NRC	\$3,025.62		
42205	Y	NRC	\$1,480.50		
42210	Y	NRC	\$3,025.62		
42215	Y	NRC	\$3,025.62		
42220	Y	NRC	\$3,025.62		
42225	Y	NRC	\$3,025.62		
42226	Y	NRC	\$3,025.62		
42227	Y	NRC	\$3,025.62		
42235	Y	NRC	\$3,025.62		
42260	Y	NRC	\$3,025.62		
42280	Y	NRC	\$126.55		
42281	Y	NRC	\$3,025.62		
42300	Y	NRC	\$659.17		
42305	Y	NRC	\$1,480.50		
42310	Y	NRC	\$295.47		
42320	Y	NRC	\$295.47		
42330	Y	NRC	\$154.07		
42335	Y	NRC	\$303.11		
42340	Y	NRC	\$1,480.50		
42400	Y	0	\$67.14		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
42405	Y	0	\$659.17		
42408	Y	NRC	\$1,480.50		
42409	Y	NRC	\$1,480.50		
42410	Y	0	\$3,025.62		
42415	Y	0	\$3,025.62		
42420	Y	0	\$3,025.62		
42425	Y	0	\$3,025.62		
42440	Y	NRC	\$3,025.62		
42450	Y	NRC	\$3,025.62		
42500	Y	0	\$3,025.62		
42505	Y	0	\$3,025.62		
42507	Y	NRC	\$3,025.62		
42509	Y	NRC	\$3,025.62		
42510	Y	NRC	\$1,480.50		
42550	N	BN	\$0.00		
42600	Y	NRC	\$1,480.50		
42650	Y	NRC	\$48.34		
42660	Y	NRC	\$60.42		
42665	Y	NRC	\$1,480.50		
42700	Y	NRC	\$129.50		
42720	Y	NRC	\$1,480.50		
42725	Y	NRC	\$3,025.62		
42800	Y	0	\$106.74		
42804	Y	0	\$1,480.50		
42806	Y	0	\$1,480.50		
42808	Y	0	\$1,480.50		
42809	N	BN	\$0.00		
42810	Y	NRC	\$1,480.50		
42815	Y	NRC	\$3,025.62		
42820	Y	NRC	\$3,025.62		
42821	Y	NRC	\$1,480.50		
42825	Y	NRC	\$3,025.62		
42826	Y	NRC	\$1,480.50		
42830	Y	NRC	\$1,480.50		
42831	Y	NRC	\$1,480.50		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
42835	Y	NRC	\$1,480.50		
42836	Y	NRC	\$1,480.50		
42842	Y	NRC	\$3,025.62		
42844	Y	NRC	\$3,025.62		
42860	Y	NRC	\$1,480.50		
42870	Y	NRC	\$3,025.62		
42890	Y	NRC	\$3,025.62		
42892	Y	NRC	\$3,025.62		
42900	Y	0	\$1,266.03	\$290.61	\$778.32
42950	Y	NRC	\$3,025.62		
42955	Y	NRC	\$659.17		
42960	Y	0	\$295.47		
42962	Y	0	\$1,480.50		
42970	Y	0	\$129.50		
42972	Y	0	\$1,480.50		
42975	Y	NRC	\$843.77		
43020	Y	0	\$659.17		
43030	Y	NRC	\$3,025.62		
43130	Y	NRC	\$3,025.62		
43180	Y	0	\$3,025.62		
43191	Y	0	\$894.33		
43192	Y	0	\$894.33		
43193	Y	0	\$894.33		
43194	Y	0	\$894.33		
43195	Y	0	\$1,986.55		
43196	Y	0	\$894.33		
43197	Y	0	\$141.32		
43198	Y	0	\$151.39		
43200	Y	NRC	\$497.85		
43201	Y	NRC	\$894.33		
43202	Y	0	\$894.33		
43204	Y	NRC	\$894.33		
43205	Y	NRC	\$894.33		
43206	Y	NRC	\$894.33		
43210	Y	0	\$8,528.31	\$3,427.35	\$5,977.83

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
43211	Y	0	\$894.33		
43212	Y	0	\$4,758.46	\$1,831.14	\$3,294.80
43213	Y	0	\$894.33		
43214	Y	0	\$894.33		
43215	Y	0	\$894.33		
43216	Y	0	\$894.33		
43217	Y	0	\$894.33		
43220	Y	NRC	\$894.33		
43226	Y	NRC	\$894.33		
43227	Y	0	\$894.33		
43229	Y	0	\$3,302.59	\$1,335.09	\$2,318.84
43231	Y	NRC	\$894.33		
43232	Y	0	\$894.33		
43233	Y	0	\$894.33		
43235	Y	0	\$497.85		
43236	Y	NRC	\$497.85		
43237	Y	NRC	\$894.33		
43238	Y	0	\$894.33		
43239	Y	0	\$497.85		
43240	Y	NRC	\$5,087.36	\$1,536.58	\$3,311.97
43241	Y	NRC	\$894.33		
43242	Y	0	\$894.33		
43243	Y	NRC	\$894.33		
43244	Y	NRC	\$894.33		
43245	Y	0	\$894.33		
43246	Y	0	\$894.33		
43247	Y	0	\$497.85		
43248	Y	NRC	\$497.85		
43249	Y	NRC	\$894.33		
43250	Y	0	\$894.33		
43251	Y	0	\$894.33		
43252	Y	0	\$894.33		
43253	Y	0	\$894.33		
43254	Y	0	\$894.33		
43255	Y	0	\$894.33		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
43257	Y	NRC	\$3,233.93	\$1,396.58	\$2,315.25
43259	Y	NRC	\$894.33		
43260	Y	0	\$1,986.55		
43261	Y	0	\$1,986.55		
43262	Y	NRC	\$1,986.55		
43263	Y	NRC	\$894.33		
43264	Y	NRC	\$1,986.55		
43265	Y	NRC	\$2,819.48		
43266	Y	0	\$4,963.88	\$1,647.16	\$3,305.52
43270	Y	0	\$1,368.70	\$706.84	\$1,037.77
43273	N	BN	\$0.00		
43274	Y	0	\$4,226.63	\$2,307.45	\$3,267.04
43275	Y	0	\$894.33		
43276	Y	0	\$4,230.51	\$2,303.98	\$3,267.24
43277	Y	0	\$1,986.55		
43278	Y	0	\$1,986.55		
43280	Y	NRC	\$5,120.50		
43281	Y	NRC	\$5,120.50		
43282	Y	NRC	\$5,120.50		
43284	Y	NRC	\$8,302.05	\$3,629.98	\$5,966.01
43285	N	NRC	\$3,030.97		
43290	Y	NRC	\$1,514.82	\$575.96	\$1,045.39
43291	Y	NRC	\$497.85		
43420	Y	NRC	\$1,480.50		
43450	Y	NRC	\$497.85		
43453	Y	NRC	\$894.33		
43497	Y	NRC	\$2,819.48		
43510	Y	NRC	\$497.85		
43647	N	NRC	\$11,397.02	\$2,545.69	\$6,971.35
43648	Y	NRC	\$5,120.50		
43651	Y	NRC	\$3,030.97		
43652	Y	NRC	\$3,030.97		
43653	Y	NRC	\$3,030.97		
43752	N	0	\$241.78		
43753	N	BN	\$0.00		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
43754	N	BN	\$0.00		
43755	N	NRC	\$74.38		
43756	N	NRC	\$497.85		
43757	Y	NRC	\$497.85		
43761	Y	0	\$137.79		
43762	Y	NRC	\$137.79		
43763	Y	NRC	\$137.79		
43770	Y	NRC	\$7,396.02	\$4,441.43	\$5,918.72
43772	Y	NRC	\$1,986.55		
43773	Y	NRC	\$3,030.97		
43774	Y	NRC	\$1,986.55		
43830	Y	NRC	\$894.33		
43831	Y	NRC	\$497.85		
43840	Y	0	\$1,986.55		
43870	Y	NRC	\$1,986.55		
43886	Y	NRC	\$1,940.78		
43887	N	NRC	\$1,128.57		
43888	Y	NRC	\$1,940.78		
43889	Y	NRC	\$5,120.50		
44100	Y	0	\$497.85		
44180	Y	NRC	\$3,030.97		
44186	Y	NRC	\$3,030.97		
44300	Y	0	\$894.33		
44312	Y	NRC	\$1,940.78		
44314	Y	NRC	\$1,940.78		
44340	Y	NRC	\$1,940.78		
44345	Y	NRC	\$1,940.78		
44346	Y	NRC	\$1,940.78		
44360	Y	0	\$894.33		
44361	Y	0	\$894.33		
44363	Y	0	\$894.33		
44364	Y	0	\$894.33		
44365	Y	0	\$894.33		
44366	Y	NRC	\$894.33		
44369	Y	0	\$894.33		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
44370	Y	0	\$5,103.69	\$1,521.95	\$3,312.82
44372	Y	0	\$894.33		
44373	Y	0	\$894.33		
44376	Y	0	\$894.33		
44377	Y	0	\$894.33		
44378	Y	NRC	\$894.33		
44379	Y	0	\$5,217.76	\$1,419.80	\$3,318.78
44380	Y	0	\$497.85		
44381	Y	NRC	\$894.33		
44382	Y	0	\$497.85		
44384	Y	0	\$894.33		
44385	Y	0	\$510.49		
44386	Y	0	\$510.49		
44388	Y	0	\$510.49		
44389	Y	0	\$656.75		
44390	Y	0	\$510.49		
44391	Y	NRC	\$656.75		
44392	Y	0	\$656.75		
44394	Y	0	\$656.75		
44401	Y	0	\$656.75		
44402	Y	NRC	\$5,461.39	\$1,201.61	\$3,331.50
44403	Y	NRC	\$656.75		
44404	Y	NRC	\$656.75		
44405	Y	NRC	\$656.75		
44406	Y	NRC	\$656.75		
44407	Y	0	\$656.75		
44408	Y	NRC	\$510.49		
44500	Y	NRC	\$497.85		
44602	Y	0	\$1,986.55		
44701	N	BN	\$0.00		
44950	Y	NRC	\$3,365.12		
44955	N	BN	\$0.00		
44970	Y	NRC	\$3,030.97		
45000	Y	NRC	\$656.75		
45005	Y	NRC	\$656.75		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
45020	Y	NRC	\$1,432.51		
45100	Y	0	\$1,432.51		
45108	Y	0	\$1,432.51		
45150	Y	NRC	\$656.75		
45160	Y	0	\$1,432.51		
45171	Y	0	\$1,432.51		
45172	Y	0	\$1,432.51		
45190	Y	0	\$1,432.51		
45300	Y	0	\$118.83		
45303	Y	NRC	\$656.75		
45305	Y	0	\$656.75		
45307	Y	0	\$1,432.51		
45308	Y	0	\$1,432.51		
45309	Y	0	\$656.75		
45315	Y	0	\$656.75		
45317	Y	NRC	\$656.75		
45320	Y	0	\$1,432.51		
45321	Y	NRC	\$1,432.51		
45327	Y	NRC	\$5,040.02	\$1,578.98	\$3,309.50
45330	Y	0	\$184.96		
45331	Y	0	\$510.49		
45332	Y	0	\$656.75		
45333	Y	0	\$510.49		
45334	Y	NRC	\$656.75		
45335	Y	NRC	\$510.49		
45337	Y	NRC	\$510.49		
45338	Y	0	\$656.75		
45340	Y	NRC	\$656.75		
45341	Y	NRC	\$510.49		
45342	Y	0	\$656.75		
45346	Y	0	\$656.75		
45347	Y	NRC	\$5,028.94	\$1,588.90	\$3,308.92
45349	Y	NRC	\$1,432.51		
45350	Y	NRC	\$656.75		
45378	Y	0	\$510.49		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
45379	Y	0	\$656.75		
45380	Y	0	\$656.75		
45381	Y	NRC	\$656.75		
45382	Y	NRC	\$656.75		
45384	Y	0	\$656.75		
45385	Y	0	\$656.75		
45386	Y	NRC	\$656.75		
45388	Y	0	\$656.75		
45389	Y	NRC	\$5,087.36	\$1,536.58	\$3,311.97
45390	Y	NRC	\$1,432.51		
45391	Y	NRC	\$656.75		
45392	Y	0	\$656.75		
45393	Y	NRC	\$656.75		
45398	Y	NRC	\$656.75		
45500	Y	NRC	\$1,432.51		
45505	Y	NRC	\$1,432.51		
45520	N	BN	\$0.00		
45541	Y	NRC	\$1,432.51		
45560	Y	NRC	\$1,432.51		
45900	Y	NRC	\$510.49		
45905	Y	NRC	\$656.75		
45910	Y	NRC	\$656.75		
45915	Y	0	\$656.75		
45990	Y	NRC	\$1,432.51		
46020	Y	NRC	\$1,432.51		
46030	Y	NRC	\$656.75		
46040	Y	0	\$656.75		
46045	Y	0	\$1,432.51		
46050	Y	0	\$510.49		
46060	Y	NRC	\$1,432.51		
46070	Y	NRC	\$1,432.51		
46080	Y	NRC	\$1,432.51		
46083	Y	NRC	\$137.79		
46200	Y	NRC	\$1,432.51		
46220	Y	NRC	\$656.75		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
46221	Y	NRC	\$238.33		
46230	Y	NRC	\$1,432.51		
46250	Y	NRC	\$1,432.51		
46255	Y	NRC	\$1,432.51		
46257	Y	NRC	\$1,432.51		
46258	Y	NRC	\$1,432.51		
46260	Y	NRC	\$1,432.51		
46261	Y	NRC	\$1,432.51		
46262	Y	NRC	\$1,432.51		
46270	Y	NRC	\$1,432.51		
46275	Y	NRC	\$1,432.51		
46280	Y	NRC	\$1,432.51		
46285	Y	NRC	\$1,432.51		
46288	Y	NRC	\$1,432.51		
46320	Y	NRC	\$170.86		
46500	Y	NRC	\$294.05		
46505	Y	NRC	\$656.75		
46600	N	BN	\$0.00		
46601	N	BN	\$0.00		
46604	Y	NRC	\$655.24		
46606	Y	0	\$262.50		
46607	Y	0	\$656.75		
46608	Y	0	\$510.49		
46610	Y	0	\$1,432.51		
46611	Y	0	\$510.49		
46612	Y	0	\$1,432.51		
46614	Y	NRC	\$146.02		
46615	Y	0	\$1,432.51		
46700	Y	NRC	\$1,432.51		
46706	Y	NRC	\$1,432.51		
46707	Y	NRC	\$2,130.02	\$1,187.99	\$1,659.00
46750	Y	NRC	\$1,432.51		
46753	Y	NRC	\$1,432.51		
46754	Y	NRC	\$1,432.51		
46760	Y	NRC	\$1,432.51		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
46761	Y	NRC	\$1,432.51		
46900	Y	0	\$198.72		
46910	Y	0	\$225.91		
46916	Y	0	\$110.23		
46917	Y	0	\$1,432.51		
46922	Y	0	\$1,432.51		
46924	Y	0	\$1,432.51		
46930	Y	NRC	\$188.99		
46940	Y	NRC	\$203.42		
46942	Y	NRC	\$202.08		
46945	Y	NRC	\$1,432.51		
46946	Y	NRC	\$1,432.51		
46947	Y	NRC	\$1,432.51		
46948	Y	NRC	\$1,432.51		
47000	Y	0	\$742.04		
47001	N	BN	\$0.00		
47370	Y	0	\$5,120.50		
47371	Y	0	\$5,120.50		
47382	Y	0	\$3,030.97		
47383	Y	0	\$8,759.59	\$3,220.21	\$5,989.90
47384	Y	NRC	\$8,675.12	\$3,295.86	\$5,985.49
47490	Y	NRC	\$1,744.22		
47531	N	BN	\$0.00		
47532	N	BN	\$0.00		
47533	Y	0	\$1,744.22		
47534	Y	0	\$1,744.22		
47535	Y	0	\$1,744.22		
47536	Y	0	\$1,744.22		
47537	N	0	\$497.85		
47538	Y	0	\$4,861.54	\$2,195.87	\$3,528.70
47539	Y	0	\$5,130.29	\$1,955.18	\$3,542.73
47540	Y	0	\$4,576.72	\$2,450.95	\$3,513.83
47541	Y	0	\$3,365.12		
47542	N	BN	\$0.00		
47543	N	BN	\$0.00		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
47544	N	BN	\$0.00		
47550	N	BN	\$0.00		
47552	Y	NRC	\$3,365.12		
47553	Y	NRC	\$3,365.12		
47554	Y	NRC	\$5,120.50		
47555	Y	NRC	\$4,861.54	\$2,917.95	\$3,889.74
47556	Y	NRC	\$7,822.90	\$4,059.13	\$5,941.01
47562	Y	NRC	\$3,030.97		
47563	Y	NRC	\$3,030.97		
47564	Y	NRC	\$5,120.50		
48102	Y	0	\$742.04		
49010	Y	0	\$3,365.12		
49082	Y	0	\$497.85		
49083	Y	0	\$497.85		
49084	Y	0	\$497.85		
49180	Y	0	\$742.04		
49185	Y	0	\$742.04		
49250	Y	NRC	\$1,744.22		
49255	Y	NRC	\$3,365.12		
49320	Y	0	\$3,030.97		
49321	Y	0	\$3,030.97		
49322	Y	NRC	\$3,030.97		
49323	Y	NRC	\$3,030.97		
49324	Y	NRC	\$3,030.97		
49325	Y	NRC	\$3,030.97		
49326	N	BN	\$0.00		
49327	N	BN	\$0.00		
49400	N	BN	\$0.00		
49402	Y	0	\$1,744.22		
49405	Y	0	\$742.04		
49406	Y	0	\$742.04		
49407	Y	0	\$742.04		
49411	N	0	\$346.08		
49418	Y	0	\$1,744.22		
49419	Y	NRC	\$3,187.37		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
49421	Y	NRC	\$1,744.22		
49422	N	NRC	\$1,623.69		
49423	Y	NRC	\$894.33		
49424	N	BN	\$0.00		
49426	Y	0	\$1,744.22		
49427	N	BN	\$0.00		
49429	N	0	\$1,623.69		
49435	N	BN	\$0.00		
49436	Y	NRC	\$894.33		
49440	Y	0	\$894.33		
49441	Y	0	\$894.33		
49442	Y	0	\$656.75		
49446	Y	0	\$894.33		
49450	Y	0	\$497.85		
49451	Y	0	\$497.85		
49452	Y	0	\$497.85		
49460	Y	0	\$497.85		
49465	N	0	\$131.48		
49491	Y	NRC	\$3,030.97		
49492	Y	NRC	\$1,744.22		
49495	Y	NRC	\$1,744.22		
49496	Y	NRC	\$1,744.22		
49500	Y	NRC	\$3,365.12		
49501	Y	NRC	\$1,744.22		
49505	Y	0	\$1,744.22		
49507	Y	0	\$1,744.22		
49520	Y	0	\$1,744.22		
49521	Y	0	\$3,365.12		
49525	Y	0	\$1,744.22		
49540	Y	0	\$3,030.97		
49550	Y	0	\$1,744.22		
49553	Y	0	\$1,744.22		
49555	Y	0	\$1,744.22		
49557	Y	0	\$1,744.22		
49591	Y	0	\$1,744.22		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
49592	Y	0	\$3,030.97		
49593	Y	0	\$3,365.12		
49594	Y	0	\$3,030.97		
49595	Y	0	\$3,365.12		
49600	Y	NRC	\$1,744.22		
49613	Y	0	\$1,744.22		
49614	Y	0	\$3,030.97		
49615	Y	0	\$3,365.12		
49650	Y	0	\$3,030.97		
49651	Y	0	\$3,030.97		
50020	Y	NRC	\$1,001.95		
50080	Y	NRC	\$4,995.80		
50081	Y	NRC	\$4,995.80		
50200	Y	0	\$742.04		
50382	Y	NRC	\$1,001.95		
50384	N	NRC	\$1,001.95		
50385	Y	NRC	\$1,001.95		
50386	N	NRC	\$644.50		
50387	Y	NRC	\$1,001.95		
50389	N	NRC	\$310.63		
50390	Y	0	\$388.55		
50391	Y	NRC	\$55.72		
50396	Y	NRC	\$310.63		
50430	N	BN	\$0.00		
50431	N	BN	\$0.00		
50432	Y	0	\$1,001.95		
50433	Y	0	\$1,723.02		
50434	Y	0	\$1,001.95		
50435	Y	0	\$1,001.95		
50436	Y	NRC	\$1,723.02		
50437	Y	NRC	\$1,723.02		
50541	Y	NRC	\$5,120.50		
50542	Y	0	\$5,120.50		
50543	Y	NRC	\$5,120.50		
50544	Y	NRC	\$5,120.50		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
50551	Y	NRC	\$2,729.66		
50553	Y	NRC	\$2,729.66		
50555	Y	0	\$4,995.80		
50557	Y	0	\$4,995.80		
50561	Y	NRC	\$4,166.51	\$2,167.22	\$3,166.86
50562	Y	0	\$4,995.80		
50570	Y	NRC	\$1,723.02		
50572	Y	NRC	\$310.63		
50574	Y	0	\$1,723.02		
50575	Y	NRC	\$2,729.66		
50576	Y	0	\$4,995.80		
50580	Y	NRC	\$2,729.66		
50590	Y	NRC	\$1,723.02		
50592	Y	0	\$3,030.97		
50593	Y	0	\$8,358.87	\$3,579.10	\$5,968.98
50606	N	BN	\$0.00		
50684	N	BN	\$0.00		
50686	N	NRC	\$74.38		
50688	Y	NRC	\$1,001.95		
50690	N	BN	\$0.00		
50693	Y	0	\$1,723.02		
50694	Y	0	\$1,723.02		
50695	Y	0	\$1,723.02		
50705	N	BN	\$0.00		
50706	N	BN	\$0.00		
50727	Y	NRC	\$1,723.02		
50945	Y	NRC	\$3,030.97		
50947	Y	NRC	\$5,120.50		
50948	Y	NRC	\$5,120.50		
50951	Y	NRC	\$1,723.02		
50953	Y	NRC	\$1,723.02		
50955	Y	0	\$2,729.66		
50957	Y	0	\$2,729.66		
50961	Y	NRC	\$2,729.66		
50970	Y	NRC	\$2,488.71	\$1,494.51	\$1,991.61

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
50972	Y	NRC	\$1,723.02		
50974	Y	0	\$2,729.66		
50976	Y	0	\$2,729.66		
50980	Y	NRC	\$2,729.66		
51020	Y	NRC	\$1,723.02		
51040	Y	NRC	\$1,001.95		
51045	Y	NRC	\$1,001.95		
51050	Y	NRC	\$2,729.66		
51060	Y	NRC	\$1,001.95		
51065	Y	NRC	\$1,723.02		
51080	Y	NRC	\$1,248.36		
51100	Y	NRC	\$46.32		
51101	N	NRC	\$119.16		
51102	Y	NRC	\$1,001.95		
51500	Y	NRC	\$3,030.97		
51520	Y	0	\$1,723.02		
51535	Y	0	\$1,723.02		
51600	N	BN	\$0.00		
51605	N	BN	\$0.00		
51610	N	BN	\$0.00		
51700	Y	NRC	\$56.39		
51701	N	BN	\$0.00		
51702	N	BN	\$0.00		
51703	N	0	\$74.38		
51705	Y	0	\$68.14		
51710	Y	0	\$310.63		
51715	Y	NRC	\$2,710.18	\$1,296.17	\$2,003.17
51720	Y	0	\$60.09		
51725	Y	0	\$122.19		
51726	Y	0	\$137.79		
51727	Y	0	\$225.57		
51728	Y	0	\$233.29		
51729	Y	0	\$228.26		
51736	N	BN	\$0.00		
51741	N	BN	\$0.00		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
51784	N	NRC	\$29.20		
51785	Y	NRC	\$137.79		
51792	N	BN	\$0.00		
51797	N	BN	\$0.00		
51798	N	BN	\$0.00		
51840	Y	NRC	\$2,295.55		
51845	Y	NRC	\$2,295.55		
51860	Y	NRC	\$4,995.80		
51880	Y	NRC	\$1,723.02		
51990	Y	NRC	\$3,030.97		
51992	Y	NRC	\$4,752.01	\$2,293.95	\$3,522.98
52000	Y	0	\$310.63		
52001	Y	NRC	\$1,723.02		
52005	Y	0	\$1,001.95		
52007	Y	0	\$1,723.02		
52010	Y	NRC	\$310.63		
52204	Y	0	\$1,001.95		
52214	Y	NRC	\$1,723.02		
52224	Y	0	\$1,723.02		
52234	Y	0	\$1,723.02		
52235	Y	0	\$1,723.02		
52240	Y	0	\$2,729.66		
52250	Y	0	\$1,723.02		
52260	Y	NRC	\$1,001.95		
52265	Y	NRC	\$236.99		
52270	Y	NRC	\$1,001.95		
52275	Y	NRC	\$1,001.95		
52276	Y	NRC	\$1,001.95		
52277	Y	NRC	\$1,723.02		
52281	Y	0	\$1,001.95		
52282	Y	NRC	\$1,723.02		
52283	Y	NRC	\$1,001.95		
52284	Y	0	\$4,427.84	\$1,933.17	\$3,180.50
52285	Y	NRC	\$310.63		
52287	Y	0	\$1,001.95		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
52290	Y	NRC	\$1,001.95		
52300	Y	NRC	\$1,723.02		
52301	Y	NRC	\$1,723.02		
52305	Y	NRC	\$2,729.66		
52310	Y	0	\$1,001.95		
52315	Y	0	\$1,001.95		
52317	Y	NRC	\$1,723.02		
52318	Y	NRC	\$1,723.02		
52320	Y	NRC	\$1,723.02		
52325	Y	NRC	\$2,729.66		
52327	Y	NRC	\$4,385.76	\$1,970.86	\$3,178.31
52330	Y	NRC	\$1,723.02		
52332	Y	NRC	\$1,723.02		
52334	Y	NRC	\$1,723.02		
52341	Y	NRC	\$1,723.02		
52342	Y	NRC	\$1,723.02		
52343	Y	NRC	\$1,723.02		
52344	Y	NRC	\$1,723.02		
52345	Y	NRC	\$1,723.02		
52346	Y	NRC	\$2,729.66		
52351	Y	NRC	\$1,723.02		
52352	Y	NRC	\$1,723.02		
52353	Y	NRC	\$2,729.66		
52354	Y	0	\$2,729.66		
52355	Y	0	\$2,729.66		
52356	Y	NRC	\$2,729.66		
52400	Y	NRC	\$1,723.02		
52402	Y	NRC	\$1,723.02		
52443	Y	NRC	\$8,685.58	\$3,017.01	\$5,851.29
52450	Y	NRC	\$1,723.02		
52500	Y	NRC	\$1,723.02		
52597	Y	NRC	\$7,922.78	\$3,700.18	\$5,811.48
52601	Y	NRC	\$2,729.66		
52630	Y	NRC	\$2,729.66		
52640	Y	NRC	\$1,723.02		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
52648	Y	NRC	\$2,729.66		
52649	Y	NRC	\$2,729.66		
52700	Y	NRC	\$1,723.02		
53000	Y	NRC	\$1,001.95		
53010	Y	NRC	\$2,729.66		
53020	Y	NRC	\$1,001.95		
53025	Y	NRC	\$1,001.95		
53040	Y	NRC	\$1,723.02		
53060	Y	NRC	\$88.95		
53080	Y	NRC	\$310.63		
53085	Y	NRC	\$1,001.95		
53200	Y	0	\$1,001.95		
53210	Y	NRC	\$1,723.02		
53215	Y	NRC	\$2,729.66		
53220	Y	0	\$1,723.02		
53230	Y	0	\$2,729.66		
53235	Y	0	\$2,729.66		
53240	Y	NRC	\$1,723.02		
53250	Y	NRC	\$1,723.02		
53260	Y	0	\$1,723.02		
53265	Y	NRC	\$1,001.95		
53270	Y	NRC	\$1,723.02		
53275	Y	NRC	\$1,723.02		
53400	Y	NRC	\$2,729.66		
53405	Y	NRC	\$2,729.66		
53410	Y	NRC	\$2,729.66		
53420	Y	NRC	\$2,729.66		
53425	Y	NRC	\$2,729.66		
53430	Y	NRC	\$2,729.66		
53431	Y	NRC	\$2,729.66		
53440	Y	NRC	\$12,342.11	\$3,949.89	\$8,146.00
53442	Y	NRC	\$2,729.66		
53444	Y	NRC	\$19,986.08	\$6,578.74	\$13,282.41
53445	Y	NRC	\$20,527.75	\$6,093.62	\$13,310.68
53446	N	NRC	\$2,729.66		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
53447	Y	NRC	\$20,172.94	\$6,411.39	\$13,292.16
53449	Y	NRC	\$4,995.80		
53450	Y	NRC	\$1,723.02		
53451	Y	NRC	\$12,649.57	\$3,674.52	\$8,162.04
53452	Y	NRC	\$8,840.10	\$2,878.62	\$5,859.36
53453	Y	NRC	\$1,723.02		
53454	Y	NRC	\$137.79		
53460	Y	NRC	\$1,723.02		
53500	Y	NRC	\$1,723.02		
53502	Y	0	\$1,723.02		
53505	Y	0	\$2,729.66		
53510	Y	0	\$2,729.66		
53515	Y	0	\$2,729.66		
53520	Y	NRC	\$2,729.66		
53600	Y	NRC	\$46.99		
53601	N	BN	\$0.00		
53605	Y	NRC	\$1,723.02		
53620	Y	NRC	\$114.80		
53621	Y	NRC	\$117.82		
53660	N	NRC	\$53.37		
53661	N	BN	\$0.00		
53665	Y	NRC	\$1,001.95		
53850	Y	NRC	\$1,235.62		
53852	Y	NRC	\$1,184.93		
53854	Y	NRC	\$1,723.02		
53855	Y	NRC	\$1,818.30	\$536.71	\$1,177.50
53860	Y	NRC	\$1,001.95		
53865	Y	NRC	\$8,817.05	\$2,899.27	\$5,858.16
53866	Y	NRC	\$91.64		
54000	Y	NRC	\$1,723.02		
54001	Y	NRC	\$1,001.95		
54015	Y	0	\$742.04		
54050	N	BN	\$0.00		
54055	Y	0	\$94.32		
54056	N	BN	\$0.00		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
54057	Y	0	\$1,128.57		
54060	Y	0	\$1,128.57		
54065	Y	0	\$1,128.57		
54100	Y	0	\$742.04		
54105	Y	0	\$1,248.36		
54110	Y	0	\$1,723.02		
54111	Y	0	\$2,729.66		
54112	Y	0	\$4,995.80		
54115	Y	0	\$1,248.36		
54120	Y	0	\$1,723.02		
54150	Y	NRC	\$1,001.95		
54160	Y	NRC	\$310.63		
54161	Y	NRC	\$1,001.95		
54162	Y	NRC	\$1,001.95		
54163	Y	NRC	\$1,001.95		
54164	Y	NRC	\$1,001.95		
54200	Y	NRC	\$80.90		
54205	Y	NRC	\$2,729.66		
54220	Y	NRC	\$137.79		
54230	N	BN	\$0.00		
54231	Y	NRC	\$74.52		
54235	Y	NRC	\$51.36		
54240	N	NRC	\$46.32		
54250	Y	NRC	\$14.43		
54300	Y	NRC	\$1,723.02		
54304	Y	NRC	\$1,723.02		
54308	Y	NRC	\$2,729.66		
54312	Y	NRC	\$1,723.02		
54316	Y	NRC	\$4,995.80		
54318	Y	NRC	\$1,723.02		
54322	Y	NRC	\$1,723.02		
54324	Y	NRC	\$1,723.02		
54326	Y	NRC	\$1,723.02		
54328	Y	NRC	\$1,723.02		
54332	Y	NRC	\$1,723.02		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
54336	Y	NRC	\$1,723.02		
54340	Y	NRC	\$1,723.02		
54344	Y	NRC	\$4,995.80		
54348	Y	NRC	\$2,729.66		
54352	Y	NRC	\$2,729.66		
54360	Y	NRC	\$1,723.02		
54380	Y	NRC	\$1,001.95		
54385	Y	NRC	\$1,001.95		
54400	N	NRC	\$12,582.08	\$3,734.97	\$8,158.52
54401	N	NRC	\$20,368.70	\$6,236.07	\$13,302.38
54405	N	NRC	\$20,541.10	\$6,081.67	\$13,311.38
54406	N	NRC	\$1,723.02		
54408	Y	NRC	\$2,729.66		
54410	N	NRC	\$20,002.77	\$6,563.80	\$13,283.28
54411	Y	NRC	\$20,598.93	\$6,029.86	\$13,314.39
54415	N	NRC	\$1,723.02		
54416	N	NRC	\$20,132.90	\$6,447.25	\$13,290.07
54417	Y	NRC	\$19,926.03	\$6,632.54	\$13,279.28
54420	Y	NRC	\$1,723.02		
54435	Y	NRC	\$1,723.02		
54437	Y	0	\$1,723.02		
54440	Y	BR	\$1,723.02		
54450	Y	NRC	\$137.79		
54500	Y	0	\$1,248.36		
54505	Y	0	\$1,723.02		
54512	Y	0	\$1,723.02		
54520	Y	NRC	\$1,723.02		
54522	Y	NRC	\$1,723.02		
54530	Y	0	\$1,744.22		
54535	Y	0	\$1,723.02		
54550	Y	NRC	\$1,744.22		
54560	Y	NRC	\$1,001.95		
54600	Y	NRC	\$1,723.02		
54620	Y	NRC	\$1,723.02		
54640	Y	NRC	\$1,744.22		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
54650	Y	NRC	\$1,744.22		
54660	Y	NRC	\$4,197.33	\$2,139.61	\$3,168.47
54670	Y	NRC	\$1,723.02		
54680	Y	NRC	\$1,723.02		
54690	Y	NRC	\$3,030.97		
54692	Y	NRC	\$3,030.97		
54700	Y	NRC	\$1,001.95		
54800	Y	0	\$742.04		
54830	Y	0	\$1,723.02		
54840	Y	0	\$1,001.95		
54860	Y	NRC	\$1,723.02		
54861	Y	NRC	\$1,723.02		
54865	Y	NRC	\$1,723.02		
54900	Y	NRC	\$1,001.95		
54901	Y	NRC	\$1,723.02		
55000	Y	NRC	\$74.18		
55040	Y	NRC	\$1,744.22		
55041	Y	NRC	\$1,744.22		
55060	Y	NRC	\$1,723.02		
55100	Y	NRC	\$742.04		
55110	Y	NRC	\$1,723.02		
55120	Y	0	\$1,001.95		
55150	Y	NRC	\$1,723.02		
55175	Y	NRC	\$1,723.02		
55180	Y	NRC	\$2,729.66		
55200	Y	NRC	\$1,723.02		
55250	Y	NRC	\$1,001.95		
55300	N	BN	\$0.00		
55400	Y	NRC	\$1,723.02		
55500	Y	NRC	\$1,723.02		
55520	Y	0	\$1,723.02		
55530	Y	NRC	\$1,723.02		
55535	Y	NRC	\$3,365.12		
55540	Y	NRC	\$1,744.22		
55550	Y	NRC	\$3,030.97		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
55600	Y	NRC	\$1,001.95		
55680	Y	NRC	\$1,723.02		
55705	Y	0	\$1,723.02		
55706	Y	0	\$1,723.02		
55707	Y	NRC	\$1,723.02		
55708	Y	NRC	\$1,723.02		
55709	Y	NRC	\$1,723.02		
55710	Y	NRC	\$1,723.02		
55711	Y	NRC	\$1,723.02		
55712	Y	NRC	\$1,723.02		
55713	Y	NRC	\$2,729.66		
55714	Y	NRC	\$2,729.66		
55715	N	BN	\$0.00		
55720	Y	NRC	\$1,723.02		
55725	Y	NRC	\$1,723.02		
55860	Y	0	\$2,729.66		
55866	Y	NRC	\$5,120.50		
55867	Y	NRC	\$5,120.50		
55868	Y	NRC	\$5,120.50		
55869	Y	NRC	\$5,120.50		
55870	Y	NRC	\$90.63		
55873	Y	NRC	\$8,433.44	\$3,242.83	\$5,838.13
55874	Y	NRC	\$4,821.85	\$1,580.30	\$3,201.07
55875	Y	NRC	\$2,729.66		
55876	N	0	\$1,118.72	\$637.81	\$878.26
55877	Y	NRC	\$8,675.12	\$3,295.86	\$5,985.49
55880	Y	0	\$4,995.80		
55882	Y	NRC	\$12,395.96	\$3,901.65	\$8,148.80
55920	Y	0	\$2,295.55		
55970	Y	NRC	\$2,295.55		
55980	Y	0	\$1,723.02		
56405	Y	NRC	\$89.29		
56420	Y	NRC	\$111.71		
56440	Y	0	\$1,738.07		
56441	Y	0	\$1,738.07		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
56442	Y	NRC	\$1,738.07		
56501	Y	0	\$125.88		
56515	Y	0	\$1,128.57		
56605	Y	0	\$52.03		
56606	N	BN	\$0.00		
56620	Y	NRC	\$1,738.07		
56625	Y	NRC	\$1,738.07		
56630	Y	NRC	\$2,295.55		
56700	Y	NRC	\$1,738.07		
56740	Y	0	\$1,738.07		
56800	Y	NRC	\$1,738.07		
56805	Y	NRC	\$1,738.07		
56810	Y	NRC	\$1,738.07		
56820	Y	NRC	\$70.49		
56821	Y	0	\$91.97		
57000	Y	NRC	\$1,738.07		
57010	Y	NRC	\$1,738.07		
57020	Y	NRC	\$2,295.55		
57022	Y	NRC	\$1,248.36		
57023	Y	0	\$1,248.36		
57061	Y	0	\$114.13		
57065	Y	0	\$1,738.07		
57100	Y	0	\$59.08		
57105	Y	0	\$1,738.07		
57106	Y	NRC	\$1,738.07		
57107	Y	NRC	\$1,738.07		
57109	Y	NRC	\$1,738.07		
57120	Y	NRC	\$2,295.55		
57130	Y	NRC	\$1,738.07		
57135	Y	0	\$1,738.07		
57150	N	BN	\$0.00		
57155	Y	0	\$2,295.55		
57156	Y	0	\$166.92		
57160	Y	NRC	\$36.59		
57170	Y	NRC	\$37.93		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
57180	Y	0	\$111.71		
57200	Y	0	\$1,738.07		
57210	Y	NRC	\$1,738.07		
57220	Y	NRC	\$2,295.55		
57230	Y	0	\$1,738.07		
57240	Y	NRC	\$2,295.55		
57250	Y	NRC	\$2,295.55		
57260	Y	NRC	\$2,295.55		
57265	Y	NRC	\$2,295.55		
57267	N	BN	\$0.00		
57268	Y	NRC	\$2,295.55		
57282	Y	NRC	\$3,227.39		
57283	Y	NRC	\$3,227.39		
57284	Y	NRC	\$3,456.33	\$1,865.15	\$2,660.74
57285	Y	NRC	\$3,227.39		
57287	N	NRC	\$1,738.07		
57288	Y	NRC	\$3,389.84	\$1,924.71	\$2,657.27
57289	Y	NRC	\$3,227.39		
57291	Y	NRC	\$2,295.55		
57292	Y	NRC	\$2,295.55		
57295	Y	NRC	\$1,738.07		
57300	Y	NRC	\$1,738.07		
57310	Y	0	\$3,227.39		
57320	Y	0	\$2,295.55		
57330	Y	0	\$3,227.39		
57335	Y	NRC	\$2,295.55		
57400	Y	NRC	\$1,738.07		
57410	Y	NRC	\$1,738.07		
57415	Y	NRC	\$1,738.07		
57420	Y	0	\$75.86		
57421	Y	0	\$96.67		
57423	Y	NRC	\$5,120.50		
57425	Y	NRC	\$5,120.50		
57426	Y	NRC	\$3,227.39		
57452	Y	0	\$68.48		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
57454	Y	0	\$77.54		
57455	Y	0	\$84.59		
57456	Y	0	\$79.89		
57460	Y	0	\$202.08		
57461	Y	0	\$218.86		
57500	Y	0	\$106.07		
57505	Y	NRC	\$103.72		
57510	Y	NRC	\$90.97		
57511	Y	NRC	\$115.81		
57513	Y	NRC	\$1,738.07		
57520	Y	NRC	\$1,738.07		
57522	Y	NRC	\$1,738.07		
57530	Y	NRC	\$2,295.55		
57550	Y	NRC	\$2,295.55		
57555	Y	NRC	\$2,295.55		
57556	Y	NRC	\$2,295.55		
57558	Y	NRC	\$1,738.07		
57700	Y	NRC	\$1,738.07		
57720	Y	NRC	\$1,738.07		
57800	Y	NRC	\$44.64		
58100	Y	0	\$52.03		
58110	N	BN	\$0.00		
58120	Y	NRC	\$1,738.07		
58145	Y	0	\$1,738.07		
58260	Y	NRC	\$2,295.55		
58262	Y	NRC	\$2,295.55		
58263	Y	NRC	\$2,295.55		
58270	Y	NRC	\$2,295.55		
58290	Y	NRC	\$3,227.39		
58291	Y	NRC	\$2,295.55		
58292	Y	NRC	\$3,227.39		
58294	Y	NRC	\$2,295.55		
58301	N	NRC	\$63.44		
58321	Y	NRC	\$48.67		
58322	Y	NRC	\$51.02		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
58323	Y	NRC	\$6.04		
58340	N	BN	\$0.00		
58345	Y	NRC	\$1,738.07		
58346	Y	0	\$2,295.55		
58350	Y	NRC	\$2,295.55		
58353	Y	NRC	\$2,295.55		
58356	Y	NRC	\$1,378.95		
58541	Y	NRC	\$5,120.50		
58542	Y	NRC	\$5,120.50		
58543	Y	NRC	\$5,120.50		
58544	Y	NRC	\$5,120.50		
58545	Y	NRC	\$3,030.97		
58546	Y	NRC	\$5,120.50		
58550	Y	NRC	\$3,030.97		
58552	Y	NRC	\$5,120.50		
58553	Y	NRC	\$5,120.50		
58554	Y	NRC	\$5,120.50		
58555	Y	NRC	\$1,738.07		
58558	Y	0	\$1,738.07		
58559	Y	NRC	\$2,295.55		
58560	Y	NRC	\$2,295.55		
58561	Y	NRC	\$2,295.55		
58562	Y	NRC	\$1,738.07		
58563	Y	NRC	\$2,295.55		
58565	Y	NRC	\$3,315.68	\$1,991.12	\$2,653.40
58570	Y	NRC	\$5,120.50		
58571	Y	NRC	\$5,120.50		
58572	Y	NRC	\$5,120.50		
58573	Y	NRC	\$5,120.50		
58580	Y	NRC	\$4,884.40	\$2,599.85	\$3,742.12
58600	Y	NRC	\$1,738.07		
58615	Y	NRC	\$1,738.07		
58660	Y	NRC	\$3,030.97		
58661	Y	NRC	\$3,030.97		
58662	Y	0	\$3,030.97		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
58670	Y	NRC	\$3,030.97		
58671	Y	NRC	\$3,030.97		
58672	Y	NRC	\$3,030.97		
58673	Y	NRC	\$5,120.50		
58674	Y	NRC	\$5,120.50		
58770	Y	NRC	\$1,738.07		
58800	Y	NRC	\$1,738.07		
58805	Y	NRC	\$1,738.07		
58820	Y	NRC	\$1,738.07		
58900	Y	0	\$1,738.07		
58920	Y	NRC	\$3,227.39		
58925	Y	NRC	\$2,295.55		
58970	Y	NRC	\$504.51		
58974	Y	NRC	\$504.51		
58976	Y	NRC	\$166.92		
59000	Y	NRC	\$64.11		
59001	Y	NRC	\$166.92		
59012	Y	NRC	\$166.92		
59015	Y	0	\$66.46		
59020	Y	NRC	\$35.92		
59025	Y	NRC	\$20.81		
59030	Y	NRC	\$166.92		
59070	Y	NRC	\$166.92		
59072	Y	NRC	\$256.90	\$130.64	\$193.77
59074	Y	NRC	\$166.92		
59076	Y	NRC	\$166.92		
59100	Y	NRC	\$2,295.55		
59150	Y	NRC	\$3,030.97		
59151	Y	NRC	\$3,030.97		
59160	Y	NRC	\$1,738.07		
59200	Y	NRC	\$79.55		
59300	Y	NRC	\$122.19		
59320	Y	NRC	\$1,738.07		
59409	Y	NRC	\$1,738.07		
59412	Y	NRC	\$1,738.07		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
59414	Y	NRC	\$1,738.07		
59612	Y	NRC	\$1,738.07		
59812	Y	NRC	\$1,738.07		
59820	Y	NRC	\$1,738.07		
59821	Y	NRC	\$1,738.07		
59840	Y	NRC	\$1,738.07		
59841	Y	NRC	\$1,738.07		
59866	Y	NRC	\$166.92		
59870	Y	NRC	\$1,738.07		
59871	N	NRC	\$1,738.07		
60000	Y	NRC	\$659.17		
60100	Y	0	\$52.37		
60200	Y	0	\$3,030.97		
60210	Y	NRC	\$3,030.97		
60212	Y	NRC	\$3,030.97		
60220	Y	NRC	\$3,030.97		
60225	Y	NRC	\$3,030.97		
60240	Y	NRC	\$3,030.97		
60252	Y	NRC	\$3,025.62		
60260	Y	NRC	\$3,025.62		
60271	Y	NRC	\$3,025.62		
60280	Y	NRC	\$3,030.97		
60281	Y	NRC	\$3,030.97		
60300	Y	NRC	\$68.48		
60500	Y	NRC	\$3,025.62		
60502	Y	NRC	\$3,025.62		
60512	N	BN	\$0.00		
60520	Y	NRC	\$3,025.62		
60660	Y	NRC	\$742.04		
60661	N	BN	\$0.00		
61000	Y	NRC	\$387.46		
61001	Y	NRC	\$387.46		
61020	Y	0	\$485.51		
61026	Y	0	\$387.46		
61050	Y	0	\$168.50		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
61055	Y	0	\$168.50		
61070	Y	0	\$387.46		
61215	Y	0	\$4,166.20		
61330	Y	0	\$1,480.50		
61623	Y	NRC	\$8,431.25	\$4,160.27	\$6,295.76
61624	Y	0	\$14,548.78	\$5,535.99	\$10,042.38
61626	Y	0	\$7,827.80	\$4,700.72	\$6,264.26
61720	Y	NRC	\$4,166.20		
61770	Y	0	\$2,177.48		
61781	N	BN	\$0.00		
61782	N	BN	\$0.00		
61783	N	BN	\$0.00		
61790	Y	NRC	\$948.66		
61791	Y	NRC	\$948.66		
61880	Y	0	\$2,003.41		
61885	N	0	\$31,902.73	\$5,919.40	\$18,911.06
61886	N	0	\$31,238.22	\$6,514.54	\$18,876.38
61888	Y	0	\$9,904.30	\$3,882.59	\$6,893.44
61891	Y	0	\$30,667.74	\$7,025.46	\$18,846.60
61892	Y	0	\$1,644.87		
62000	Y	0	\$1,480.50		
62160	N	BN	\$0.00		
62194	Y	NRC	\$948.66		
62225	Y	NRC	\$2,177.48		
62230	Y	NRC	\$4,166.20		
62252	N	NRC	\$54.38		
62263	Y	0	\$485.51		
62264	Y	0	\$485.51		
62267	Y	0	\$388.55		
62268	Y	0	\$485.51		
62269	Y	0	\$742.04		
62270	Y	0	\$387.46		
62272	Y	0	\$387.46		
62273	Y	0	\$387.46		
62280	Y	0	\$534.06		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
62281	Y	0	\$534.06		
62282	Y	0	\$534.06		
62284	N	BN	\$0.00		
62287	Y	0	\$948.66		
62290	N	BN	\$0.00		
62291	N	BN	\$0.00		
62292	Y	0	\$948.66		
62294	Y	0	\$485.51		
62302	N	BN	\$0.00		
62303	N	BN	\$0.00		
62304	N	BN	\$0.00		
62305	N	BN	\$0.00		
62320	Y	0	\$426.21		
62321	Y	0	\$426.21		
62322	Y	0	\$534.06		
62323	Y	0	\$426.21		
62324	Y	0	\$534.06		
62325	Y	0	\$534.06		
62326	Y	0	\$534.06		
62327	Y	0	\$534.06		
62328	Y	0	\$387.46		
62329	Y	0	\$387.46		
62330	Y	BR	\$5,337.81	\$3,205.44	\$4,271.62
62331	N	BN	\$0.00		
62350	Y	0	\$6,487.26	\$3,193.08	\$4,840.17
62351	Y	0	\$5,337.81	\$3,205.44	\$4,271.62
62355	N	0	\$948.66		
62360	Y	0	\$17,695.59	\$4,429.94	\$11,062.76
62361	Y	0	\$17,636.63	\$12,222.08	\$14,929.35
62362	Y	0	\$17,636.63	\$4,482.76	\$11,059.69
62365	N	0	\$2,177.48		
62367	N	0	\$16.11		
62368	N	0	\$22.49		
62369	N	0	\$73.51		
62370	N	0	\$65.46		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
62380	Y	0	\$3,695.53		
63001	Y	0	\$3,695.53		
63003	Y	0	\$3,695.53		
63005	Y	0	\$3,695.53		
63011	Y	0	\$3,695.53		
63012	Y	0	\$3,695.53		
63015	Y	0	\$3,695.53		
63016	Y	0	\$3,695.53		
63017	Y	0	\$3,695.53		
63020	Y	0	\$3,695.53		
63030	Y	0	\$3,695.53		
63035	N	BN	\$0.00		
63040	Y	0	\$3,695.53		
63042	Y	0	\$3,695.53		
63043	N	BN	\$0.00		
63044	N	BN	\$0.00		
63045	Y	0	\$3,695.53		
63046	Y	0	\$3,695.53		
63047	Y	0	\$3,695.53		
63048	N	BN	\$0.00		
63055	Y	0	\$3,695.53		
63056	Y	0	\$3,695.53		
63057	N	BN	\$0.00		
63064	Y	0	\$3,695.53		
63066	N	BN	\$0.00		
63075	Y	0	\$3,695.53		
63076	N	BN	\$0.00		
63265	Y	0	\$3,695.53		
63266	Y	0	\$3,695.53		
63267	Y	0	\$3,695.53		
63268	Y	0	\$3,695.53		
63600	Y	0	\$948.66		
63610	Y	0	\$1,614.56	\$604.02	\$1,109.29
63650	N	0	\$5,735.28	\$2,712.57	\$4,223.92
63655	N	0	\$16,422.45	\$5,779.69	\$11,101.07

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
63661	N	0	\$948.66		
63662	Y	0	\$2,003.41		
63663	N	0	\$5,787.00	\$2,666.26	\$4,226.63
63664	N	0	\$9,040.31	\$4,656.39	\$6,848.35
63685	N	0	\$31,333.82	\$6,428.92	\$18,881.37
63688	Y	0	\$2,003.41		
63741	Y	NRC	\$6,051.19	\$3,583.65	\$4,817.42
63744	Y	NRC	\$3,221.89	\$1,819.96	\$2,520.92
63746	N	NRC	\$948.66		
64400	Y	0	\$100.07		
64405	Y	0	\$45.42		
64408	Y	0	\$57.23		
64415	Y	0	\$534.06		
64416	Y	0	\$701.26	\$421.12	\$561.19
64417	Y	0	\$534.06		
64418	Y	0	\$55.76		
64420	Y	0	\$426.21		
64421	Y	0	\$534.06		
64425	Y	0	\$94.16		
64430	Y	NRC	\$534.06		
64435	Y	NRC	\$51.33		
64445	Y	0	\$135.88		
64446	Y	0	\$534.06		
64447	Y	0	\$95.63		
64448	Y	0	\$739.24	\$387.08	\$563.16
64449	Y	0	\$534.06		
64450	Y	0	\$59.82		
64451	Y	0	\$426.21		
64454	Y	0	\$426.21		
64455	Y	0	\$25.85		
64461	Y	0	\$426.21		
64462	N	BN	\$0.00		
64463	Y	0	\$426.21		
64466	N	BN	\$0.00		
64467	N	BN	\$0.00		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
64468	N	BN	\$0.00		
64469	N	BN	\$0.00		
64473	N	BN	\$0.00		
64474	N	BN	\$0.00		
64479	Y	0	\$534.06		
64480	N	BN	\$0.00		
64483	Y	0	\$534.06		
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	0	\$534.06		
64491	N	BN	\$0.00		
64492	N	BN	\$0.00		
64493	Y	0	\$534.06		
64494	N	BN	\$0.00		
64495	N	BN	\$0.00		
64505	Y	NRC	\$103.02		
64510	Y	0	\$534.06		
64517	Y	NRC	\$534.06		
64520	Y	0	\$534.06		
64530	Y	NRC	\$534.06		
64553	N	NRC	\$9,856.78	\$3,925.14	\$6,890.96
64555	N	0	\$6,583.40	\$1,952.99	\$4,268.19
64561	N	NRC	\$5,828.73	\$2,628.89	\$4,228.81
64566	Y	NRC	\$105.24		
64567	Y	NRC	\$547.64		
64568	N	NRC	\$48,304.67	\$8,983.23	\$28,643.95
64569	N	NRC	\$10,895.20	\$2,995.13	\$6,945.16
64570	N	NRC	\$2,395.23		
64575	N	NRC	\$10,889.99	\$2,999.81	\$6,944.90
64580	N	NRC	\$15,426.37	\$6,671.81	\$11,049.09
64581	N	NRC	\$6,201.08	\$2,295.42	\$4,248.25
64582	N	NRC	\$30,963.96	\$6,760.18	\$18,862.07

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
64583	Y	NRC	\$9,514.90	\$4,231.35	\$6,873.12
64584	N	NRC	\$2,395.23		
64585	Y	0	\$2,203.75		
64590	N	NRC	\$18,495.63	\$3,922.94	\$11,209.28
64595	Y	0	\$2,203.75		
64596	Y	BR	\$10,819.28	\$3,063.11	\$6,941.19
64597	N	BN	\$0.00		
64598	Y	BR	\$2,203.75		
64600	Y	0	\$534.06		
64605	Y	0	\$1,043.53		
64610	Y	0	\$1,043.53		
64611	Y	NRC	\$101.92		
64612	Y	0	\$95.26		
64615	Y	0	\$84.18		
64616	Y	0	\$85.67		
64617	Y	0	\$97.85		
64620	Y	0	\$534.06		
64624	Y	0	\$1,043.53		
64625	Y	0	\$1,043.53		
64628	Y	0	\$11,276.12	\$4,605.32	\$7,940.72
64630	Y	NRC	\$534.06		
64632	Y	0	\$52.06		
64633	Y	0	\$1,043.53		
64634	N	BN	\$0.00		
64635	Y	0	\$1,043.53		
64636	N	BN	\$0.00		
64640	Y	0	\$216.74		
64642	Y	0	\$106.71		
64643	N	BN	\$0.00		
64644	Y	0	\$130.71		
64645	N	BN	\$0.00		
64646	Y	0	\$105.60		
64647	Y	0	\$114.83		
64650	Y	NRC	\$66.46		
64653	Y	NRC	\$74.95		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
64654	N	NRC	\$47,637.59	\$9,580.67	\$28,609.13
64655	Y	NRC	\$2,893.72	\$1,737.73	\$2,315.72
64656	Y	NRC	\$31,424.73	\$6,347.52	\$18,886.12
64657	N	NRC	\$2,395.23		
64658	Y	NRC	\$2,203.75		
64659	Y	NRC	\$2,203.75		
64680	Y	NRC	\$534.06		
64681	Y	NRC	\$534.06		
64702	Y	0	\$948.66		
64704	Y	0	\$948.66		
64708	Y	0	\$948.66		
64712	Y	0	\$948.66		
64713	Y	0	\$948.66		
64714	Y	0	\$948.66		
64716	Y	0	\$948.66		
64718	Y	0	\$948.66		
64719	Y	0	\$948.66		
64721	Y	0	\$948.66		
64722	Y	0	\$948.66		
64726	Y	0	\$948.66		
64727	N	BN	\$0.00		
64728	Y	BR	\$1,370.23	\$822.84	\$1,096.53
64732	Y	0	\$948.66		
64734	Y	0	\$948.66		
64736	Y	0	\$948.66		
64738	Y	0	\$948.66		
64740	Y	0	\$948.66		
64742	Y	0	\$948.66		
64744	Y	0	\$948.66		
64746	Y	0	\$948.66		
64763	Y	0	\$948.66		
64766	Y	0	\$1,370.23	\$822.84	\$1,096.53
64771	Y	0	\$948.66		
64772	Y	0	\$948.66		
64774	Y	0	\$948.66		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
64776	Y	0	\$948.66		
64778	N	BN	\$0.00		
64782	Y	0	\$948.66		
64783	N	BN	\$0.00		
64784	Y	0	\$948.66		
64786	Y	0	\$2,177.48		
64787	N	BN	\$0.00		
64788	Y	0	\$948.66		
64790	Y	0	\$948.66		
64792	Y	0	\$2,177.48		
64795	Y	0	\$948.66		
64802	Y	0	\$948.66		
64804	Y	0	\$948.66		
64820	Y	0	\$948.66		
64821	Y	0	\$1,644.87		
64822	Y	0	\$1,644.87		
64823	Y	0	\$1,644.87		
64831	Y	0	\$948.66		
64832	N	BN	\$0.00		
64834	Y	0	\$2,177.48		
64835	Y	0	\$2,177.48		
64836	Y	0	\$2,177.48		
64837	N	BN	\$0.00		
64840	Y	0	\$4,166.20		
64856	Y	0	\$4,166.20		
64857	Y	0	\$2,177.48		
64858	Y	0	\$948.66		
64859	N	BN	\$0.00		
64861	Y	0	\$948.66		
64862	Y	0	\$2,177.48		
64864	Y	0	\$4,166.20		
64865	Y	0	\$3,145.13	\$1,888.70	\$2,516.91
64872	N	BN	\$0.00		
64874	N	BN	\$0.00		
64876	N	BN	\$0.00		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
64885	Y	0	\$4,166.20		
64886	Y	0	\$6,255.32	\$3,400.83	\$4,828.07
64890	Y	0	\$6,255.32	\$3,400.83	\$4,828.07
64891	Y	0	\$6,255.32	\$3,400.83	\$4,828.07
64892	Y	0	\$7,545.98	\$2,244.89	\$4,895.43
64893	Y	0	\$2,177.48		
64895	Y	0	\$4,166.20		
64896	Y	0	\$4,166.20		
64897	Y	0	\$6,017.64	\$3,613.69	\$4,815.66
64898	Y	0	\$4,166.20		
64901	N	BN	\$0.00		
64902	N	BN	\$0.00		
64905	Y	0	\$4,166.20		
64907	Y	0	\$4,166.20		
64910	Y	0	\$6,704.08	\$2,998.90	\$4,851.49
64911	Y	0	\$6,170.23	\$3,477.03	\$4,823.63
64912	Y	0	\$7,019.89	\$2,716.05	\$4,867.97
64913	N	BN	\$0.00		
65091	Y	0	\$1,735.74		
65093	Y	0	\$1,735.74		
65101	Y	0	\$1,735.74		
65103	Y	0	\$1,735.74		
65105	Y	0	\$1,735.74		
65110	Y	0	\$1,735.74		
65112	Y	0	\$1,735.74		
65114	Y	0	\$1,735.74		
65125	Y	0	\$1,088.43		
65130	Y	0	\$1,735.74		
65135	Y	0	\$1,735.74		
65140	Y	0	\$1,735.74		
65150	Y	0	\$1,735.74		
65155	Y	0	\$1,735.74		
65175	Y	0	\$1,735.74		
65205	N	BN	\$0.00		
65210	N	BN	\$0.00		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
65220	N	BN	\$0.00		
65222	N	BN	\$0.00		
65235	Y	0	\$1,255.73		
65260	Y	0	\$1,255.73		
65265	Y	0	\$1,255.73		
65270	Y	0	\$1,088.43		
65272	Y	0	\$1,088.43		
65275	Y	0	\$1,735.74		
65280	Y	0	\$2,786.88		
65285	Y	0	\$2,786.88		
65286	Y	0	\$468.60		
65290	Y	0	\$1,735.74		
65400	Y	0	\$543.31		
65410	Y	0	\$1,088.43		
65420	Y	0	\$1,088.43		
65426	Y	0	\$1,088.43		
65430	N	BN	\$0.00		
65435	Y	0	\$51.36		
65436	Y	0	\$223.56		
65450	Y	0	\$174.09		
65600	Y	0	\$296.07		
65710	Y	0	\$2,786.88		
65730	Y	0	\$2,203.87		
65750	Y	0	\$2,786.88		
65755	Y	0	\$2,203.87		
65756	Y	0	\$2,203.87		
65757	N	BN	\$0.00		
65770	Y	0	\$13,500.69	\$3,379.61	\$8,440.15
65772	Y	0	\$543.31		
65775	Y	0	\$1,088.43		
65778	N	BN	\$0.00		
65779	N	BN	\$0.00		
65780	Y	NRC	\$2,507.09	\$1,505.55	\$2,006.32
65781	Y	NRC	\$4,733.55	\$1,783.01	\$3,258.28
65782	Y	NRC	\$1,735.74		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
65785	Y	NRC	\$4,030.25	\$1,153.02	\$2,591.63
65800	Y	NRC	\$1,255.73		
65810	Y	NRC	\$1,255.73		
65815	Y	0	\$1,255.73		
65820	Y	NRC	\$2,203.87		
65850	Y	NRC	\$1,255.73		
65855	Y	NRC	\$140.98		
65860	Y	0	\$185.29		
65865	Y	0	\$1,255.73		
65870	Y	0	\$1,255.73		
65875	Y	0	\$1,255.73		
65880	Y	0	\$2,203.87		
65900	Y	0	\$1,255.73		
65920	Y	0	\$1,255.73		
65930	Y	0	\$1,255.73		
66020	Y	0	\$1,255.73		
66030	Y	0	\$1,255.73		
66130	Y	0	\$1,088.43		
66150	Y	NRC	\$2,203.87		
66155	Y	NRC	\$2,203.87		
66160	Y	NRC	\$1,255.73		
66170	Y	NRC	\$1,255.73		
66172	Y	NRC	\$1,255.73		
66174	Y	NRC	\$2,203.87		
66175	Y	NRC	\$4,460.72	\$2,027.36	\$3,244.04
66179	Y	NRC	\$4,124.68	\$2,328.32	\$3,226.50
66180	Y	NRC	\$4,098.41	\$2,351.85	\$3,225.13
66183	Y	NRC	\$3,656.74	\$1,487.53	\$2,572.13
66184	Y	NRC	\$1,255.73		
66185	Y	NRC	\$1,255.73		
66225	Y	0	\$2,786.88		
66250	Y	0	\$1,088.43		
66500	Y	0	\$1,255.73		
66505	Y	0	\$1,255.73		
66600	Y	0	\$2,203.87		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
66605	Y	NRC	\$1,255.73		
66625	Y	NRC	\$1,255.73		
66630	Y	NRC	\$1,255.73		
66635	Y	0	\$1,255.73		
66680	Y	0	\$1,255.73		
66682	Y	0	\$1,255.73		
66683	Y	NRC	\$16,642.70	\$6,221.23	\$11,431.96
66700	Y	0	\$1,255.73		
66710	Y	0	\$1,088.43		
66711	Y	0	\$1,255.73		
66720	Y	0	\$1,088.43		
66740	Y	0	\$1,088.43		
66761	Y	NRC	\$195.03		
66762	Y	NRC	\$293.72		
66770	Y	0	\$301.90		
66820	Y	NRC	\$1,255.73		
66821	Y	NRC	\$301.90		
66825	Y	0	\$1,255.73		
66830	Y	0	\$1,255.73		
66840	Y	0	\$1,255.73		
66850	Y	0	\$1,255.73		
66852	Y	NRC	\$2,203.87		
66920	Y	NRC	\$1,255.73		
66930	Y	NRC	\$2,203.87		
66940	Y	NRC	\$1,255.73		
66982	Y	NRC	\$1,255.73		
66983	Y	NRC	\$1,255.73		
66984	Y	NRC	\$1,255.73		
66985	Y	NRC	\$1,255.73		
66986	Y	NRC	\$1,255.73		
66987	Y	NRC	\$2,203.87		
66988	Y	NRC	\$2,203.87		
66989	Y	NRC	\$4,530.23	\$1,965.11	\$3,247.67
66990	N	BN	\$0.00		
66991	Y	NRC	\$4,576.75	\$1,923.45	\$3,250.10

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
67005	Y	0	\$1,255.73		
67010	Y	0	\$1,255.73		
67015	Y	0	\$1,255.73		
67025	Y	0	\$1,255.73		
67027	Y	0	\$2,030.49		
67028	N	0	\$64.11		
67030	Y	NRC	\$1,255.73		
67031	Y	NRC	\$301.90		
67036	Y	0	\$2,203.87		
67039	Y	0	\$2,203.87		
67040	Y	0	\$2,203.87		
67041	Y	NRC	\$2,203.87		
67042	Y	NRC	\$2,203.87		
67043	Y	NRC	\$2,203.87		
67101	Y	0	\$214.16		
67105	Y	0	\$180.59		
67107	Y	0	\$2,203.87		
67108	Y	0	\$2,203.87		
67110	Y	0	\$533.72		
67113	Y	0	\$2,786.88		
67115	Y	0	\$2,203.87		
67120	Y	NRC	\$1,255.73		
67121	Y	NRC	\$1,255.73		
67141	Y	NRC	\$174.09		
67145	Y	NRC	\$157.10		
67208	Y	0	\$174.09		
67210	Y	0	\$295.39		
67218	Y	0	\$1,735.74		
67220	Y	0	\$301.90		
67221	Y	NRC	\$164.15		
67225	N	BN	\$0.00		
67227	Y	0	\$175.22		
67228	Y	0	\$187.31		
67229	Y	NRC	\$301.90		
67250	Y	0	\$1,088.43		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
67255	Y	0	\$2,203.87		
67311	Y	NRC	\$1,088.43		
67312	Y	NRC	\$1,735.74		
67314	Y	NRC	\$1,088.43		
67316	Y	NRC	\$1,088.43		
67318	Y	NRC	\$1,088.43		
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	\$1,088.43		
67345	Y	0	\$136.28		
67346	Y	0	\$1,735.74		
67400	Y	0	\$1,735.74		
67405	Y	0	\$1,088.43		
67412	Y	0	\$1,088.43		
67413	Y	0	\$1,088.43		
67414	Y	0	\$1,735.74		
67415	Y	0	\$1,088.43		
67420	Y	0	\$1,735.74		
67430	Y	0	\$1,735.74		
67440	Y	0	\$2,507.09	\$1,505.55	\$2,006.32
67445	Y	0	\$1,735.74		
67450	Y	0	\$1,735.74		
67500	Y	0	\$37.93		
67505	Y	0	\$43.97		
67515	Y	0	\$25.51		
67516	Y	0	\$67.81		
67550	Y	0	\$1,735.74		
67560	Y	0	\$1,735.74		
67570	Y	0	\$1,735.74		
67700	Y	NRC	\$174.09		
67710	Y	NRC	\$203.08		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
67715	Y	NRC	\$1,088.43		
67800	Y	0	\$81.57		
67801	Y	0	\$98.35		
67805	Y	0	\$127.22		
67808	Y	0	\$1,088.43		
67810	Y	0	\$139.64		
67820	N	BN	\$0.00		
67825	Y	NRC	\$85.60		
67830	Y	NRC	\$543.31		
67835	Y	NRC	\$1,088.43		
67840	Y	0	\$205.10		
67850	Y	0	\$148.37		
67875	Y	NRC	\$543.31		
67880	Y	NRC	\$1,088.43		
67882	Y	NRC	\$1,088.43		
67900	Y	NRC	\$1,088.43		
67901	Y	NRC	\$1,088.43		
67902	Y	NRC	\$1,735.74		
67903	Y	NRC	\$1,088.43		
67904	Y	NRC	\$1,088.43		
67906	Y	NRC	\$1,735.74		
67908	Y	NRC	\$1,088.43		
67909	Y	NRC	\$1,088.43		
67911	Y	NRC	\$1,088.43		
67912	Y	NRC	\$1,088.43		
67914	Y	NRC	\$1,088.43		
67915	Y	NRC	\$245.38		
67916	Y	NRC	\$1,088.43		
67917	Y	NRC	\$1,088.43		
67921	Y	NRC	\$1,088.43		
67922	Y	NRC	\$238.33		
67923	Y	NRC	\$1,088.43		
67924	Y	NRC	\$1,088.43		
67930	Y	0	\$245.04		
67935	Y	0	\$1,088.43		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
67938	Y	0	\$174.09		
67950	Y	0	\$1,088.43		
67961	Y	0	\$1,088.43		
67966	Y	0	\$1,088.43		
67971	Y	0	\$1,088.43		
67973	Y	0	\$1,088.43		
67974	Y	0	\$1,735.74		
67975	Y	0	\$1,088.43		
68020	Y	NRC	\$72.51		
68040	Y	0	\$32.90		
68100	Y	0	\$132.93		
68110	Y	0	\$174.55		
68115	Y	0	\$1,088.43		
68130	Y	0	\$1,088.43		
68135	Y	0	\$93.65		
68200	N	BN	\$0.00		
68320	Y	NRC	\$1,088.43		
68325	Y	NRC	\$1,735.74		
68326	Y	NRC	\$1,735.74		
68328	Y	NRC	\$1,088.43		
68330	Y	NRC	\$1,255.73		
68335	Y	NRC	\$1,735.74		
68340	Y	NRC	\$1,088.43		
68360	Y	NRC	\$1,735.74		
68362	Y	NRC	\$1,088.43		
68371	Y	NRC	\$1,088.43		
68400	Y	NRC	\$235.64		
68420	Y	NRC	\$249.74		
68440	Y	NRC	\$71.83		
68500	Y	0	\$1,735.74		
68505	Y	0	\$1,735.74		
68510	Y	0	\$1,088.43		
68520	Y	NRC	\$1,735.74		
68525	Y	0	\$1,088.43		
68530	Y	0	\$174.09		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
68540	Y	0	\$1,088.43		
68550	Y	0	\$1,735.74		
68700	Y	NRC	\$1,088.43		
68705	Y	NRC	\$174.09		
68720	Y	NRC	\$1,735.74		
68745	Y	NRC	\$1,735.74		
68750	Y	NRC	\$1,735.74		
68760	Y	NRC	\$157.43		
68761	Y	NRC	\$96.00		
68770	Y	NRC	\$1,088.43		
68801	N	BN	\$0.00		
68810	Y	NRC	\$174.09		
68811	Y	NRC	\$1,088.43		
68815	Y	NRC	\$1,088.43		
68816	Y	NRC	\$1,088.43		
68840	Y	NRC	\$89.29		
68841	N	BN	\$0.00		
68850	N	BN	\$0.00		
69000	Y	0	\$135.95		
69005	Y	0	\$141.99		
69020	Y	0	\$176.90		
69100	Y	0	\$64.11		
69105	Y	0	\$113.12		
69110	Y	0	\$1,248.36		
69120	Y	0	\$3,025.62		
69140	Y	0	\$3,025.62		
69145	Y	0	\$1,248.36		
69150	Y	0	\$3,025.62		
69200	N	BN	\$0.00		
69205	Y	0	\$742.04		
69209	N	BN	\$0.00		
69210	N	BN	\$0.00		
69220	N	BN	\$0.00		
69222	Y	NRC	\$163.47		
69300	Y	NRC	\$1,480.50		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
69310	Y	0	\$3,025.62		
69320	Y	NRC	\$3,025.62		
69420	Y	NRC	\$129.50		
69421	Y	NRC	\$1,480.50		
69424	N	NRC	\$100.03		
69433	Y	NRC	\$145.01		
69436	Y	NRC	\$659.17		
69440	Y	NRC	\$1,480.50		
69450	Y	NRC	\$1,480.50		
69501	Y	NRC	\$3,025.62		
69502	Y	NRC	\$3,025.62		
69505	Y	NRC	\$3,025.62		
69511	Y	NRC	\$3,025.62		
69530	Y	NRC	\$3,025.62		
69540	Y	0	\$164.48		
69550	Y	0	\$3,025.62		
69552	Y	0	\$3,025.62		
69601	Y	NRC	\$3,025.62		
69602	Y	NRC	\$3,025.62		
69603	Y	NRC	\$3,025.62		
69604	Y	NRC	\$3,025.62		
69610	Y	NRC	\$217.18		
69620	Y	NRC	\$1,480.50		
69631	Y	NRC	\$3,025.62		
69632	Y	NRC	\$3,025.62		
69633	Y	NRC	\$3,025.62		
69635	Y	NRC	\$3,025.62		
69636	Y	NRC	\$3,025.62		
69637	Y	NRC	\$3,025.62		
69641	Y	NRC	\$3,025.62		
69642	Y	NRC	\$3,025.62		
69643	Y	NRC	\$3,025.62		
69644	Y	NRC	\$3,025.62		
69645	Y	NRC	\$3,025.62		
69646	Y	NRC	\$3,025.62		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
69650	Y	NRC	\$1,480.50		
69660	Y	NRC	\$3,025.62		
69661	Y	NRC	\$3,025.62		
69662	Y	NRC	\$3,025.62		
69666	Y	NRC	\$1,480.50		
69667	Y	NRC	\$1,480.50		
69670	Y	NRC	\$3,025.62		
69676	Y	NRC	\$1,480.50		
69700	Y	NRC	\$659.17		
69705	Y	NRC	\$4,776.30	\$2,260.63	\$3,518.46
69706	Y	NRC	\$4,923.96	\$2,128.40	\$3,526.18
69711	Y	NRC	\$1,480.50		
69714	Y	NRC	\$11,955.61	\$3,996.75	\$7,976.18
69716	Y	NRC	\$12,107.28	\$3,860.92	\$7,984.10
69717	Y	NRC	\$6,456.17	\$2,203.82	\$4,329.99
69719	Y	NRC	\$11,823.32	\$4,115.24	\$7,969.28
69720	Y	0	\$3,025.62		
69725	Y	0	\$3,025.62		
69726	Y	NRC	\$1,644.87		
69727	Y	NRC	\$1,644.87		
69728	Y	NRC	\$1,644.87		
69729	Y	NRC	\$12,101.27	\$3,866.31	\$7,983.79
69730	Y	NRC	\$11,671.65	\$4,251.07	\$7,961.36
69740	Y	0	\$3,025.62		
69745	Y	0	\$3,025.62		
69801	Y	NRC	\$147.03		
69805	Y	NRC	\$3,025.62		
69806	Y	NRC	\$3,025.62		
69905	Y	NRC	\$3,025.62		
69910	Y	NRC	\$3,025.62		
69915	Y	NRC	\$1,480.50		
69930	Y	NRC	\$33,936.27	\$8,392.66	\$21,164.46
69955	Y	0	\$3,025.62		
69960	Y	NRC	\$3,025.62		
69970	Y	0	\$3,025.62		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
69990	N	BN	\$0.00		
70010	N	BN	\$0.00		
70015	N	BN	\$0.00		
70030	N	BN	\$0.00		
70100	N	BN	\$0.00		
70110	N	BN	\$0.00		
70120	N	BN	\$0.00		
70130	N	BN	\$0.00		
70134	N	BN	\$0.00		
70140	N	BN	\$0.00		
70150	N	BN	\$0.00		
70160	N	BN	\$0.00		
70170	N	BN	\$0.00		
70190	N	BN	\$0.00		
70200	N	BN	\$0.00		
70210	N	BN	\$0.00		
70220	N	BN	\$0.00		
70240	N	BN	\$0.00		
70250	N	BN	\$0.00		
70260	N	BN	\$0.00		
70300	N	BN	\$0.00		
70310	N	BN	\$0.00		
70320	N	BN	\$0.00		
70328	N	BN	\$0.00		
70330	N	BN	\$0.00		
70332	N	BN	\$0.00		
70336	N	0	\$131.48		
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	0	\$57.04		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
70460	N	0	\$96.34		
70470	N	0	\$97.27		
70471	N	BR	\$192.55		
70472	N	BN	\$0.00		
70473	N	BR	\$97.27		
70480	N	0	\$57.04		
70481	N	0	\$97.27		
70482	N	0	\$97.27		
70486	N	0	\$57.04		
70487	N	0	\$97.27		
70488	N	0	\$97.27		
70490	N	0	\$57.04		
70491	N	0	\$97.27		
70492	N	0	\$97.27		
70496	N	0	\$97.27		
70498	N	0	\$97.27		
70540	N	0	\$131.48		
70542	N	0	\$192.01		
70543	N	0	\$192.55		
70544	N	0	\$131.48		
70545	N	0	\$171.19		
70546	N	0	\$192.55		
70547	N	0	\$131.48		
70548	N	0	\$176.57		
70549	N	0	\$192.55		
70551	N	0	\$127.56		
70552	N	0	\$187.31		
70553	N	0	\$192.55		
70554	N	0	\$131.48		
70555	N	0	\$131.48		
70557	N	0	\$297.30		
70558	N	0	\$97.27		
70559	N	0	\$97.27		
71045	N	0	\$16.78		
71046	N	0	\$22.83		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
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	0	\$57.04		
71260	N	0	\$97.27		
71270	N	0	\$97.27		
71275	N	0	\$97.27		
71550	N	0	\$131.48		
71551	N	0	\$292.71		
71552	N	0	\$192.55		
72020	N	BN	\$0.00		
72040	N	BN	\$0.00		
72050	N	BN	\$0.00		
72052	N	BN	\$0.00		
72070	N	BN	\$0.00		
72072	N	BN	\$0.00		
72074	N	BN	\$0.00		
72080	N	BN	\$0.00		
72081	N	BN	\$0.00		
72082	N	BN	\$0.00		
72083	N	0	\$57.04		
72084	N	0	\$57.04		
72100	N	BN	\$0.00		
72110	N	BN	\$0.00		
72114	N	BN	\$0.00		
72120	N	BN	\$0.00		
72125	N	0	\$57.04		
72126	N	0	\$112.12		
72127	N	0	\$97.27		
72128	N	0	\$57.04		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
72129	N	0	\$97.27		
72130	N	0	\$97.27		
72131	N	0	\$57.04		
72132	N	0	\$112.45		
72133	N	0	\$97.27		
72141	N	0	\$122.52		
72142	N	0	\$191.33		
72146	N	0	\$122.19		
72147	N	0	\$188.99		
72148	N	0	\$123.19		
72149	N	0	\$187.64		
72156	N	0	\$192.55		
72157	N	0	\$192.55		
72158	N	0	\$192.55		
72170	N	BN	\$0.00		
72190	N	BN	\$0.00		
72191	N	0	\$97.27		
72192	N	0	\$57.04		
72193	N	0	\$97.27		
72194	N	0	\$97.27		
72195	N	0	\$131.48		
72196	N	0	\$188.99		
72197	N	0	\$192.55		
72200	N	BN	\$0.00		
72202	N	BN	\$0.00		
72220	N	BN	\$0.00		
72240	N	BN	\$0.00		
72255	N	BN	\$0.00		
72265	N	BN	\$0.00		
72270	N	BN	\$0.00		
72285	N	BN	\$0.00		
72295	N	BN	\$0.00		
73000	N	BN	\$0.00		
73010	N	BN	\$0.00		
73020	N	BN	\$0.00		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
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	0	\$57.04		
73201	N	0	\$146.35		
73202	N	0	\$97.27		
73206	N	0	\$97.27		
73218	N	0	\$131.48		
73219	N	0	\$192.55		
73220	N	0	\$192.55		
73221	N	0	\$131.48		
73222	N	0	\$237.66		
73223	N	0	\$192.55		
73501	N	BN	\$0.00		
73502	N	BN	\$0.00		
73503	N	BN	\$0.00		
73521	N	BN	\$0.00		
73522	N	BN	\$0.00		
73523	N	BN	\$0.00		
73525	N	BN	\$0.00		
73551	N	BN	\$0.00		
73552	N	BN	\$0.00		
73560	N	BN	\$0.00		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
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	0	\$57.04		
73701	N	0	\$97.27		
73702	N	0	\$97.27		
73706	N	0	\$97.27		
73718	N	0	\$131.48		
73719	N	0	\$186.97		
73720	N	0	\$192.55		
73721	N	0	\$131.48		
73722	N	0	\$240.34		
73723	N	0	\$192.55		
74018	N	BN	\$0.00		
74019	N	BN	\$0.00		
74021	N	BN	\$0.00		
74022	N	BN	\$0.00		
74150	N	0	\$57.04		
74160	N	0	\$97.27		
74170	N	0	\$97.27		
74174	N	0	\$192.55		
74175	N	0	\$97.27		
74176	N	0	\$103.05		
74177	N	0	\$192.55		
74178	N	0	\$192.55		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
74181	N	0	\$127.56		
74182	N	0	\$192.55		
74183	N	0	\$192.55		
74190	N	BN	\$0.00		
74210	N	BN	\$0.00		
74220	N	BN	\$0.00		
74221	N	BN	\$0.00		
74230	N	0	\$95.67		
74235	N	BN	\$0.00		
74240	N	0	\$84.25		
74246	N	NRC	\$92.98		
74248	N	BN	\$0.00		
74250	N	NRC	\$80.90		
74251	N	NRC	\$97.27		
74261	N	NRC	\$57.04		
74262	N	NRC	\$97.27		
74270	N	BN	\$0.00		
74280	N	BN	\$0.00		
74283	N	NRC	\$97.27		
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	\$97.27		
74410	N	NRC	\$97.27		
74415	N	NRC	\$97.27		
74420	N	NRC	\$192.55		
74425	N	BN	\$0.00		
74430	N	BN	\$0.00		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
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	\$131.48		
74713	N	BN	\$0.00		
74740	N	BN	\$0.00		
74742	N	BN	\$0.00		
74775	N	NRC	\$131.48		
75557	N	NRC	\$131.48		
75559	N	NRC	\$245.71		
75561	N	NRC	\$192.55		
75563	N	NRC	\$292.37		
75565	N	BN	\$0.00		
75571	N	BN	\$0.00		
75572	N	0	\$149.04		
75573	N	NRC	\$191.00		
75574	N	0	\$192.55		
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	\$98.02		
75733	N	BN	\$0.00		
75736	N	BN	\$0.00		
75741	N	BN	\$0.00		
75743	N	BN	\$0.00		
75746	N	NRC	\$82.91		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
75756	N	BN	\$0.00		
75774	N	BN	\$0.00		
75801	N	BN	\$0.00		
75803	N	NRC	\$649.99		
75805	N	NRC	\$1,623.69		
75807	N	BN	\$0.00		
75809	N	BN	\$0.00		
75810	N	NRC	\$1,623.69		
75820	N	BN	\$0.00		
75822	N	NRC	\$66.13		
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		
75860	N	BN	\$0.00		
75870	N	NRC	\$121.51		
75872	N	BN	\$0.00		
75880	N	BN	\$0.00		
75885	N	BN	\$0.00		
75887	N	NRC	\$71.83		
75889	N	BN	\$0.00		
75891	N	BN	\$0.00		
75893	N	BN	\$0.00		
75894	N	BN	\$0.00		
75898	N	NRC	\$166.83		
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	0	\$28.53		
76010	N	BN	\$0.00		
76014	N	NRC	\$10.74		
76016	N	NRC	\$43.97		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
76018	N	NRC	\$54.85		
76019	N	NRC	\$33.85		
76080	N	BN	\$0.00		
76098	N	BN	\$0.00		
76100	N	BN	\$0.00		
76120	N	BN	\$0.00		
76125	N	BN	\$0.00		
76145	N	NRC	\$204.92		
76376	N	BN	\$0.00		
76377	N	BN	\$0.00		
76380	N	BN	\$0.00		
76390	N	0	\$48.98		
76391	N	0	\$131.48		
76496	N	BN	\$0.00		
76497	N	BN	\$0.00		
76498	N	NRC	\$48.98		
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	0	\$57.04		
76705	N	0	\$57.04		
76770	N	0	\$57.04		
76775	N	BN	\$0.00		
76776	N	0	\$57.04		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
76800	N	BN	\$0.00		
76801	N	NRC	\$57.04		
76802	N	BN	\$0.00		
76805	N	NRC	\$57.04		
76810	N	BN	\$0.00		
76811	N	NRC	\$90.97		
76812	N	BN	\$0.00		
76813	N	BN	\$0.00		
76814	N	BN	\$0.00		
76815	N	BN	\$0.00		
76816	N	BN	\$0.00		
76817	N	BN	\$0.00		
76818	N	NRC	\$57.04		
76819	N	NRC	\$50.69		
76820	N	BN	\$0.00		
76821	N	BN	\$0.00		
76825	N	NRC	\$182.94		
76826	N	NRC	\$118.83		
76827	N	BN	\$0.00		
76828	N	BN	\$0.00		
76830	N	NRC	\$57.04		
76831	N	NRC	\$82.58		
76856	N	NRC	\$57.04		
76857	N	NRC	\$27.19		
76870	N	BN	\$0.00		
76872	N	NRC	\$57.04		
76873	N	NRC	\$57.04		
76881	N	NRC	\$10.74		
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	\$119.30		
76937	N	BN	\$0.00		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
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	\$4.70		
76978	N	0	\$96.67		
76979	N	BN	\$0.00		
76981	N	0	\$57.04		
76982	N	0	\$57.04		
76983	N	BN	\$0.00		
76998	N	BN	\$0.00		
76999	N	BN	\$0.00		
77001	N	BN	\$0.00		
77002	N	BN	\$0.00		
77003	N	BN	\$0.00		
77011	N	BN	\$0.00		
77012	N	BN	\$0.00		
77013	N	BN	\$0.00		
77021	N	BN	\$0.00		
77022	N	BN	\$0.00		
77046	N	0	\$131.48		
77047	N	0	\$131.48		
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		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
77078	N	NRC	\$48.98		
77080	N	NRC	\$29.88		
77081	N	NRC	\$22.15		
77084	N	0	\$131.48		
77085	N	BN	\$0.00		
77086	N	BN	\$0.00		
77280	N	0	\$73.56		
77285	N	0	\$205.82		
77290	N	0	\$205.82		
77293	N	BN	\$0.00		
77295	N	0	\$261.83		
77299	N	NRC	\$73.56		
77300	N	0	\$34.57		
77301	N	0	\$758.79		
77306	N	0	\$76.87		
77307	N	0	\$138.97		
77316	N	0	\$176.23		
77317	N	0	\$205.82		
77318	N	0	\$205.82		
77321	N	0	\$44.98		
77331	N	0	\$19.13		
77332	N	0	\$16.78		
77333	N	0	\$73.56		
77334	N	0	\$66.80		
77336	N	0	\$73.56		
77338	N	0	\$205.82		
77370	N	0	\$73.56		
77387	N	BN	\$0.00		
77399	N	NRC	\$73.56		
77402	N	0	\$56.05		
77407	N	0	\$301.10		
77412	N	0	\$237.84		
77417	N	BN	\$0.00		
77423	N	0	\$33.57		
77424	N	BR	\$2,429.53		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
77425	N	BR	\$2,429.53		
77435	N	BN	\$0.00		
77437	N	BR	\$56.05		
77438	N	BR	\$56.05		
77439	N	BN	\$0.00		
77470	N	0	\$38.94		
77520	N	0	\$237.84		
77522	N	BR	\$687.78		
77523	N	0	\$687.78		
77525	N	BR	\$687.78		
77600	N	NRC	\$301.10		
77605	N	NRC	\$387.03		
77610	N	NRC	\$237.84		
77615	N	NRC	\$237.84		
77620	N	NRC	\$237.84		
77750	N	0	\$132.93		
77761	N	0	\$223.56		
77762	N	0	\$237.84		
77763	N	0	\$339.03		
77767	N	0	\$197.38		
77768	N	0	\$297.41		
77770	N	0	\$249.07		
77771	N	0	\$387.03		
77772	N	0	\$387.03		
77778	N	0	\$387.03		
77789	N	0	\$56.05		
77790	N	BN	\$0.00		
77799	N	NRC	\$56.05		
78012	N	0	\$220.34		
78013	N	0	\$220.34		
78014	N	0	\$220.34		
78015	N	0	\$220.34		
78016	N	0	\$220.34		
78018	N	0	\$299.90		
78020	N	BN	\$0.00		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
78070	N	NRC	\$220.34		
78071	N	NRC	\$220.34		
78072	N	NRC	\$299.90		
78075	N	NRC	\$719.28		
78099	N	NRC	\$220.34		
78102	N	0	\$220.34		
78103	N	0	\$220.34		
78104	N	0	\$220.34		
78110	N	NRC	\$719.28		
78111	N	NRC	\$719.28		
78120	N	NRC	\$220.34		
78121	N	NRC	\$299.90		
78122	N	0	\$299.90		
78130	N	0	\$220.34		
78140	N	0	\$220.34		
78185	N	0	\$220.34		
78191	N	0	\$220.34		
78195	N	0	\$299.90		
78199	N	NRC	\$220.34		
78201	N	0	\$299.90		
78202	N	0	\$299.90		
78215	N	0	\$220.34		
78216	N	0	\$220.34		
78226	N	0	\$220.34		
78227	N	0	\$299.90		
78230	N	NRC	\$220.34		
78231	N	NRC	\$220.34		
78232	N	NRC	\$220.34		
78258	N	NRC	\$220.34		
78261	N	NRC	\$220.34		
78262	N	NRC	\$220.34		
78264	N	NRC	\$220.34		
78265	N	NRC	\$220.34		
78266	N	NRC	\$299.90		
78278	N	0	\$220.34		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
78282	N	NRC	\$220.34		
78290	N	NRC	\$220.34		
78291	N	NRC	\$220.34		
78299	N	NRC	\$220.34		
78300	N	0	\$220.34		
78305	N	0	\$220.34		
78306	N	0	\$220.34		
78315	N	0	\$220.34		
78399	N	NRC	\$220.34		
78414	N	NRC	\$299.90		
78428	N	NRC	\$220.34		
78429	N	NRC	\$784.99		
78430	N	NRC	\$784.99		
78431	N	NRC	\$1,209.08		
78432	N	NRC	\$886.73		
78433	N	NRC	\$1,209.08		
78434	N	BN	\$0.00		
78445	N	0	\$220.34		
78451	N	0	\$719.28		
78452	N	0	\$719.28		
78453	N	0	\$719.28		
78454	N	0	\$719.28		
78456	N	0	\$719.28		
78457	N	0	\$299.90		
78458	N	0	\$220.34		
78459	N	NRC	\$719.28		
78466	N	NRC	\$220.34		
78468	N	NRC	\$299.90		
78469	N	NRC	\$299.90		
78472	N	NRC	\$220.34		
78473	N	NRC	\$220.34		
78481	N	NRC	\$299.90		
78483	N	NRC	\$299.90		
78491	N	NRC	\$784.99		
78492	N	NRC	\$784.99		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
78494	N	NRC	\$220.34		
78496	N	BN	\$0.00		
78499	N	NRC	\$220.34		
78579	N	0	\$220.34		
78580	N	0	\$220.34		
78582	N	0	\$299.90		
78597	N	0	\$220.34		
78598	N	0	\$299.90		
78599	N	NRC	\$220.34		
78600	N	0	\$220.34		
78601	N	0	\$220.34		
78605	N	0	\$299.90		
78606	N	0	\$299.90		
78608	N	NRC	\$784.99		
78610	N	0	\$299.90		
78630	N	0	\$299.90		
78635	N	0	\$299.90		
78645	N	0	\$299.90		
78650	N	0	\$719.28		
78660	N	0	\$220.34		
78699	N	NRC	\$220.34		
78700	N	0	\$220.34		
78701	N	0	\$220.34		
78707	N	NRC	\$299.90		
78708	N	NRC	\$299.90		
78709	N	NRC	\$299.90		
78725	N	0	\$220.34		
78730	N	BN	\$0.00		
78740	N	NRC	\$220.34		
78761	N	NRC	\$220.34		
78799	N	NRC	\$220.34		
78800	N	0	\$220.34		
78801	N	0	\$220.34		
78802	N	0	\$299.90		
78803	N	0	\$299.90		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
78804	N	0	\$299.90		
78808	N	BN	\$0.00		
78811	N	NRC	\$719.28		
78812	N	NRC	\$784.99		
78813	N	NRC	\$784.99		
78814	N	NRC	\$784.99		
78815	N	NRC	\$784.99		
78816	N	NRC	\$784.99		
78830	N	0	\$719.28		
78831	N	0	\$719.28		
78832	N	0	\$784.99		
78835	N	BN	\$0.00		
78999	N	NRC	\$220.34		
79005	N	0	\$50.35		
79101	N	0	\$53.04		
79200	N	0	\$52.70		
79300	N	0	\$128.03		
79403	N	NRC	\$68.81		
79440	N	NRC	\$39.27		
79445	N	NRC	\$128.03		
79999	N	NRC	\$128.03		
90371	N	0	\$134.19		
90375	N	0	\$279.85		
90376	N	0	\$352.44		
90377	N	0	\$222.25		
90378	N	NRC	\$436.75		
90385	N	NRC	\$80.00		
90393	N	BN	\$0.00		
90396	N	NRC	\$2,361.82		
90581	N	BN	\$0.00		
90611	N	NRC	\$0.01		
90622	N	NRC	\$0.01		
90632	N	BN	\$0.00		
90633	N	BN	\$0.00		
90634	N	BN	\$0.00		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
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	0	\$313.68		
90676	N	0	\$236.86		
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		
90740	N	NRC	\$0.00		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
90743	N	NRC	\$0.00		
90744	N	NRC	\$0.00		
90746	N	0	\$0.00		
90747	N	NRC	\$0.00		
90749	N	BN	\$0.00		
90756	N	BN	\$0.00		
90759	N	0	\$0.00		
90885	N	BN	\$0.00		
90887	N	BN	\$0.00		
90889	N	BN	\$0.00		
90940	N	BN	\$0.00		
91010	N	0	\$178.58		
91013	N	BN	\$0.00		
91020	N	0	\$204.92		
91022	N	0	\$118.16		
91030	N	0	\$114.80		
91034	N	0	\$152.40		
91035	N	0	\$418.92		
91037	N	0	\$119.30		
91038	N	0	\$204.92		
91040	N	0	\$204.92		
91065	N	NRC	\$54.72		
91110	N	0	\$497.85		
91111	N	0	\$497.85		
91112	N	0	\$497.85		
91113	N	0	\$510.49		
91117	N	NRC	\$119.30		
91124	N	NRC	\$119.30		
91125	N	NRC	\$204.92		
91200	N	BN	\$0.00		
91323	N	BN	\$0.00		
92920	Y	0	\$4,388.40	\$1,963.40	\$3,175.90
92924	Y	0	\$9,630.70	\$3,086.03	\$6,358.36
92928	Y	0	\$8,331.74	\$4,249.39	\$6,290.56
92930	Y	NRC	\$14,639.88	\$5,454.39	\$10,047.13

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
92933	Y	0	\$14,779.92	\$5,328.97	\$10,054.44
92937	Y	0	\$8,462.11	\$4,132.62	\$6,297.36
92943	Y	0	\$8,986.80	\$3,662.70	\$6,324.75
92945	Y	NRC	\$8,479.67	\$4,116.89	\$6,298.28
92960	N	NRC	\$363.56		
92961	N	NRC	\$363.56		
92972	N	BN	\$0.00		
92973	N	BN	\$0.00		
92974	N	BN	\$0.00		
92978	N	BN	\$0.00		
93312	N	0	\$133.93		
93318	N	0	\$297.30		
93451	Y	0	\$1,707.76		
93452	Y	0	\$1,707.76		
93453	Y	0	\$1,707.76		
93454	Y	0	\$1,707.76		
93455	Y	0	\$1,707.76		
93456	Y	0	\$1,707.76		
93457	Y	0	\$1,707.76		
93458	Y	0	\$1,707.76		
93459	Y	0	\$1,707.76		
93460	Y	0	\$1,707.76		
93461	Y	0	\$1,707.76		
93462	N	BN	\$0.00		
93463	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		
93619	N	0	\$4,149.41		
93620	N	0	\$4,149.41		
93623	N	BN	\$0.00		
93642	N	0	\$83.25		
93650	Y	0	\$6,775.25	\$2,898.87	\$4,837.06

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
93653	Y	0	\$21,860.46	\$10,194.76	\$16,027.61
93654	Y	0	\$22,209.49	\$9,882.16	\$16,045.82
93655	N	BN	\$0.00		
93656	Y	0	\$23,091.53	\$9,092.18	\$16,091.85
93657	N	BN	\$0.00		
93724	N	NRC	\$46.32		
93985	N	0	\$131.48		
93986	N	0	\$57.04		
95980	N	BN	\$0.00		
A2001	N	NRC	\$127.14		
A2002	N	NRC	\$127.14		
A2004	N	BN	\$0.00		
A2005	N	NRC	\$127.14		
A2006	N	NRC	\$127.14		
A2007	N	NRC	\$127.14		
A2008	N	NRC	\$127.14		
A2009	N	NRC	\$127.14		
A2010	N	NRC	\$127.14		
A2011	N	NRC	\$127.14		
A2012	N	NRC	\$127.14		
A2013	N	NRC	\$127.14		
A2014	N	BN	\$0.00		
A2015	N	NRC	\$127.14		
A2016	N	NRC	\$127.14		
A2017	N	BN	\$0.00		
A2018	N	NRC	\$127.14		
A2019	N	NRC	\$127.14		
A2020	N	BN	\$0.00		
A2021	N	NRC	\$127.14		
A2022	N	NRC	\$127.14		
A2023	N	BN	\$0.00		
A2024	N	NRC	\$127.14		
A2025	N	BN	\$0.00		
A2026	N	BN	\$0.00		
A2027	N	NRC	\$127.14		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
A2027	N	NRC	\$127.14		
A2028	N	BN	\$0.00		
A2028	N	BN	\$0.00		
A2029	N	BN	\$0.00		
A2029	N	BN	\$0.00		
A2036	N	NRC	\$127.14		
A2037	N	BN	\$0.00		
A2038	N	NRC	\$127.14		
A2039	N	NRC	\$127.14		
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	0	\$328.60		
A9507	N	0	\$1,730.29		
A9508	N	0	\$953.01		
A9509	N	BN	\$0.00		
A9510	N	BN	\$0.00		
A9512	N	BN	\$0.00		
A9513	N	BR	\$316.99		
A9515	N	NRC	\$2,516.43		
A9516	N	BN	\$0.00		
A9517	N	0	\$24.07		
A9520	N	BN	\$0.00		
A9521	N	0	\$927.71		
A9524	N	BN	\$0.00		
A9526	N	BN	\$0.00		
A9527	N	NRC	\$401.24		
A9528	N	BN	\$0.00		
A9529	N	BN	\$0.00		
A9530	N	NRC	\$20.77		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
A9531	N	BN	\$0.00		
A9532	N	NRC	\$469.06		
A9536	N	BN	\$0.00		
A9537	N	BN	\$0.00		
A9538	N	BN	\$0.00		
A9539	N	BN	\$0.00		
A9540	N	BN	\$0.00		
A9541	N	BN	\$0.00		
A9542	N	BN	\$0.00		
A9543	N	NRC	\$56,824.55		
A9546	N	BN	\$0.00		
A9547	N	0	\$831.46		
A9548	N	0	\$745.62		
A9550	N	BN	\$0.00		
A9551	N	NRC	\$659.93		
A9552	N	BN	\$0.00		
A9553	N	0	\$1,917.96		
A9554	N	0	\$649.64		
A9555	N	BN	\$0.00		
A9556	N	BN	\$0.00		
A9557	N	NRC	\$775.52		
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	\$278.24		
A9566	N	BN	\$0.00		
A9567	N	BN	\$0.00		
A9569	N	NRC	\$934.13		
A9570	N	NRC	\$1,103.19		
A9571	N	BN	\$0.00		
A9572	N	NRC	\$2,000.94		
A9573	N	BN	\$0.00		
A9575	N	BN	\$0.00		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
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	\$2,317.50		
A9583	N	BN	\$0.00		
A9584	N	BR	\$1,387.74		
A9585	N	BN	\$0.00		
A9586	N	BR	\$1,825.64		
A9587	N	BR	\$49.63		
A9588	N	NRC	\$322.27		
A9589	N	BN	\$0.00		
A9590	N	BN	\$0.00		
A9591	N	NRC	\$460.42		
A9592	N	NRC	\$594.28		
A9593	N	BR	\$550.13		
A9594	N	BR	\$363.50		
A9595	N	NRC	\$346.49		
A9596	N	0	\$478.52		
A9597	N	BN	\$0.00		
A9598	N	BN	\$0.00		
A9600	N	NRC	\$4,146.34		
A9601	N	NRC	\$3,710.00		
A9602	N	NRC	\$855.55		
A9603	N	BN	\$0.00		
A9604	N	BR	\$3,159.80		
A9606	N	NRC	\$172.22		
A9607	N	0	\$255.84		
A9608	N	NRC	\$671.22		
A9609	N	BN	\$0.00		
A9610	N	BN	\$0.00		
A9611	N	NRC	\$530.00		
A9612	N	BN	\$0.00		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
A9615	N	NRC	\$37.51		
A9616	N	NRC	\$1,042.45		
A9697	N	NRC	\$1,254.00		
A9698	N	BN	\$0.00		
A9700	N	BN	\$0.00		
A9800	N	0	\$362.50		
C1052	N	BN	\$0.00		
C1062	N	BN	\$0.00		
C1600	N	BR	\$0.00		
C1601	N	BR	\$0.00		
C1602	N	BR	\$0.00		
C1603	N	BR	\$0.00		
C1604	N	BR	\$0.00		
C1605	N	BN	\$0.00		
C1606	N	BR	\$0.00		
C1607	N	BR	\$0.00		
C1608	N	BR	\$0.00		
C1713	N	BN	\$0.00		
C1714	N	BN	\$0.00		
C1715	N	BN	\$0.00		
C1716	N	NRC	\$480.95		
C1717	N	NRC	\$358.23		
C1719	N	NRC	\$901.63		
C1721	N	BN	\$0.00		
C1722	N	BN	\$0.00		
C1724	N	BN	\$0.00		
C1725	N	BN	\$0.00		
C1726	N	BN	\$0.00		
C1727	N	BN	\$0.00		
C1728	N	BN	\$0.00		
C1729	N	BN	\$0.00		
C1730	N	BN	\$0.00		
C1731	N	BN	\$0.00		
C1732	N	BN	\$0.00		
C1733	N	BN	\$0.00		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
C1734	N	BN	\$0.00		
C1735	N	BR	\$0.00		
C1736	N	BR	\$0.00		
C1737	N	BR	\$0.00		
C1738	N	BR	\$0.00		
C1739	N	BR	\$0.00		
C1740	N	BR	\$0.00		
C1741	N	BR	\$0.00		
C1742	N	BR	\$0.00		
C1747	N	BN	\$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		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
C1773	N	BN	\$0.00		
C1776	N	BN	\$0.00		
C1777	N	BN	\$0.00		
C1778	N	BN	\$0.00		
C1779	N	BN	\$0.00		
C1780	N	BN	\$0.00		
C1781	N	BN	\$0.00		
C1782	N	BN	\$0.00		
C1783	N	BN	\$0.00		
C1784	N	BN	\$0.00		
C1785	N	BN	\$0.00		
C1786	N	BN	\$0.00		
C1787	N	BN	\$0.00		
C1788	N	BN	\$0.00		
C1789	N	BN	\$0.00		
C1813	N	BN	\$0.00		
C1814	N	BN	\$0.00		
C1815	N	BN	\$0.00		
C1816	N	BN	\$0.00		
C1817	N	BN	\$0.00		
C1818	N	BN	\$0.00		
C1819	N	BN	\$0.00		
C1820	N	BN	\$0.00		
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	BN	\$0.00		
C1827	N	BN	\$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		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
C1840	N	BN	\$0.00		
C1874	N	BN	\$0.00		
C1875	N	BN	\$0.00		
C1876	N	BN	\$0.00		
C1877	N	BN	\$0.00		
C1878	N	BN	\$0.00		
C1880	N	BN	\$0.00		
C1881	N	BN	\$0.00		
C1882	N	BN	\$0.00		
C1883	N	BN	\$0.00		
C1884	N	BN	\$0.00		
C1885	N	BN	\$0.00		
C1886	N	BN	\$0.00		
C1887	N	BN	\$0.00		
C1888	N	BN	\$0.00		
C1889	N	BN	\$0.00		
C1890	N	BR	\$0.00		
C1891	N	BN	\$0.00		
C1892	N	BN	\$0.00		
C1893	N	BN	\$0.00		
C1894	N	BN	\$0.00		
C1895	N	BN	\$0.00		
C1896	N	BN	\$0.00		
C1897	N	BN	\$0.00		
C1898	N	BN	\$0.00		
C1899	N	BN	\$0.00		
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	\$18,003.39		
C2617	N	BN	\$0.00		
C2618	N	BN	\$0.00		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
C2619	N	BN	\$0.00		
C2620	N	BN	\$0.00		
C2621	N	BN	\$0.00		
C2622	N	BN	\$0.00		
C2623	N	BN	\$0.00		
C2624	N	BN	\$0.00		
C2625	N	BN	\$0.00		
C2626	N	BN	\$0.00		
C2627	N	BN	\$0.00		
C2628	N	BN	\$0.00		
C2629	N	BN	\$0.00		
C2630	N	BN	\$0.00		
C2631	N	BN	\$0.00		
C2634	N	NRC	\$186.26		
C2635	N	NRC	\$107.78		
C2636	N	NRC	\$88.71		
C2638	N	NRC	\$34.96		
C2639	N	NRC	\$37.58		
C2640	N	NRC	\$89.32		
C2641	N	NRC	\$69.37		
C2642	N	NRC	\$117.92		
C2643	N	NRC	\$100.07		
C2644	N	BN	\$0.00		
C2645	N	NRC	\$4.69		
C2698	N	NRC	\$34.96		
C2699	N	NRC	\$37.58		
C7502	Y	NRC	\$1,248.36		
C7503	Y	NRC	\$2,848.20		
C7504	Y	0	\$3,695.53		
C7505	Y	0	\$3,695.53		
C7506	Y	0	\$3,695.53		
C7507	Y	0	\$6,804.43		
C7509	Y	0	\$1,696.42		
C7510	Y	0	\$1,696.42		
C7511	Y	0	\$1,696.42		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
C7512	Y	0	\$1,696.42		
C7513	Y	NRC	\$1,623.69		
C7514	Y	NRC	\$1,623.69		
C7515	Y	NRC	\$1,623.69		
C7516	Y	NRC	\$2,727.30		
C7517	Y	NRC	\$2,727.30		
C7518	Y	0	\$2,727.30		
C7519	Y	0	\$2,727.30		
C7521	Y	NRC	\$2,727.30		
C7522	Y	NRC	\$2,727.30		
C7523	Y	NRC	\$2,727.30		
C7524	Y	NRC	\$2,727.30		
C7525	Y	NRC	\$2,727.30		
C7526	Y	NRC	\$2,727.30		
C7527	Y	NRC	\$2,727.30		
C7528	Y	NRC	\$2,727.30		
C7529	Y	NRC	\$2,727.30		
C7531	Y	NRC	\$5,419.44		
C7532	Y	NRC	\$7,192.04	\$5,270.11	\$6,231.07
C7533	Y	0	\$7,457.42	\$5,032.42	\$6,244.92
C7535	Y	0	\$8,591.43		
C7537	Y	NRC	\$12,601.18	\$8,079.41	\$10,340.29
C7538	Y	NRC	\$12,920.83	\$7,793.13	\$10,356.98
C7539	Y	NRC	\$13,119.66	\$7,615.07	\$10,367.36
C7540	Y	NRC	\$12,908.58	\$7,804.08	\$10,356.33
C7545	Y	0	\$2,819.48		
C7550	Y	0	\$1,723.02		
C7551	Y	0	\$2,177.48		
C7554	Y	0	\$1,001.95		
C7555	Y	0	\$5,120.50		
C7556	Y	0	\$1,696.42		
C7562	Y	0	\$2,727.30		
C7563	Y	NRC	\$7,192.04	\$5,270.11	\$6,231.07
C7564	Y	0	\$13,204.72	\$6,739.74	\$9,972.23
C7565	Y	0	\$2,819.48		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
C7566	Y	NRC	\$3,695.53		
C7567	Y	NRC	\$2,451.02		
C7568	Y	NRC	\$2,727.30		
C7569	Y	NRC	\$7,457.42	\$5,032.42	\$6,244.92
C7570	Y	NRC	\$2,727.30		
C7571	Y	NRC	\$7,457.42	\$5,032.42	\$6,244.92
C8000	N	BR	\$0.00		
C8002	N	0	\$3,895.34		
C8003	Y	0	\$16,035.60	\$5,640.14	\$10,837.87
C8004	Y	0	\$8,479.67	\$4,116.89	\$6,298.28
C8006	Y	NRC	\$4,860.55	\$2,918.84	\$3,889.69
C8900	N	NRC	\$192.55		
C8901	N	NRC	\$131.48		
C8902	N	NRC	\$192.55		
C8903	N	NRC	\$97.27		
C8905	N	NRC	\$192.55		
C8906	N	NRC	\$192.55		
C8908	N	NRC	\$192.55		
C8909	N	NRC	\$192.55		
C8910	N	NRC	\$131.48		
C8911	N	NRC	\$192.55		
C8912	N	NRC	\$192.55		
C8913	N	NRC	\$131.48		
C8914	N	NRC	\$192.55		
C8918	N	NRC	\$192.55		
C8919	N	NRC	\$131.48		
C8920	N	NRC	\$192.55		
C8925	N	0	\$437.12		
C8926	N	0	\$437.12		
C8927	N	0	\$437.12		
C8931	N	NRC	\$192.55		
C8932	N	NRC	\$131.48		
C8933	N	NRC	\$192.55		
C8934	N	NRC	\$192.55		
C8935	N	NRC	\$131.48		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS 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
C8936	N	NRC	\$192.55		
C9046	N	BN	\$0.00		
C9047	N	0	\$802.49		
C9067	N	0	\$3.61		
C9101	N	BN	\$0.00		
C9143	N	BN	\$0.00		
C9145	N	0	\$1.91		
C9176	N	NRC	\$10.00		
C9250	N	0	\$141.89		
C9254	N	BN	\$0.00		
C9257	N	NRC	\$1.83		
C9285	N	BN	\$0.00		
C9293	N	0	\$427.72		
C9307	N	NRC	\$96.82		
C9308	N	NRC	\$5.15		
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	NRC	\$127.14		
C9364	N	BN	\$0.00		
C9399	N	NRC	\$0.00		
C9460	N	0	\$19.98		
C9462	N	BN	\$0.00		
C9482	N	NRC	\$25.05		
C9488	N	BN	\$0.00		
C9600	Y	0	\$8,550.44	\$4,053.50	\$6,301.97
C9601	N	BN	\$0.00		
C9602	Y	0	\$15,054.93	\$5,082.66	\$10,068.79

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
C9603	N	BN	\$0.00		
C9604	Y	0	\$8,383.89	\$4,202.68	\$6,293.28
C9605	N	BN	\$0.00		
C9607	Y	0	\$14,580.83	\$5,507.28	\$10,044.05
C9608	N	BN	\$0.00		
C9610	N	BR	\$0.00		
C9725	Y	NRC	\$510.49		
C9726	N	BN	\$0.00		
C9727	Y	NRC	\$659.17		
C9728	N	NRC	\$758.79		
C9734	Y	0	\$6,804.43		
C9738	N	BN	\$0.00		
C9739	Y	0	\$4,854.82	\$1,550.78	\$3,202.80
C9740	Y	0	\$9,219.29	\$2,539.01	\$5,879.15
C9757	Y	0	\$11,053.62	\$4,804.58	\$7,929.10
C9758	Y	0	\$14,879.37	\$6,991.89	\$10,935.63
C9759	N	BN	\$0.00		
C9760	Y	0	\$14,774.67		
C9761	Y	0	\$7,538.19	\$4,044.62	\$5,791.40
C9762	N	NRC	\$297.30		
C9763	N	NRC	\$297.30		
C9764	Y	0	\$9,404.00	\$3,289.05	\$6,346.52
C9765	Y	0	\$15,126.65	\$5,018.45	\$10,072.55
C9766	Y	0	\$15,535.79	\$4,652.00	\$10,093.89
C9767	Y	0	\$15,855.52	\$4,365.66	\$10,110.59
C9772	Y	0	\$9,119.84	\$3,543.55	\$6,331.69
C9773	Y	0	\$13,708.55	\$6,288.51	\$9,998.53
C9774	Y	0	\$14,892.97	\$5,227.73	\$10,060.35
C9775	Y	0	\$16,098.48	\$4,148.06	\$10,123.27
C9776	N	BN	\$0.00		
C9777	Y	0	\$3,163.90	\$1,459.30	\$2,311.60
C9778	Y	0	\$2,295.55		
C9779	Y	0	\$1,986.55		
C9780	N	0	\$7,373.42	\$2,975.08	\$5,174.25
C9781	Y	0	\$11,648.27	\$4,272.02	\$7,960.14

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS 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
C9782	Y	0	\$13,580.42	\$8,155.26	\$10,867.84
C9783	Y	0	\$5,419.44		
C9785	Y	0	\$5,120.50		
C9789	Y	NRC	\$671.83		
C9792	N	0	\$5,238.46		
C9796	Y	NRC	\$2,069.11	\$1,242.54	\$1,655.82
C9797	Y	NRC	\$14,236.64	\$5,815.54	\$10,026.09
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		
C9810	N	NRC	\$0.00		
C9811	N	NRC	\$0.00		
C9812	N	NRC	\$0.00		
C9813	N	NRC	\$0.00		
C9814	N	NRC	\$0.00		
C9815	N	NRC	\$0.00		
C9816	N	NRC	\$0.00		
C9817	N	NRC	\$0.00		
C9901	Y	0	\$7,705.74	\$4,164.04	\$5,934.89
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		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
D0270	N	BN	\$0.00		
D0272	N	BN	\$0.00		
D0273	N	BN	\$0.00		
D0274	N	BN	\$0.00		
D0277	N	BN	\$0.00		
D0330	N	BN	\$0.00		
D0340	N	BN	\$0.00		
D0350	N	BN	\$0.00		
D0367	N	BN	\$0.00		
D0383	N	BN	\$0.00		
D0393	N	BN	\$0.00		
D1110	N	BN	\$0.00		
D1354	N	BN	\$0.00		
D2140	N	BN	\$0.00		
D2150	N	BN	\$0.00		
D2160	N	BN	\$0.00		
D2161	N	BN	\$0.00		
D2330	N	BN	\$0.00		
D2331	N	BN	\$0.00		
D2332	N	BN	\$0.00		
D2335	N	BN	\$0.00		
D2390	N	BN	\$0.00		
D2391	N	BN	\$0.00		
D2392	N	BN	\$0.00		
D2393	N	BN	\$0.00		
D2394	N	BN	\$0.00		
D2740	N	BN	\$0.00		
D2750	N	BN	\$0.00		
D2751	N	BN	\$0.00		
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		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
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		
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	\$1,480.50		
D4211	Y	NRC	\$1,480.50		
D4212	Y	0	\$1,480.50		
D4260	Y	NRC	\$3,025.62		
D4263	Y	NRC	\$349.37		
D4270	Y	NRC	\$659.17		
D4273	Y	NRC	\$659.17		
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	\$349.37		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
D7140	Y	0	\$349.37		
D7210	Y	0	\$659.17		
D7220	Y	0	\$349.37		
D7230	Y	NRC	\$349.37		
D7240	Y	NRC	\$349.37		
D7241	Y	NRC	\$349.37		
D7250	Y	0	\$349.37		
D7251	Y	NRC	\$659.17		
D7270	Y	0	\$349.37		
D7280	Y	NRC	\$349.37		
D7310	Y	0	\$659.17		
D7311	Y	0	\$659.17		
D7320	Y	0	\$659.17		
D7321	Y	0	\$659.17		
D7410	Y	NRC	\$659.17		
D7411	Y	NRC	\$659.17		
D7412	Y	NRC	\$659.17		
D7413	Y	BR	\$659.17		
D7414	Y	BR	\$659.17		
D7415	Y	BR	\$659.17		
D7440	Y	0	\$1,480.50		
D7441	Y	BR	\$1,480.50		
D7450	Y	NRC	\$1,480.50		
D7451	Y	NRC	\$1,480.50		
D7460	Y	NRC	\$349.37		
D7461	Y	NRC	\$349.37		
D7471	Y	NRC	\$1,480.50		
D7472	Y	NRC	\$349.37		
D7473	Y	NRC	\$349.37		
D7485	Y	NRC	\$3,025.62		
D7510	Y	NRC	\$388.55		
D7511	Y	NRC	\$388.55		
D7520	Y	NRC	\$388.55		
D7521	Y	NRC	\$388.55		
D7530	Y	0	\$349.37		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
D7540	Y	0	\$349.37		
D7550	Y	0	\$349.37		
D7922	N	BN	\$0.00		
D7950	Y	NRC	\$3,025.62		
G0104	Y	0	\$184.96		
G0105	Y	0	\$510.49		
G0121	Y	0	\$510.49		
G0130	N	NRC	\$28.53		
G0186	Y	0	\$301.90		
G0235	N	0	\$220.34		
G0260	Y	0	\$387.46		
G0269	N	BN	\$0.00		
G0276	Y	NRC	\$3,695.53		
G0330	Y	0	\$1,480.50		
G0412	Y	0	\$6,262.03	\$2,377.68	\$4,319.85
G0413	Y	0	\$5,305.51	\$3,234.36	\$4,269.93
G0414	Y	0	\$6,125.60	\$2,499.89	\$4,312.74
G0415	Y	0	\$1,644.87		
G0429	Y	NRC	\$56.73		
G0516	N	BN	\$0.00		
G0517	N	BN	\$0.00		
G0518	N	BN	\$0.00		
G0571	N	BN	\$0.00		
J0120	N	BN	\$0.00		
J0121	N	0	\$4.02		
J0122	N	0	\$1.30		
J0129	N	NRC	\$44.11		
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	NRC	\$0.04		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
J0153	N	BN	\$0.00		
J0162	N	BN	\$0.00		
J0163	N	BN	\$0.00		
J0164	N	BN	\$0.00		
J0174	N	NRC	\$1.32		
J0175	N	NRC	\$4.13		
J0177	N	NRC	\$311.38		
J0178	N	NRC	\$771.56		
J0179	N	NRC	\$346.11		
J0180	N	NRC	\$230.15		
J0184	N	NRC	\$9.61		
J0185	N	0	\$1.64		
J0202	N	NRC	\$2,429.89		
J0206	N	NRC	\$4.72		
J0208	N	NRC	\$95.11		
J0209	N	NRC	\$0.88		
J0211	N	0	\$2.23		
J0216	N	BN	\$0.00		
J0217	N	NRC	\$465.23		
J0218	N	NRC	\$393.66		
J0219	N	NRC	\$80.91		
J0220	N	BN	\$0.00		
J0221	N	NRC	\$206.59		
J0222	N	NRC	\$99.97		
J0223	N	NRC	\$117.36		
J0224	N	NRC	\$329.05		
J0225	N	NRC	\$5,003.64		
J0248	N	NRC	\$6.73		
J0256	N	NRC	\$5.46		
J0257	N	NRC	\$5.64		
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		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
J0287	N	0	\$10.30		
J0289	N	0	\$21.48		
J0290	N	BN	\$0.00		
J0291	N	NRC	\$3.50		
J0295	N	BN	\$0.00		
J0300	N	BN	\$0.00		
J0330	N	BN	\$0.00		
J0348	N	BN	\$0.00		
J0349	N	NRC	\$10.63		
J0360	N	BN	\$0.00		
J0390	N	BN	\$0.00		
J0391	N	NRC	\$51.83		
J0400	N	BN	\$0.00		
J0401	N	NRC	\$7.28		
J0402	N	NRC	\$6.03		
J0456	N	BN	\$0.00		
J0457	N	BN	\$0.00		
J0458	N	BR	\$1.68		
J0461	N	BN	\$0.00		
J0462	N	BN	\$0.00		
J0470	N	BN	\$0.00		
J0475	N	0	\$181.22		
J0476	N	BN	\$0.00		
J0480	N	NRC	\$4,686.85		
J0485	N	0	\$3.89		
J0490	N	0	\$56.07		
J0491	N	NRC	\$18.08		
J0500	N	BN	\$0.00		
J0515	N	BN	\$0.00		
J0517	N	0	\$164.59		
J0525	N	BN	\$0.00		
J0558	N	0	\$19.52		
J0561	N	0	\$30.01		
J0565	N	NRC	\$39.83		
J0567	N	NRC	\$120.36		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS 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
J0570	N	BN	\$0.00		
J0577	N	0	\$420.64		
J0578	N	0	\$1,682.55		
J0582	N	BN	\$0.00		
J0583	N	BN	\$0.00		
J0584	N	NRC	\$484.14		
J0585	N	0	\$6.50		
J0586	N	0	\$8.75		
J0587	N	0	\$13.29		
J0588	N	0	\$5.57		
J0589	N	0	\$3.15		
J0592	N	BN	\$0.00		
J0593	N	NRC	\$87.28		
J0594	N	NRC	\$0.88		
J0595	N	BN	\$0.00		
J0596	N	NRC	\$36.77		
J0597	N	NRC	\$75.86		
J0598	N	NRC	\$65.63		
J0600	N	NRC	\$6,408.38		
J0606	N	NRC	\$2.29		
J0612	N	BN	\$0.00		
J0613	N	BN	\$0.00		
J0614	N	NRC	\$32.33		
J0620	N	BN	\$0.00		
J0636	N	BN	\$0.00		
J0637	N	BN	\$0.00		
J0638	N	NRC	\$141.60		
J0640	N	BN	\$0.00		
J0641	N	BN	\$0.00		
J0642	N	BN	\$0.00		
J0650	N	BN	\$0.00		
J0651	N	NRC	\$6.83		
J0652	N	BN	\$0.00		
J0654	N	NRC	\$41.19		
J0665	N	BN	\$0.00		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
J0666	N	BR	\$1.47		
J0668	N	BR	\$0.81		
J0670	N	BN	\$0.00		
J0675	N	NRC	\$51.05		
J0681	N	BR	\$1.09		
J0687	N	BN	\$0.00		
J0688	N	BN	\$0.00		
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	0	\$9.07		
J0696	N	BN	\$0.00		
J0697	N	BN	\$0.00		
J0698	N	BN	\$0.00		
J0699	N	0	\$2.42		
J0701	N	BN	\$0.00		
J0702	N	BN	\$0.00		
J0703	N	BN	\$0.00		
J0706	N	BN	\$0.00		
J0712	N	0	\$4.23		
J0713	N	BN	\$0.00		
J0714	N	0	\$104.73		
J0716	N	BR	\$4,871.94		
J0717	N	NRC	\$3.91		
J0720	N	0	\$50.26		
J0725	N	BN	\$0.00		
J0735	N	BN	\$0.00		
J0736	N	BN	\$0.00		
J0737	N	BN	\$0.00		
J0738	N	NRC	\$16.13		
J0739	N	NRC	\$7.02		
J0740	N	0	\$546.29		
J0741	N	NRC	\$23.65		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS 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
J0742	N	BN	\$0.00		
J0743	N	BN	\$0.00		
J0744	N	BN	\$0.00		
J0745	N	BN	\$0.00		
J0750	N	NRC	\$1.73		
J0751	N	NRC	\$71.32		
J0752	N	NRC	\$449.03		
J0759	N	BR	\$2.85		
J0770	N	BN	\$0.00		
J0775	N	NRC	\$75.91		
J0780	N	BN	\$0.00		
J0791	N	NRC	\$129.48		
J0799	N	NRC	\$0.00		
J0801	N	NRC	\$4,134.62		
J0802	N	NRC	\$3,534.60		
J0834	N	BN	\$0.00		
J0840	N	NRC	\$1,828.72		
J0841	N	NRC	\$1,045.15		
J0850	N	0	\$1,808.65		
J0870	N	NRC	\$57.03		
J0872	N	BN	\$0.00		
J0873	N	BN	\$0.00		
J0874	N	BN	\$0.00		
J0875	N	0	\$15.61		
J0877	N	BN	\$0.00		
J0878	N	BN	\$0.00		
J0881	N	0	\$2.93		
J0882	N	0	\$2.93		
J0883	N	0	\$0.80		
J0884	N	BN	\$0.00		
J0885	N	0	\$8.54		
J0887	N	BN	\$0.00		
J0888	N	BN	\$0.00		
J0891	N	0	\$1.82		
J0892	N	BN	\$0.00		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
J0893	N	BN	\$0.00		
J0894	N	BN	\$0.00		
J0895	N	BN	\$0.00		
J0896	N	NRC	\$41.98		
J0897	N	0	\$29.38		
J0898	N	BN	\$0.00		
J0899	N	BN	\$0.00		
J0911	N	0	\$6.41		
J1000	N	BN	\$0.00		
J1010	N	BN	\$0.00		
J1050	N	BN	\$0.00		
J1071	N	BN	\$0.00		
J1072	N	NRC	\$1.33		
J1073	N	NRC	\$76.11		
J1095	N	BN	\$0.00		
J1096	N	NRC	\$102.94		
J1097	N	NRC	\$96.91		
J1100	N	BN	\$0.00		
J1110	N	BN	\$0.00		
J1120	N	BN	\$0.00		
J1130	N	BN	\$0.00		
J1160	N	BN	\$0.00		
J1162	N	NRC	\$5,168.23		
J1165	N	BN	\$0.00		
J1171	N	BN	\$0.00		
J1190	N	0	\$63.06		
J1200	N	BN	\$0.00		
J1201	N	NRC	\$16.52		
J1203	N	NRC	\$91.21		
J1205	N	BN	\$0.00		
J1212	N	NRC	\$748.85		
J1230	N	BN	\$0.00		
J1240	N	BN	\$0.00		
J1245	N	BN	\$0.00		
J1250	N	BN	\$0.00		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
J1260	N	BN	\$0.00		
J1265	N	BN	\$0.00		
J1270	N	BN	\$0.00		
J1290	N	NRC	\$579.97		
J1299	N	NRC	\$44.82		
J1301	N	NRC	\$20.99		
J1302	N	NRC	\$18.86		
J1303	N	NRC	\$225.11		
J1304	N	NRC	\$159.40		
J1305	N	NRC	\$193.76		
J1306	N	NRC	\$12.32		
J1307	N	NRC	\$551.51		
J1320	N	BN	\$0.00		
J1322	N	NRC	\$308.68		
J1323	N	NRC	\$184.07		
J1325	N	BN	\$0.00		
J1326	N	NRC	\$33.71		
J1327	N	NRC	\$2.99		
J1335	N	BN	\$0.00		
J1364	N	BN	\$0.00		
J1370	N	BN	\$0.00		
J1380	N	BN	\$0.00		
J1410	N	NRC	\$392.06		
J1412	N	NRC	\$12,553.71		
J1426	N	NRC	\$166.06		
J1427	N	BN	\$0.00		
J1428	N	0	\$167.35		
J1429	N	BN	\$0.00		
J1430	N	NRC	\$508.96		
J1434	N	NRC	\$2.84		
J1437	N	NRC	\$22.02		
J1439	N	NRC	\$1.11		
J1440	N	NRC	\$63.84		
J1442	N	0	\$1.00		
J1447	N	0	\$0.28		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
J1448	N	0	\$5.46		
J1449	N	NRC	\$20.87		
J1450	N	BN	\$0.00		
J1451	N	NRC	\$6.28		
J1453	N	BN	\$0.00		
J1454	N	0	\$575.50		
J1455	N	BN	\$0.00		
J1456	N	0	\$1.03		
J1458	N	NRC	\$508.76		
J1459	N	NRC	\$50.74		
J1460	N	0	\$49.03		
J1551	N	NRC	\$14.23		
J1552	N	NRC	\$130.24		
J1554	N	NRC	\$496.74		
J1555	N	NRC	\$16.84		
J1556	N	NRC	\$77.39		
J1557	N	0	\$63.68		
J1558	N	NRC	\$14.85		
J1559	N	NRC	\$14.34		
J1560	N	0	\$170.48		
J1561	N	0	\$48.96		
J1566	N	NRC	\$78.80		
J1568	N	0	\$47.53		
J1569	N	0	\$45.31		
J1570	N	BN	\$0.00		
J1571	N	0	\$66.64		
J1573	N	0	\$66.64		
J1574	N	BN	\$0.00		
J1575	N	NRC	\$18.15		
J1576	N	NRC	\$73.00		
J1580	N	BN	\$0.00		
J1596	N	BN	\$0.00		
J1597	N	BN	\$0.00		
J1598	N	BN	\$0.00		
J1599	N	BN	\$0.00		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
J1602	N	NRC	\$11.04		
J1610	N	NRC	\$182.45		
J1611	N	NRC	\$148.99		
J1612	N	BR	\$3.45		
J1626	N	BN	\$0.00		
J1627	N	0	\$4.29		
J1628	N	NRC	\$75.97		
J1630	N	BN	\$0.00		
J1631	N	BN	\$0.00		
J1640	N	NRC	\$34.18		
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		
J1670	N	0	\$593.00		
J1700	N	BN	\$0.00		
J1720	N	BN	\$0.00		
J1729	N	BN	\$0.00		
J1736	N	BN	\$0.00		
J1737	N	NRC	\$1.06		
J1738	N	BN	\$0.00		
J1740	N	BN	\$0.00		
J1741	N	BN	\$0.00		
J1742	N	NRC	\$172.31		
J1743	N	NRC	\$558.46		
J1745	N	NRC	\$31.09		
J1746	N	NRC	\$79.26		
J1747	N	NRC	\$65.73		
J1748	N	0	\$99.76		
J1749	N	BN	\$0.00		
J1750	N	0	\$18.11		
J1756	N	BN	\$0.00		
J1786	N	NRC	\$43.19		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
J1790	N	BN	\$0.00		
J1800	N	BN	\$0.00		
J1805	N	BN	\$0.00		
J1806	N	BN	\$0.00		
J1807	N	NRC	\$20.97		
J1809	N	NRC	\$16.97		
J1811	N	BN	\$0.00		
J1812	N	BN	\$0.00		
J1813	N	BN	\$0.00		
J1815	N	BN	\$0.00		
J1817	N	BN	\$0.00		
J1823	N	NRC	\$495.55		
J1833	N	0	\$1.01		
J1834	N	BR	\$0.32		
J1836	N	BN	\$0.00		
J1837	N	NRC	\$0.21		
J1885	N	0	\$0.30		
J1920	N	BN	\$0.00		
J1921	N	BN	\$0.00		
J1930	N	0	\$34.05		
J1931	N	NRC	\$39.87		
J1932	N	0	\$29.84		
J1939	N	BN	\$0.00		
J1943	N	NRC	\$3.25		
J1944	N	NRC	\$3.35		
J1950	N	NRC	\$1,730.32		
J1951	N	NRC	\$140.99		
J1952	N	NRC	\$78.92		
J1953	N	BN	\$0.00		
J1954	N	NRC	\$706.67		
J1956	N	BN	\$0.00		
J1961	N	NRC	\$22.15		
J1980	N	BN	\$0.00		
J1990	N	BN	\$0.00		
J2002	N	BN	\$0.00		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
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	NRC	\$15.90		
J2151	N	BN	\$0.00		
J2175	N	BN	\$0.00		
J2180	N	BN	\$0.00		
J2182	N	NRC	\$31.27		
J2183	N	BN	\$0.00		
J2184	N	BN	\$0.00		
J2185	N	BN	\$0.00		
J2186	N	NRC	\$2.18		
J2210	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	BR	\$2.67		
J2267	N	NRC	\$43.05		
J2270	N	BN	\$0.00		
J2272	N	BN	\$0.00		
J2274	N	BN	\$0.00		
J2277	N	NRC	\$25.22		
J2278	N	0	\$10.14		
J2280	N	BN	\$0.00		
J2281	N	BN	\$0.00		
J2291	N	BN	\$0.00		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
J2300	N	BN	\$0.00		
J2305	N	BN	\$0.00		
J2315	N	NRC	\$4.24		
J2320	N	BN	\$0.00		
J2323	N	NRC	\$24.00		
J2326	N	NRC	\$1,280.25		
J2327	N	NRC	\$14.94		
J2329	N	NRC	\$70.75		
J2350	N	NRC	\$59.41		
J2351	N	NRC	\$47.23		
J2353	N	0	\$203.58		
J2354	N	BN	\$0.00		
J2355	N	BN	\$0.00		
J2356	N	NRC	\$18.01		
J2357	N	0	\$44.60		
J2358	N	BN	\$0.00		
J2359	N	BN	\$0.00		
J2360	N	BN	\$0.00		
J2371	N	BN	\$0.00		
J2372	N	BN	\$0.00		
J2373	N	BN	\$0.00		
J2401	N	BN	\$0.00		
J2402	N	BN	\$0.00		
J2403	N	0	\$0.58		
J2404	N	BN	\$0.00		
J2405	N	BN	\$0.00		
J2406	N	0	\$42.48		
J2407	N	0	\$28.68		
J2410	N	BN	\$0.00		
J2425	N	0	\$35.55		
J2426	N	NRC	\$15.11		
J2427	N	NRC	\$13.00		
J2428	N	NRC	\$16.76		
J2430	N	BN	\$0.00		
J2468	N	0	\$58.24		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
J2469	N	BN	\$0.00		
J2470	N	BN	\$0.00		
J2471	N	BN	\$0.00		
J2501	N	BN	\$0.00		
J2502	N	0	\$572.96		
J2506	N	NRC	\$89.34		
J2507	N	NRC	\$3,660.83		
J2508	N	NRC	\$228.16		
J2510	N	BN	\$0.00		
J2515	N	0	\$27.99		
J2516	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	\$1.19		
J2562	N	NRC	\$25.33		
J2590	N	BN	\$0.00		
J2596	N	BN	\$0.00		
J2597	N	BN	\$0.00		
J2598	N	BN	\$0.00		
J2599	N	BN	\$0.00		
J2601	N	0	\$2.01		
J2675	N	BN	\$0.00		
J2679	N	BN	\$0.00		
J2680	N	BN	\$0.00		
J2690	N	NRC	\$294.69		
J2700	N	BN	\$0.00		
J2704	N	BN	\$0.00		
J2710	N	BN	\$0.00		
J2711	N	BN	\$0.00		
J2720	N	BN	\$0.00		
J2724	N	NRC	\$15.04		
J2730	N	BN	\$0.00		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
J2760	N	NRC	\$432.02		
J2765	N	BN	\$0.00		
J2770	N	BN	\$0.00		
J2777	N	NRC	\$33.88		
J2778	N	NRC	\$86.38		
J2779	N	NRC	\$78.93		
J2781	N	NRC	\$139.18		
J2782	N	NRC	\$105.12		
J2783	N	0	\$377.52		
J2785	N	BN	\$0.00		
J2786	N	NRC	\$10.95		
J2787	N	BN	\$0.00		
J2788	N	BN	\$0.00		
J2790	N	BN	\$0.00		
J2791	N	BN	\$0.00		
J2792	N	NRC	\$25.46		
J2794	N	0	\$10.98		
J2795	N	BN	\$0.00		
J2798	N	NRC	\$12.14		
J2799	N	NRC	\$25.04		
J2800	N	BN	\$0.00		
J2801	N	NRC	\$13.03		
J2802	N	NRC	\$11.01		
J2805	N	BN	\$0.00		
J2820	N	0	\$50.37		
J2840	N	NRC	\$539.91		
J2850	N	NRC	\$40.52		
J2860	N	NRC	\$165.83		
J2916	N	BN	\$0.00		
J2919	N	BN	\$0.00		
J2950	N	BN	\$0.00		
J2993	N	0	\$2,904.58		
J2997	N	0	\$94.45		
J2998	N	NRC	\$32.77		
J3000	N	BN	\$0.00		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
J3010	N	BN	\$0.00		
J3032	N	NRC	\$19.97		
J3055	N	NRC	\$72.62		
J3060	N	NRC	\$41.11		
J3070	N	BN	\$0.00		
J3090	N	0	\$1.96		
J3095	N	NRC	\$7.11		
J3101	N	0	\$172.22		
J3105	N	BN	\$0.00		
J3111	N	NRC	\$12.07		
J3121	N	BN	\$0.00		
J3145	N	NRC	\$2.07		
J3230	N	BN	\$0.00		
J3240	N	NRC	\$2,116.32		
J3241	N	NRC	\$359.19		
J3243	N	BN	\$0.00		
J3244	N	BN	\$0.00		
J3245	N	NRC	\$127.45		
J3246	N	BN	\$0.00		
J3247	N	NRC	\$17.84		
J3250	N	BN	\$0.00		
J3260	N	BN	\$0.00		
J3262	N	NRC	\$5.71		
J3263	N	0	\$39.41		
J3265	N	BN	\$0.00		
J3285	N	NRC	\$54.71		
J3299	N	NRC	\$47.97		
J3300	N	0	\$24.50		
J3301	N	BN	\$0.00		
J3302	N	BN	\$0.00		
J3303	N	BN	\$0.00		
J3304	N	NRC	\$18.30		
J3315	N	0	\$474.84		
J3316	N	0	\$3,817.28		
J3350	N	BN	\$0.00		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
J3358	N	NRC	\$12.99		
J3360	N	BN	\$0.00		
J3376	N	BN	\$0.00		
J3379	N	BN	\$0.00		
J3380	N	NRC	\$21.31		
J3385	N	NRC	\$381.36		
J3387	N	NRC	#####		
J3389	N	NRC	#####		
J3391	N	NRC	#####		
J3396	N	NRC	\$11.54		
J3397	N	NRC	\$279.93		
J3398	N	NRC	\$3,002.58		
J3401	N	NRC	\$1,025.44		
J3403	N	NRC	\$257,500.00		
J3410	N	BN	\$0.00		
J3411	N	BN	\$0.00		
J3415	N	BN	\$0.00		
J3420	N	BN	\$0.00		
J3424	N	NRC	\$5.19		
J3425	N	BN	\$0.00		
J3430	N	BN	\$0.00		
J3465	N	BN	\$0.00		
J3470	N	BN	\$0.00		
J3471	N	BN	\$0.00		
J3472	N	BN	\$0.00		
J3473	N	BN	\$0.00		
J3475	N	BN	\$0.00		
J3480	N	BN	\$0.00		
J3485	N	NRC	\$1.51		
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		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
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	0	\$1.55		
J7168	N	NRC	\$2.14		
J7169	N	NRC	\$131.38		
J7170	N	NRC	\$56.10		
J7171	N	NRC	\$35.59		
J7172	N	NRC	\$51.10		
J7173	N	NRC	\$86.41		
J7174	N	NRC	\$133.25		
J7175	N	NRC	\$9.78		
J7177	N	NRC	\$1.23		
J7178	N	NRC	\$1.52		
J7179	N	NRC	\$1.85		
J7180	N	NRC	\$10.76		
J7181	N	NRC	\$18.16		
J7182	N	0	\$1.54		
J7183	N	0	\$1.29		
J7185	N	0	\$1.67		
J7186	N	0	\$1.25		
J7187	N	0	\$1.49		
J7188	N	0	\$3.23		
J7189	N	0	\$2.66		
J7190	N	0	\$1.09		
J7191	N	NRC	\$5.46		
J7192	N	0	\$1.61		
J7193	N	0	\$1.40		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
J7194	N	0	\$1.70		
J7195	N	0	\$1.85		
J7196	N	BN	\$0.00		
J7197	N	0	\$4.10		
J7198	N	0	\$2.41		
J7200	N	0	\$1.69		
J7201	N	0	\$3.59		
J7202	N	NRC	\$5.32		
J7203	N	NRC	\$4.46		
J7204	N	NRC	\$2.22		
J7205	N	NRC	\$2.43		
J7207	N	NRC	\$2.10		
J7208	N	NRC	\$2.65		
J7209	N	NRC	\$1.12		
J7210	N	NRC	\$1.57		
J7211	N	NRC	\$1.57		
J7212	N	NRC	\$2.37		
J7213	N	NRC	\$1.91		
J7214	N	NRC	\$4.66		
J7308	N	NRC	\$392.09		
J7311	N	NRC	\$340.31		
J7312	N	0	\$204.61		
J7313	N	NRC	\$498.14		
J7314	N	NRC	\$529.89		
J7315	N	BN	\$0.00		
J7318	N	0	\$6.77		
J7320	N	0	\$5.77		
J7321	N	BN	\$0.00		
J7322	N	0	\$17.62		
J7323	N	0	\$112.45		
J7324	N	0	\$114.54		
J7325	N	0	\$7.95		
J7326	N	NRC	\$529.26		
J7327	N	0	\$636.59		
J7328	N	0	\$0.70		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
J7329	N	0	\$4.69		
J7331	N	BN	\$0.00		
J7332	N	0	\$10.27		
J7336	N	NRC	\$3.42		
J7340	N	NRC	\$243.61		
J7342	N	BN	\$0.00		
J7345	N	NRC	\$1.79		
J7351	N	NRC	\$213.84		
J7352	N	NRC	\$2,943.42		
J7353	N	BR	\$58.31		
J7354	N	NRC	\$654.76		
J7355	N	NRC	\$195.72		
J7402	N	NRC	\$11.35		
J7500	N	BN	\$0.00		
J7501	N	NRC	\$254.07		
J7502	N	BN	\$0.00		
J7503	N	BN	\$0.00		
J7504	N	NRC	\$5,135.09		
J7507	N	BN	\$0.00		
J7508	N	BN	\$0.00		
J7509	N	BN	\$0.00		
J7510	N	BN	\$0.00		
J7511	N	NRC	\$999.37		
J7512	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	\$263.15		
J7527	N	BN	\$0.00		
J7528	N	BN	\$0.00		
J7599	N	BN	\$0.00		
J7665	N	BN	\$0.00		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
J7799	N	BN	\$0.00		
J7999	N	BN	\$0.00		
J8501	N	BN	\$0.00		
J8510	N	0	\$10.12		
J8522	N	NRC	\$0.04		
J8530	N	BN	\$0.00		
J8540	N	BN	\$0.00		
J8541	N	BN	\$0.00		
J8560	N	0	\$77.46		
J8597	N	BN	\$0.00		
J8610	N	BN	\$0.00		
J8611	N	0	\$18.47		
J8612	N	0	\$22.68		
J8655	N	0	\$422.89		
J8670	N	0	\$1.86		
J8700	N	BN	\$0.00		
J8705	N	0	\$124.83		
J9000	N	BN	\$0.00		
J9011	N	NRC	\$51.56		
J9015	N	0	\$3,338.87		
J9017	N	BN	\$0.00		
J9021	N	NRC	\$55.47		
J9022	N	0	\$91.34		
J9023	N	0	\$100.09		
J9024	N	NRC	\$31.58		
J9025	N	BN	\$0.00		
J9026	N	NRC	\$1,564.64		
J9027	N	0	\$4.19		
J9028	N	NRC	\$94.66		
J9029	N	NRC	\$63,342.28		
J9030	N	0	\$3.26		
J9032	N	0	\$52.47		
J9033	N	0	\$1.88		
J9034	N	0	\$13.49		
J9035	N	0	\$73.20		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS 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
J9036	N	0	\$12.28		
J9038	N	NRC	\$55.65		
J9039	N	0	\$164.25		
J9040	N	BN	\$0.00		
J9041	N	BN	\$0.00		
J9042	N	0	\$258.64		
J9043	N	0	\$227.28		
J9045	N	BN	\$0.00		
J9046	N	0	\$3.46		
J9047	N	0	\$55.65		
J9048	N	0	\$6.97		
J9049	N	BN	\$0.00		
J9050	N	0	\$238.46		
J9051	N	BN	\$0.00		
J9052	N	NRC	\$259.70		
J9054	N	NRC	\$26.15		
J9055	N	0	\$78.37		
J9056	N	NRC	\$29.85		
J9060	N	BN	\$0.00		
J9061	N	NRC	\$22.54		
J9063	N	NRC	\$69.49		
J9064	N	BN	\$0.00		
J9065	N	0	\$10.68		
J9071	N	0	\$0.63		
J9072	N	NRC	\$9.11		
J9073	N	NRC	\$0.78		
J9074	N	NRC	\$3.94		
J9075	N	NRC	\$0.48		
J9076	N	NRC	\$5.01		
J9100	N	BN	\$0.00		
J9118	N	NRC	\$82.08		
J9119	N	0	\$29.29		
J9120	N	0	\$328.34		
J9130	N	BN	\$0.00		
J9144	N	NRC	\$55.57		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
J9145	N	0	\$71.37		
J9150	N	BN	\$0.00		
J9153	N	0	\$256.09		
J9155	N	0	\$4.45		
J9161	N	BN	\$0.00		
J9171	N	BN	\$0.00		
J9172	N	NRC	\$50.78		
J9173	N	0	\$85.12		
J9174	N	NRC	\$52.47		
J9175	N	BN	\$0.00		
J9176	N	0	\$7.89		
J9177	N	NRC	\$36.74		
J9178	N	BN	\$0.00		
J9179	N	0	\$89.34		
J9181	N	BN	\$0.00		
J9184	N	NRC	\$378.64		
J9185	N	BN	\$0.00		
J9190	N	BN	\$0.00		
J9196	N	BN	\$0.00		
J9200	N	0	\$4,128.02		
J9201	N	BN	\$0.00		
J9202	N	0	\$733.67		
J9203	N	0	\$236.62		
J9204	N	0	\$248.50		
J9205	N	0	\$66.00		
J9206	N	BN	\$0.00		
J9207	N	0	\$139.21		
J9208	N	BN	\$0.00		
J9209	N	BN	\$0.00		
J9210	N	NRC	\$384.85		
J9211	N	BN	\$0.00		
J9214	N	BN	\$0.00		
J9217	N	0	\$176.45		
J9220	N	NRC	\$9.96		
J9223	N	NRC	\$207.13		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
J9225	N	BN	\$0.00		
J9226	N	NRC	\$45,020.65		
J9227	N	NRC	\$81.90		
J9228	N	0	\$183.48		
J9229	N	NRC	\$2,698.05		
J9230	N	BN	\$0.00		
J9245	N	0	\$95.90		
J9246	N	NRC	\$18.50		
J9248	N	NRC	\$795.00		
J9249	N	NRC	\$64.78		
J9255	N	BN	\$0.00		
J9256	N	NRC	\$32.14		
J9260	N	BN	\$0.00		
J9261	N	0	\$79.86		
J9263	N	BN	\$0.00		
J9264	N	0	\$10.54		
J9266	N	NRC	\$28,424.06		
J9267	N	BN	\$0.00		
J9268	N	0	\$2,608.16		
J9269	N	NRC	\$356.93		
J9271	N	0	\$60.29		
J9272	N	NRC	\$243.71		
J9273	N	NRC	\$188.76		
J9274	N	0	\$217.09		
J9275	N	NRC	\$22.92		
J9276	N	NRC	\$25.05		
J9280	N	0	\$20.35		
J9281	N	NRC	\$318.53		
J9282	N	NRC	\$284.88		
J9286	N	NRC	\$2,767.88		
J9289	N	NRC	\$27.36		
J9292	N	NRC	\$82.34		
J9293	N	0	\$23.88		
J9294	N	0	\$3.55		
J9295	N	0	\$5.73		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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	0	\$9.74		
J9297	N	BN	\$0.00		
J9298	N	NRC	\$197.83		
J9299	N	0	\$32.96		
J9301	N	0	\$79.00		
J9302	N	0	\$62.23		
J9303	N	0	\$173.03		
J9304	N	NRC	\$46.32		
J9305	N	0	\$4.36		
J9306	N	0	\$17.02		
J9307	N	0	\$392.63		
J9308	N	0	\$74.36		
J9309	N	0	\$136.67		
J9311	N	0	\$36.69		
J9312	N	0	\$75.22		
J9313	N	0	\$23.39		
J9314	N	0	\$15.54		
J9316	N	NRC	\$62.10		
J9317	N	NRC	\$36.28		
J9318	N	0	\$28.52		
J9319	N	0	\$30.78		
J9320	N	BN	\$0.00		
J9321	N	NRC	\$55.84		
J9322	N	0	\$10.60		
J9323	N	0	\$0.13		
J9324	N	NRC	\$75.81		
J9325	N	0	\$73.94		
J9326	N	NRC	\$143.99		
J9328	N	0	\$10.39		
J9329	N	NRC	\$57.45		
J9330	N	0	\$26.71		
J9331	N	NRC	\$84.57		
J9332	N	NRC	\$32.15		
J9333	N	NRC	\$23.17		
J9334	N	NRC	\$33.89		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
J9341	N	BN	\$0.00		
J9342	N	NRC	\$10.54		
J9345	N	NRC	\$30.56		
J9347	N	0	\$140.90		
J9348	N	NRC	\$686.00		
J9349	N	0	\$14.31		
J9350	N	NRC	\$654.63		
J9351	N	BN	\$0.00		
J9352	N	0	\$391.07		
J9353	N	NRC	\$52.49		
J9354	N	0	\$42.16		
J9355	N	0	\$75.03		
J9356	N	0	\$61.44		
J9357	N	0	\$1,323.35		
J9358	N	NRC	\$29.98		
J9359	N	0	\$216.90		
J9360	N	BN	\$0.00		
J9361	N	BN	\$0.00		
J9370	N	BN	\$0.00		
J9376	N	NRC	\$91.73		
J9380	N	NRC	\$33.58		
J9381	N	NRC	\$37.66		
J9382	N	NRC	\$32.91		
J9390	N	BN	\$0.00		
J9393	N	0	\$41.67		
J9394	N	0	\$26.77		
J9395	N	BN	\$0.00		
J9400	N	0	\$7.88		
J9600	N	0	\$24,228.42		
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		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
L8607	N	BN	\$0.00		
L8608	N	BN	\$0.00		
L8609	N	BN	\$0.00		
L8610	N	BN	\$0.00		
L8612	N	BN	\$0.00		
L8613	N	BN	\$0.00		
L8614	N	BN	\$0.00		
L8630	N	BN	\$0.00		
L8631	N	BN	\$0.00		
L8641	N	BN	\$0.00		
L8642	N	BN	\$0.00		
L8658	N	BN	\$0.00		
L8659	N	BN	\$0.00		
L8670	N	BN	\$0.00		
L8678	N	BN	\$0.00		
L8679	N	BN	\$0.00		
L8682	N	BN	\$0.00		
L8690	N	BN	\$0.00		
L8699	N	BN	\$0.00		
L9900	N	BN	\$0.00		
P9041	N	0	\$10.62		
P9045	N	NRC	\$53.08		
P9046	N	NRC	\$21.23		
P9047	N	0	\$53.08		
P9050	N	BN	\$0.00		
Q0035	N	BN	\$0.00		
Q0092	N	BN	\$0.00		
Q0138	N	0	\$0.32		
Q0139	N	NRC	\$0.32		
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		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
Q0169	N	BN	\$0.00		
Q0173	N	BN	\$0.00		
Q0175	N	BN	\$0.00		
Q0177	N	BN	\$0.00		
Q0180	N	BN	\$0.00		
Q0181	N	BN	\$0.00		
Q0224	N	BN	\$0.00		
Q0235	N	BN	\$0.00		
Q0237	N	BN	\$0.00		
Q0249	N	BN	\$0.00		
Q2004	N	BN	\$0.00		
Q2009	N	0	\$1.47		
Q2026	N	0	\$349.19		
Q2028	N	0	\$2.16		
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	\$55,272.32		
Q2049	N	0	\$298.74		
Q2050	N	0	\$108.47		
Q2057	N	NRC	\$770,620.00		
Q2058	N	NRC	\$278,250.00		
Q3031	N	BN	\$0.00		
Q4101	N	NRC	\$127.14		
Q4102	N	0	\$127.14		
Q4103	N	NRC	\$127.14		
Q4104	N	NRC	\$127.14		
Q4105	N	NRC	\$127.14		
Q4107	N	NRC	\$127.14		
Q4108	N	NRC	\$127.14		
Q4110	N	NRC	\$127.14		
Q4111	N	0	\$127.14		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS 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
Q4112	N	BN	\$0.00		
Q4113	N	BN	\$0.00		
Q4114	N	BN	\$0.00		
Q4115	N	0	\$127.14		
Q4116	N	NRC	\$127.14		
Q4117	N	0	\$127.14		
Q4118	N	BN	\$0.00		
Q4121	N	NRC	\$127.14		
Q4122	N	NRC	\$127.14		
Q4123	N	NRC	\$127.14		
Q4124	N	0	\$127.14		
Q4125	N	NRC	\$127.14		
Q4126	N	NRC	\$127.14		
Q4127	N	NRC	\$127.14		
Q4128	N	NRC	\$127.14		
Q4130	N	NRC	\$127.14		
Q4132	N	NRC	\$127.14		
Q4133	N	NRC	\$127.14		
Q4134	N	NRC	\$127.14		
Q4135	N	NRC	\$127.14		
Q4136	N	NRC	\$127.14		
Q4137	N	NRC	\$127.14		
Q4138	N	NRC	\$127.14		
Q4139	N	BN	\$0.00		
Q4140	N	NRC	\$127.14		
Q4141	N	NRC	\$127.14		
Q4142	N	NRC	\$127.14		
Q4143	N	NRC	\$127.14		
Q4145	N	BN	\$0.00		
Q4146	N	NRC	\$127.14		
Q4147	N	NRC	\$127.14		
Q4148	N	NRC	\$127.14		
Q4149	N	BN	\$0.00		
Q4150	N	NRC	\$127.14		
Q4151	N	NRC	\$127.14		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS 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
Q4152	N	NRC	\$127.14		
Q4153	N	NRC	\$127.14		
Q4154	N	NRC	\$127.14		
Q4155	N	BN	\$0.00		
Q4156	N	NRC	\$127.14		
Q4157	N	NRC	\$127.14		
Q4158	N	NRC	\$127.14		
Q4159	N	NRC	\$127.14		
Q4160	N	NRC	\$127.14		
Q4161	N	NRC	\$127.14		
Q4162	N	BN	\$0.00		
Q4163	N	NRC	\$127.14		
Q4164	N	NRC	\$127.14		
Q4165	N	NRC	\$127.14		
Q4166	N	0	\$127.14		
Q4167	N	NRC	\$127.14		
Q4168	N	BN	\$0.00		
Q4169	N	NRC	\$127.14		
Q4170	N	NRC	\$127.14		
Q4171	N	BN	\$0.00		
Q4173	N	NRC	\$127.14		
Q4174	N	BN	\$0.00		
Q4175	N	NRC	\$127.14		
Q4176	N	NRC	\$127.14		
Q4177	N	BN	\$0.00		
Q4178	N	NRC	\$127.14		
Q4179	N	NRC	\$127.14		
Q4180	N	NRC	\$127.14		
Q4181	N	NRC	\$127.14		
Q4182	N	NRC	\$127.14		
Q4183	N	NRC	\$127.14		
Q4184	N	NRC	\$127.14		
Q4185	N	BN	\$0.00		
Q4186	N	NRC	\$127.14		
Q4187	N	NRC	\$127.14		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
Q4188	N	NRC	\$127.14		
Q4189	N	BN	\$0.00		
Q4190	N	NRC	\$127.14		
Q4191	N	NRC	\$127.14		
Q4192	N	BN	\$0.00		
Q4193	N	NRC	\$127.14		
Q4194	N	NRC	\$127.14		
Q4195	N	NRC	\$127.14		
Q4196	N	NRC	\$127.14		
Q4197	N	NRC	\$127.14		
Q4198	N	NRC	\$127.14		
Q4199	N	NRC	\$127.14		
Q4200	N	NRC	\$127.14		
Q4201	N	NRC	\$127.14		
Q4202	N	BN	\$0.00		
Q4203	N	NRC	\$127.14		
Q4204	N	0	\$127.14		
Q4205	N	NRC	\$127.14		
Q4206	N	BN	\$0.00		
Q4208	N	NRC	\$127.14		
Q4209	N	NRC	\$127.14		
Q4211	N	NRC	\$127.14		
Q4212	N	BN	\$0.00		
Q4213	N	BN	\$0.00		
Q4214	N	NRC	\$127.14		
Q4215	N	BN	\$0.00		
Q4216	N	NRC	\$127.14		
Q4217	N	NRC	\$127.14		
Q4218	N	NRC	\$127.14		
Q4219	N	NRC	\$127.14		
Q4220	N	NRC	\$127.14		
Q4221	N	NRC	\$127.14		
Q4222	N	NRC	\$127.14		
Q4225	N	NRC	\$127.14		
Q4226	N	arina, is bund	\$0.00		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
Q4227	N	NRC	\$127.14		
Q4229	N	NRC	\$127.14		
Q4230	N	BN	\$0.00		
Q4232	N	NRC	\$127.14		
Q4233	N	BN	\$0.00		
Q4234	N	NRC	\$127.14		
Q4235	N	NRC	\$127.14		
Q4236	N	NRC	\$127.14		
Q4237	N	NRC	\$127.14		
Q4238	N	NRC	\$127.14		
Q4239	N	NRC	\$127.14		
Q4240	N	BN	\$0.00		
Q4241	N	BN	\$0.00		
Q4242	N	BN	\$0.00		
Q4245	N	BN	\$0.00		
Q4246	N	BN	\$0.00		
Q4247	N	NRC	\$127.14		
Q4248	N	NRC	\$127.14		
Q4249	N	NRC	\$127.14		
Q4250	N	NRC	\$127.14		
Q4251	N	NRC	\$127.14		
Q4252	N	NRC	\$127.14		
Q4253	N	NRC	\$127.14		
Q4254	N	NRC	\$127.14		
Q4255	N	NRC	\$127.14		
Q4256	N	NRC	\$127.14		
Q4257	N	NRC	\$127.14		
Q4258	N	NRC	\$127.14		
Q4259	N	NRC	\$127.14		
Q4260	N	NRC	\$127.14		
Q4261	N	NRC	\$127.14		
Q4262	N	NRC	\$127.14		
Q4263	N	NRC	\$127.14		
Q4264	N	NRC	\$127.14		
Q4265	N	NRC	\$127.14		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
Q4266	N	NRC	\$127.14		
Q4267	N	NRC	\$127.14		
Q4268	N	NRC	\$127.14		
Q4269	N	NRC	\$127.14		
Q4270	N	NRC	\$127.14		
Q4271	N	NRC	\$127.14		
Q4272	N	NRC	\$127.14		
Q4273	N	NRC	\$127.14		
Q4274	N	NRC	\$127.14		
Q4275	N	NRC	\$127.14		
Q4276	N	NRC	\$127.14		
Q4278	N	NRC	\$127.14		
Q4279	N	NRC	\$127.14		
Q4280	N	NRC	\$127.14		
Q4281	N	NRC	\$127.14		
Q4282	N	NRC	\$127.14		
Q4283	N	NRC	\$127.14		
Q4284	N	NRC	\$127.14		
Q4285	N	NRC	\$127.14		
Q4286	N	NRC	\$127.14		
Q4287	N	NRC	\$127.14		
Q4288	N	NRC	\$127.14		
Q4289	N	NRC	\$127.14		
Q4290	N	NRC	\$127.14		
Q4291	N	NRC	\$127.14		
Q4292	N	NRC	\$127.14		
Q4293	N	NRC	\$127.14		
Q4294	N	NRC	\$127.14		
Q4295	N	NRC	\$127.14		
Q4296	N	NRC	\$127.14		
Q4297	N	NRC	\$127.14		
Q4298	N	NRC	\$127.14		
Q4299	N	NRC	\$127.14		
Q4300	N	NRC	\$127.14		
Q4301	N	NRC	\$127.14		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
Q4302	N	NRC	\$127.14		
Q4303	N	NRC	\$127.14		
Q4304	N	NRC	\$127.14		
Q4305	N	NRC	\$127.14		
Q4306	N	NRC	\$127.14		
Q4307	N	NRC	\$127.14		
Q4308	N	NRC	\$127.14		
Q4309	N	NRC	\$127.14		
Q4310	N	BN	\$0.00		
Q4311	N	NRC	\$127.14		
Q4312	N	NRC	\$127.14		
Q4313	N	NRC	\$127.14		
Q4314	N	NRC	\$127.14		
Q4315	N	NRC	\$127.14		
Q4316	N	NRC	\$127.14		
Q4317	N	NRC	\$127.14		
Q4318	N	NRC	\$127.14		
Q4319	N	NRC	\$127.14		
Q4320	N	NRC	\$127.14		
Q4321	N	NRC	\$127.14		
Q4322	N	NRC	\$127.14		
Q4323	N	NRC	\$127.14		
Q4324	N	NRC	\$127.14		
Q4325	N	NRC	\$127.14		
Q4326	N	NRC	\$127.14		
Q4327	N	NRC	\$127.14		
Q4328	N	NRC	\$127.14		
Q4329	N	NRC	\$127.14		
Q4330	N	NRC	\$127.14		
Q4331	N	NRC	\$127.14		
Q4332	N	NRC	\$127.14		
Q4333	N	NRC	\$127.14		
Q4334	N	NRC	\$127.14		
Q4335	N	NRC	\$127.14		
Q4336	N	NRC	\$127.14		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
Q4337	N	NRC	\$127.14		
Q4338	N	NRC	\$127.14		
Q4339	N	NRC	\$127.14		
Q4340	N	NRC	\$127.14		
Q4341	N	NRC	\$127.14		
Q4342	N	NRC	\$127.14		
Q4343	N	NRC	\$127.14		
Q4344	N	NRC	\$127.14		
Q4345	N	NRC	\$127.14		
Q4346	N	NRC	\$127.14		
Q4347	N	NRC	\$127.14		
Q4348	N	NRC	\$127.14		
Q4349	N	NRC	\$127.14		
Q4350	N	NRC	\$127.14		
Q4351	N	NRC	\$127.14		
Q4352	N	NRC	\$127.14		
Q4353	N	NRC	\$127.14		
Q4354	N	NRC	\$127.14		
Q4355	N	NRC	\$127.14		
Q4356	N	NRC	\$127.14		
Q4357	N	NRC	\$127.14		
Q4358	N	NRC	\$127.14		
Q4359	N	NRC	\$127.14		
Q4360	N	NRC	\$127.14		
Q4361	N	NRC	\$127.14		
Q4362	N	NRC	\$127.14		
Q4363	N	NRC	\$127.14		
Q4364	N	NRC	\$127.14		
Q4365	N	NRC	\$127.14		
Q4366	N	NRC	\$127.14		
Q4367	N	NRC	\$127.14		
Q4368	N	NRC	\$127.14		
Q4369	N	NRC	\$127.14		
Q4370	N	NRC	\$127.14		
Q4371	N	NRC	\$127.14		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPS 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
Q4372	N	NRC	\$127.14		
Q4373	N	NRC	\$127.14		
Q4375	N	NRC	\$127.14		
Q4376	N	NRC	\$127.14		
Q4377	N	NRC	\$127.14		
Q4378	N	NRC	\$127.14		
Q4379	N	NRC	\$127.14		
Q4380	N	NRC	\$127.14		
Q4382	N	NRC	\$127.14		
Q4383	N	NRC	\$127.14		
Q4384	N	NRC	\$127.14		
Q4385	N	NRC	\$127.14		
Q4386	N	NRC	\$127.14		
Q4387	N	NRC	\$127.14		
Q4388	N	NRC	\$127.14		
Q4389	N	NRC	\$127.14		
Q4390	N	NRC	\$127.14		
Q4391	N	NRC	\$127.14		
Q4392	N	NRC	\$127.14		
Q4393	N	NRC	\$127.14		
Q4394	N	NRC	\$127.14		
Q4395	N	NRC	\$127.14		
Q4396	N	NRC	\$127.14		
Q4397	N	NRC	\$127.14		
Q4398	N	NRC	\$127.14		
Q4399	N	NRC	\$127.14		
Q4400	N	NRC	\$127.14		
Q4401	N	NRC	\$127.14		
Q4402	N	NRC	\$127.14		
Q4403	N	NRC	\$127.14		
Q4404	N	NRC	\$127.14		
Q4405	N	NRC	\$127.14		
Q4406	N	NRC	\$127.14		
Q4407	N	NRC	\$127.14		
Q4408	N	NRC	\$127.14		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS 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
Q4409	N	NRC	\$127.14		
Q4410	N	NRC	\$127.14		
Q4411	N	NRC	\$127.14		
Q4412	N	NRC	\$127.14		
Q4413	N	NRC	\$127.14		
Q4414	N	NRC	\$127.14		
Q4415	N	NRC	\$127.14		
Q4416	N	NRC	\$127.14		
Q4417	N	NRC	\$127.14		
Q4420	N	NRC	\$127.14		
Q4431	N	NRC	\$127.14		
Q4432	N	NRC	\$127.14		
Q4433	N	NRC	\$127.14		
Q5100	N	0	\$24.98		
Q5101	N	0	\$0.46		
Q5103	N	NRC	\$19.99		
Q5104	N	NRC	\$27.00		
Q5105	N	BN	\$0.00		
Q5106	N	0	\$7.85		
Q5107	N	NRC	\$27.86		
Q5108	N	0	\$99.13		
Q5110	N	0	\$0.30		
Q5111	N	0	\$106.33		
Q5112	N	0	\$19.00		
Q5113	N	0	\$69.37		
Q5114	N	0	\$40.29		
Q5115	N	0	\$29.38		
Q5116	N	0	\$27.99		
Q5117	N	0	\$47.55		
Q5118	N	0	\$25.77		
Q5119	N	NRC	\$27.85		
Q5120	N	NRC	\$30.32		
Q5121	N	NRC	\$20.41		
Q5122	N	NRC	\$131.16		
Q5123	N	NRC	\$26.51		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCCPCS 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
Q5124	N	NRC	\$61.80		
Q5125	N	0	\$0.38		
Q5126	N	0	\$37.82		
Q5127	N	NRC	\$184.91		
Q5128	N	NRC	\$86.16		
Q5129	N	0	\$39.96		
Q5130	N	NRC	\$137.97		
Q5133	N	0	\$5.54		
Q5134	N	BN	\$0.00		
Q5135	N	NRC	\$4.42		
Q5136	N	NRC	\$27.54		
Q5138	N	0	\$11.65		
Q5146	N	0	\$40.03		
Q5147	N	0	\$859.36		
Q5148	N	0	\$0.55		
Q5149	N	BN	\$0.00		
Q5150	N	BN	\$0.00		
Q5151	N	NRC	\$31.35		
Q5152	N	0	\$40.31		
Q5153	N	BN	\$0.00		
Q5154	N	BN	\$0.00		
Q5155	N	BN	\$0.00		
Q5156	N	BN	\$0.00		
Q5157	N	NRC	\$28.13		
Q5158	N	NRC	\$28.72		
Q5159	N	BN	\$0.00		
Q5160	N	NRC	\$84.38		
Q9950	N	BN	\$0.00		
Q9951	N	BN	\$0.00		
Q9953	N	BN	\$0.00		
Q9954	N	BN	\$0.00		
Q9955	N	BN	\$0.00		
Q9956	N	BN	\$0.00		
Q9957	N	BN	\$0.00		
Q9958	N	BN	\$0.00		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS 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
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	\$8.73		
Q9982	N	NRC	\$1,944.01		
Q9983	N	NRC	\$1,584.67		
Q9991	N	NRC	\$2,016.42		
Q9992	N	NRC	\$2,016.42		
Q9997	N	0	\$9.29		
Q9998	N	0	\$40.35		
Q9999	N	0	\$33.09		
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		

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
0095T	1
0098T	2
0101T	1
0102T	2
0164T	4
0165T	4
0184T	1
0200T	1
0201T	1
0202T	1
0213T	1
0214T	1
0215T	1
0216T	1
0217T	1
0218T	1
0219T	1
0220T	1
0221T	1
0222T	1
0232T	1
0238T	2
0253T	1
0263T	1
0264T	1
0265T	1
0274T	1
0278T	1
0308T	1
0330T	1
0331T	1
0332T	1
0335T	2
0338T	1
0339T	1
0342T	1
0347T	1
0348T	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
0349T	1
0350T	1
0351T	5
0353T	2
0379T	1
0395T	2
0397T	1
0402T	2
0408T	1
0409T	1
0410T	1
0411T	1
0412T	1
0413T	1
0414T	1
0415T	1
0416T	1
0419T	1
0420T	1
0422T	1
0437T	1
0439T	1
0440T	3
0441T	3
0442T	3
0443T	1
0444T	1
0445T	1
0446T	1
0447T	1
0448T	1
0449T	1
0450T	1
0479T	1
0480T	40
0505T	1
0510T	1
0511T	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
0512T	1
0513T	2
0515T	1
0516T	1
0517T	1
0518T	1
0519T	1
0520T	1
0523T	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
0599T	2
0600T	3
0601T	3
0609T	1
0611T	1
0614T	1
0620T	1
0621T	1
0627T	1
0628T	4
0629T	1
0630T	4
0632T	1
0633T	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
0634T	1
0635T	1
0636T	1
0637T	1
0638T	1
0644T	1
0645T	1
0647T	1
0648T	1
0651T	1
0652T	1
0653T	1
0654T	1
0655T	1
0656T	1
0657T	1
0660T	1
0661T	1
0671T	1
0673T	1
0674T	1
0675T	1
0676T	1
0677T	1
0678T	1
0679T	1
0680T	1
0681T	1
0682T	1
0686T	1
0689T	2
0692T	1
0697T	1
0698T	1
0699T	2
0707T	1
0714T	1
0717T	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
0718T	1
0737T	1
0744T	1
0784T	1
0785T	1
0786T	1
0787T	1
0790T	1
0793T	1
0797T	1
0800T	1
0803T	1
0810T	1
0813T	1
0816T	1
0817T	1
0818T	1
0819T	1
0861T	1
0862T	1
0863T	1
0864T	1
0865T	1
0866T	1
0867T	1
0869T	1
0870T	1
0871T	1
0872T	1
0873T	1
0874T	1
0875T	1
0882T	1
0883T	2
0884T	1
0885T	1
0886T	1
0888T	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
0908T	1
0909T	1
0910T	1
0913T	2
0914T	1
0915T	1
0916T	1
0917T	1
0918T	1
0919T	1
0920T	1
0921T	1
0922T	1
0923T	1
0924T	1
0925T	1
0933T	1
0946T	2
0950T	1
0956T	1
0957T	1
0958T	1
0959T	1
0960T	1
0962T	1
0963T	1
0964T	1
0965T	1
0966T	1
0967T	1
0970T	1
0971T	2
0973T	1
0975T	1
0977T	1
0981T	1
10004	3
10005	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
10006	3
10007	1
10008	2
10009	1
10010	3
10011	1
10012	3
10021	1
10030	2
10035	1
10036	2
10040	1
10060	1
10061	1
10080	1
10081	1
10120	3
10121	2
10140	2
10160	3
10180	2
11000	1
11001	1
11010	2
11011	2
11012	2
11042	1
11043	1
11044	1
11045	12
11046	10
11047	10
11055	1
11056	1
11057	1
11102	1
11103	6
11104	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
11105	3
11106	1
11107	2
11200	1
11201	1
11300	5
11301	6
11302	4
11303	3
11305	4
11306	4
11307	3
11308	2
11310	4
11311	4
11312	3
11313	3
11400	3
11401	3
11402	3
11403	2
11404	2
11406	2
11420	3
11421	3
11422	3
11423	2
11424	2
11426	2
11440	4
11441	3
11442	3
11443	2
11444	2
11446	2
11450	1
11451	1
11462	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
11463	1
11470	3
11471	2
11600	2
11601	2
11602	3
11603	2
11604	2
11606	2
11620	2
11621	2
11622	2
11623	2
11624	2
11626	2
11640	2
11641	2
11642	3
11643	2
11644	2
11646	2
11719	1
11720	1
11721	1
11730	1
11732	4
11740	2
11750	6
11755	2
11760	4
11762	2
11765	4
11770	1
11771	1
11772	1
11900	1
11901	1
11920	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
11921	1
11922	1
11950	1
11951	1
11952	1
11954	1
11960	2
11970	2
11971	2
11976	1
11980	1
11981	1
11982	1
11983	1
12001	1
12002	1
12004	1
12005	1
12006	1
12007	1
12011	1
12013	1
12014	1
12015	1
12016	1
12017	1
12018	1
12020	2
12021	3
12031	1
12032	1
12034	1
12035	1
12036	1
12037	1
12041	1
12042	1
12044	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
12045	1
12046	1
12047	1
12051	1
12052	1
12053	1
12054	1
12055	1
12056	1
12057	1
13100	1
13101	1
13102	9
13120	1
13121	1
13122	9
13131	1
13132	1
13133	7
13151	1
13152	1
13153	2
13160	2
14000	2
14001	2
14020	2
14021	2
14040	2
14041	3
14060	2
14061	2
14301	2
14302	8
14350	2
15002	1
15003	60
15004	1
15005	19

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
15011	1
15013	1
15015	1
15017	1
15040	1
15050	1
15100	1
15101	40
15110	1
15111	5
15115	1
15116	2
15120	1
15121	8
15130	1
15131	2
15135	1
15136	1
15150	1
15151	1
15152	5
15155	1
15156	1
15157	1
15200	1
15201	7
15220	1
15221	9
15240	1
15241	9
15260	1
15261	6
15271	1
15272	3
15273	1
15274	60
15275	1
15276	3

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
15277	1
15278	15
15570	2
15572	2
15574	2
15576	2
15600	2
15610	2
15620	2
15630	2
15650	1
15730	1
15731	1
15733	2
15734	4
15736	2
15738	3
15740	2
15750	2
15760	2
15769	1
15770	2
15771	1
15773	1
15775	1
15776	1
15777	1
15780	1
15781	1
15782	1
15783	1
15786	1
15787	2
15788	1
15789	1
15792	1
15793	1
15820	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
15821	1
15822	1
15823	1
15824	1
15825	1
15826	1
15828	1
15829	1
15830	1
15832	1
15833	1
15834	1
15835	1
15836	1
15837	2
15838	1
15839	2
15840	1
15841	2
15842	2
15845	2
15847	1
15851	1
15852	1
15860	1
15876	1
15877	1
15878	1
15879	1
15920	1
15922	1
15931	1
15933	1
15934	1
15935	1
15936	1
15937	1
15940	2

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
15941	2
15944	2
15945	2
15946	2
15950	2
15951	2
15952	2
15953	2
15956	2
15958	2
16000	1
16020	1
16025	1
16030	1
16035	1
17000	1
17003	13
17004	1
17106	1
17107	1
17108	1
17110	1
17111	1
17250	4
17260	7
17261	7
17262	6
17263	3
17264	3
17266	2
17270	6
17271	4
17272	5
17273	4
17274	2
17276	2
17280	6
17281	5

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
17282	4
17283	4
17284	2
17286	2
17311	4
17312	6
17313	3
17314	4
17315	15
17340	1
17360	1
17380	4
19000	2
19001	5
19020	2
19030	1
19081	1
19082	2
19083	1
19084	2
19085	1
19086	2
19100	4
19101	3
19105	2
19110	1
19112	2
19120	1
19125	1
19126	3
19281	1
19282	2
19283	1
19284	2
19285	1
19286	2
19287	1
19288	2

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
19294	2
19296	1
19297	2
19298	1
19300	1
19301	1
19302	1
19303	1
19307	1
19316	1
19318	1
19325	1
19328	1
19330	1
19340	1
19342	1
19350	1
19355	1
19357	1
19370	1
19371	1
19380	1
19396	1
20100	2
20101	2
20102	3
20103	3
20150	2
20200	2
20205	3
20206	3
20220	3
20225	2
20240	4
20245	3
20250	1
20251	2
20500	2

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
20501	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
20660	1
20661	1
20662	1
20663	1
20664	1
20665	1
20670	3
20680	3
20690	2
20692	2
20693	2
20694	2
20696	2
20697	4
20700	1
20802	1
20805	1
20808	1
20816	3

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
20822	3
20824	1
20827	1
20838	1
20900	2
20902	2
20910	1
20912	1
20920	1
20922	1
20924	2
20930	1
20931	1
20932	1
20933	1
20934	1
20936	1
20937	1
20938	1
20939	1
20950	2
20955	1
20956	1
20957	1
20962	1
20969	2
20970	1
20972	2
20973	1
20975	1
20979	1
20982	1
20983	1
20985	2
21010	1
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21013	2

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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21015	1
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21083	1
21084	1
21085	2
21086	1
21087	1
21088	1
21100	1
21110	2
21116	1
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21121	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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21188	1
21193	1
21194	1
21195	1
21196	1
21198	1
21199	1
21206	1
21208	1
21209	1
21210	2

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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21230	2
21235	2
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21335	1
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21340	1
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21345	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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21440	2
21445	2
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21451	1
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21480	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
21485	1
21490	1
21497	1
21501	3
21502	1
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21742	1
21743	1
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21820	1
21825	1
21920	2
21925	2
21930	5
21931	3

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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21933	2
21935	1
21936	1
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22112	1
22114	1
22116	3
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22315	1
22318	1
22319	1
22325	1
22326	1
22327	1
22328	6
22505	1
22510	1
22511	1
22512	3
22513	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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22515	4
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22533	1
22534	3
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22819	1
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22843	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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22858	1
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22861	1
22862	1
22864	1
22865	1
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22869	1
22870	1
22900	3
22901	2
22902	4
22903	3
22904	1
22905	1
23000	1
23020	1
23030	2
23031	1
23035	1
23040	1
23044	1
23065	2

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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23071	2
23073	2
23075	2
23076	2
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23190	1
23195	1
23200	1
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23220	1
23330	2
23333	1
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23395	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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23406	1
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23585	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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23605	1
23615	1
23616	1
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24006	1
24065	2
24066	2
24071	2
24073	2
24075	5
24076	4
24077	1
24079	1
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24110	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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24320	2
24330	1
24331	1
24332	1
24340	1
24341	2
24342	2
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24344	1
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24358	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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24360	1
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24362	1
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24430	1
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24470	1
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24500	1
24505	1
24515	1
24516	1
24530	1
24535	1
24538	1
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24560	1
24565	1
24566	1
24575	1
24576	1
24577	1
24579	1
24582	1
24586	1
24587	1
24600	1
24605	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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24640	1
24650	1
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25028	4
25031	2
25035	2
25040	1
25065	2
25066	2
25071	3
25073	2
25075	6
25076	3
25077	1
25078	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
25085	1
25100	1
25101	1
25105	1
25107	1
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25215	1
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25240	1
25246	1
25248	3
25250	1
25251	1
25259	1
25260	9
25263	4
25265	4
25270	8
25272	4
25274	4

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
25275	2
25280	9
25290	10
25295	9
25300	1
25301	1
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25312	4
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25415	1
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25426	1
25430	1
25431	1
25440	1
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25444	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
25445	1
25446	1
25447	4
25448	4
25449	1
25450	1
25455	1
25490	1
25491	1
25492	1
25500	1
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
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25635	1
25645	1
25650	1
25651	1
25652	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
25660	1
25670	1
25671	1
25675	1
25676	1
25680	1
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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

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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
26125	4
26130	1
26135	4
26140	2
26145	6
26160	4
26170	4
26180	4
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

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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
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26434	2
26437	4
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26460	4
26471	4
26474	4
26476	4
26477	2
26478	6
26479	4
26480	4
26483	4
26485	4
26489	2
26490	3

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
26492	2
26494	1
26496	1
26497	2
26498	1
26499	2
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26502	2
26508	1
26510	4
26516	1
26517	1
26518	1
26520	4
26525	4
26530	4
26531	4
26535	3
26536	4
26540	4
26541	4
26542	4
26545	4
26546	2
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26551	1
26553	1
26554	1
26555	2
26556	2
26560	2
26561	2
26562	2
26565	2
26567	3
26568	2
26580	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
26587	2
26590	2
26591	4
26593	8
26596	1
26600	2
26605	3
26607	2
26608	4
26615	3
26641	1
26645	1
26650	1
26665	1
26670	2
26675	1
26676	2
26685	3
26686	3
26700	2
26705	3
26706	2
26715	3
26720	4
26725	3
26727	3
26735	4
26740	3
26742	3
26746	3
26750	3
26755	2
26756	2
26765	3
26770	3
26775	2
26776	4
26785	3

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
26820	1
26841	1
26842	1
26843	2
26844	2
26850	5
26852	2
26860	1
26861	4
26862	1
26863	2
26910	4
26951	8
26952	4
26990	2
26991	1
26992	2
27000	1
27001	1
27003	1
27005	1
27006	1
27025	1
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27033	1
27035	1
27036	1
27040	2
27041	3
27043	2
27045	3
27047	2
27048	2
27049	1
27050	1
27052	1
27054	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
27057	1
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27062	1
27065	1
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2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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27328	3
27329	1
27330	1
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27332	1
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27334	1
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27337	3
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2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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27347	1
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2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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27580	1
27590	1
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27600	1
27601	1
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27603	2

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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27605	1
27606	1
27607	2
27610	1
27612	1
27613	3
27614	3
27615	1
27616	1
27618	3
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27650	1
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27654	1
27656	1
27658	2
27659	2
27664	2
27665	2
27675	1
27676	1
27680	2

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
27681	1
27685	2
27686	3
27687	1
27690	2
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27742	1
27745	1
27750	1
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27756	1
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27762	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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27767	1
27768	1
27769	1
27780	1
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27842	1
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27886	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
27888	1
27889	1
27892	1
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27894	1
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28002	3
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28005	3
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28010	4
28011	4
28020	2
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28035	1
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28041	2
28043	4
28045	4
28046	1
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28052	2
28054	2
28055	1
28060	1
28062	1
28070	2
28072	4
28080	3
28086	2
28088	2
28090	2
28092	2
28100	1
28102	1
28103	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
28104	2
28106	1
28107	1
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28119	1
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28122	4
28124	4
28126	4
28130	1
28140	3
28150	4
28153	4
28160	5
28171	1
28173	2
28175	2
28190	3
28192	2
28193	2
28200	4
28202	2
28208	4
28210	2
28220	1
28222	1
28225	1
28226	1
28230	1
28232	6
28234	6

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
28238	1
28240	1
28250	1
28260	1
28261	1
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28272	6
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28310	1
28312	4
28313	4
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28320	1
28322	2
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28341	2
28344	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
28345	2
28360	1
28400	1
28405	1
28406	1
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28436	1
28445	1
28446	1
28450	2
28455	3
28456	2
28465	3
28470	2
28475	5
28476	4
28485	5
28490	1
28495	1
28496	1
28505	1
28510	4
28515	4
28525	4
28530	1
28531	1
28540	1
28545	1
28546	1
28555	1
28570	1
28575	1
28576	1
28585	1
28600	2

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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
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28735	1
28737	1
28740	5
28750	1
28755	1
28760	1
28800	1
28805	1
28810	5
28820	6
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28890	1
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29065	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
29075	1
29085	1
29086	2
29105	1
29125	1
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29131	2
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29240	1
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29280	2
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29700	2
29705	1
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29730	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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29750	1
29800	1
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29805	1
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29846	1
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29863	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
29866	1
29867	1
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29870	1
29871	1
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29898	1
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29901	2
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29915	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
29916	1
30000	1
30020	1
30100	2
30110	1
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30435	1
30450	1
30460	1
30462	1
30465	1
30468	1
30469	1
30520	1
30540	1
30545	1
30560	1
30580	2
30600	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
30620	1
30630	1
30801	1
30802	1
30901	1
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31086	1
31087	1
31090	1
31200	1
31201	1
31205	1
31231	1
31233	1
31235	1
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31239	1
31240	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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31242	1
31243	1
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31254	1
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31505	1
31510	1
31511	1
31512	1
31513	1
31515	1
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31529	1
31530	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
31531	1
31535	1
31536	1
31540	1
31541	1
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31590	1
31591	1
31592	1
31600	1
31601	1
31603	1
31605	1
31610	1
31611	1
31612	1
31613	1
31614	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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31623	1
31624	1
31625	1
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31649	2
31651	3
31652	1
31653	1
31654	1
31660	1
31661	1
31717	1
31720	1
31730	1
31750	1
31755	1
31785	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
31820	1
31825	1
31830	1
32400	2
32408	2
32550	2
32551	2
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32553	1
32554	2
32555	2
32556	2
32557	2
32560	1
32561	1
32562	1
32601	1
32604	1
32606	1
32607	1
32608	1
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32960	1
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32998	1
33016	1
33206	1
33207	1
33208	1
33210	1
33211	1
33212	1
33213	1
33214	1
33215	2
33216	1
33217	1
33218	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
33220	1
33221	1
33222	1
33223	1
33224	1
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33286	1
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33288	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
33289	1
33419	1
33508	1
33866	1
33900	1
33901	1
33902	1
33903	1
34101	1
34111	2
34201	1
34203	1
34421	1
34471	1
34490	1
34501	1
34510	2
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34715	1
34716	1
35011	1
35045	1
35180	2
35184	2
35188	2
35190	2
35201	2
35206	2
35207	3
35226	3
35231	2
35236	2
35256	2
35261	1
35266	2

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
35286	2
35321	1
35372	1
35572	2
35800	2
35860	2
35875	2
35876	2
35879	2
35881	1
35883	1
35884	1
35903	2
36000	4
36002	2
36005	2
36010	2
36011	4
36012	4
36013	2
36014	2
36015	4
36100	2
36140	3
36160	2
36200	2
36215	6
36216	4
36217	2
36218	6
36221	1
36222	1
36223	1
36224	1
36225	1
36226	1
36227	2
36228	4

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
36245	6
36246	4
36247	3
36248	6
36251	1
36252	1
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36254	1
36260	1
36261	1
36262	1
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36405	1
36406	1
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36416	5
36420	2
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36468	2
36470	1
36471	1
36473	1
36474	1
36475	1
36476	2
36478	1
36479	2
36481	1
36482	1
36483	2
36500	4

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
36510	1
36511	1
36512	1
36513	1
36514	1
36516	1
36522	1
36555	2
36556	2
36557	2
36558	2
36560	2
36561	2
36563	1
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36568	2
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36570	2
36571	2
36572	1
36573	1
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36576	2
36578	2
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36581	2
36582	2
36583	2
36584	2
36585	2
36589	2
36590	2
36591	2
36592	1
36593	2
36595	2
36596	2

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
36597	2
36598	2
36600	4
36620	3
36625	2
36640	1
36680	1
36800	1
36810	1
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36818	1
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36820	1
36821	2
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36830	2
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36837	1
36838	1
36860	2
36861	2
36901	1
36902	1
36903	1
36904	1
36905	1
36906	1
36907	1
36908	1
36909	1
37182	1
37183	1
37184	1
37185	2

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
37186	2
37187	1
37188	1
37191	1
37192	1
37193	1
37195	1
37197	2
37200	2
37211	1
37212	1
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37237	2
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37249	3
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37253	5
37565	1
37600	1
37605	1
37606	1
37607	1
37609	1
37615	2
37617	3
37619	1
37650	1
37700	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
37718	1
37722	1
37735	1
37760	1
37761	1
37765	1
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38230	1
38232	1
38240	1
38241	1
38242	1
38243	1
38300	1
38305	1
38308	1
38500	2
38505	2
38510	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
38520	1
38525	1
38530	1
38531	1
38542	1
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40520	2
40525	2
40527	2
40530	2
40650	2
40652	2
40654	2
40700	1
40701	1
40702	1
40720	1
40761	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
40800	2
40801	2
40804	1
40805	2
40806	2
40808	2
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40814	4
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40818	2
40819	2
40820	2
40830	2
40831	2
40840	1
40842	1
40843	1
40844	1
40845	1
41000	1
41005	1
41006	2
41007	2
41008	2
41009	2
41010	1
41015	2
41016	1
41017	2
41018	2
41019	1
41100	2
41105	2
41108	2
41110	2
41112	2
41113	2

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
41114	2
41115	1
41116	2
41120	1
41250	2
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41872	4
41874	4
42000	1
42100	2
42104	2
42106	2
42107	2
42120	1
42140	1
42145	1
42160	1
42180	1
42182	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
42200	1
42205	1
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42281	1
42300	2
42305	2
42310	2
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42330	1
42335	2
42340	1
42400	2
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42409	1
42410	1
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42440	1
42450	1
42500	2
42505	2
42507	1
42509	1
42510	1
42550	2
42600	1
42650	2
42660	2

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
42665	2
42700	2
42720	1
42725	1
42800	3
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42962	1
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42972	1
42975	1
43020	1
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43180	1
43191	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
43192	1
43193	1
43194	1
43195	1
43196	1
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43244	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
43245	1
43246	1
43247	1
43248	1
43249	1
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43497	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
43510	1
43647	1
43648	1
43651	1
43652	1
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43888	1
44100	1
44180	1
44186	1
44300	1
44312	1
44314	1
44340	1
44345	1
44346	1
44360	1
44361	1
44363	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
44364	1
44365	1
44366	1
44369	1
44370	1
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44407	1
44408	1
44500	1
44602	1
44701	1
44950	1
44955	1
44970	1
45000	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
45005	1
45020	1
45100	2
45108	1
45150	1
45160	1
45171	2
45172	2
45190	1
45300	1
45303	1
45305	1
45307	1
45308	1
45309	1
45315	1
45317	1
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2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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47536	2
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2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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51703	2

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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52500	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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54105	2
54110	1
54111	1
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2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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59820	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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61624	2
61626	2

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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61892	1
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62160	1
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62287	1
62290	5
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62292	1
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2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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63005	1
63011	1
63012	1
63015	1
63016	1
63017	1
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63043	4

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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64408	1
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64417	1
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64420	2
64421	4

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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64615	1
64616	1
64617	1
64620	5
64624	2
64625	2
64628	1
64630	1
64632	1
64633	1
64634	4
64635	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
64636	4
64640	5
64642	1
64643	3
64644	1
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64736	1
64738	1
64740	1
64742	1
64744	1
64746	1
64763	1
64766	1
64771	2
64772	2
64774	2

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
64776	1
64778	1
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64783	2
64784	3
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64864	2
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64874	1
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64890	2

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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64895	2
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2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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66630	1
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66680	1
66682	1
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66740	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
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66762	1
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67025	1
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2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
67105	1
67107	1
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67412	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
67413	1
67414	1
67415	1
67420	1
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67715	1
67800	1
67801	1
67805	1
67808	1
67810	2
67820	1
67825	1
67830	1
67835	1
67840	3
67850	3
67875	1
67880	1
67882	1
67900	1
67901	1
67902	1
67903	1
67904	1
67906	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
67908	1
67909	1
67911	2
67912	1
67914	2
67915	2
67916	2
67917	2
67921	2
67922	2
67923	2
67924	2
67930	2
67935	2
67938	2
67950	2
67961	2
67966	2
67971	1
67973	1
67974	1
67975	1
68020	1
68040	1
68100	1
68110	1
68115	1
68130	1
68135	1
68200	1
68320	1
68325	1
68326	1
68328	1
68330	1
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68340	1
68360	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
68362	1
68371	1
68400	1
68420	1
68440	2
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68700	1
68705	2
68720	1
68745	1
68750	1
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68761	4
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68801	4
68810	1
68811	1
68815	1
68816	1
68840	1
68841	4
68850	1
69000	1
69005	1
69020	1
69100	3
69105	1
69110	1
69120	1
69140	1
69145	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
69150	1
69200	1
69205	1
69209	1
69210	1
69220	1
69222	1
69300	1
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69320	1
69420	1
69421	1
69424	1
69433	1
69436	1
69440	1
69450	1
69501	1
69502	1
69505	1
69511	1
69530	1
69540	1
69550	1
69552	1
69601	1
69602	1
69603	1
69604	1
69610	1
69620	1
69631	1
69632	1
69633	1
69635	1
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69637	1
69641	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
69642	1
69643	1
69644	1
69645	1
69646	1
69650	1
69660	1
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69666	1
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69670	1
69676	1
69700	1
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69706	1
69711	1
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69716	1
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69729	1
69730	1
69740	1
69745	1
69801	1
69805	1
69806	1
69905	1
69910	1
69915	1
69930	1
69955	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
69960	1
69970	1
69990	1
70010	1
70015	1
70030	2
70100	2
70110	2
70120	1
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70134	1
70140	2
70150	1
70160	1
70170	2
70190	1
70200	2
70210	1
70220	1
70240	1
70250	2
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70320	1
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70330	1
70332	2
70336	1
70350	1
70355	1
70360	2
70370	1
70371	1
70380	2
70390	2
70450	3
70460	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
70470	2
70480	1
70481	1
70482	1
70486	1
70487	1
70488	1
70490	1
70491	1
70492	1
70496	2
70498	2
70540	1
70542	1
70543	1
70544	2
70545	1
70546	1
70547	1
70548	1
70549	1
70551	2
70552	2
70553	2
70554	1
70555	1
70557	1
70558	1
70559	1
71045	4
71046	2
71047	1
71048	1
71100	2
71101	2
71110	1
71111	1
71120	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
71130	1
71250	2
71260	2
71270	1
71275	1
71550	1
71551	1
71552	1
72020	4
72040	3
72050	1
72052	1
72070	1
72072	1
72074	1
72080	1
72081	1
72082	1
72083	1
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72126	1
72127	1
72128	1
72129	1
72130	1
72131	1
72132	1
72133	1
72141	1
72142	1
72146	1
72147	1
72148	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
72149	1
72156	1
72157	1
72158	1
72170	2
72190	1
72191	1
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72195	1
72196	1
72197	1
72200	2
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72220	1
72240	1
72255	1
72265	1
72270	1
72285	4
72295	5
73000	2
73010	2
73020	2
73030	4
73040	2
73050	1
73060	2
73070	2
73080	2
73085	2
73090	2
73092	2
73100	2
73110	3
73115	2
73120	2

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
73130	3
73140	3
73200	2
73201	2
73202	2
73206	2
73218	2
73219	2
73220	2
73221	2
73222	2
73223	2
73501	2
73502	2
73503	2
73521	2
73522	2
73523	2
73525	2
73551	2
73552	2
73560	4
73562	3
73564	4
73565	1
73580	2
73590	3
73592	2
73600	2
73610	3
73615	2
73620	2
73630	3
73650	2
73660	2
73700	2
73701	2
73702	2

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
73706	2
73718	2
73719	2
73720	2
73721	3
73722	2
73723	2
74018	3
74019	2
74021	2
74022	2
74150	1
74160	1
74170	1
74174	1
74175	1
74176	2
74177	2
74178	1
74181	1
74182	1
74183	1
74190	1
74210	1
74220	1
74221	1
74230	1
74235	1
74240	2
74246	1
74248	1
74250	1
74251	1
74261	1
74262	1
74270	1
74280	1
74283	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
74290	1
74300	1
74301	1
74328	1
74329	1
74330	1
74340	1
74355	1
74360	1
74363	2
74400	1
74410	1
74415	1
74420	2
74425	2
74430	1
74440	1
74445	1
74450	1
74455	1
74470	2
74485	2
74712	1
74713	2
74740	1
74742	2
74775	1
75557	1
75559	1
75561	1
75563	1
75565	4
75571	1
75572	1
75573	1
75574	1
75600	1
75605	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
75625	1
75630	1
75635	1
75705	20
75710	2
75716	1
75726	3
75731	1
75733	1
75736	2
75741	1
75743	1
75746	1
75756	2
75774	7
75801	1
75803	1
75805	1
75807	1
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75831	1
75833	1
75840	1
75860	2
75870	1
75872	1
75880	1
75885	1
75887	1
75889	1
75891	1
75893	2
75894	2

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
75898	2
75901	1
75902	2
75970	1
75984	2
75989	2
76000	3
76010	2
76014	1
76016	1
76018	1
76019	1
76080	3
76098	3
76100	2
76120	1
76125	1
76145	1
76376	2
76377	2
76380	2
76390	1
76391	1
76496	1
76497	1
76498	1
76499	1
76506	1
76510	2
76511	2
76512	2
76513	2
76514	1
76516	1
76519	2
76529	2
76536	1
76604	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
76641	2
76642	2
76700	1
76705	2
76770	1
76775	2
76776	2
76800	1
76801	1
76802	2
76805	1
76810	2
76811	1
76812	2
76813	1
76814	2
76815	1
76816	2
76817	1
76818	2
76819	2
76820	3
76821	2
76825	2
76826	2
76827	2
76828	2
76830	1
76831	1
76856	1
76857	1
76870	1
76872	1
76873	1
76881	2
76882	2
76883	4
76885	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
76886	1
76932	1
76936	1
76937	2
76940	1
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76948	1
76965	2
76975	1
76977	1
76978	1
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76982	1
76983	2
76998	1
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77001	2
77002	1
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77012	1
77013	1
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77022	1
77046	1
77047	1
77053	2
77054	2
77071	1
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77076	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
77077	1
77078	1
77080	1
77081	1
77084	1
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77333	2
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77336	1
77338	1
77370	1
77387	1
77399	1
77402	2
77407	2
77412	2
77417	1
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77425	1
77435	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
77470	1
77520	2
77522	2
77523	2
77525	2
77600	1
77605	1
77610	1
77615	1
77620	1
77750	1
77761	1
77762	1
77763	1
77767	2
77768	2
77770	2
77771	2
77772	2
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77789	2
77790	1
77799	1
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78015	1
78016	1
78018	1
78020	1
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78075	1
78099	1
78102	1
78103	1
78104	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
78110	1
78111	1
78120	1
78121	1
78122	1
78130	1
78140	1
78185	1
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78278	2
78282	1
78290	1
78291	1
78299	1
78300	1
78305	1
78306	1
78315	1
78399	1
78414	1
78428	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
78429	1
78430	1
78431	1
78432	1
78433	1
78434	1
78445	1
78451	1
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78468	1
78469	1
78472	1
78473	1
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78483	1
78491	1
78492	1
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78496	1
78499	1
78579	1
78580	1
78582	1
78597	1
78598	1
78599	1
78600	1
78601	1
78605	1
78606	1
78608	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
78610	1
78630	1
78635	1
78645	1
78650	1
78660	1
78699	1
78700	1
78701	1
78707	1
78708	1
78709	1
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78815	1
78816	1
78830	1
78831	1
78832	1
78835	4
78999	1
79005	1
79101	1
79200	1
79300	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
79403	1
79440	1
79445	1
79999	1
90371	10
90375	20
90376	20
90377	20
90378	4
90385	1
90393	1
90396	1
90581	1
90611	1
90622	1
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90673	1
90674	1
90675	1
90676	1
90680	1
90682	1
90684	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
90684	1
90685	1
90686	1
90687	1
90688	1
90689	1
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91010	1
91013	1
91020	1
91022	1
91030	1
91034	1
91035	1
91037	1
91038	1
91040	1
91065	2
91110	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
91111	1
91112	1
91113	1
91117	1
91200	1
92920	3
92924	2
92928	3
92933	2
92937	2
92943	2
92960	2
92961	1
92972	3
92973	2
92974	1
92978	1
93312	1
93318	1
93451	1
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93459	1
93460	1
93461	1
93462	1
93463	1
93566	1
93567	1
93568	1
93571	1
93572	2
93619	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
93620	1
93623	1
93642	1
93650	1
93653	1
93654	1
93655	2
93656	1
93657	2
93724	1
93985	1
93986	1
95980	1
A4344	3
A9500	3
A9501	1
A9502	3
A9503	1
A9504	1
A9505	4
A9506	1
A9507	1
A9508	2
A9509	5
A9510	1
A9512	30
A9513	200
A9515	1
A9516	4
A9517	200
A9520	1
A9521	2
A9524	10
A9526	2
A9527	195
A9528	10
A9529	10
A9530	200

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
A9531	100
A9532	10
A9536	1
A9537	1
A9538	1
A9539	2
A9540	2
A9541	1
A9542	1
A9543	1
A9546	1
A9547	2
A9548	2
A9550	1
A9551	1
A9552	1
A9553	1
A9554	1
A9555	2
A9556	10
A9557	2
A9558	7
A9559	1
A9560	2
A9561	1
A9562	2
A9563	10
A9566	1
A9567	2
A9569	1
A9570	1
A9571	1
A9572	1
A9573	18
A9575	300
A9576	100
A9577	50
A9578	50

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
A9579	100
A9580	1
A9581	20
A9582	1
A9583	18
A9584	1
A9585	300
A9586	1
A9587	54
A9588	10
A9589	1
A9590	675
A9591	6
A9592	4
A9593	7
A9594	7
A9595	10
A9596	7
A9600	7
A9601	10
A9602	5
A9603	64
A9604	1
A9606	224
A9607	216
A9608	8
A9609	1
A9610	1
A9611	13
A9615	156
A9697	1
A9698	2
A9700	2
A9800	7
C1052	1
C1062	3
C1600	1
C1601	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
C1602	1
C1603	1
C1604	1
C1605	1
C1606	1
C1713	20
C1714	4
C1715	45
C1716	4
C1717	10
C1719	99
C1721	1
C1722	1
C1724	5
C1725	9
C1726	5
C1727	4
C1728	5
C1729	6
C1730	4
C1731	2
C1732	3
C1733	3
C1734	2
C1735	1
C1736	1
C1737	1
C1738	1
C1739	4
C1747	1
C1748	1
C1749	1
C1750	2
C1751	3
C1752	2
C1753	2
C1754	2
C1755	2

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
C1756	2
C1757	6
C1758	2
C1759	2
C1760	4
C1761	1
C1762	4
C1763	4
C1764	1
C1765	4
C1766	4
C1767	2
C1768	3
C1769	9
C1770	3
C1771	1
C1772	1
C1773	3
C1776	10
C1777	2
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C1781	4
C1782	1
C1783	3
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C1785	1
C1786	1
C1787	2
C1788	2
C1789	2
C1813	1
C1814	2
C1815	1
C1816	2
C1817	1
C1818	2

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
C1819	4
C1820	2
C1821	4
C1822	1
C1823	1
C1824	1
C1825	1
C1826	1
C1827	1
C1830	2
C1832	1
C1833	1
C1839	2
C1840	1
C1874	5
C1875	4
C1876	5
C1877	5
C1878	2
C1880	2
C1881	2
C1882	1
C1883	4
C1884	4
C1885	2
C1886	1
C1887	7
C1888	2
C1889	1
C1890	1
C1891	1
C1892	6
C1893	6
C1894	6
C1895	2
C1896	2
C1897	2
C1898	2

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
C1899	2
C1900	1
C1982	1
C2596	1
C2613	2
C2614	3
C2615	2
C2616	1
C2617	4
C2618	4
C2619	1
C2620	1
C2621	1
C2622	1
C2623	2
C2624	1
C2625	4
C2626	1
C2627	2
C2628	4
C2629	4
C2630	3
C2631	1
C2634	24
C2635	124
C2636	690
C2638	150
C2639	150
C2640	150
C2641	150
C2642	120
C2643	120
C2644	500
C2645	4608
C2698	150
C2699	150
C7502	1
C7503	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
C7504	1
C7505	1
C7506	1
C7507	1
C7509	1
C7510	1
C7511	1
C7512	1
C7513	1
C7514	1
C7515	1
C7516	1
C7517	1
C7518	1
C7519	1
C7521	1
C7522	1
C7523	1
C7524	1
C7525	1
C7526	1
C7527	1
C7528	1
C7529	1
C7531	1
C7532	1
C7533	3
C7535	1
C7537	1
C7538	1
C7539	1
C7540	1
C7545	2
C7550	1
C7551	1
C7554	1
C7555	1
C7556	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
C7562	1
C7563	1
C7564	1
C7565	1
C8000	1
C8002	1
C8003	1
C8004	1
C8900	1
C8901	1
C8902	1
C8903	1
C8905	1
C8906	1
C8908	1
C8909	1
C8910	1
C8911	1
C8912	1
C8913	1
C8914	1
C8918	1
C8919	1
C8920	1
C8925	1
C8926	1
C8927	1
C8931	1
C8932	1
C8933	1
C8934	2
C8935	2
C8936	2
C9046	160
C9047	22
C9067	500
C9101	300
C9143	160

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
C9145	150
C9250	1
C9254	400
C9257	10
C9285	2
C9293	700
C9352	3
C9353	4
C9354	300
C9355	5
C9356	125
C9358	800
C9359	30
C9360	300
C9361	10
C9362	60
C9363	500
C9364	600
C9460	1
C9462	600
C9482	150
C9488	20
C9600	3
C9601	2
C9602	2
C9603	2
C9604	2
C9605	2
C9607	2
C9608	2
C9610	1
C9725	1
C9726	2
C9727	1
C9728	1
C9734	1
C9738	1
C9739	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
C9740	1
C9757	2
C9758	1
C9759	1
C9760	1
C9761	2
C9762	1
C9763	1
C9764	2
C9765	2
C9766	2
C9767	2
C9772	2
C9773	2
C9774	2
C9775	2
C9776	1
C9777	1
C9778	1
C9781	1
C9782	1
C9783	1
C9785	1
C9789	1
C9792	1
C9796	1
C9797	1
C9804	1
C9806	1
C9807	1
C9808	1
C9809	1
C9901	1
D0150	1
D0230	13
D0240	1
D0250	2
D0251	4

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
D0270	1
D0272	1
D0274	1
D0277	1
D1354	32
D2750	12
D2751	12
D2752	12
D2791	12
D2932	12
D2951	12
D2954	12
D4210	4
D4211	4
D4212	1
D4260	4
D4263	4
D4270	4
D4273	1
D4341	4
D4342	4
D4355	1
D4381	12
D7111	20
D7140	32
D7210	32
D7220	6
D7230	6
D7240	6
D7241	6
D7250	32
D7270	1
D7310	4
D7311	4
D7320	4
D7321	4
D7472	1
D7473	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
D7510	1
D7511	1
D7520	1
D7550	1
D7950	1
G0104	1
G0105	1
G0121	1
G0130	1
G0186	1
G0235	1
G0260	2
G0269	2
G0276	1
G0330	1
G0412	1
G0413	1
G0414	1
G0415	1
G0429	1
G0516	1
G0517	1
G0518	1
J0120	1
J0121	200
J0122	300
J0129	100
J0130	4
J0131	400
J0132	12
J0133	1200
J0134	400
J0136	400
J0137	400
J0138	400
J0153	180
J0174	2000
J0175	700

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
J0177	16
J0178	4
J0179	12
J0180	140
J0184	10
J0185	130
J0202	12
J0206	1000
J0208	500
J0209	250
J0211	200
J0217	150
J0218	460
J0219	750
J0220	1
J0221	250
J0222	300
J0223	756
J0224	945
J0225	25
J0248	200
J0256	1600
J0257	1400
J0278	15
J0280	7
J0282	35
J0283	35
J0285	5
J0287	50
J0289	50
J0290	24
J0291	500
J0295	12
J0300	8
J0330	10
J0348	200
J0349	400
J0360	2

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
J0390	4
J0391	770
J0400	39
J0401	400
J0402	960
J0456	4
J0457	80
J0461	200
J0470	2
J0475	8
J0476	2
J0480	1
J0485	1500
J0490	160
J0491	300
J0500	4
J0515	3
J0517	30
J0558	24
J0561	24
J0565	200
J0567	300
J0570	4
J0577	1
J0578	1
J0583	250
J0584	90
J0585	800
J0586	300
J0587	300
J0588	600
J0589	250
J0592	6
J0593	300
J0594	320
J0595	8
J0596	840
J0597	250

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
J0598	100
J0600	3
J0606	150
J0612	800
J0613	800
J0614	600
J0620	1
J0636	100
J0637	20
J0638	300
J0640	24
J0641	1200
J0642	1200
J0650	100
J0651	100
J0652	100
J0666	266
J0670	10
J0687	16
J0688	16
J0689	16
J0690	16
J0691	300
J0692	12
J0694	8
J0695	60
J0696	16
J0697	4
J0698	10
J0699	600
J0701	12
J0702	18
J0703	12
J0706	1
J0712	120
J0713	12
J0714	12
J0716	4

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
J0717	400
J0720	15
J0725	10
J0735	50
J0736	9
J0737	9
J0739	600
J0740	2
J0741	300
J0742	500
J0743	16
J0744	6
J0745	2
J0750	1
J0751	1
J0770	5
J0775	180
J0780	4
J0791	160
J0799	1
J0801	3
J0802	3
J0834	3
J0840	6
J0841	20
J0850	9
J0870	1081
J0872	1050
J0873	1000
J0874	1000
J0875	300
J0877	1000
J0878	1000
J0881	500
J0882	300
J0883	1125
J0884	1125
J0885	60

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
J0887	360
J0888	360
J0894	100
J0895	12
J0896	1100
J0897	120
J0911	60
J1000	1
J1010	160
J1050	1000
J1071	400
J1072	400
J1095	1034
J1096	8
J1097	4
J1100	120
J1110	3
J1120	2
J1130	300
J1160	2
J1162	1
J1165	50
J1171	240
J1190	8
J1200	8
J1201	20
J1203	630
J1205	4
J1212	1
J1230	3
J1240	6
J1245	10
J1250	2
J1260	2
J1265	20
J1270	8
J1290	30
J1299	600

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
J1301	60
J1302	770
J1303	360
J1304	100
J1305	480
J1306	284
J1307	170
J1322	150
J1323	76
J1325	1
J1326	1200
J1327	1
J1335	2
J1364	2
J1380	4
J1410	4
J1412	456
J1426	450
J1427	1200
J1428	450
J1429	450
J1430	10
J1434	150
J1437	100
J1439	1000
J1440	150
J1442	1500
J1447	960
J1448	900
J1449	132
J1450	4
J1451	1
J1453	150
J1454	1
J1455	18
J1456	150
J1458	100
J1459	300

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
J1460	10
J1551	1600
J1552	1200
J1554	240
J1555	480
J1556	240
J1557	300
J1558	480
J1559	2400
J1560	1
J1561	360
J1566	300
J1568	300
J1569	400
J1570	4
J1571	20
J1573	130
J1575	3000
J1576	600
J1580	9
J1596	18
J1597	8
J1598	12
J1599	300
J1602	300
J1610	2
J1611	2
J1626	30
J1627	100
J1628	200
J1630	5
J1631	9
J1640	672
J1642	100
J1643	40
J1644	40
J1645	10
J1650	30

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
J1652	20
J1670	1
J1720	10
J1729	25
J1738	30
J1740	3
J1741	8
J1742	2
J1743	66
J1745	150
J1746	200
J1747	900
J1748	12
J1749	2000
J1750	45
J1756	500
J1786	680
J1790	2
J1800	6
J1815	8
J1817	270
J1823	300
J1833	372
J1836	400
J1885	8
J1930	120
J1931	377
J1932	120
J1939	24
J1943	675
J1944	1064
J1950	12
J1951	180
J1952	42
J1953	300
J1954	3
J1956	4
J1961	927

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
J1980	2
J1990	3
J2002	2000
J2003	300
J2004	500
J2010	10
J2020	6
J2021	6
J2060	4
J2062	10
J2175	4
J2180	24
J2182	300
J2183	60
J2184	60
J2185	60
J2186	600
J2210	1
J2246	150
J2247	150
J2248	150
J2250	22
J2251	22
J2252	400
J2253	10
J2260	4
J2265	400
J2267	900
J2270	9
J2272	9
J2274	250
J2277	750
J2278	1000
J2280	4
J2281	4
J2300	4
J2315	380
J2320	4

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
J2323	300
J2326	120
J2327	1200
J2329	450
J2350	600
J2351	920
J2353	60
J2354	60
J2355	2
J2356	210
J2357	120
J2358	405
J2359	60
J2360	2
J2401	1000
J2402	50
J2403	1600
J2404	3600
J2405	64
J2406	120
J2407	120
J2410	2
J2425	125
J2426	1560
J2427	1560
J2428	351
J2430	3
J2468	10
J2469	60
J2470	6
J2471	6
J2501	2
J2502	60
J2506	12
J2507	8
J2508	160
J2510	4
J2515	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
J2540	75
J2543	16
J2547	600
J2550	3
J2560	1
J2562	48
J2590	3
J2597	45
J2601	160
J2675	1
J2679	8
J2680	4
J2690	4
J2700	48
J2704	80
J2710	2
J2720	5
J2724	3500
J2730	2
J2760	2
J2765	10
J2770	6
J2777	120
J2778	10
J2779	200
J2781	30
J2782	40
J2783	60
J2785	4
J2786	500
J2787	2
J2788	1
J2790	1
J2791	15
J2792	450
J2794	100
J2795	200
J2798	240

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
J2799	250
J2800	3
J2801	100
J2802	1500
J2805	3
J2820	15
J2840	160
J2850	16
J2860	170
J2916	20
J2919	5400
J2950	8
J2993	2
J2997	100
J2998	1032
J3000	2
J3010	100
J3032	300
J3055	480
J3060	760
J3070	3
J3090	200
J3095	150
J3101	50
J3105	2
J3111	210
J3121	400
J3145	750
J3230	2
J3240	1
J3241	500
J3243	150
J3244	150
J3245	100
J3246	1
J3247	1000
J3250	2
J3260	8

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
J3262	800
J3263	480
J3265	2
J3285	1
J3299	72
J3300	80
J3301	16
J3303	24
J3304	64
J3315	6
J3316	6
J3358	520
J3360	6
J3380	300
J3385	80
J3391	1
J3396	150
J3397	600
J3398	150
J3401	25
J3410	8
J3411	4
J3415	6
J3420	1
J3424	400
J3425	20
J3430	25
J3465	40
J3470	3
J3471	999
J3472	2
J3473	450
J3475	20
J3480	40
J3485	160
J3486	4
J3489	5
J7030	5

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
J7040	6
J7042	6
J7050	10
J7060	10
J7070	4
J7100	2
J7110	2
J7120	4
J7121	4
J7131	500
J7165	5000
J7168	5000
J7169	180
J7170	1800
J7171	800
J7172	600
J7175	9000
J7177	10500
J7178	7700
J7179	7500
J7180	6000
J7181	3850
J7182	22000
J7183	7500
J7185	22000
J7186	7500
J7187	7500
J7188	22000
J7189	13000
J7190	22000
J7192	22000
J7193	4000
J7194	9000
J7195	6000
J7196	175
J7197	6300
J7198	6000
J7200	20000

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
J7201	9000
J7202	11550
J7203	12000
J7204	19500
J7205	9750
J7207	22500
J7208	12000
J7209	7500
J7210	22000
J7211	22000
J7212	90000
J7213	12000
J7214	7500
J7308	3
J7311	118
J7312	14
J7313	38
J7314	36
J7315	2
J7318	120
J7320	50
J7321	2
J7322	48
J7323	2
J7324	2
J7325	96
J7326	2
J7327	2
J7328	336
J7329	50
J7331	40
J7332	40
J7336	1120
J7340	1
J7342	10
J7345	600
J7351	20
J7352	16

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
J7353	300
J7354	2
J7355	150
J7402	270
J7500	540
J7501	1
J7502	720
J7503	3600
J7504	15
J7507	1200
J7508	9000
J7509	360
J7510	240
J7511	9
J7512	7000
J7515	1800
J7516	1
J7517	1440
J7518	720
J7519	500
J7520	600
J7525	2
J7527	40
J7599	1
J7665	127
J7799	2
J7999	2
J8501	57
J8510	5
J8522	150
J8530	180
J8540	216
J8541	160
J8560	6
J8597	4
J8610	12
J8611	30
J8612	30

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
J8655	1
J8670	180
J8700	120
J8705	22
J9000	20
J9011	600
J9015	1
J9017	30
J9021	1500
J9022	168
J9023	140
J9024	375
J9025	300
J9026	10
J9027	100
J9028	400
J9029	80
J9030	50
J9032	300
J9033	300
J9034	360
J9035	230
J9036	360
J9038	360
J9039	210
J9040	4
J9041	35
J9042	200
J9043	60
J9045	22
J9046	35
J9047	210
J9048	35
J9049	35
J9050	6
J9051	35
J9052	6
J9054	70

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
J9055	150
J9056	360
J9060	24
J9061	1050
J9063	900
J9064	60
J9065	100
J9071	1500
J9072	1500
J9073	1500
J9074	1500
J9075	1500
J9076	1500
J9100	120
J9118	750
J9119	350
J9120	5
J9130	24
J9144	180
J9145	240
J9150	12
J9153	132
J9155	240
J9161	1500
J9171	300
J9172	300
J9173	150
J9174	320
J9175	10
J9176	3000
J9177	520
J9178	150
J9179	50
J9181	100
J9185	2
J9190	20
J9196	19
J9200	5

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
J9201	20
J9202	3
J9203	180
J9204	160
J9205	215
J9206	42
J9207	90
J9208	15
J9209	55
J9210	1500
J9211	6
J9214	100
J9217	6
J9220	40
J9223	120
J9225	1
J9226	1
J9227	150
J9228	1100
J9229	27
J9230	5
J9245	9
J9246	300
J9248	250
J9249	48
J9260	400
J9261	80
J9263	700
J9264	800
J9266	2
J9267	750
J9268	1
J9269	200
J9271	400
J9272	100
J9273	200
J9274	100
J9275	600

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
J9276	1500
J9280	12
J9281	80
J9286	12
J9289	600
J9292	150
J9293	8
J9294	150
J9295	800
J9296	150
J9297	150
J9298	160
J9299	480
J9301	100
J9302	200
J9303	90
J9304	150
J9305	150
J9306	840
J9307	80
J9308	280
J9309	280
J9311	160
J9312	150
J9313	600
J9314	150
J9316	180
J9317	648
J9318	475
J9319	500
J9320	4
J9321	300
J9322	150
J9323	150
J9324	150
J9325	400
J9328	400
J9329	200

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
J9330	50
J9331	300
J9332	600
J9333	840
J9334	504
J9341	60
J9342	60
J9345	500
J9347	300
J9348	160
J9349	900
J9350	60
J9351	120
J9352	40
J9353	450
J9354	600
J9355	120
J9356	60
J9357	4
J9358	1000
J9359	400
J9360	40
J9361	40
J9370	4
J9376	4800
J9380	612
J9381	800
J9382	750
J9390	36
J9393	20
J9394	20
J9395	20
J9400	500
J9600	4
L8600	2
L8603	4
L8604	3
L8605	4

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
L8606	5
L8607	20
L8609	1
L8610	2
L8612	2
L8613	2
L8614	2
L8630	4
L8631	1
L8641	4
L8642	2
L8658	2
L8659	2
L8670	2
L8678	1/month
L8679	1
L8682	2
L8690	2
P9041	5
P9045	20
P9046	25
P9047	20
P9050	1
Q0035	1
Q0092	4
Q0138	510
Q0139	510
Q0161	66
Q0162	40
Q0163	13
Q0164	18
Q0166	2
Q0167	108
Q0169	26
Q0173	11
Q0175	14
Q0177	36
Q0180	1

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
Q0181	2
Q0224	1
Q0249	1600
Q2004	1
Q2009	100
Q2026	30
Q2028	1470
Q2034	1
Q2035	1
Q2036	1
Q2037	1
Q2038	1
Q2039	1
Q2043	1
Q2049	10
Q2050	14
Q2057	1
Q2058	1
Q3031	1
Q4101	88
Q4102	21
Q4103	21
Q4104	50
Q4105	250
Q4107	50
Q4108	250
Q4110	250
Q4111	56
Q4112	2
Q4113	4
Q4114	6
Q4115	240
Q4116	192
Q4117	200
Q4118	1000
Q4121	78
Q4122	96
Q4123	160

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
Q4124	140
Q4125	28
Q4126	32
Q4127	100
Q4128	128
Q4130	100
Q4132	50
Q4133	113
Q4134	160
Q4135	900
Q4136	900
Q4150	32
Q4151	24
Q4152	24
Q4153	6
Q4154	36
Q4155	100
Q4156	49
Q4157	24
Q4158	70
Q4159	7
Q4160	36
Q4161	42
Q4162	4
Q4163	32
Q4164	400
Q4165	100
Q4167	32
Q4168	160
Q4169	32
Q4170	120
Q4171	100
Q4173	64
Q4174	8
Q4175	120
Q4183	32
Q4184	128
Q4186	17

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
Q4187	15
Q4190	32
Q4191	1024
Q4192	2
Q4193	160
Q4194	17
Q4195	100
Q4196	100
Q4197	100
Q4198	32
Q4200	55
Q4202	6
Q4203	12
Q4204	32
Q5100	520
Q5101	1500
Q5103	150
Q5104	150
Q5105	100
Q5106	60
Q5107	230
Q5108	12
Q5110	1500
Q5111	12
Q5112	120
Q5113	120
Q5114	120
Q5115	150
Q5116	120
Q5117	120
Q5118	230
Q5119	150
Q5120	12
Q5121	150
Q5122	12
Q5123	150
Q5124	10
Q5125	1800

2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
Q5126	230
Q5127	12
Q5128	10
Q5129	230
Q5130	12
Q5133	1200
Q5134	300
Q5135	1200
Q5136	120
Q5138	520
Q5146	120
Q5147	4
Q5148	1500
Q5149	4
Q5150	4
Q5151	600
Q5152	600
Q5153	4
Q9950	5
Q9951	20
Q9953	10
Q9954	18
Q9955	10
Q9956	9
Q9957	3
Q9958	300
Q9959	20
Q9960	250
Q9961	200
Q9962	150
Q9963	240
Q9964	20
Q9965	250
Q9966	250
Q9967	300
Q9968	200
Q9982	1
Q9983	1

## 2026 Ohio Bureau of Workers' Compensation Ambulatory Surgery Center Fee Schedule

HCPCS Code	2025 ASC MUE
Q9991	1
Q9992	1
Q9997	520
Q9998	520
Q9999	520
V2630	2
V2631	2
V2632	2
V2785	2
V2790	1

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	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	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

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

STATE	NPI	ASC NAME
CA	1336143734	ENDOSCOPY CENTER AT SKYPARK
CA	1336231059	CENTINELA VALLEY ENDOSCOPY CENTER INC
CA	1437219276	MINEHART MEDICAL CORPORATION
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

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

STATE	NPI	ASC NAME
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
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

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

STATE	NPI	ASC NAME
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
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	1366117988	KANSAS SURGERY CENTER LLC
KY	1003369216	CCRESTVIEW 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

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

STATE	NPI	ASC NAME
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 LP
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

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

STATE	NPI	ASC NAME
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	1477508463	CAPE CATARACT CENTER PC
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
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

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

STATE	NPI	ASC NAME
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
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

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

STATE	NPI	ASC NAME
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
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

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

STATE	NPI	ASC NAME
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