



Common Sense Initiative

Mike DeWine, *Governor*
Jon Husted, *Lt. Governor*

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Business Impact Analysis

Agency, Board, or Commission Name: Ohio Bureau of Workers' Compensation

Rule Contact Name and Contact Information:

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Regulation/Package Title (a general description of the rules' substantive content):

Payment of ambulatory surgical center services.

Rule Number(s): 4123-6-37.3

Date of Submission for CSI Review: December 30, 2024

Public Comment Period End Date: January 13, 2025

Rule Type/Number of Rules:

New/___ rules

No Change/___ rules (FYR? ___)

Amended/ 1 rules (FYR? Y)

Rescinded/___ rules (FYR? ___)

The Common Sense Initiative is established in R.C. 107.61 to eliminate excessive and duplicative rules and regulations that stand in the way of job creation. Under the Common Sense Initiative, agencies must balance the critical objectives of regulations that have an adverse impact on business with the costs of compliance by the regulated parties. Agencies should promote transparency, responsiveness, predictability, and flexibility while developing regulations that are fair and easy to follow. Agencies should prioritize compliance over punishment, and to that end, should utilize plain language in the development of regulations.

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Reason for Submission

- 1. R.C. 106.03 and 106.031 require agencies, when reviewing a rule, to determine whether the rule has an adverse impact on businesses as defined by R.C. 107.52. If the agency determines that it does, it must complete a business impact analysis and submit the rule for CSI review.**

Which adverse impact(s) to businesses has the agency determined the rule(s) create?

The rule(s):

- Requires a license, permit, or any other prior authorization to engage in or operate a line of business.**
- Imposes a criminal penalty, a civil penalty, or another sanction, or creates a cause of action for failure to comply with its terms.**
- Requires specific expenditures or the report of information as a condition of compliance.**
- Is likely to directly reduce the revenue or increase the expenses of the lines of business to which it will apply or applies.**

Regulatory Intent

- 2. Please briefly describe the draft regulation in plain language.**

Please include the key provisions of the regulation as well as any proposed amendments.

This rule establishes the fees to be paid by BWC to providers of ambulatory surgical center (ASC) services for injured workers. Below is a restatement of the proposed changes to the rule, with a reflection of the objectives to be achieved through the adoption of the recommendations.

- Maintain current benefit plan
- Adopt the Medicare 2025 update to the ambulatory surgical center rule
 - Market basket increase of 2.6%
 - Quality reporting payment reduction
- Adopt the following for Ohio rates:
 - Maintain the current Ohio inflation of Medicare base rates for ASC services
 - Update fees for joint replacement procedures

- 3. Please list the Ohio statute(s) that authorize the agency, board or commission to adopt the rule(s) and the statute(s) that amplify that authority.**

Authorize: 4121.12, 4121.121, 4121.30, 4121.31, 4121.44, 4121.441, 4123.05, 4123.66

Amplify: 4121.12, 4121.121, 4121.44, 4121.441, 4123.66

- 4. Does the regulation implement a federal requirement? Is the proposed regulation being adopted or amended to enable the state to obtain or maintain approval to administer and enforce a federal law or to participate in a federal program?**

If yes, please briefly explain the source and substance of the federal requirement.

No.

- 5. If the regulation implements a federal requirement, but includes provisions not specifically required by the federal government, please explain the rationale for exceeding the federal requirement.**

Not Applicable.

- 6. What is the public purpose for this regulation (i.e., why does the Agency feel that there needs to be any regulation in this area at all)?**

BWC is required to adopt annual changes to its fee schedules via the O.R.C. Chapter 119 rulemaking process. The purpose of this rule is to establish the fees to be paid by BWC to providers of ambulatory surgical center services for injured workers.

While keeping focused on our fee schedule goals and objectives, these changes are necessary to ensure Ohio's injured workers access to quality medical care.

The fee schedule supports efficiency in provision of services that assists in the maintenance of employer rates.

- 7. How will the Agency measure the success of this regulation in terms of outputs and/or outcomes?**

BWC will measure success by continuing to demonstrate that our fee schedules and payment strategies will maintain stability in the environment and reimbursement methodologies; ensure injured workers access to quality care; promote efficiency in the provision of quality services; and maintain a competitive environment where providers can render safe effective care.

- 8. Are any of the proposed rules contained in this rule package being submitted pursuant to R.C. 101.352, 101.353, 106.032, 121.93, or 121.931?**

If yes, please specify the rule number(s), the specific R.C. section requiring this submission, and a detailed explanation.

No.

Development of the Regulation

- 9. Please list the stakeholders included by the Agency in the development or initial review of the draft regulation.**

If applicable, please include the date and medium by which the stakeholders were initially contacted.

The proposed ambulatory surgical center services payment rule was posted on BWC's website for stakeholder feedback on October 20, 2024 with a two-week open comment period from October 20, 2024 through November 6, 2024, and notice was e-mailed to the following lists of stakeholders:

- BWC's Managed Care Organizations
- BWC's internal medical provider stakeholder list

- BWC’s Healthcare Quality Assurance Advisory Committee
- Ohio Association for Justice
- Employer Organizations
 - Council of Smaller Enterprises (COSE)
 - Ohio Manufacturer’s Association (OMA)
 - National Federation of Independent Business (NFIB)
 - Ohio Chamber of Commerce
- BWC’s Self-Insured Division’s employer distribution list
- BWC’s Employer Services Division’s Third-Party Administrator (TPA) distribution list.

On September 24, 2024, the proposed rule was presented to representatives designated through the Ohio Association of Ambulatory Surgery Centers.

10. What input was provided by the stakeholders, and how did that input affect the draft regulation being proposed by the Agency?

The Ohio Association of Ambulatory Surgery Centers (OAASC) submitted a letter indicating OAASC is supportive of BWC’s 2025 proposed rule. Two other providers also indicated their support of the BWC 2025 proposed rule. See attached stakeholder feedback grid.

11. What scientific data was used to develop the rule or the measurable outcomes of the rule? How does this data support the regulation being proposed?

BWC’s ambulatory surgical center fee schedule is based largely on Medicare’s outpatient prospective payment system (OPPS) which includes ambulatory surgical center reimbursements. The Medicare OPPS is fully evaluated and updated yearly to ensure appropriate reimbursement levels to ambulatory surgical centers. During the annual fee schedule review, BWC claims data is modeled against Medicare annual reimbursement changes to determine the proposed impact to BWC and to determine if adjustments need to be made to BWC payment adjustment factors. If BWC determines that a Medicare change will undermine BWC’s goals of maintaining stability in the environment, ensuring injured worker access to quality care, promoting efficiency in the provision of quality services, and maintaining a competitive provider network, then BWC will adjust the payment adjustment factor. In addition, BWC researches similar payers of these services and other states’ workers’ compensation programs and data for analysis and comparison. BWC also researched the safety and efficacy of covering joint replacement procedures in the ASC setting. This issue was also reviewed and approved by BWC’s Health Care Quality Assurance Advisory Committee of physicians and other health care clinicians.

12. What alternative regulations (or specific provisions within the regulation) did the Agency consider, and why did it determine that these alternatives were not appropriate? If none, why didn’t the Agency consider regulatory alternatives?
Alternative regulations may include performance-based regulations, which define the

required outcome, but do not dictate the process the regulated stakeholders must use to comply.

None. BWC is required to develop and promulgate a statewide workers' compensation fee reimbursement scheduled for providers of medical services to injured workers including ambulatory surgical centers.

R.C. 4121.441(A)(1)(h) provides that the BWC Administrator, with the advice and consent of the BWC Board of Directors, shall adopt rules for implementation of the HPP "to provide medical, surgical, nursing, drug, hospital, and rehabilitation services and supplies" to injured workers, including but not limited to rules regarding "[d]iscounted pricing for all in-patient and out-patient medical services."

Pursuant to the 10th District Court of Appeals decision in *Ohio Hosp. Assn. v. Ohio Bur. of Workers' Comp.*, Franklin App. No. 06AP-471, 2007-Ohio-1499, BWC is required to adopt changes to its methodology for the payment of ambulatory surgical center services via the O.R.C. Chapter 119 rulemaking process.

BWC's ambulatory surgical center reimbursement methodology is based on Medicare's Ambulatory Surgical Center Prospective Payment System, which is updated annually. Therefore, BWC must also annually update OAC 4123-6-37.3, to keep in sync with Medicare.

13. What measures did the Agency take to ensure that this regulation does not duplicate an existing Ohio regulation?

This rule is specific to BWC and defines reimbursement for ambulatory surgical center services in that program. Since BWC is the only state agency that administers workers' compensation in Ohio, there is no duplication between this rule and other rules in the Ohio Administrative Code.

R.C. 4123.66(A) provides that the BWC Administrator "shall disburse and pay from the state insurance fund the amounts for medical, nurse, and hospital services and medicine as the administrator deems proper," and that the Administrator "may adopt rules, with the advice and consent of the [BWC] board of directors, with respect to furnishing medical, nurse, and hospital service and medicine to injured or disabled employees entitled thereto, and for the payment therefor."

14. Please describe the Agency's plan for implementation of the regulation, including any measures to ensure that the regulation is applied consistently and predictably for the regulated community.

BWC has established a repeatable procedure by which all medical provider fee schedules are implemented. These procedures include documentation of fee schedule changes, files and other necessary information and adequate notification to stakeholders, self-insuring employers, managed care organizations and our billing vendor to ensure the fee schedule can be

implemented accurately and in a timely fashion. The fee schedule is made available via www.bwc.ohio.gov to all employers and third-party administrators for download for use in their system. BWC's system contains edits and reports to ensure consistent and accurate application of the rule.

Adverse Impact to Business

15. Provide a summary of the estimated cost of compliance with the rule(s). Specifically, please do the following:

a. Identify the scope of the impacted business community, and

The impacted business community consists of the ambulatory surgical centers that provide services to injured workers, and self-insuring employers that also administer this rule.

b. Quantify and identify the nature of all adverse impact (e.g., fees, fines, employer time for compliance, etc.).

The adverse impact can be quantified in terms of dollars, hours to comply, or other factors; and may be estimated for the entire regulated population or for a representative business. Please include the source for your information/estimated impact.

The estimated costs of compliance for self-insured employers will be employer time and/ or reimbursement business expense for programming and executing the fee schedule changes. The adverse impact to ambulatory surgical centers will be the cost of incorporation of relevant changes into their billing systems. It is estimated that self-insuring employers and ambulatory surgery centers would require less than 10 hours of programming time to comply with this rule. The annual implementation of updates is relatively routine for providers and self-insured employers.

In addition, to be reimbursed for services, ambulatory surgical centers must submit fee bills for payment to the Bureau's Managed Care Organizations.

16. Are there any proposed changes to the rules that will reduce a regulatory burden imposed on the business community? Please identify. (*Reductions in regulatory burden may include streamlining reporting processes, simplifying rules to improve readability, eliminating requirements, reducing compliance time or fees, or other related factors*).

No.

17. Why did the Agency determine that the regulatory intent justifies the adverse impact to the regulated business community?

The intent of this rule is to ensure Ohio's injured workers have access to quality health care. It is essential that appropriate and timely review of the fee schedule with relevant modifications

are implemented to create a competitive reimbursement level for these services, maintaining injured worker access to care.

Regulatory Flexibility

18. Does the regulation provide any exemptions or alternative means of compliance for small businesses? Please explain.

No. This fee schedule is applied equitably across all ambulatory surgical centers. However, there is also the ability for ambulatory surgical centers to negotiate alternative reimbursement with BWC's managed care organizations and self-insuring employers when appropriate.

19. How will the agency apply Ohio Revised Code section 119.14 (waiver of fines and penalties for paperwork violations and first-time offenders) into implementation of the regulation?

There are no fines or penalties for paperwork violations under this rule.

20. What resources are available to assist small businesses with compliance of the regulation?

BWC posts information regarding the Ambulatory Surgery Center fee schedule on the BWC website at www.bwc.ohio.gov. The Provider Billing and Reimbursement Manual also serves as a source of fee schedule protocols, coding, and billing and reimbursement information. Providers rendering services contained within the fee schedule can also contact Managed Care Organization staff, BWC's Provider Relations Business Area or Medical Services Fee Schedule Policy Unit staff for personal assistance with billing issues.



Stakeholder Feedback Recommendations for Changes to the 2024 ASC Fee Schedule – O.A.C. 4123-6-37.3

Line #	Rule #/Subject Matter	Stakeholder	Draft Rule Suggestions	Stakeholder Rationale	BWC Response	Resolution
1	Ambulatory Surgery Center Payment Rule OAC 4123-6-37.3	Kelly Roush, DC CCSP ATC, Holzer Health System	No suggestions were provided.	Dr. Roush has reviewed the ambulatory surgery fee proposal and agrees with the proposed changes.	BWC acknowledges Dr. Roush's support of BWC's recommendation.	No modification needed.
2	Ambulatory Surgery Center Payment Rule OAC 4123-6-37.3	Heidi Moss, Ohio Association of Ambulatory Surgery Centers	No suggestions were provided.	The Ohio Association of Ambulatory Surgery Centers is supportive of BWC's recommendations and updates to the Ambulatory Surgery Center fee schedule.	BWC acknowledges the Ohio Association of Ambulatory Surgery Centers' support of BWC's recommendation.	No modification needed.
3	Ambulatory Surgery Center Payment Rule OAC 4123-6-37.3	Dr. Timothy Nice, Sheakley	No suggestions were provided.	Dr. Nice indicated the proposal was very informative.	BWC acknowledges Dr. Nice's support of BWC's recommendation.	No modification needed.

Payment of ambulatory surgical center services.

Unless an MCO has negotiated a different payment rate with an ambulatory surgical center pursuant to rule 4123-6-10 of the Administrative Code, reimbursement for ambulatory surgical center services with a date of service of May 1, ~~2025~~2024 or after will be equal to the lesser of the ambulatory surgical center's allowable billed charges or the fee schedule amount indicated in the appendix to this rule, developed with provider and employer input and effective May 1, ~~2025~~2024.

Ambulatory surgical centers determined as of the effective date of this rule by the centers for medicare and medicaid services (CMS) to not meet quality measures for the calendar year ~~2025~~2024 full payment update under the CMS ambulatory surgical center quality reporting (ASCQR) program, established by 42 U.S.C. 1395l as in effect as of the effective date of this rule and 42 C.F.R. Part 416, Subpart H as published in the ~~October 1, 2024~~~~October 1, 2023~~ Code of Federal Regulations, will be subject to a two per cent reduction to the BWC ~~2025~~2024 ambulatory surgical center fee schedule amounts indicated in the appendix to this rule.

However, if such an ambulatory surgical center, upon reconsideration, is subsequently determined by CMS to meet quality measures for the calendar year ~~2025~~2024 full payment update under the CMS ASCQR program, upon the ambulatory surgical center's request the ambulatory surgical center will no longer be subject to the two per cent reduction, and the bureau will adjust any bills for dates of service on or after the effective date of this rule that were previously reduced pursuant to this rule.

Effective: __/__/____

Prior Effective Dates: 04/01/2009, 04/01/2010, 04/01/2011, 04/01/2012, 04/01/2013, 05/05/2014, 05/01/2015, 05/01/2016, 05/01/2017, 05/01/2018, 05/01/2019, 05/16/2020, 05/06/2021, 05/01/2022, 05/01/2023, 05/01/2024, 05/01/2025

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

The five character codes included in the Ohio Bureau of Workers' Compensation (BWC) 2025 Ambulatory Surgical Center Fee Schedule are obtained from Current Procedural Terminology (CPT®), copyright 2024 by the American Medical Association (AMA) and from the Health Care Procedure Coding System (HCPCS) National Level II Medicare codes.

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

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

The responsibility for the content of the BWC 2025 Ambulatory Surgical Center Fee Schedule is **with the State of Ohio Bureau of Workers' Compensation and no endorsement by the AMA** is intended or should be implied. The AMA disclaims responsibility for any consequences or liability attributable or related to any use, nonuse or interpretation of information contained in the BWC 2025 Ambulatory Surgical Center Fee Schedule. No fee schedules, basic unit values, relative value guides, conversion factors or scales are included in any part of CPT®. Any use of CPT® outside of the BWC 2025 Ambulatory Surgical Center Fee Schedule should refer to the most current *Current Procedural Terminology* which contains the complete and most current listing of CPT® codes and descriptive terms. Applicable FARS/DFARS apply.

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

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

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Never Covered (NC)	The procedure or service is never covered.
Not Routinely Covered (NRC)	The procedure or service is not covered unless application of the <i>Miller</i> criteria requires an exception. See: OAC 4123-6-16.2(B)(1) through (B)(3). Where coverage is required, the pricing is listed on the fee schedule. If the pricing is listed at \$0.00, the MCO shall perform a cost comparison to determine a reasonable price. The MCO shall utilize the price to negotiate a final reimbursement rate.
ASC Reimbursement Levels 2025	The BWC 2025 Ambulatory Surgical Center Fee Schedule rates for all covered services other than orthopedic procedures (CPT® range 20100-29999), pain management (CPT® ranges 62280-62282, 62320-62327, 64400-64681) and device-intensive procedures (identified in Addendum AA of the Department of Health and Human Services, Centers for Medicare and Medicaid Services rule specified below with a payment indicator of J8) shall be calculated using the Medicare 2025 Ambulatory Surgical Center Prospective Payment System rates published in Addenda AA and BB of the Department of Health and Human Services, Centers for Medicare and Medicaid Services' "42 CFR Parts 406, 407, 410, 411, 416, 419, 435, 440, 457, 482 and 485 Medicare and Medicaid Programs: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems; Quality Reporting Programs, Including the Hospital Inpatient Quality Reporting Program; Health and Safety Standards for Obstetrical Services in Hospitals and Critical Access Hospitals; Prior Authorization; Requests for Information; Medicaid and CHIP Continuous Eligibility; Medicaid Clinic Services Four Walls Exceptions; Individuals Currently or Formerly in Custody of Penal Authorities; Revision to Medicare Special Enrollment Period for Formerly Incarcerated Individuals; and All-Inclusive Rate Add-On Payment for High-Cost Drugs Provided by Indian Health Service and Tribal Facilities" final rule, Federal Register, Volume 89, Number 229, 93912-94594, November 27, 2024.

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<p>ASC Reimbursement Levels 2025</p>	<p>The BWC 2025 Ambulatory Surgical Center Fee Schedule rates for covered orthopedic procedures (CPT® range 20100-29999) shall be calculated using the Medicare 2025 Ambulatory Surgical Center Prospective Payment System rates published in Addenda AA and BB of the Department of Health and Human Services, Centers for Medicare and Medicaid Services rule specified above, multiplied by a payment adjustment factor of 1.12.</p> <p>The BWC 2025 Ambulatory Surgical Center Fee Schedule rates for covered pain management services (CPT® ranges 62280-62282, 62320-62327, 64400-64681) shall be calculated using the Medicare 2025 Ambulatory Surgical Center Prospective Payment System rates published in Addenda AA and BB of the Department of Health and Human Services, Centers for Medicare and Medicaid Services rule specified above, multiplied by a payment adjustment factor of 1.10.</p> <p>The BWC 2025 Ambulatory Surgical Center Fee Schedule rates for covered, device-intensive services (payment indicator J8, identified in Addendum AA of the Medicare 2024 Ambulatory Surgical Center Prospective Payment System rates) shall be calculated using the Medicare 2025 Ambulatory Surgical Center Prospective Payment System rates published in Addenda AA and BB of the Department of Health and Human Services, Centers for Medicare and Medicaid Services rule specified above, multiplied by a payment adjustment factor of 1.14.</p>
<p>Modifiers: BWC accepts all industry-standard modifiers as published with CPT codes by the AMA and published by CMS with HCPCS level II codes in effect on the billed date of service. Unless otherwise specified in this document, modifiers will not affect the fee schedule amount calculated for a procedure.</p>	
<p>Modifier 50</p>	<p>Bilateral procedure. Reimbursement is 150% of fee schedule amount.</p>
<p>Modifier 52</p>	<p>Reduced services. Reimbursement is 50% of fee schedule amount.</p>
<p>Modifier 73</p>	<p>Discontinued procedure prior to administration of anesthesia. Reimbursement is 50% of fee schedule amount.</p>
<p>Modifier 74</p>	<p>Discontinued procedure after administration of anesthesia. Reimbursement is 100% of fee schedule amount.</p>

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

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HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
10004	N	BN	\$0.00		
10005	Y	C	\$377.60		
10006	N	BN	\$0.00		
10007	Y	C	\$228.04		
10008	N	BN	\$0.00		
10009	Y	C	\$377.60		
10010	N	BN	\$0.00		
10011	Y	C	\$377.60		
10012	N	BN	\$0.00		
10021	Y	C	\$59.52		
10030	Y	C	\$377.60		
10035	Y	BN	\$0.00		
10036	N	BN	\$0.00		
10040	N	BN	\$0.00		
10060	Y	C	\$80.54		
10061	Y	C	\$119.36		
10080	Y	NRC	\$192.46		
10081	Y	NRC	\$231.60		
10120	Y	C	\$102.86		
10121	Y	C	\$708.28		
10140	Y	C	\$106.74		
10160	Y	C	\$80.87		
10180	Y	C	\$1,201.90		
11000	Y	C	\$36.23		
11001	N	BN	\$0.00		
11010	Y	C	\$377.60		
11011	Y	C	\$377.60		
11012	Y	C	\$1,201.90		
11042	Y	C	\$214.39		
11043	Y	C	\$328.29		
11044	Y	C	\$708.28		
11045	N	BN	\$0.00		
11046	N	BN	\$0.00		
11047	N	BN	\$0.00		
11055	N	BN	\$0.00		
11056	N	BN	\$0.00		
11057	Y	C	\$63.72		
11102	Y	C	\$72.46		

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HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
11103	N	BN	\$0.00		
11104	Y	C	\$89.28		
11105	N	BN	\$0.00		
11106	Y	C	\$111.60		
11107	N	BN	\$0.00		
11200	N	BN	\$0.00		
11201	N	BN	\$0.00		
11300	N	BN	\$0.00		
11301	N	BN	\$0.00		
11302	N	BN	\$0.00		
11303	N	BN	\$0.00		
11305	N	BN	\$0.00		
11306	N	BN	\$0.00		
11307	Y	C	\$89.28		
11308	N	BN	\$0.00		
11310	Y	C	\$81.84		
11311	Y	C	\$91.86		
11312	Y	C	\$102.86		
11313	Y	C	\$114.18		
11400	Y	NRC	\$90.89		
11401	Y	NRC	\$104.48		
11402	Y	NRC	\$114.18		
11403	Y	NRC	\$124.53		
11404	Y	NRC	\$708.28		
11406	Y	NRC	\$708.28		
11420	Y	NRC	\$85.72		
11421	Y	NRC	\$101.89		
11422	Y	NRC	\$113.21		
11423	Y	NRC	\$125.18		
11424	Y	NRC	\$708.28		
11426	Y	NRC	\$1,201.90		
11440	Y	NRC	\$100.27		
11441	Y	NRC	\$112.89		
11442	Y	NRC	\$123.24		
11443	Y	NRC	\$136.18		
11444	Y	NRC	\$708.28		
11446	Y	NRC	\$1,201.90		
11450	Y	NRC	\$1,201.90		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
11451	Y	NRC	\$1,201.90		
11462	Y	NRC	\$1,201.90		
11463	Y	NRC	\$1,201.90		
11470	Y	NRC	\$1,201.90		
11471	Y	NRC	\$1,201.90		
11600	Y	C	\$131.65		
11601	Y	C	\$146.53		
11602	Y	C	\$156.23		
11603	Y	C	\$168.85		
11604	Y	C	\$377.60		
11606	Y	C	\$708.28		
11620	Y	C	\$131.65		
11621	Y	C	\$146.85		
11622	Y	C	\$158.50		
11623	Y	C	\$174.02		
11624	Y	C	\$708.28		
11626	Y	C	\$1,201.90		
11640	Y	C	\$136.18		
11641	Y	C	\$150.73		
11642	Y	C	\$164.97		
11643	Y	C	\$180.82		
11644	Y	C	\$708.28		
11646	Y	C	\$1,201.90		
11719	N	BN	\$0.00		
11720	N	BN	\$0.00		
11721	N	BN	\$0.00		
11730	N	BN	\$0.00		
11732	N	BN	\$0.00		
11740	N	BN	\$0.00		
11750	Y	C	\$99.95		
11755	Y	C	\$74.07		
11760	Y	C	\$120.33		
11762	Y	C	\$174.67		
11765	N	BN	\$0.00		
11770	Y	NRC	\$1,201.90		
11771	Y	NRC	\$1,201.90		
11772	Y	NRC	\$1,201.90		
11900	N	BN	\$0.00		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
11901	N	BN	\$0.00		
11920	Y	NRC	\$132.94		
11921	Y	NRC	\$139.74		
11922	N	BN	\$0.00		
11950	Y	NRC	\$48.20		
11951	Y	NRC	\$61.46		
11952	Y	NRC	\$78.28		
11954	Y	NRC	\$86.69		
11960	Y	C	\$1,957.33		
11970	Y	C	\$3,510.84		
11971	N	C	\$1,201.90		
11976	N	NRC	\$73.10		
11980	N	BN	\$0.00		
11981	N	BN	\$0.00		
11982	N	BN	\$0.00		
11983	N	BN	\$0.00		
12001	N	BN	\$0.00		
12002	N	BN	\$0.00		
12004	N	BN	\$0.00		
12005	N	C	\$214.39		
12006	N	C	\$214.39		
12007	Y	C	\$106.77		
12011	N	BN	\$0.00		
12013	N	BN	\$0.00		
12014	N	BN	\$0.00		
12015	N	C	\$106.77		
12016	N	C	\$214.39		
12017	N	C	\$214.39		
12018	N	C	\$106.77		
12020	Y	C	\$328.29		
12021	Y	C	\$214.39		
12031	Y	C	\$180.49		
12032	Y	C	\$203.14		
12034	Y	C	\$214.39		
12035	Y	C	\$214.39		
12036	Y	C	\$328.29		
12037	Y	C	\$981.09		
12041	N	C	\$177.58		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
12042	Y	C	\$198.61		
12044	Y	C	\$328.29		
12045	Y	C	\$328.29		
12046	Y	C	\$328.29		
12047	Y	C	\$981.09		
12051	Y	C	\$187.93		
12052	Y	C	\$200.55		
12053	Y	C	\$214.39		
12054	N	C	\$214.39		
12055	Y	C	\$214.39		
12056	N	C	\$214.39		
12057	Y	C	\$214.39		
13100	Y	C	\$328.29		
13101	Y	C	\$328.29		
13102	N	BN	\$0.00		
13120	Y	C	\$328.29		
13121	Y	C	\$328.29		
13122	N	BN	\$0.00		
13131	Y	C	\$214.39		
13132	Y	C	\$328.29		
13133	N	BN	\$0.00		
13151	Y	C	\$328.29		
13152	Y	C	\$328.29		
13153	N	BN	\$0.00		
13160	Y	C	\$981.09		
14000	Y	C	\$981.09		
14001	Y	C	\$981.09		
14020	Y	C	\$981.09		
14021	Y	C	\$981.09		
14040	Y	C	\$981.09		
14041	Y	C	\$981.09		
14060	Y	C	\$981.09		
14061	Y	C	\$981.09		
14301	Y	C	\$1,957.33		
14302	N	BN	\$0.00		
14350	Y	C	\$981.09		
15002	Y	C	\$981.09		
15003	N	BN	\$0.00		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
15004	Y	C	\$328.29		
15005	N	BN	\$0.00		
15011	Y	C	\$981.09		
15012	N	BN	\$0.00		
15013	Y	C	\$3,355.45		
15014	N	BN	\$0.00		
15015	Y	C	\$981.09		
15016	N	BN	\$0.00		
15017	Y	C	\$981.09		
15018	N	BN	\$0.00		
15040	Y	C	\$981.09		
15050	Y	C	\$328.29		
15100	Y	C	\$981.09		
15101	N	BN	\$0.00		
15110	Y	C	\$981.09		
15111	N	BN	\$0.00		
15115	Y	C	\$981.09		
15116	N	BN	\$0.00		
15120	Y	C	\$1,957.33		
15121	N	BN	\$0.00		
15130	Y	C	\$981.09		
15131	N	BN	\$0.00		
15135	Y	C	\$1,957.33		
15136	N	BN	\$0.00		
15150	Y	C	\$981.09		
15151	N	BN	\$0.00		
15152	N	BN	\$0.00		
15155	Y	C	\$1,957.33		
15156	N	BN	\$0.00		
15157	N	BN	\$0.00		
15200	Y	C	\$981.09		
15201	N	BN	\$0.00		
15220	Y	C	\$981.09		
15221	N	BN	\$0.00		
15240	Y	C	\$981.09		
15241	N	BN	\$0.00		
15260	Y	C	\$981.09		
15261	N	BN	\$0.00		

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

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

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

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

2025 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
15933	Y	C	\$1,201.90		
15934	Y	C	\$1,957.33		
15935	Y	C	\$1,957.33		
15936	Y	C	\$981.09		
15937	Y	C	\$981.09		
15940	Y	C	\$1,201.90		
15941	Y	C	\$1,201.90		
15944	Y	C	\$1,957.33		
15945	Y	C	\$981.09		
15946	Y	C	\$981.09		
15950	Y	C	\$708.28		
15951	Y	C	\$1,201.90		
15952	Y	C	\$981.09		
15953	Y	C	\$1,957.33		
15956	Y	C	\$981.09		
15958	Y	C	\$1,957.33		
16000	N	BN	\$0.00		
16020	N	BN	\$0.00		
16025	Y	C	\$106.77		
16030	Y	C	\$214.39		
16035	Y	C	\$214.39		
17000	N	BN	\$0.00		
17003	N	BN	\$0.00		
17004	Y	C	\$112.24		
17106	Y	C	\$204.11		
17107	Y	C	\$266.86		
17108	Y	C	\$348.05		
17110	N	BN	\$0.00		
17111	N	BN	\$0.00		
17250	N	BN	\$0.00		
17260	N	BN	\$0.00		
17261	N	BN	\$0.00		
17262	N	BN	\$0.00		
17263	N	BN	\$0.00		
17264	Y	C	\$130.36		
17266	Y	C	\$143.62		
17270	Y	C	\$96.72		
17271	Y	C	\$106.77		

2025 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
17272	N	BN	\$0.00		
17273	Y	C	\$128.74		
17274	Y	C	\$143.94		
17276	Y	C	\$159.47		
17280	N	BN	\$0.00		
17281	Y	C	\$106.77		
17282	Y	C	\$106.77		
17283	Y	C	\$140.71		
17284	Y	C	\$154.62		
17286	Y	C	\$186.64		
17311	Y	C	\$328.29		
17312	N	BN	\$0.00		
17313	Y	C	\$328.29		
17314	N	BN	\$0.00		
17315	N	BN	\$0.00		
17340	N	BN	\$0.00		
17360	N	BN	\$0.00		
17380	Y	NRC	\$328.29		
19000	Y	C	\$63.08		
19001	N	BN	\$0.00		
19020	Y	C	\$708.28		
19030	N	BN	\$0.00		
19081	Y	C	\$708.28		
19082	N	BN	\$0.00		
19083	Y	C	\$708.28		
19084	N	BN	\$0.00		
19085	Y	C	\$708.28		
19086	N	BN	\$0.00		
19100	Y	C	\$708.28		
19101	Y	C	\$1,538.05		
19105	Y	C	\$2,766.81	\$847.49	\$1,807.15
19110	Y	C	\$1,538.05		
19112	Y	C	\$1,538.05		
19120	Y	C	\$1,538.05		
19125	Y	C	\$1,538.05		
19126	N	BN	\$0.00		
19281	N	BN	\$0.00		
19282	N	BN	\$0.00		

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

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

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

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

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
20912	Y	C	\$2,192.21		
20920	Y	C	\$1,098.82		
20922	Y	C	\$1,098.82		
20924	Y	C	\$3,932.14		
20930	N	BN	\$0.00		
20931	N	BN	\$0.00		
20932	N	BN	\$0.00		
20933	N	BN	\$0.00		
20934	N	BN	\$0.00		
20936	N	BN	\$0.00		
20937	N	BN	\$0.00		
20938	N	BN	\$0.00		
20939	N	BN	\$0.00		
20950	Y	C	\$422.91		
20972	Y	C	\$3,932.14		
20973	Y	C	\$3,932.14		
20975	N	BN	\$0.00		
20979	N	BN	\$0.00		
20982	Y	C	\$7,429.25		
20983	Y	C	\$5,598.78	\$2,575.35	\$4,087.06
20985	N	BN	\$0.00		
21010	Y	C	\$1,561.78		
21011	Y	C	\$281.86		
21012	Y	C	\$793.27		
21013	Y	C	\$351.77		
21014	Y	C	\$1,346.13		
21015	Y	C	\$1,346.13		
21016	Y	C	\$1,346.13		
21025	Y	C	\$3,267.43		
21026	Y	C	\$3,267.43		
21029	Y	NRC	\$1,561.78		
21030	Y	NRC	\$307.22		
21031	Y	NRC	\$284.03		
21032	Y	NRC	\$274.97		
21034	Y	C	\$3,267.43		
21040	Y	NRC	\$1,561.78		
21044	Y	C	\$3,267.43		
21046	Y	NRC	\$3,267.43		

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

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

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

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
21209	Y	NRC	\$3,267.43		
21210	Y	C	\$4,537.26	\$2,242.85	\$3,390.05
21215	Y	C	\$4,395.51	\$2,369.56	\$3,382.53
21230	Y	C	\$3,267.43		
21235	Y	C	\$3,267.43		
21240	Y	C	\$3,267.43		
21242	Y	C	\$3,267.43		
21243	Y	C	\$15,868.22	\$6,456.35	\$11,162.28
21244	Y	C	\$4,710.86	\$2,087.67	\$3,399.26
21245	Y	C	\$4,814.16	\$1,995.33	\$3,404.74
21246	Y	C	\$3,267.43		
21248	Y	C	\$3,267.43		
21249	Y	C	\$3,267.43		
21260	Y	C	\$3,267.43		
21267	Y	C	\$5,590.34	\$1,301.50	\$3,445.92
21270	Y	C	\$4,533.81	\$2,245.92	\$3,389.86
21275	Y	C	\$4,226.49	\$2,520.63	\$3,373.56
21280	Y	NRC	\$1,561.78		
21282	Y	NRC	\$1,561.78		
21295	Y	NRC	\$736.27		
21296	Y	NRC	\$1,561.78		
21315	Y	C	\$736.27		
21320	Y	C	\$1,561.78		
21325	Y	C	\$1,561.78		
21330	Y	C	\$3,267.43		
21335	Y	C	\$1,561.78		
21336	Y	C	\$1,768.66		
21337	Y	C	\$1,561.78		
21338	Y	C	\$3,267.43		
21339	Y	C	\$3,267.43		
21340	Y	C	\$1,561.78		
21345	Y	C	\$736.27		
21355	Y	C	\$1,561.78		
21356	Y	C	\$3,267.43		
21360	Y	C	\$3,267.43		
21365	Y	C	\$3,267.43		
21390	Y	C	\$3,267.43		
21400	Y	C	\$305.80		

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

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

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
21932	Y	C	\$1,346.13		
21933	Y	C	\$1,346.13		
21935	Y	C	\$1,346.13		
21936	Y	C	\$1,346.13		
22102	Y	C	\$3,932.14		
22103	N	BN	\$0.00		
22310	Y	C	\$144.40		
22315	Y	C	\$1,768.66		
22505	Y	C	\$938.88		
22510	Y	C	\$1,768.66		
22511	Y	C	\$1,768.66		
22512	N	BN	\$0.00		
22513	Y	C	\$3,932.14		
22514	Y	C	\$3,932.14		
22515	N	BN	\$0.00		
22551	Y	C	\$10,338.68	\$5,079.80	\$7,709.24
22552	N	BN	\$0.00		
22554	Y	C	\$10,232.99	\$5,174.28	\$7,703.63
22585	N	BN	\$0.00		
22612	Y	C	\$16,001.75	\$6,337.00	\$11,169.37
22614	N	BN	\$0.00		
22840	N	BN	\$0.00		
22842	N	BN	\$0.00		
22845	N	BN	\$0.00		
22853	N	BN	\$0.00		
22854	N	BN	\$0.00		
22856	Y	C	\$15,966.02	\$6,368.94	\$11,167.48
22858	N	BN	\$0.00		
22859	N	BN	\$0.00		
22867	Y	C	\$16,063.81	\$6,281.52	\$11,172.66
22868	N	BN	\$0.00		
22869	Y	C	\$12,400.38	\$3,236.88	\$7,818.63
22870	N	BN	\$0.00		
22900	Y	C	\$1,346.13		
22901	Y	C	\$1,346.13		
22902	Y	C	\$793.27		
22903	Y	C	\$1,346.13		
22904	Y	C	\$1,346.13		

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

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

2025 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
23330	Y	C	\$793.27		
23333	Y	C	\$1,346.13		
23334	Y	C	\$1,346.13		
23350	N	BN	\$0.00		
23395	Y	C	\$5,131.21	\$2,993.29	\$4,062.25
23397	Y	C	\$3,932.14		
23400	Y	C	\$3,932.14		
23405	Y	C	\$3,932.14		
23406	Y	C	\$3,932.14		
23410	Y	C	\$3,932.14		
23412	Y	C	\$3,932.14		
23415	Y	C	\$3,932.14		
23420	Y	C	\$3,932.14		
23430	Y	C	\$5,247.93	\$2,888.96	\$4,068.44
23440	Y	C	\$3,932.14		
23450	Y	C	\$3,932.14		
23455	Y	C	\$5,120.50	\$3,002.86	\$4,061.68
23460	Y	C	\$5,072.51	\$3,045.77	\$4,059.14
23462	Y	C	\$3,932.14		
23465	Y	C	\$3,932.14		
23466	Y	C	\$3,932.14		
23470	Y	C	\$11,005.48	\$4,483.78	\$7,744.63
23472	Y	C	\$16,552.78	\$5,844.44	\$11,198.61
23480	Y	C	\$3,932.14		
23485	Y	C	\$9,906.12	\$5,466.47	\$7,686.29
23490	Y	C	\$3,932.14		
23491	Y	C	\$9,584.47	\$5,753.99	\$7,669.23
23500	Y	C	\$144.40		
23505	Y	C	\$938.88		
23515	Y	C	\$5,255.87	\$2,881.86	\$4,068.86
23520	Y	C	\$938.88		
23525	Y	C	\$144.40		
23530	Y	C	\$3,932.14		
23532	Y	C	\$3,932.14		
23540	Y	C	\$144.40		
23545	Y	C	\$144.40		
23550	Y	C	\$5,206.84	\$2,925.70	\$4,066.27
23552	Y	C	\$5,279.35	\$2,860.87	\$4,070.11

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
23570	Y	C	\$144.40		
23575	Y	C	\$938.88		
23585	Y	C	\$5,391.93	\$2,760.25	\$4,076.09
23600	Y	C	\$144.40		
23605	Y	C	\$938.88		
23615	Y	C	\$10,286.49	\$5,126.46	\$7,706.47
23616	Y	C	\$16,183.23	\$6,174.77	\$11,179.00
23620	Y	C	\$144.40		
23625	Y	C	\$938.88		
23630	Y	C	\$5,188.53	\$2,942.05	\$4,065.29
23650	Y	C	\$144.40		
23655	Y	C	\$938.88		
23660	Y	C	\$3,932.14		
23665	Y	C	\$938.88		
23670	Y	C	\$5,182.31	\$2,947.60	\$4,064.95
23675	Y	C	\$938.88		
23680	Y	C	\$9,635.36	\$5,708.50	\$7,671.93
23700	Y	C	\$938.88		
23800	Y	C	\$3,932.14		
23802	Y	C	\$7,429.25		
23921	Y	C	\$1,098.82		
23930	Y	C	\$1,346.13		
23931	Y	C	\$793.27		
23935	Y	C	\$1,768.66		
24000	Y	C	\$1,768.66		
24006	Y	C	\$1,768.66		
24065	Y	C	\$193.10		
24066	Y	C	\$1,346.13		
24071	Y	C	\$1,346.13		
24073	Y	C	\$1,346.13		
24075	Y	C	\$793.27		
24076	Y	C	\$1,346.13		
24077	Y	C	\$1,346.13		
24079	Y	C	\$1,346.13		
24100	Y	C	\$1,768.66		
24101	Y	C	\$1,768.66		
24102	Y	C	\$1,768.66		
24105	Y	C	\$1,768.66		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
24110	Y	C	\$1,768.66		
24115	Y	C	\$3,932.14		
24116	Y	C	\$5,072.85	\$3,045.46	\$4,059.15
24120	Y	C	\$1,768.66		
24125	Y	C	\$1,768.66		
24126	Y	C	\$5,206.14	\$2,926.31	\$4,066.22
24130	Y	C	\$1,768.66		
24134	Y	C	\$3,932.14		
24136	Y	C	\$1,768.66		
24138	Y	C	\$3,932.14		
24140	Y	C	\$1,768.66		
24145	Y	C	\$3,932.14		
24147	Y	C	\$1,768.66		
24149	Y	C	\$3,932.14		
24152	Y	C	\$5,361.19	\$2,787.71	\$4,074.45
24155	Y	C	\$1,768.66		
24160	N	C	\$1,768.66		
24164	N	C	\$1,768.66		
24200	Y	C	\$165.93		
24201	Y	C	\$1,346.13		
24220	N	BN	\$0.00		
24300	Y	C	\$938.88		
24301	Y	C	\$3,932.14		
24305	Y	C	\$1,768.66		
24310	Y	C	\$1,768.66		
24320	Y	C	\$3,932.14		
24330	Y	C	\$3,932.14		
24331	Y	C	\$3,932.14		
24332	Y	C	\$1,768.66		
24340	Y	C	\$3,932.14		
24341	Y	C	\$3,932.14		
24342	Y	C	\$3,932.14		
24343	Y	C	\$1,768.66		
24344	Y	C	\$5,248.28	\$2,888.66	\$4,068.47
24345	Y	C	\$3,932.14		
24346	Y	C	\$7,429.25		
24357	Y	C	\$1,768.66		
24358	Y	C	\$1,768.66		

2025 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
24359	Y	C	\$1,768.66		
24360	Y	C	\$5,717.57	\$2,469.17	\$4,093.37
24361	Y	C	\$16,001.75	\$6,337.00	\$11,169.37
24362	Y	C	\$11,128.79	\$4,373.55	\$7,751.17
24363	Y	C	\$16,297.95	\$6,072.23	\$11,185.09
24365	Y	C	\$10,627.72	\$4,821.45	\$7,724.58
24366	Y	C	\$10,942.20	\$4,540.35	\$7,741.27
24370	Y	C	\$10,263.66	\$5,146.88	\$7,705.27
24371	Y	C	\$15,569.20	\$6,723.65	\$11,146.42
24400	Y	C	\$3,932.14		
24410	Y	C	\$7,429.25		
24420	Y	C	\$3,932.14		
24430	Y	C	\$10,270.83	\$5,140.46	\$7,705.64
24435	Y	C	\$10,261.70	\$5,148.63	\$7,705.16
24470	Y	C	\$1,768.66		
24495	Y	C	\$3,932.14		
24498	Y	C	\$10,552.68	\$4,888.51	\$7,720.59
24500	Y	C	\$144.40		
24505	Y	C	\$938.88		
24515	Y	C	\$9,876.11	\$5,493.30	\$7,684.70
24516	Y	C	\$10,010.51	\$5,373.16	\$7,691.83
24530	Y	C	\$144.40		
24535	Y	C	\$938.88		
24538	Y	C	\$3,932.14		
24545	Y	C	\$10,223.86	\$5,182.45	\$7,703.15
24546	Y	C	\$10,625.11	\$4,823.78	\$7,724.44
24560	Y	C	\$144.40		
24565	Y	C	\$938.88		
24566	Y	C	\$938.88		
24575	Y	C	\$9,679.73	\$5,668.85	\$7,674.29
24576	Y	C	\$144.40		
24577	Y	C	\$938.88		
24579	Y	C	\$9,674.51	\$5,673.51	\$7,674.01
24582	Y	C	\$3,932.14		
24586	Y	C	\$10,238.86	\$5,169.03	\$7,703.94
24587	Y	C	\$10,235.60	\$5,171.95	\$7,703.77
24600	Y	C	\$144.40		
24605	Y	C	\$938.88		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
24615	Y	C	\$5,217.20	\$2,916.44	\$4,066.82
24620	Y	C	\$938.88		
24635	Y	C	\$5,473.77	\$2,687.09	\$4,080.43
24640	Y	NRC	\$65.21		
24650	Y	C	\$144.40		
24655	Y	C	\$938.88		
24665	Y	C	\$3,932.14		
24666	Y	C	\$11,310.17	\$4,211.42	\$7,760.79
24670	Y	C	\$144.40		
24675	Y	C	\$938.88		
24685	Y	C	\$5,143.99	\$2,981.88	\$4,062.93
24800	Y	C	\$3,932.14		
24802	Y	C	\$7,429.25		
24925	Y	C	\$1,768.66		
25000	Y	C	\$938.88		
25001	Y	C	\$1,768.66		
25020	Y	C	\$938.88		
25023	Y	C	\$1,768.66		
25024	Y	C	\$1,768.66		
25025	Y	C	\$938.88		
25028	Y	C	\$1,768.66		
25031	Y	C	\$938.88		
25035	Y	C	\$3,932.14		
25040	Y	C	\$1,768.66		
25065	Y	C	\$192.37		
25066	Y	C	\$1,346.13		
25071	Y	C	\$793.27		
25073	Y	C	\$1,346.13		
25075	Y	C	\$793.27		
25076	Y	C	\$793.27		
25077	Y	C	\$1,346.13		
25078	Y	C	\$1,346.13		
25085	Y	C	\$1,768.66		
25100	Y	C	\$1,768.66		
25101	Y	C	\$1,768.66		
25105	Y	C	\$1,768.66		
25107	Y	C	\$1,768.66		
25109	Y	C	\$1,768.66		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
25110	Y	C	\$938.88		
25111	Y	C	\$938.88		
25112	Y	C	\$938.88		
25115	Y	C	\$938.88		
25116	Y	C	\$1,768.66		
25118	Y	C	\$938.88		
25119	Y	C	\$1,768.66		
25120	Y	C	\$1,768.66		
25125	Y	C	\$938.88		
25126	Y	C	\$1,768.66		
25130	Y	C	\$1,768.66		
25135	Y	C	\$3,932.14		
25136	Y	C	\$3,932.14		
25145	Y	C	\$1,768.66		
25150	Y	C	\$1,768.66		
25151	Y	C	\$1,768.66		
25210	Y	C	\$1,768.66		
25215	Y	C	\$1,768.66		
25230	Y	C	\$1,768.66		
25240	Y	C	\$1,768.66		
25246	N	BN	\$0.00		
25248	Y	C	\$938.88		
25250	N	C	\$938.88		
25251	N	C	\$1,768.66		
25259	Y	C	\$938.88		
25260	Y	C	\$1,768.66		
25263	Y	C	\$3,932.14		
25265	Y	C	\$1,768.66		
25270	Y	C	\$1,768.66		
25272	Y	C	\$1,768.66		
25274	Y	C	\$1,768.66		
25275	Y	C	\$1,768.66		
25280	Y	C	\$1,768.66		
25290	Y	C	\$1,768.66		
25295	Y	C	\$1,768.66		
25300	Y	C	\$1,768.66		
25301	Y	C	\$1,768.66		
25310	Y	C	\$1,768.66		

2025 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
25312	Y	C	\$1,768.66		
25315	Y	C	\$3,932.14		
25316	Y	C	\$3,932.14		
25320	Y	C	\$3,932.14		
25332	Y	C	\$2,281.76	\$1,369.85	\$1,825.80
25335	Y	C	\$1,768.66		
25337	Y	C	\$5,271.41	\$2,867.97	\$4,069.69
25350	Y	C	\$5,534.54	\$2,632.76	\$4,083.65
25355	Y	C	\$1,768.66		
25360	Y	C	\$3,932.14		
25365	Y	C	\$7,429.25		
25370	Y	C	\$1,768.66		
25375	Y	C	\$1,768.66		
25390	Y	C	\$5,544.56	\$2,623.81	\$4,084.18
25391	Y	C	\$10,790.17	\$4,676.23	\$7,733.20
25392	Y	C	\$3,932.14		
25393	Y	C	\$5,121.54	\$3,001.94	\$4,061.74
25394	Y	C	\$1,768.66		
25400	Y	C	\$5,379.84	\$2,771.05	\$4,075.44
25405	Y	C	\$5,217.88	\$2,915.81	\$4,066.84
25415	Y	C	\$5,072.85	\$3,045.46	\$4,059.15
25420	Y	C	\$5,072.85	\$3,045.46	\$4,059.15
25425	Y	C	\$6,350.88	\$1,903.05	\$4,126.96
25426	Y	C	\$2,375.11	\$1,286.40	\$1,830.75
25430	Y	C	\$1,768.66		
25431	Y	C	\$5,841.19	\$2,358.66	\$4,099.92
25440	Y	C	\$3,932.14		
25441	Y	C	\$11,449.13	\$4,087.19	\$7,768.16
25442	Y	C	\$16,844.28	\$5,583.88	\$11,214.08
25443	Y	C	\$5,756.93	\$2,433.97	\$4,095.45
25444	Y	C	\$12,273.81	\$3,350.03	\$7,811.92
25445	Y	C	\$5,505.54	\$2,658.69	\$4,082.11
25446	Y	C	\$16,675.02	\$5,735.17	\$11,205.09
25447	Y	C	\$1,768.66		
25448	Y	C	\$1,768.66		
25449	Y	C	\$3,932.14		
25450	Y	NRC	\$1,768.66		
25455	Y	NRC	\$1,768.66		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
25490	Y	NRC	\$3,932.14		
25491	Y	NRC	\$9,584.47	\$5,753.99	\$7,669.23
25492	Y	NRC	\$1,768.66		
25500	Y	C	\$144.40		
25505	Y	C	\$938.88		
25515	Y	C	\$5,093.22	\$3,027.24	\$4,060.23
25520	Y	C	\$938.88		
25525	Y	C	\$5,306.63	\$2,836.48	\$4,071.55
25526	Y	C	\$5,451.67	\$2,706.84	\$4,079.25
25530	Y	C	\$144.40		
25535	Y	C	\$144.40		
25545	Y	C	\$5,047.65	\$3,068.00	\$4,057.82
25560	Y	C	\$144.40		
25565	Y	C	\$938.88		
25574	Y	C	\$5,400.56	\$2,752.53	\$4,076.54
25575	Y	C	\$5,364.99	\$2,784.32	\$4,074.65
25600	Y	C	\$144.40		
25605	Y	C	\$938.88		
25606	Y	C	\$1,768.66		
25607	Y	C	\$5,425.77	\$2,729.99	\$4,077.88
25608	Y	C	\$5,431.29	\$2,725.05	\$4,078.17
25609	Y	C	\$5,460.30	\$2,699.12	\$4,079.71
25622	Y	C	\$144.40		
25624	Y	C	\$938.88		
25628	Y	C	\$3,932.14		
25630	Y	C	\$144.40		
25635	Y	C	\$938.88		
25645	Y	C	\$1,768.66		
25650	Y	C	\$144.40		
25651	Y	C	\$1,768.66		
25652	Y	C	\$5,549.04	\$2,619.79	\$4,084.41
25660	Y	C	\$144.40		
25670	Y	C	\$3,932.14		
25671	Y	C	\$1,768.66		
25675	Y	C	\$144.40		
25676	Y	C	\$3,932.14		
25680	Y	C	\$144.40		
25685	Y	C	\$3,932.14		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
25690	Y	C	\$938.88		
25695	Y	C	\$3,932.14		
25800	Y	C	\$5,469.97	\$2,690.48	\$4,080.22
25805	Y	C	\$5,683.38	\$2,499.72	\$4,091.55
25810	Y	C	\$9,842.83	\$5,523.04	\$7,682.93
25820	Y	C	\$5,334.95	\$2,811.18	\$4,073.06
25825	Y	C	\$5,093.57	\$3,026.94	\$4,060.25
25830	Y	C	\$3,932.14		
25907	Y	C	\$1,768.66		
25922	Y	C	\$938.88		
25929	Y	C	\$1,098.82		
25931	Y	C	\$1,768.66		
26010	Y	C	\$119.58		
26011	Y	C	\$793.27		
26020	Y	C	\$1,768.66		
26025	Y	C	\$1,768.66		
26030	Y	C	\$1,768.66		
26034	Y	C	\$938.88		
26035	Y	C	\$1,768.66		
26037	Y	C	\$1,768.66		
26040	Y	C	\$938.88		
26045	Y	C	\$1,768.66		
26055	Y	C	\$938.88		
26060	Y	C	\$938.88		
26070	Y	C	\$938.88		
26075	Y	C	\$1,768.66		
26080	Y	C	\$938.88		
26100	Y	C	\$1,768.66		
26105	Y	C	\$1,768.66		
26110	Y	C	\$938.88		
26111	Y	C	\$793.27		
26113	Y	C	\$793.27		
26115	Y	C	\$793.27		
26116	Y	C	\$793.27		
26117	Y	C	\$1,346.13		
26118	Y	C	\$1,346.13		
26121	Y	C	\$1,768.66		
26123	Y	C	\$1,768.66		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
26125	N	BN	\$0.00		
26130	Y	C	\$1,768.66		
26135	Y	C	\$1,768.66		
26140	Y	C	\$938.88		
26145	Y	C	\$938.88		
26160	Y	C	\$938.88		
26170	Y	C	\$938.88		
26180	Y	C	\$938.88		
26185	Y	C	\$938.88		
26200	Y	C	\$938.88		
26205	Y	C	\$3,932.14		
26210	Y	C	\$938.88		
26215	Y	C	\$1,768.66		
26230	Y	C	\$1,768.66		
26235	Y	C	\$938.88		
26236	Y	C	\$938.88		
26250	Y	C	\$1,768.66		
26260	Y	C	\$1,768.66		
26262	Y	C	\$938.88		
26320	N	C	\$793.27		
26340	Y	C	\$938.88		
26341	Y	C	\$90.20		
26350	Y	C	\$1,768.66		
26352	Y	C	\$3,932.14		
26356	Y	C	\$1,768.66		
26357	Y	C	\$1,768.66		
26358	Y	C	\$3,932.14		
26370	Y	C	\$1,768.66		
26372	Y	C	\$5,095.98	\$3,024.77	\$4,060.37
26373	Y	C	\$1,768.66		
26390	Y	C	\$5,065.25	\$3,052.25	\$4,058.75
26392	Y	C	\$3,932.14		
26410	Y	C	\$938.88		
26412	Y	C	\$1,768.66		
26415	Y	C	\$1,768.66		
26416	Y	C	\$1,768.66		
26418	Y	C	\$938.88		
26420	Y	C	\$1,768.66		

2025 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
26426	Y	C	\$1,768.66		
26428	Y	C	\$1,768.66		
26432	Y	C	\$938.88		
26433	Y	C	\$1,768.66		
26434	Y	C	\$1,768.66		
26437	Y	C	\$1,768.66		
26440	Y	C	\$938.88		
26442	Y	C	\$1,768.66		
26445	Y	C	\$1,768.66		
26449	Y	C	\$1,768.66		
26450	Y	C	\$1,768.66		
26455	Y	C	\$938.88		
26460	Y	C	\$938.88		
26471	Y	C	\$1,768.66		
26474	Y	C	\$938.88		
26476	Y	C	\$1,768.66		
26477	Y	C	\$1,768.66		
26478	Y	C	\$1,768.66		
26479	Y	C	\$1,768.66		
26480	Y	C	\$1,768.66		
26483	Y	C	\$1,768.66		
26485	Y	C	\$1,768.66		
26489	Y	C	\$1,768.66		
26490	Y	C	\$1,768.66		
26492	Y	C	\$1,768.66		
26494	Y	C	\$1,768.66		
26496	Y	C	\$1,768.66		
26497	Y	C	\$1,768.66		
26498	Y	C	\$1,768.66		
26499	Y	C	\$1,768.66		
26500	Y	C	\$3,932.14		
26502	Y	C	\$1,768.66		
26508	Y	C	\$1,768.66		
26510	Y	C	\$1,768.66		
26516	Y	C	\$1,768.66		
26517	Y	C	\$1,768.66		
26518	Y	C	\$3,932.14		
26520	Y	C	\$1,768.66		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
26525	Y	C	\$938.88		
26530	Y	C	\$5,344.96	\$2,802.22	\$4,073.59
26531	Y	C	\$5,530.74	\$2,636.15	\$4,083.44
26535	Y	C	\$1,768.66		
26536	Y	C	\$5,265.19	\$2,873.52	\$4,069.35
26540	Y	C	\$1,768.66		
26541	Y	C	\$2,326.65	\$1,329.72	\$1,828.18
26542	Y	C	\$2,335.03	\$1,322.22	\$1,828.62
26545	Y	C	\$2,341.09	\$1,316.80	\$1,828.94
26546	Y	C	\$3,932.14		
26548	Y	C	\$1,768.66		
26550	Y	C	\$1,768.66		
26555	Y	C	\$3,932.14		
26560	Y	C	\$938.88		
26561	Y	C	\$1,768.66		
26562	Y	C	\$1,768.66		
26565	Y	C	\$1,768.66		
26567	Y	C	\$1,768.66		
26568	Y	C	\$5,434.06	\$2,722.59	\$4,078.32
26580	Y	NRC	\$1,768.66		
26587	Y	NRC	\$1,768.66		
26590	Y	NRC	\$938.88		
26591	Y	C	\$1,768.66		
26593	Y	C	\$1,768.66		
26596	Y	C	\$1,768.66		
26600	Y	C	\$144.40		
26605	Y	C	\$144.40		
26607	Y	C	\$1,768.66		
26608	Y	C	\$1,768.66		
26615	Y	C	\$1,768.66		
26641	Y	C	\$144.40		
26645	Y	C	\$938.88		
26650	Y	C	\$1,768.66		
26665	Y	C	\$1,768.66		
26670	Y	C	\$144.40		
26675	Y	C	\$938.88		
26676	Y	C	\$1,768.66		
26685	Y	C	\$1,768.66		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
26686	Y	C	\$2,281.76	\$1,369.85	\$1,825.80
26700	Y	C	\$144.40		
26705	Y	C	\$938.88		
26706	Y	C	\$1,768.66		
26715	Y	C	\$1,768.66		
26720	Y	C	\$144.40		
26725	Y	C	\$144.40		
26727	Y	C	\$1,768.66		
26735	Y	C	\$1,768.66		
26740	Y	C	\$144.40		
26742	Y	C	\$938.88		
26746	Y	C	\$1,768.66		
26750	Y	C	\$140.20		
26755	Y	C	\$144.40		
26756	Y	C	\$1,768.66		
26765	Y	C	\$1,768.66		
26770	Y	C	\$144.40		
26775	Y	C	\$159.63		
26776	Y	C	\$1,768.66		
26785	Y	C	\$1,768.66		
26820	Y	C	\$3,932.14		
26841	Y	C	\$3,932.14		
26842	Y	C	\$5,072.85	\$3,045.46	\$4,059.15
26843	Y	C	\$5,072.85	\$3,045.46	\$4,059.15
26844	Y	C	\$5,530.40	\$2,636.46	\$4,083.43
26850	Y	C	\$3,932.14		
26852	Y	C	\$3,932.14		
26860	Y	C	\$1,768.66		
26861	N	BN	\$0.00		
26862	Y	C	\$1,768.66		
26863	N	BN	\$0.00		
26910	Y	C	\$1,768.66		
26951	Y	C	\$1,768.66		
26952	Y	C	\$1,768.66		
26990	Y	C	\$1,768.66		
26991	Y	C	\$938.88		
27000	Y	C	\$938.88		
27001	Y	C	\$1,768.66		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
27003	Y	C	\$3,932.14		
27006	Y	C	\$1,768.66		
27033	Y	C	\$3,932.14		
27035	Y	C	\$1,768.66		
27040	Y	C	\$793.27		
27041	Y	C	\$793.27		
27043	Y	C	\$1,346.13		
27045	Y	C	\$1,346.13		
27047	Y	C	\$1,346.13		
27048	Y	C	\$1,346.13		
27049	Y	C	\$1,346.13		
27050	Y	C	\$938.88		
27052	Y	C	\$938.88		
27059	Y	C	\$1,346.13		
27060	Y	C	\$3,932.14		
27062	Y	C	\$1,768.66		
27065	Y	C	\$3,932.14		
27066	Y	C	\$1,768.66		
27067	Y	C	\$5,683.03	\$2,500.03	\$4,091.53
27080	Y	C	\$1,768.66		
27086	Y	C	\$1,346.13		
27087	Y	C	\$1,768.66		
27093	N	BN	\$0.00		
27095	N	BN	\$0.00		
27097	Y	C	\$1,768.66		
27098	Y	C	\$2,339.06	\$1,318.60	\$1,828.83
27100	Y	C	\$3,932.14		
27105	Y	C	\$1,768.66		
27110	Y	C	\$5,383.64	\$2,767.65	\$4,075.64
27111	Y	C	\$1,768.66		
27130	Y	C	\$10,771.91	\$4,692.57	\$7,732.24
27197	Y	C	\$144.40		
27198	Y	C	\$144.40		
27200	Y	C	\$132.96		
27202	Y	C	\$1,768.66		
27220	Y	C	\$144.40		
27230	Y	C	\$144.40		
27238	Y	C	\$938.88		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
27246	Y	C	\$144.40		
27250	Y	C	\$144.40		
27252	Y	C	\$938.88		
27256	Y	C	\$144.40		
27257	Y	C	\$938.88		
27265	Y	C	\$144.40		
27266	Y	C	\$938.88		
27267	Y	C	\$1,768.66		
27275	Y	C	\$938.88		
27278	Y	C	\$17,864.53	\$4,671.89	\$11,268.21
27279	Y	C	\$17,301.28	\$5,175.38	\$11,238.33
27301	Y	C	\$1,346.13		
27305	Y	C	\$1,768.66		
27306	Y	C	\$1,768.66		
27307	Y	C	\$1,768.66		
27310	Y	C	\$1,768.66		
27323	Y	C	\$793.27		
27324	Y	C	\$1,346.13		
27325	Y	C	\$1,035.92		
27326	Y	C	\$1,035.92		
27327	Y	C	\$793.27		
27328	Y	C	\$1,346.13		
27329	Y	C	\$1,346.13		
27330	Y	C	\$1,768.66		
27331	Y	C	\$1,768.66		
27332	Y	C	\$1,768.66		
27333	Y	C	\$1,768.66		
27334	Y	C	\$1,768.66		
27335	Y	C	\$3,932.14		
27337	Y	C	\$1,346.13		
27339	Y	C	\$1,346.13		
27340	Y	C	\$1,768.66		
27345	Y	C	\$1,768.66		
27347	Y	C	\$1,768.66		
27350	Y	C	\$3,932.14		
27355	Y	C	\$1,768.66		
27356	Y	C	\$9,584.47	\$5,753.99	\$7,669.23
27357	Y	C	\$5,072.85	\$3,045.46	\$4,059.15

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
27358	N	BN	\$0.00		
27360	Y	C	\$1,768.66		
27364	Y	C	\$1,346.13		
27369	N	BN	\$0.00		
27372	Y	C	\$1,346.13		
27380	Y	C	\$3,932.14		
27381	Y	C	\$5,082.52	\$3,036.82	\$4,059.67
27385	Y	C	\$3,932.14		
27386	Y	C	\$3,932.14		
27390	Y	C	\$1,768.66		
27391	Y	C	\$1,768.66		
27392	Y	C	\$1,768.66		
27393	Y	C	\$3,932.14		
27394	Y	C	\$3,932.14		
27395	Y	C	\$1,768.66		
27396	Y	C	\$3,932.14		
27397	Y	C	\$5,915.78	\$2,291.98	\$4,103.88
27400	Y	C	\$5,047.65	\$3,068.00	\$4,057.82
27403	Y	C	\$5,174.72	\$2,954.40	\$4,064.56
27405	Y	C	\$3,932.14		
27407	Y	C	\$5,696.16	\$2,488.30	\$4,092.23
27409	Y	C	\$3,932.14		
27412	Y	C	\$3,932.14		
27415	Y	C	\$12,541.96	\$3,110.33	\$7,826.14
27416	Y	C	\$3,932.14		
27418	Y	C	\$3,932.14		
27420	Y	C	\$3,932.14		
27422	Y	C	\$3,932.14		
27424	Y	C	\$3,932.14		
27425	Y	C	\$1,768.66		
27427	Y	C	\$5,445.45	\$2,712.40	\$4,078.92
27428	Y	C	\$7,429.25		
27429	Y	C	\$10,729.50	\$4,730.47	\$7,729.98
27430	Y	C	\$3,932.14		
27435	Y	C	\$1,768.66		
27437	Y	C	\$3,932.14		
27438	Y	C	\$9,662.10	\$5,684.58	\$7,673.34
27440	Y	C	\$10,257.13	\$5,152.71	\$7,704.92

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
27441	Y	C	\$7,429.25		
27442	Y	C	\$10,023.56	\$5,361.49	\$7,692.52
27443	Y	C	\$10,931.76	\$4,549.68	\$7,740.72
27446	Y	C	\$10,353.70	\$5,066.40	\$7,710.05
27447	Y	C	\$10,551.38	\$4,889.68	\$7,720.53
27475	Y	NRC	\$3,932.14		
27479	Y	NRC	\$3,932.14		
27496	Y	C	\$1,768.66		
27497	Y	C	\$1,768.66		
27498	Y	C	\$938.88		
27499	Y	C	\$3,932.14		
27500	Y	C	\$144.40		
27501	Y	C	\$144.40		
27502	Y	C	\$938.88		
27503	Y	C	\$938.88		
27508	Y	C	\$144.40		
27509	Y	C	\$5,214.43	\$2,918.90	\$4,066.66
27510	Y	C	\$938.88		
27516	Y	C	\$144.40		
27517	Y	C	\$938.88		
27520	Y	C	\$144.40		
27524	Y	C	\$3,932.14		
27530	Y	C	\$144.40		
27532	Y	C	\$1,768.66		
27538	Y	C	\$144.40		
27550	Y	C	\$144.40		
27552	Y	C	\$938.88		
27560	Y	C	\$144.40		
27562	Y	C	\$144.40		
27566	Y	C	\$3,932.14		
27570	Y	C	\$938.88		
27594	Y	C	\$1,768.66		
27600	Y	C	\$1,768.66		
27601	Y	C	\$1,768.66		
27602	Y	C	\$1,768.66		
27603	Y	C	\$1,346.13		
27604	Y	C	\$1,768.66		
27605	Y	C	\$938.88		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
27606	Y	C	\$1,768.66		
27607	Y	C	\$1,768.66		
27610	Y	C	\$1,768.66		
27612	Y	C	\$1,768.66		
27613	Y	C	\$182.59		
27614	Y	C	\$1,346.13		
27615	Y	C	\$1,346.13		
27616	Y	C	\$1,346.13		
27618	Y	C	\$793.27		
27619	Y	C	\$1,346.13		
27620	Y	C	\$1,768.66		
27625	Y	C	\$1,768.66		
27626	Y	C	\$1,768.66		
27630	Y	C	\$1,768.66		
27632	Y	C	\$1,346.13		
27634	Y	C	\$1,346.13		
27635	Y	C	\$1,768.66		
27637	Y	C	\$5,392.62	\$2,759.63	\$4,076.12
27638	Y	C	\$3,932.14		
27640	Y	C	\$1,768.66		
27641	Y	C	\$1,768.66		
27647	Y	C	\$1,768.66		
27648	N	BN	\$0.00		
27650	Y	C	\$3,932.14		
27652	Y	C	\$5,276.24	\$2,863.65	\$4,069.94
27654	Y	C	\$5,062.49	\$3,054.72	\$4,058.60
27656	Y	C	\$1,768.66		
27658	Y	C	\$1,768.66		
27659	Y	C	\$3,932.14		
27664	Y	C	\$3,932.14		
27665	Y	C	\$5,060.07	\$3,056.88	\$4,058.47
27675	Y	C	\$1,768.66		
27676	Y	C	\$3,932.14		
27680	Y	C	\$1,768.66		
27681	Y	C	\$1,768.66		
27685	Y	C	\$1,768.66		
27686	Y	C	\$1,768.66		
27687	Y	C	\$1,768.66		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
27690	Y	C	\$3,932.14		
27691	Y	C	\$3,932.14		
27692	N	BN	\$0.00		
27695	Y	C	\$5,331.50	\$2,814.27	\$4,072.88
27696	Y	C	\$5,142.61	\$2,983.11	\$4,062.86
27698	Y	C	\$5,221.34	\$2,912.73	\$4,067.03
27700	Y	C	\$6,060.82	\$2,162.34	\$4,111.58
27702	Y	C	\$16,958.06	\$5,482.17	\$11,220.11
27704	N	C	\$1,768.66		
27705	Y	C	\$5,048.67	\$3,067.06	\$4,057.86
27707	Y	C	\$1,768.66		
27709	Y	C	\$9,832.40	\$5,532.38	\$7,682.39
27720	Y	C	\$5,295.23	\$2,846.67	\$4,070.95
27726	Y	C	\$5,404.01	\$2,749.44	\$4,076.72
27730	Y	C	\$2,281.76	\$1,369.85	\$1,825.80
27732	Y	C	\$1,768.66		
27734	Y	C	\$1,768.66		
27740	Y	C	\$1,768.66		
27742	Y	C	\$1,768.66		
27745	Y	C	\$5,431.99	\$2,724.44	\$4,078.21
27750	Y	C	\$144.40		
27752	Y	C	\$938.88		
27756	Y	C	\$5,539.03	\$2,628.74	\$4,083.88
27758	Y	C	\$10,146.87	\$5,251.27	\$7,699.07
27759	Y	C	\$10,051.62	\$5,336.42	\$7,694.02
27760	Y	C	\$144.40		
27762	Y	C	\$938.88		
27766	Y	C	\$3,932.14		
27767	Y	C	\$144.40		
27768	Y	C	\$938.88		
27769	Y	C	\$5,381.92	\$2,769.20	\$4,075.56
27780	Y	C	\$144.40		
27781	Y	C	\$938.88		
27784	Y	C	\$3,932.14		
27786	Y	C	\$144.40		
27788	Y	C	\$144.40		
27792	Y	C	\$5,239.65	\$2,896.38	\$4,068.01
27808	Y	C	\$144.40		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
27810	Y	C	\$938.88		
27814	Y	C	\$5,206.84	\$2,925.70	\$4,066.27
27816	Y	C	\$144.40		
27818	Y	C	\$938.88		
27822	Y	C	\$5,253.45	\$2,884.02	\$4,068.73
27823	Y	C	\$5,155.39	\$2,971.69	\$4,063.54
27824	Y	C	\$144.40		
27825	Y	C	\$938.88		
27826	Y	C	\$5,275.20	\$2,864.57	\$4,069.88
27827	Y	C	\$9,985.07	\$5,395.91	\$7,690.49
27828	Y	C	\$10,244.74	\$5,163.79	\$7,704.26
27829	Y	C	\$5,451.32	\$2,707.15	\$4,079.23
27830	Y	C	\$144.40		
27831	Y	C	\$1,768.66		
27832	Y	C	\$5,360.15	\$2,788.63	\$4,074.39
27840	Y	C	\$144.40		
27842	Y	C	\$938.88		
27846	Y	C	\$3,932.14		
27848	Y	C	\$5,779.72	\$2,413.60	\$4,096.66
27860	Y	C	\$1,768.66		
27870	Y	C	\$10,931.76	\$4,549.68	\$7,740.72
27871	Y	C	\$10,835.19	\$4,635.99	\$7,735.59
27884	Y	C	\$1,768.66		
27889	Y	C	\$3,932.14		
27892	Y	C	\$1,768.66		
27893	Y	C	\$3,932.14		
27894	Y	C	\$1,768.66		
28001	Y	C	\$106.15		
28002	Y	C	\$938.88		
28003	Y	C	\$1,768.66		
28005	Y	C	\$1,768.66		
28008	Y	C	\$1,768.66		
28010	Y	C	\$142.02		
28011	Y	C	\$938.88		
28020	Y	C	\$1,768.66		
28022	Y	C	\$1,768.66		
28024	Y	C	\$938.88		
28035	Y	C	\$1,035.92		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
28039	Y	C	\$1,346.13		
28041	Y	C	\$1,346.13		
28043	Y	C	\$793.27		
28045	Y	C	\$1,346.13		
28046	Y	C	\$1,346.13		
28047	Y	C	\$1,346.13		
28050	Y	C	\$1,768.66		
28052	Y	C	\$1,768.66		
28054	Y	C	\$1,768.66		
28055	Y	C	\$1,035.92		
28060	Y	C	\$1,768.66		
28062	Y	C	\$1,768.66		
28070	Y	C	\$3,932.14		
28072	Y	C	\$1,768.66		
28080	Y	C	\$938.88		
28086	Y	C	\$1,768.66		
28088	Y	C	\$1,768.66		
28090	Y	C	\$938.88		
28092	Y	C	\$938.88		
28100	Y	C	\$1,768.66		
28102	Y	C	\$5,740.01	\$2,449.10	\$4,094.55
28103	Y	C	\$5,984.84	\$2,230.24	\$4,107.54
28104	Y	C	\$1,768.66		
28106	Y	C	\$6,461.04	\$1,804.58	\$4,132.81
28107	Y	C	\$3,932.14		
28108	Y	C	\$938.88		
28110	Y	C	\$1,768.66		
28111	Y	C	\$1,768.66		
28112	Y	C	\$1,768.66		
28113	Y	C	\$1,768.66		
28114	Y	C	\$1,768.66		
28116	Y	C	\$1,768.66		
28118	Y	C	\$1,768.66		
28119	Y	C	\$1,768.66		
28120	Y	C	\$1,768.66		
28122	Y	C	\$1,768.66		
28124	Y	C	\$320.25		
28126	Y	C	\$1,768.66		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
28130	Y	C	\$5,072.85	\$3,045.46	\$4,059.15
28140	Y	C	\$1,768.66		
28150	Y	C	\$1,768.66		
28153	Y	C	\$1,768.66		
28160	Y	C	\$1,768.66		
28171	Y	C	\$1,768.66		
28173	Y	C	\$1,768.66		
28175	Y	C	\$938.88		
28190	Y	C	\$177.52		
28192	Y	C	\$793.27		
28193	Y	C	\$793.27		
28200	Y	C	\$1,768.66		
28202	Y	C	\$5,394.00	\$2,758.39	\$4,076.19
28208	Y	C	\$1,768.66		
28210	Y	C	\$5,515.90	\$2,649.43	\$4,082.66
28220	Y	C	\$299.24		
28222	Y	C	\$1,768.66		
28225	Y	C	\$1,768.66		
28226	Y	C	\$1,768.66		
28230	Y	C	\$295.25		
28232	Y	C	\$268.45		
28234	Y	C	\$938.88		
28238	Y	C	\$3,932.14		
28240	Y	C	\$1,768.66		
28250	Y	C	\$1,768.66		
28260	Y	C	\$1,768.66		
28261	Y	C	\$938.88		
28262	Y	C	\$5,072.85	\$3,045.46	\$4,059.15
28264	Y	C	\$938.88		
28270	Y	C	\$1,768.66		
28272	Y	C	\$259.75		
28280	Y	NRC	\$1,768.66		
28285	Y	C	\$1,768.66		
28286	Y	C	\$1,768.66		
28288	Y	C	\$1,768.66		
28289	Y	C	\$1,768.66		
28291	Y	C	\$5,533.86	\$2,633.38	\$4,083.62
28292	Y	NRC	\$1,768.66		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
28295	Y	NRC	\$1,768.66		
28296	Y	NRC	\$1,768.66		
28297	Y	NRC	\$11,194.69	\$4,314.65	\$7,754.67
28298	Y	NRC	\$5,052.82	\$3,063.36	\$4,058.09
28299	Y	NRC	\$5,103.59	\$3,017.99	\$4,060.79
28300	Y	C	\$5,194.41	\$2,936.81	\$4,065.61
28302	Y	C	\$5,084.94	\$3,034.66	\$4,059.80
28304	Y	C	\$3,932.14		
28305	Y	C	\$5,554.57	\$2,614.85	\$4,084.71
28306	Y	C	\$3,932.14		
28307	Y	C	\$3,932.14		
28308	Y	C	\$1,768.66		
28309	Y	C	\$3,932.14		
28310	Y	C	\$3,932.14		
28312	Y	C	\$1,768.66		
28313	Y	NRC	\$1,768.66		
28315	Y	C	\$1,768.66		
28320	Y	C	\$9,705.17	\$5,646.10	\$7,675.63
28322	Y	C	\$5,451.67	\$2,706.84	\$4,079.25
28340	Y	NRC	\$1,768.66		
28341	Y	NRC	\$1,768.66		
28344	Y	NRC	\$1,768.66		
28345	Y	NRC	\$938.88		
28400	Y	C	\$144.40		
28405	Y	C	\$144.40		
28406	Y	C	\$3,932.14		
28415	Y	C	\$5,279.69	\$2,860.56	\$4,070.12
28420	Y	C	\$10,654.46	\$4,797.53	\$7,725.99
28430	Y	C	\$144.40		
28435	Y	C	\$938.88		
28436	Y	C	\$6,935.17	\$1,380.77	\$4,157.97
28445	Y	C	\$3,932.14		
28446	Y	C	\$5,072.85	\$3,045.46	\$4,059.15
28450	Y	C	\$144.40		
28455	Y	C	\$159.77		
28456	Y	C	\$3,932.14		
28465	Y	C	\$5,141.22	\$2,984.34	\$4,062.78
28470	Y	C	\$144.40		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
28475	Y	C	\$144.40		
28476	Y	C	\$1,768.66		
28485	Y	C	\$5,161.94	\$2,965.82	\$4,063.88
28490	Y	C	\$113.39		
28495	Y	C	\$136.94		
28496	Y	C	\$1,768.66		
28505	Y	C	\$1,768.66		
28510	Y	C	\$89.85		
28515	Y	C	\$123.18		
28525	Y	C	\$1,768.66		
28530	Y	C	\$89.12		
28531	Y	C	\$3,932.14		
28540	Y	C	\$135.50		
28545	Y	C	\$1,768.66		
28546	Y	C	\$1,285.45	\$660.83	\$973.14
28555	Y	C	\$5,740.36	\$2,448.79	\$4,094.57
28570	Y	C	\$144.40		
28575	Y	C	\$1,768.66		
28576	Y	C	\$3,932.14		
28585	Y	C	\$5,740.36	\$2,448.79	\$4,094.57
28600	Y	C	\$144.40		
28605	Y	C	\$144.40		
28606	Y	C	\$1,768.66		
28615	Y	C	\$5,113.60	\$3,009.04	\$4,061.32
28630	Y	C	\$98.54		
28635	Y	C	\$938.88		
28636	Y	C	\$1,768.66		
28645	Y	C	\$1,768.66		
28660	Y	C	\$86.22		
28665	Y	C	\$159.63		
28666	Y	C	\$1,768.66		
28675	Y	C	\$1,768.66		
28705	Y	C	\$16,067.57	\$6,278.16	\$11,172.86
28715	Y	C	\$11,055.72	\$4,438.87	\$7,747.29
28725	Y	C	\$10,769.94	\$4,694.30	\$7,732.12
28730	Y	C	\$11,235.13	\$4,278.48	\$7,756.80
28735	Y	C	\$11,331.04	\$4,192.75	\$7,761.89
28737	Y	C	\$11,550.26	\$3,996.80	\$7,773.53

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
28740	Y	C	\$5,752.78	\$2,437.67	\$4,095.22
28750	Y	C	\$5,646.77	\$2,532.44	\$4,089.60
28755	Y	C	\$3,932.14		
28760	Y	C	\$3,932.14		
28810	Y	C	\$1,768.66		
28820	Y	C	\$1,768.66		
28825	Y	C	\$1,768.66		
28890	Y	C	\$202.15		
29000	Y	C	\$159.63		
29010	Y	C	\$159.63		
29015	Y	C	\$159.63		
29035	Y	C	\$159.63		
29040	Y	C	\$159.63		
29044	Y	C	\$94.88		
29046	Y	C	\$159.63		
29049	Y	C	\$74.63		
29055	Y	C	\$159.63		
29058	Y	C	\$82.60		
29065	Y	C	\$72.09		
29075	Y	C	\$65.93		
29085	Y	C	\$71.74		
29086	Y	C	\$63.03		
29105	Y	C	\$58.33		
29125	N	BN	\$0.00		
29126	N	BN	\$0.00		
29130	N	BN	\$0.00		
29131	N	BN	\$0.00		
29200	Y	C	\$19.57		
29240	N	BN	\$0.00		
29260	N	BN	\$0.00		
29280	N	BN	\$0.00		
29305	Y	C	\$159.63		
29325	Y	C	\$159.63		
29345	Y	C	\$91.66		
29355	Y	C	\$93.11		
29358	Y	C	\$121.00		
29365	Y	C	\$88.76		
29405	Y	C	\$56.87		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
29425	Y	C	\$52.17		
29435	Y	C	\$88.40		
29440	Y	C	\$25.73		
29445	Y	C	\$69.92		
29450	Y	C	\$76.80		
29505	Y	C	\$72.82		
29515	Y	C	\$51.08		
29520	N	BN	\$0.00		
29530	N	BN	\$0.00		
29540	Y	C	\$15.58		
29550	N	BN	\$0.00		
29580	Y	C	\$46.37		
29581	Y	C	\$72.45		
29584	Y	C	\$71.74		
29700	Y	C	\$48.54		
29705	Y	C	\$39.12		
29710	Y	C	\$79.70		
29720	Y	C	\$68.11		
29730	Y	C	\$39.85		
29740	Y	C	\$62.32		
29750	Y	NRC	\$64.85		
29800	Y	C	\$1,768.66		
29804	Y	C	\$1,768.66		
29805	Y	C	\$1,768.66		
29806	Y	C	\$3,932.14		
29807	Y	C	\$3,932.14		
29819	Y	C	\$1,768.66		
29820	Y	C	\$3,932.14		
29821	Y	C	\$1,768.66		
29822	Y	C	\$1,768.66		
29823	Y	C	\$1,768.66		
29824	Y	C	\$1,768.66		
29825	Y	C	\$1,768.66		
29826	N	BN	\$0.00		
29827	Y	C	\$3,932.14		
29828	Y	C	\$3,932.14		
29830	Y	C	\$1,768.66		
29834	Y	C	\$1,768.66		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
29835	Y	C	\$1,768.66		
29836	Y	C	\$3,932.14		
29837	Y	C	\$1,768.66		
29838	Y	C	\$1,768.66		
29840	Y	C	\$1,768.66		
29843	Y	C	\$1,768.66		
29844	Y	C	\$1,768.66		
29845	Y	C	\$1,768.66		
29846	Y	C	\$1,768.66		
29847	Y	C	\$3,932.14		
29848	Y	C	\$938.88		
29850	Y	C	\$938.88		
29851	Y	C	\$938.88		
29855	Y	C	\$5,408.50	\$2,745.42	\$4,076.96
29856	Y	C	\$12,357.33	\$3,275.38	\$7,816.35
29860	Y	C	\$3,932.14		
29861	Y	C	\$3,932.14		
29862	Y	C	\$3,932.14		
29863	Y	C	\$1,768.66		
29866	Y	C	\$3,932.14		
29867	Y	C	\$11,414.56	\$4,118.11	\$7,766.33
29868	Y	C	\$3,932.14		
29870	Y	C	\$1,768.66		
29871	Y	C	\$1,768.66		
29873	Y	C	\$1,768.66		
29874	Y	C	\$1,768.66		
29875	Y	C	\$1,768.66		
29876	Y	C	\$1,768.66		
29877	Y	C	\$1,768.66		
29879	Y	C	\$1,768.66		
29880	Y	C	\$1,768.66		
29881	Y	C	\$1,768.66		
29882	Y	C	\$1,768.66		
29883	Y	C	\$1,768.66		
29884	Y	C	\$1,768.66		
29885	Y	C	\$5,407.12	\$2,746.66	\$4,076.89
29886	Y	C	\$1,768.66		
29887	Y	C	\$5,741.74	\$2,447.56	\$4,094.65

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
29888	Y	C	\$5,276.24	\$2,863.65	\$4,069.94
29889	Y	C	\$9,665.38	\$5,681.68	\$7,673.53
29891	Y	C	\$1,768.66		
29892	Y	C	\$3,932.14		
29893	Y	C	\$1,768.66		
29894	Y	C	\$1,768.66		
29895	Y	C	\$1,768.66		
29897	Y	C	\$1,768.66		
29898	Y	C	\$1,768.66		
29899	Y	C	\$5,072.85	\$3,045.46	\$4,059.15
29900	Y	C	\$1,768.66		
29901	Y	C	\$1,768.66		
29902	Y	C	\$938.88		
29904	Y	C	\$1,768.66		
29905	Y	C	\$3,932.14		
29906	Y	C	\$1,768.66		
29907	Y	C	\$10,075.75	\$5,314.83	\$7,695.29
29914	Y	C	\$3,932.14		
29915	Y	C	\$3,932.14		
29916	Y	C	\$3,932.14		
30000	Y	C	\$124.13		
30020	Y	C	\$201.52		
30100	Y	C	\$99.95		
30110	Y	C	\$177.26		
30115	Y	C	\$1,394.45		
30117	Y	C	\$1,394.45		
30118	Y	C	\$1,394.45		
30120	Y	C	\$1,394.45		
30124	Y	C	\$657.38		
30125	Y	C	\$2,917.35		
30130	Y	C	\$1,394.45		
30140	Y	C	\$1,394.45		
30150	Y	C	\$2,917.35		
30160	Y	C	\$2,917.35		
30200	Y	C	\$76.98		
30210	Y	C	\$105.13		
30220	Y	C	\$657.38		
30300	N	BN	\$0.00		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
30310	Y	C	\$1,394.45		
30320	Y	C	\$657.38		
30400	Y	NRC	\$2,917.35		
30410	Y	C	\$2,917.35		
30420	Y	C	\$2,917.35		
30430	Y	C	\$2,917.35		
30435	Y	C	\$2,917.35		
30450	Y	C	\$2,917.35		
30460	Y	NRC	\$2,917.35		
30462	Y	NRC	\$2,917.35		
30465	Y	C	\$2,917.35		
30468	Y	C	\$4,793.21	\$2,014.05	\$3,403.63
30469	Y	C	\$4,356.77	\$2,404.19	\$3,380.48
30520	Y	C	\$1,394.45		
30540	Y	NRC	\$2,917.35		
30545	Y	NRC	\$2,917.35		
30560	Y	C	\$273.04		
30580	Y	C	\$2,917.35		
30600	Y	C	\$2,917.35		
30620	Y	C	\$2,917.35		
30630	Y	C	\$1,394.45		
30801	Y	C	\$657.38		
30802	Y	C	\$657.38		
30901	N	BN	\$0.00		
30903	Y	C	\$69.77		
30905	Y	C	\$69.77		
30906	Y	C	\$124.13		
30915	Y	C	\$1,588.69		
30920	Y	C	\$1,588.69		
30930	Y	C	\$1,394.45		
31000	Y	C	\$124.13		
31002	Y	C	\$657.38		
31020	Y	C	\$1,394.45		
31030	Y	C	\$2,917.35		
31032	Y	C	\$2,917.35		
31040	Y	C	\$2,917.35		
31050	Y	C	\$2,917.35		
31051	Y	C	\$2,917.35		

2025 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
31070	Y	C	\$2,917.35		
31075	Y	C	\$2,917.35		
31080	Y	C	\$2,917.35		
31081	Y	C	\$2,917.35		
31084	Y	C	\$4,215.31	\$2,530.64	\$3,372.97
31085	Y	C	\$4,330.94	\$2,427.27	\$3,379.10
31086	Y	C	\$2,917.35		
31087	Y	C	\$4,722.62	\$2,077.15	\$3,399.88
31090	Y	C	\$2,917.35		
31200	Y	C	\$2,917.35		
31201	Y	C	\$657.38		
31205	Y	C	\$1,394.45		
31231	Y	NRC	\$104.44		
31233	Y	NRC	\$208.71		
31235	Y	NRC	\$792.14		
31237	Y	C	\$792.14		
31238	Y	C	\$792.14		
31239	Y	NRC	\$1,610.31		
31240	Y	NRC	\$792.14		
31242	Y	NRC	\$4,215.31	\$2,530.64	\$3,372.97
31243	Y	NRC	\$4,665.52	\$2,128.19	\$3,396.85
31253	Y	C	\$2,425.84		
31254	Y	C	\$2,425.84		
31255	Y	C	\$2,425.84		
31256	Y	C	\$1,610.31		
31257	Y	C	\$2,425.84		
31259	Y	C	\$2,425.84		
31267	Y	C	\$2,425.84		
31276	Y	C	\$2,425.84		
31287	Y	C	\$2,425.84		
31288	Y	C	\$2,425.84		
31295	Y	C	\$3,505.12	\$2,104.28	\$2,804.70
31296	Y	C	\$1,431.98		
31297	Y	C	\$1,417.42		
31298	Y	C	\$3,544.97	\$2,068.66	\$2,806.81
31300	Y	C	\$1,394.45		
31400	Y	C	\$2,917.35		
31420	Y	C	\$2,917.35		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
31500	Y	C	\$124.13		
31502	Y	C	\$124.13		
31505	Y	C	\$63.40		
31510	Y	C	\$1,610.31		
31511	Y	C	\$104.44		
31512	Y	C	\$1,610.31		
31513	Y	C	\$208.71		
31515	Y	C	\$208.71		
31520	Y	NRC	\$208.71		
31525	Y	C	\$792.14		
31526	Y	C	\$792.14		
31527	Y	C	\$1,610.31		
31528	Y	C	\$1,610.31		
31529	Y	C	\$1,610.31		
31530	Y	C	\$792.14		
31531	Y	C	\$1,610.31		
31535	Y	C	\$1,610.31		
31536	Y	C	\$1,610.31		
31540	Y	C	\$1,610.31		
31541	Y	C	\$1,610.31		
31545	Y	C	\$1,610.31		
31546	Y	C	\$2,425.84		
31551	Y	NRC	\$2,917.35		
31552	Y	C	\$2,917.35		
31553	Y	NRC	\$2,917.35		
31554	Y	C	\$2,917.35		
31560	Y	C	\$2,425.84		
31561	Y	C	\$2,425.84		
31570	Y	C	\$1,610.31		
31571	Y	C	\$1,610.31		
31572	Y	C	\$1,610.31		
31573	Y	C	\$186.96		
31574	Y	C	\$778.90		
31575	Y	C	\$88.63		
31576	Y	C	\$792.14		
31577	Y	C	\$208.71		
31578	Y	C	\$1,610.31		
31579	Y	C	\$121.62		

2025 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
31580	Y	C	\$2,917.35		
31590	Y	C	\$2,917.35		
31591	Y	C	\$2,917.35		
31592	Y	C	\$2,917.35		
31603	Y	C	\$657.38		
31605	Y	C	\$124.13		
31611	Y	C	\$1,394.45		
31612	Y	C	\$1,394.45		
31613	Y	C	\$1,394.45		
31614	Y	C	\$2,917.35		
31615	Y	C	\$273.04		
31622	Y	C	\$792.14		
31623	Y	C	\$792.14		
31624	Y	C	\$792.14		
31625	Y	C	\$792.14		
31626	Y	C	\$2,425.84		
31627	N	BN	\$0.00		
31628	Y	C	\$1,610.31		
31629	Y	C	\$1,610.31		
31630	Y	C	\$1,610.31		
31631	Y	C	\$2,425.84		
31632	N	BN	\$0.00		
31633	N	BN	\$0.00		
31634	Y	C	\$2,425.84		
31635	Y	C	\$792.14		
31636	Y	C	\$3,924.81	\$1,729.11	\$2,826.96
31637	N	BN	\$0.00		
31638	Y	C	\$2,425.84		
31640	Y	C	\$1,610.31		
31641	Y	C	\$1,610.31		
31643	Y	C	\$792.14		
31645	Y	C	\$792.14		
31646	Y	C	\$208.71		
31647	Y	C	\$3,811.73	\$1,830.22	\$2,820.97
31648	Y	C	\$1,610.31		
31649	N	C	\$792.14		
31651	N	BN	\$0.00		
31652	Y	C	\$1,610.31		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
31653	Y	C	\$1,610.31		
31654	N	BN	\$0.00		
31717	Y	C	\$208.71		
31720	N	BN	\$0.00		
31730	Y	C	\$792.14		
31750	Y	C	\$2,917.35		
31755	Y	C	\$2,917.35		
31820	Y	C	\$1,394.45		
31825	Y	C	\$1,394.45		
31830	Y	C	\$1,394.45		
32400	Y	C	\$708.28		
32408	Y	C	\$708.28		
32550	Y	C	\$2,516.30	\$1,389.05	\$1,952.67
32552	N	C	\$332.31		
32553	N	C	\$1,115.25	\$586.13	\$850.69
32554	Y	C	\$332.31		
32555	Y	C	\$332.31		
32556	Y	C	\$864.15		
32557	Y	C	\$632.40		
32960	Y	C	\$332.31		
32994	Y	C	\$8,025.37	\$3,396.85	\$5,711.11
32998	Y	C	\$2,860.32		
33016	Y	NRC	\$632.40		
33206	Y	NRC	\$8,445.25	\$3,427.04	\$5,936.14
33207	Y	NRC	\$8,651.76	\$3,242.44	\$5,947.10
33208	Y	NRC	\$8,766.27	\$3,140.08	\$5,953.17
33210	Y	NRC	\$4,366.57		
33211	Y	NRC	\$8,456.75	\$1,868.20	\$5,162.47
33212	Y	NRC	\$7,431.98	\$2,784.21	\$5,108.09
33213	Y	NRC	\$8,602.26	\$3,286.69	\$5,944.47
33214	Y	NRC	\$8,658.76	\$3,236.18	\$5,947.47
33215	Y	NRC	\$1,588.69		
33216	Y	NRC	\$6,728.91	\$3,412.67	\$5,070.79
33217	Y	NRC	\$7,043.73	\$3,131.27	\$5,087.50
33218	Y	NRC	\$1,953.83		
33220	Y	NRC	\$1,953.83		
33221	Y	NRC	\$15,374.92	\$4,783.41	\$10,079.16
33222	Y	NRC	\$981.09		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
33223	Y	NRC	\$981.09		
33224	Y	NRC	\$8,705.77	\$3,194.17	\$5,949.97
33225	N	BN	\$0.00		
33226	Y	NRC	\$2,473.50	\$1,219.01	\$1,846.25
33227	Y	NRC	\$7,322.89	\$2,881.72	\$5,102.30
33228	Y	NRC	\$8,586.25	\$3,300.99	\$5,943.62
33229	Y	NRC	\$15,073.59	\$5,052.74	\$10,063.16
33230	Y	NRC	\$21,944.08	\$5,958.18	\$13,951.13
33231	Y	NRC	\$28,282.78	\$8,167.60	\$18,225.19
33233	N	NRC	\$6,277.09	\$3,816.55	\$5,046.82
33234	N	NRC	\$1,953.83		
33235	N	NRC	\$1,953.83		
33240	Y	NRC	\$21,196.12	\$6,626.77	\$13,911.44
33241	N	NRC	\$1,953.83		
33249	Y	NRC	\$28,413.83	\$8,050.46	\$18,232.14
33262	Y	NRC	\$21,344.08	\$6,494.51	\$13,919.29
33263	Y	NRC	\$21,495.53	\$6,359.12	\$13,927.32
33264	Y	NRC	\$28,675.94	\$7,816.18	\$18,246.06
33270	Y	NRC	\$29,011.18	\$7,516.51	\$18,263.84
33271	Y	NRC	\$8,551.66	\$1,783.35	\$5,167.50
33273	Y	NRC	\$1,953.83		
33274	Y	NRC	\$15,522.62	\$4,651.38	\$10,087.00
33275	Y	NRC	\$2,796.03	\$930.71	\$1,863.37
33276	N	NRC	\$42,323.67	\$14,324.36	\$28,324.01
33277	N	BN	\$0.00		
33278	Y	NRC	\$1,944.33		
33279	Y	NRC	\$2,809.38	\$1,686.60	\$2,247.99
33280	Y	NRC	\$1,944.33		
33281	Y	NRC	\$1,944.33		
33285	Y	NRC	\$8,011.79	\$2,265.93	\$5,138.86
33286	N	NRC	\$377.60		
33287	Y	NRC	\$28,807.62	\$7,132.15	\$17,969.88
33288	Y	NRC	\$12,427.86	\$3,338.32	\$7,883.09
33289	Y	NRC	\$28,741.49	\$7,088.50	\$17,914.99
33419	N	BN	\$0.00		
33508	N	BN	\$0.00		
33866	N	BN	\$0.00		
33900	Y	NRC	\$7,357.78	\$4,417.21	\$5,887.49

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
33901	Y	NRC	\$7,991.37	\$3,850.85	\$5,921.11
33902	Y	NRC	\$13,178.18	\$5,911.18	\$9,544.68
33903	Y	NRC	\$9,185.42	\$2,783.51	\$5,984.46
34490	Y	NRC	\$2,295.53	\$1,378.11	\$1,836.82
34713	N	BN	\$0.00		
34714	N	BN	\$0.00		
34715	N	BN	\$0.00		
34716	N	BN	\$0.00		
35188	Y	NRC	\$3,009.55		
35207	Y	C	\$1,588.69		
35572	N	BN	\$0.00		
35875	Y	NRC	\$3,009.55		
35876	Y	NRC	\$3,009.55		
36000	N	BN	\$0.00		
36002	Y	C	\$332.31		
36005	N	BN	\$0.00		
36010	N	BN	\$0.00		
36011	N	BN	\$0.00		
36012	N	BN	\$0.00		
36013	N	BN	\$0.00		
36014	N	BN	\$0.00		
36015	N	BN	\$0.00		
36100	N	BN	\$0.00		
36140	N	BN	\$0.00		
36160	N	BN	\$0.00		
36200	N	BN	\$0.00		
36215	N	BN	\$0.00		
36216	N	BN	\$0.00		
36217	N	BN	\$0.00		
36218	N	BN	\$0.00		
36221	N	BN	\$0.00		
36222	N	BN	\$0.00		
36223	N	BN	\$0.00		
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		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
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	C	\$3,009.55		
36261	Y	C	\$1,953.83		
36262	N	C	\$1,953.83		
36400	N	BN	\$0.00		
36405	N	BN	\$0.00		
36406	N	BN	\$0.00		
36410	N	BN	\$0.00		
36416	N	BN	\$0.00		
36420	N	BN	\$0.00		
36425	N	BN	\$0.00		
36430	N	C	\$40.76		
36440	N	NRC	\$236.97		
36450	N	NRC	\$236.97		
36455	N	C	\$236.97		
36465	Y	NRC	\$981.09		
36466	Y	NRC	\$981.09		
36468	N	BN	\$0.00		
36470	Y	NRC	\$82.48		
36471	Y	NRC	\$133.91		
36473	Y	NRC	\$960.37		
36474	N	BN	\$0.00		
36475	Y	NRC	\$1,588.69		
36476	N	BN	\$0.00		
36478	Y	NRC	\$1,588.69		
36479	N	BN	\$0.00		
36481	N	BN	\$0.00		
36482	Y	NRC	\$1,394.78		
36483	N	BN	\$0.00		
36500	N	BN	\$0.00		
36510	N	BN	\$0.00		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
36511	N	C	\$879.62		
36512	N	C	\$879.62		
36513	N	C	\$236.97		
36514	N	C	\$879.62		
36516	N	C	\$2,010.33		
36522	N	C	\$2,515.29		
36555	Y	NRC	\$1,588.69		
36556	Y	C	\$1,588.69		
36557	Y	NRC	\$3,009.55		
36558	Y	C	\$1,588.69		
36560	Y	NRC	\$1,588.69		
36561	Y	C	\$1,588.69		
36563	Y	C	\$3,009.55		
36565	Y	C	\$1,588.69		
36566	Y	C	\$3,009.55		
36568	Y	NRC	\$632.40		
36569	Y	C	\$632.40		
36570	Y	NRC	\$1,588.69		
36571	Y	C	\$1,588.69		
36572	Y	NRC	\$332.31		
36573	Y	C	\$632.40		
36575	Y	C	\$332.31		
36576	Y	C	\$632.40		
36578	Y	C	\$2,288.65	\$1,384.25	\$1,836.45
36580	Y	C	\$632.40		
36581	Y	C	\$2,302.24	\$1,372.10	\$1,837.17
36582	Y	C	\$1,588.69		
36583	Y	C	\$6,022.20	\$1,114.56	\$3,568.38
36584	Y	C	\$632.40		
36585	Y	C	\$1,588.69		
36589	N	C	\$332.31		
36590	N	C	\$632.40		
36591	N	BN	\$0.00		
36592	N	BN	\$0.00		
36593	Y	C	\$32.99		
36595	Y	C	\$421.15		
36596	Y	C	\$632.40		
36597	Y	C	\$632.40		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
36598	Y	C	\$86.69		
36600	N	BN	\$0.00		
36620	N	BN	\$0.00		
36625	N	BN	\$0.00		
36640	Y	C	\$1,588.69		
36680	N	BN	\$0.00		
36800	Y	NRC	\$3,009.55		
36810	Y	NRC	\$2,305.83	\$1,368.88	\$1,837.35
36815	Y	NRC	\$3,009.55		
36818	Y	NRC	\$3,009.55		
36819	Y	NRC	\$3,009.55		
36820	Y	NRC	\$3,009.55		
36821	Y	NRC	\$1,588.69		
36825	Y	NRC	\$3,009.55		
36830	Y	NRC	\$3,009.55		
36831	Y	NRC	\$3,009.55		
36832	Y	NRC	\$3,009.55		
36833	Y	NRC	\$3,009.55		
36835	Y	NRC	\$2,594.61	\$1,110.76	\$1,852.68
36836	Y	NRC	\$13,191.08	\$5,899.65	\$9,545.36
36837	Y	NRC	\$12,913.84	\$6,147.48	\$9,530.66
36860	Y	NRC	\$632.40		
36861	Y	NRC	\$4,990.59	\$2,036.70	\$3,513.64
36901	Y	NRC	\$528.22		
36902	Y	NRC	\$2,629.62		
36903	Y	NRC	\$8,380.54	\$3,502.98	\$5,941.76
36904	Y	NRC	\$4,008.03	\$2,094.70	\$3,051.36
36905	Y	NRC	\$7,399.85	\$4,379.60	\$5,889.72
36906	Y	NRC	\$13,432.86	\$5,683.53	\$9,558.19
36907	N	BN	\$0.00		
36908	N	BN	\$0.00		
36909	N	BN	\$0.00		
37184	Y	C	\$13,615.00	\$5,520.71	\$9,567.85
37185	N	BN	\$0.00		
37186	N	BN	\$0.00		
37187	Y	C	\$8,892.42	\$3,045.42	\$5,968.92
37188	Y	C	\$3,038.86	\$713.65	\$1,876.25
37192	Y	C	\$2,467.26	\$1,224.60	\$1,845.93

2025 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
37193	Y	C	\$1,588.69		
37197	Y	C	\$1,588.69		
37200	Y	C	\$3,009.55		
37211	Y	C	\$4,545.39	\$2,434.67	\$3,490.03
37212	Y	C	\$1,588.69		
37220	Y	NRC	\$3,905.10	\$2,186.72	\$3,045.91
37221	Y	NRC	\$8,180.70	\$3,681.62	\$5,931.16
37222	N	BN	\$0.00		
37223	N	BN	\$0.00		
37224	Y	NRC	\$4,149.26	\$1,968.47	\$3,058.86
37225	Y	NRC	\$14,187.22	\$5,009.21	\$9,598.21
37226	Y	NRC	\$8,639.98	\$3,271.06	\$5,955.52
37227	Y	NRC	\$14,295.22	\$4,912.68	\$9,603.95
37228	Y	NRC	\$7,527.57	\$4,265.43	\$5,896.50
37229	Y	NRC	\$13,515.06	\$5,610.04	\$9,562.55
37230	Y	NRC	\$13,040.37	\$6,034.37	\$9,537.37
37231	Y	NRC	\$13,977.68	\$5,196.53	\$9,587.10
37232	N	BN	\$0.00		
37233	N	BN	\$0.00		
37234	N	BN	\$0.00		
37235	N	BN	\$0.00		
37236	Y	C	\$8,007.90	\$3,836.08	\$5,921.99
37237	N	BN	\$0.00		
37238	Y	C	\$8,096.55	\$3,756.83	\$5,926.69
37239	N	BN	\$0.00		
37241	Y	C	\$7,357.78	\$4,417.21	\$5,887.49
37242	Y	C	\$13,521.52	\$5,604.29	\$9,562.90
37243	Y	C	\$7,444.43	\$4,339.75	\$5,892.09
37246	Y	NRC	\$3,901.48	\$2,189.96	\$3,045.72
37247	N	BN	\$0.00		
37248	Y	NRC	\$3,785.86	\$2,293.30	\$3,039.58
37249	N	BN	\$0.00		
37252	N	BN	\$0.00		
37253	N	BN	\$0.00		
37500	Y	NRC	\$3,009.55		
37607	Y	NRC	\$1,588.69		
37609	Y	C	\$708.28		
37650	Y	NRC	\$1,588.69		

2025 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
37700	Y	NRC	\$1,588.69		
37718	Y	NRC	\$1,588.69		
37722	Y	NRC	\$1,588.69		
37735	Y	NRC	\$1,588.69		
37760	Y	NRC	\$1,588.69		
37761	Y	NRC	\$1,588.69		
37765	Y	NRC	\$207.66		
37766	Y	NRC	\$233.22		
37780	Y	NRC	\$1,588.69		
37785	Y	NRC	\$1,588.69		
37790	Y	NRC	\$1,655.31		
38200	N	BN	\$0.00		
38204	N	BN	\$0.00		
38206	N	NRC	\$879.62		
38220	Y	C	\$110.63		
38221	Y	C	\$111.27		
38222	Y	C	\$1,201.90		
38230	N	C	\$879.62		
38232	N	C	\$2,515.29		
38241	N	NRC	\$879.62		
38242	N	NRC	\$879.62		
38243	N	C	\$879.62		
38300	Y	C	\$1,201.90		
38305	Y	C	\$1,201.90		
38308	Y	NRC	\$1,538.05		
38500	Y	C	\$1,538.05		
38505	Y	C	\$708.28		
38510	Y	C	\$1,538.05		
38520	Y	C	\$1,538.05		
38525	Y	C	\$1,538.05		
38530	Y	C	\$1,538.05		
38531	Y	C	\$1,538.05		
38542	Y	C	\$2,860.32		
38550	Y	C	\$1,538.05		
38555	Y	C	\$2,682.40		
38570	Y	C	\$2,860.32		
38571	Y	C	\$4,896.00		
38572	Y	C	\$4,896.00		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
38573	Y	C	\$4,896.00		
38700	Y	C	\$2,682.40		
38740	Y	C	\$2,860.32		
38745	Y	C	\$2,860.32		
38760	Y	C	\$2,682.40		
38790	N	BN	\$0.00		
38792	N	BN	\$0.00		
38794	N	BN	\$0.00		
38900	N	BN	\$0.00		
40490	Y	C	\$74.72		
40500	Y	NRC	\$1,394.45		
40510	Y	NRC	\$1,394.45		
40520	Y	NRC	\$1,394.45		
40525	Y	NRC	\$1,394.45		
40527	Y	NRC	\$2,917.35		
40530	Y	NRC	\$1,394.45		
40650	Y	C	\$273.04		
40652	Y	C	\$273.04		
40654	Y	C	\$657.38		
40700	Y	NRC	\$2,917.35		
40701	Y	NRC	\$2,917.35		
40702	Y	NRC	\$2,917.35		
40720	Y	NRC	\$1,394.45		
40761	Y	NRC	\$2,917.35		
40800	Y	C	\$153.97		
40801	Y	C	\$273.04		
40804	N	BN	\$0.00		
40805	Y	C	\$180.82		
40806	Y	NRC	\$86.04		
40808	Y	C	\$125.18		
40810	Y	C	\$159.14		
40812	Y	C	\$183.08		
40814	Y	C	\$1,394.45		
40816	Y	C	\$1,394.45		
40818	Y	C	\$273.04		
40819	Y	C	\$657.38		
40820	Y	C	\$198.61		
40830	Y	C	\$124.13		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
40831	Y	C	\$273.04		
40840	Y	C	\$2,917.35		
40842	Y	C	\$2,917.35		
40843	Y	C	\$2,917.35		
40844	Y	C	\$2,917.35		
40845	Y	C	\$2,917.35		
41000	Y	C	\$95.10		
41005	Y	C	\$124.13		
41006	Y	C	\$657.38		
41007	Y	C	\$657.38		
41008	Y	C	\$1,394.45		
41009	Y	C	\$273.04		
41010	Y	NRC	\$657.38		
41015	Y	C	\$273.04		
41016	Y	C	\$2,917.35		
41017	Y	C	\$1,394.45		
41018	Y	C	\$657.38		
41019	Y	C	\$2,917.35		
41100	Y	C	\$129.06		
41105	Y	C	\$128.09		
41108	Y	C	\$122.27		
41110	Y	C	\$163.03		
41112	Y	C	\$1,394.45		
41113	Y	C	\$1,394.45		
41114	Y	C	\$1,394.45		
41115	Y	C	\$183.73		
41116	Y	C	\$1,394.45		
41120	Y	NRC	\$2,917.35		
41250	N	BN	\$0.00		
41251	Y	C	\$124.13		
41252	Y	C	\$124.13		
41510	Y	NRC	\$1,394.45		
41512	Y	NRC	\$4,215.31	\$2,530.64	\$3,372.97
41520	Y	NRC	\$1,394.45		
41530	Y	NRC	\$732.32		
41800	N	BN	\$0.00		
41805	Y	C	\$245.19		
41806	Y	C	\$291.77		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
41820	Y	NRC	\$1,394.45		
41821	Y	NRC	\$657.38		
41822	Y	C	\$252.30		
41823	Y	C	\$371.66		
41825	Y	C	\$161.09		
41826	Y	C	\$204.75		
41827	Y	C	\$2,917.35		
41828	Y	C	\$224.16		
41830	Y	C	\$323.14		
41850	Y	NRC	\$657.38		
41870	Y	NRC	\$657.38		
41872	Y	NRC	\$344.49		
41874	Y	NRC	\$266.21		
42000	Y	NRC	\$124.13		
42100	Y	C	\$92.19		
42104	Y	C	\$148.47		
42106	Y	C	\$167.55		
42107	Y	C	\$2,917.35		
42120	Y	C	\$2,917.35		
42140	Y	C	\$1,394.45		
42145	Y	C	\$2,917.35		
42160	Y	C	\$150.09		
42180	Y	C	\$273.04		
42182	Y	C	\$2,917.35		
42200	Y	NRC	\$2,917.35		
42205	Y	NRC	\$1,394.45		
42210	Y	NRC	\$2,917.35		
42215	Y	NRC	\$2,917.35		
42220	Y	NRC	\$2,917.35		
42225	Y	NRC	\$2,917.35		
42226	Y	NRC	\$2,917.35		
42227	Y	NRC	\$2,917.35		
42235	Y	NRC	\$2,917.35		
42260	Y	NRC	\$2,917.35		
42280	Y	NRC	\$114.18		
42281	Y	NRC	\$2,917.35		
42300	Y	NRC	\$657.38		
42305	Y	NRC	\$1,394.45		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
42310	Y	NRC	\$273.04		
42320	Y	NRC	\$273.04		
42330	Y	NRC	\$144.59		
42335	Y	NRC	\$291.12		
42340	Y	NRC	\$1,394.45		
42400	Y	C	\$63.72		
42405	Y	C	\$657.38		
42408	Y	NRC	\$1,394.45		
42409	Y	NRC	\$1,394.45		
42410	Y	C	\$2,917.35		
42415	Y	C	\$2,917.35		
42420	Y	C	\$2,917.35		
42425	Y	C	\$2,917.35		
42440	Y	NRC	\$2,917.35		
42450	Y	NRC	\$2,917.35		
42500	Y	C	\$2,917.35		
42505	Y	C	\$2,917.35		
42507	Y	NRC	\$2,917.35		
42509	Y	NRC	\$2,917.35		
42510	Y	NRC	\$1,394.45		
42550	N	BN	\$0.00		
42600	Y	NRC	\$1,394.45		
42650	Y	NRC	\$43.99		
42660	Y	NRC	\$54.99		
42665	Y	NRC	\$1,394.45		
42700	Y	NRC	\$124.13		
42720	Y	NRC	\$1,394.45		
42725	Y	NRC	\$2,917.35		
42800	Y	C	\$100.27		
42804	Y	C	\$1,394.45		
42806	Y	C	\$1,394.45		
42808	Y	C	\$1,394.45		
42809	N	BN	\$0.00		
42810	Y	NRC	\$1,394.45		
42815	Y	NRC	\$2,917.35		
42820	Y	NRC	\$2,917.35		
42821	Y	NRC	\$1,394.45		
42825	Y	NRC	\$2,917.35		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
42826	Y	NRC	\$1,394.45		
42830	Y	NRC	\$1,394.45		
42831	Y	NRC	\$1,394.45		
42835	Y	NRC	\$1,394.45		
42836	Y	NRC	\$1,394.45		
42860	Y	NRC	\$1,394.45		
42870	Y	NRC	\$2,917.35		
42890	Y	NRC	\$2,917.35		
42892	Y	NRC	\$2,917.35		
42900	Y	C	\$1,263.46	\$289.93	\$776.69
42950	Y	NRC	\$2,917.35		
42955	Y	NRC	\$657.38		
42960	Y	C	\$273.04		
42962	Y	C	\$1,394.45		
42970	Y	C	\$124.13		
42972	Y	C	\$1,394.45		
42975	Y	NRC	\$792.14		
43030	Y	NRC	\$2,917.35		
43130	Y	NRC	\$2,917.35		
43180	Y	C	\$2,917.35		
43191	Y	C	\$864.15		
43192	Y	C	\$864.15		
43193	Y	C	\$864.15		
43194	Y	C	\$864.15		
43195	Y	C	\$1,875.81		
43196	Y	C	\$864.15		
43197	Y	C	\$130.03		
43198	Y	C	\$140.06		
43200	Y	NRC	\$503.39		
43201	Y	NRC	\$864.15		
43202	Y	C	\$864.15		
43204	Y	NRC	\$864.15		
43205	Y	NRC	\$864.15		
43206	Y	NRC	\$864.15		
43210	Y	C	\$8,123.13	\$3,309.47	\$5,716.30
43211	Y	C	\$864.15		
43212	Y	C	\$4,583.30	\$1,741.65	\$3,162.47
43213	Y	C	\$864.15		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
43214	Y	C	\$864.15		
43215	Y	C	\$864.15		
43216	Y	C	\$864.15		
43217	Y	C	\$864.15		
43220	Y	NRC	\$864.15		
43226	Y	NRC	\$864.15		
43227	Y	C	\$864.15		
43229	Y	C	\$3,147.47	\$1,236.46	\$2,191.96
43231	Y	NRC	\$864.15		
43232	Y	C	\$864.15		
43233	Y	C	\$864.15		
43235	Y	C	\$503.39		
43236	Y	NRC	\$503.39		
43237	Y	NRC	\$864.15		
43238	Y	C	\$864.15		
43239	Y	C	\$503.39		
43240	Y	NRC	\$4,899.82	\$1,458.71	\$3,179.26
43241	Y	NRC	\$864.15		
43242	Y	C	\$864.15		
43243	Y	NRC	\$864.15		
43244	Y	NRC	\$864.15		
43245	Y	C	\$864.15		
43246	Y	C	\$864.15		
43247	Y	C	\$503.39		
43248	Y	NRC	\$503.39		
43249	Y	NRC	\$864.15		
43250	Y	C	\$864.15		
43251	Y	C	\$864.15		
43252	Y	C	\$864.15		
43253	Y	C	\$864.15		
43254	Y	C	\$864.15		
43255	Y	C	\$864.15		
43257	Y	NRC	\$2,714.44	\$1,623.54	\$2,168.99
43259	Y	NRC	\$864.15		
43260	Y	C	\$1,875.81		
43261	Y	C	\$1,875.81		
43262	Y	NRC	\$1,875.81		
43263	Y	NRC	\$864.15		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
43264	Y	NRC	\$1,875.81		
43265	Y	NRC	\$2,704.26		
43266	Y	C	\$4,801.68	\$1,546.45	\$3,174.06
43270	Y	C	\$1,307.85	\$696.64	\$1,002.24
43273	N	BN	\$0.00		
43274	Y	C	\$4,052.65	\$2,215.98	\$3,134.31
43275	Y	C	\$864.15		
43276	Y	C	\$4,036.43	\$2,230.49	\$3,133.46
43277	Y	C	\$1,875.81		
43278	Y	C	\$1,875.81		
43284	Y	NRC	\$8,000.33	\$3,419.24	\$5,709.78
43285	N	NRC	\$2,860.32		
43290	Y	NRC	\$1,449.70	\$569.83	\$1,009.76
43291	Y	NRC	\$503.39		
43450	Y	NRC	\$503.39		
43453	Y	NRC	\$864.15		
43653	Y	NRC	\$2,860.32		
43752	N	C	\$211.72		
43753	N	BN	\$0.00		
43754	N	BN	\$0.00		
43755	N	NRC	\$85.20		
43756	N	NRC	\$503.39		
43757	Y	NRC	\$503.39		
43761	Y	C	\$130.70		
43762	Y	NRC	\$130.70		
43763	Y	NRC	\$130.70		
43774	Y	NRC	\$1,875.81		
43870	Y	NRC	\$1,875.81		
43886	Y	NRC	\$1,957.33		
43887	N	NRC	\$981.09		
43888	Y	NRC	\$1,957.33		
44100	Y	C	\$503.39		
44312	Y	NRC	\$1,957.33		
44340	Y	NRC	\$1,957.33		
44360	Y	C	\$864.15		
44361	Y	C	\$864.15		
44363	Y	C	\$864.15		
44364	Y	C	\$864.15		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
44365	Y	C	\$864.15		
44366	Y	NRC	\$864.15		
44369	Y	C	\$864.15		
44370	Y	C	\$5,026.97	\$1,345.07	\$3,186.02
44372	Y	C	\$864.15		
44373	Y	C	\$864.15		
44376	Y	C	\$864.15		
44377	Y	C	\$864.15		
44378	Y	NRC	\$864.15		
44379	Y	C	\$2,704.26		
44380	Y	C	\$503.39		
44381	Y	NRC	\$864.15		
44382	Y	C	\$503.39		
44384	Y	C	\$1,280.14	\$721.41	\$1,000.77
44385	Y	C	\$489.47		
44386	Y	C	\$489.47		
44388	Y	C	\$489.47		
44389	Y	C	\$632.96		
44390	Y	C	\$489.47		
44391	Y	NRC	\$632.96		
44392	Y	C	\$632.96		
44394	Y	C	\$632.96		
44401	Y	C	\$632.96		
44402	Y	NRC	\$2,704.26		
44403	Y	NRC	\$632.96		
44404	Y	NRC	\$632.96		
44405	Y	NRC	\$965.00	\$503.98	\$734.49
44406	Y	NRC	\$632.96		
44407	Y	C	\$632.96		
44408	Y	NRC	\$489.47		
44500	Y	NRC	\$503.39		
44701	N	BN	\$0.00		
45000	Y	NRC	\$632.96		
45005	Y	NRC	\$632.96		
45020	Y	NRC	\$1,397.97		
45100	Y	C	\$1,397.97		
45108	Y	C	\$1,397.97		
45150	Y	NRC	\$632.96		

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HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
45160	Y	C	\$1,397.97		
45171	Y	C	\$1,397.97		
45172	Y	C	\$1,397.97		
45190	Y	C	\$1,397.97		
45300	Y	C	\$95.42		
45303	Y	NRC	\$632.96		
45305	Y	C	\$632.96		
45307	Y	C	\$1,397.97		
45308	Y	C	\$1,397.97		
45309	Y	C	\$632.96		
45315	Y	C	\$632.96		
45317	Y	NRC	\$632.96		
45320	Y	C	\$1,397.97		
45321	Y	NRC	\$1,397.97		
45327	Y	NRC	\$4,837.04	\$1,514.82	\$3,175.93
45330	Y	C	\$148.79		
45331	Y	C	\$489.47		
45332	Y	C	\$632.96		
45333	Y	C	\$489.47		
45334	Y	NRC	\$632.96		
45335	Y	NRC	\$489.47		
45337	Y	NRC	\$489.47		
45338	Y	C	\$632.96		
45340	Y	NRC	\$632.96		
45341	Y	NRC	\$489.47		
45342	Y	C	\$632.96		
45346	Y	C	\$632.96		
45347	Y	NRC	\$4,844.76	\$1,507.93	\$3,176.34
45349	Y	NRC	\$1,397.97		
45350	Y	NRC	\$632.96		
45378	Y	C	\$489.47		
45379	Y	C	\$632.96		
45380	Y	C	\$632.96		
45381	Y	NRC	\$632.96		
45382	Y	NRC	\$632.96		
45384	Y	C	\$632.96		
45385	Y	C	\$632.96		
45386	Y	NRC	\$632.96		

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HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
45388	Y	C	\$632.96		
45389	Y	NRC	\$4,789.97	\$1,556.91	\$3,173.44
45390	Y	NRC	\$1,397.97		
45391	Y	NRC	\$632.96		
45392	Y	C	\$632.96		
45393	Y	NRC	\$632.96		
45398	Y	NRC	\$632.96		
45500	Y	NRC	\$1,397.97		
45505	Y	NRC	\$1,397.97		
45520	N	BN	\$0.00		
45541	Y	NRC	\$1,397.97		
45560	Y	NRC	\$1,397.97		
45900	Y	NRC	\$489.47		
45905	Y	NRC	\$632.96		
45910	Y	NRC	\$632.96		
45915	Y	C	\$632.96		
45990	Y	NRC	\$1,397.97		
46020	Y	NRC	\$1,397.97		
46030	Y	NRC	\$632.96		
46040	Y	C	\$632.96		
46045	Y	C	\$1,397.97		
46050	Y	C	\$489.47		
46060	Y	NRC	\$1,397.97		
46070	Y	NRC	\$1,397.97		
46080	Y	NRC	\$1,397.97		
46083	Y	NRC	\$130.70		
46200	Y	NRC	\$1,397.97		
46220	Y	NRC	\$632.96		
46221	Y	NRC	\$190.84		
46230	Y	NRC	\$1,397.97		
46250	Y	NRC	\$1,397.97		
46255	Y	NRC	\$1,397.97		
46257	Y	NRC	\$1,397.97		
46258	Y	NRC	\$1,397.97		
46260	Y	NRC	\$1,397.97		
46261	Y	NRC	\$1,397.97		
46262	Y	NRC	\$1,397.97		
46270	Y	NRC	\$1,397.97		

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HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
46275	Y	NRC	\$1,397.97		
46280	Y	NRC	\$1,397.97		
46285	Y	NRC	\$1,397.97		
46288	Y	NRC	\$1,397.97		
46320	Y	NRC	\$143.62		
46500	Y	NRC	\$238.72		
46505	Y	NRC	\$632.96		
46600	N	BN	\$0.00		
46601	N	BN	\$0.00		
46604	Y	NRC	\$553.77		
46606	Y	C	\$218.02		
46607	Y	C	\$632.96		
46608	Y	C	\$489.47		
46610	Y	C	\$1,397.97		
46611	Y	C	\$489.47		
46612	Y	C	\$1,397.97		
46614	Y	NRC	\$122.59		
46615	Y	C	\$1,397.97		
46700	Y	NRC	\$1,397.97		
46706	Y	NRC	\$1,397.97		
46707	Y	NRC	\$1,397.97		
46750	Y	NRC	\$1,397.97		
46753	Y	NRC	\$1,397.97		
46754	Y	NRC	\$1,397.97		
46760	Y	NRC	\$1,397.97		
46761	Y	NRC	\$1,397.97		
46900	Y	C	\$165.61		
46910	Y	C	\$186.32		
46916	Y	C	\$106.77		
46917	Y	C	\$1,397.97		
46922	Y	C	\$1,397.97		
46924	Y	C	\$1,397.97		
46930	Y	NRC	\$155.59		
46940	Y	NRC	\$170.14		
46942	Y	NRC	\$167.55		
46945	Y	NRC	\$1,397.97		
46946	Y	NRC	\$1,397.97		
46947	Y	NRC	\$1,397.97		

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HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
46948	Y	NRC	\$1,397.97		
47000	Y	C	\$708.28		
47001	N	BN	\$0.00		
47382	Y	C	\$2,860.32		
47383	Y	C	\$8,157.32	\$3,278.91	\$5,718.11
47531	N	BN	\$0.00		
47532	N	BN	\$0.00		
47533	Y	C	\$1,685.17		
47534	Y	C	\$1,685.17		
47535	Y	C	\$1,685.17		
47536	Y	C	\$1,685.17		
47537	N	C	\$503.39		
47538	Y	C	\$4,632.28	\$2,034.79	\$3,333.53
47539	Y	C	\$4,696.42	\$1,977.44	\$3,336.93
47540	Y	C	\$4,319.44	\$2,314.44	\$3,316.94
47541	Y	C	\$4,582.05	\$2,750.81	\$3,666.43
47542	N	BN	\$0.00		
47543	N	BN	\$0.00		
47544	N	BN	\$0.00		
47552	Y	NRC	\$3,171.15		
47553	Y	NRC	\$3,171.15		
47554	Y	NRC	\$4,896.00		
47555	Y	NRC	\$2,435.42	\$1,461.35	\$1,948.38
47556	Y	NRC	\$7,483.13	\$3,881.55	\$5,682.34
47562	Y	NRC	\$2,860.32		
47563	Y	NRC	\$2,860.32		
47564	Y	NRC	\$4,896.00		
48102	Y	C	\$708.28		
49082	Y	C	\$503.39		
49083	Y	C	\$503.39		
49084	Y	C	\$503.39		
49180	Y	C	\$708.28		
49250	Y	NRC	\$1,685.17		
49320	Y	C	\$2,860.32		
49321	Y	C	\$2,860.32		
49322	Y	NRC	\$2,860.32		
49324	Y	NRC	\$2,860.32		
49325	Y	NRC	\$2,860.32		

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HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
49326	N	BN	\$0.00		
49327	N	BN	\$0.00		
49400	N	BN	\$0.00		
49402	Y	C	\$1,685.17		
49406	Y	C	\$708.28		
49407	Y	C	\$708.28		
49411	N	C	\$332.85		
49418	Y	C	\$1,685.17		
49419	Y	NRC	\$3,009.55		
49421	Y	NRC	\$1,685.17		
49422	N	NRC	\$1,588.69		
49423	Y	NRC	\$864.15		
49424	N	BN	\$0.00		
49426	Y	C	\$1,685.17		
49427	N	BN	\$0.00		
49429	N	C	\$1,588.69		
49435	N	BN	\$0.00		
49436	Y	NRC	\$864.15		
49440	Y	C	\$864.15		
49441	Y	C	\$864.15		
49442	Y	C	\$632.96		
49446	Y	C	\$864.15		
49450	Y	C	\$503.39		
49451	Y	C	\$503.39		
49452	Y	C	\$503.39		
49460	Y	C	\$503.39		
49465	N	C	\$130.28		
49495	Y	NRC	\$1,685.17		
49496	Y	NRC	\$1,685.17		
49500	Y	NRC	\$3,171.15		
49501	Y	NRC	\$1,685.17		
49505	Y	C	\$1,685.17		
49507	Y	C	\$1,685.17		
49520	Y	C	\$1,685.17		
49521	Y	C	\$3,171.15		
49525	Y	C	\$1,685.17		
49540	Y	C	\$2,860.32		
49550	Y	C	\$1,685.17		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
49553	Y	C	\$1,685.17		
49555	Y	C	\$1,685.17		
49557	Y	C	\$1,685.17		
49591	Y	C	\$1,685.17		
49592	Y	C	\$2,860.32		
49593	Y	C	\$3,171.15		
49594	Y	C	\$2,860.32		
49595	Y	C	\$3,171.15		
49600	Y	NRC	\$1,685.17		
49613	Y	C	\$1,685.17		
49614	Y	C	\$2,860.32		
49615	Y	C	\$3,171.15		
49650	Y	C	\$2,860.32		
49651	Y	C	\$2,860.32		
50080	Y	NRC	\$4,779.70		
50081	Y	NRC	\$4,779.70		
50200	Y	C	\$708.28		
50382	Y	NRC	\$959.88		
50384	N	NRC	\$959.88		
50385	Y	NRC	\$959.88		
50386	N	NRC	\$590.32		
50387	Y	NRC	\$959.88		
50389	N	NRC	\$315.93		
50390	Y	C	\$377.60		
50391	Y	NRC	\$50.14		
50396	Y	NRC	\$315.93		
50430	N	BN	\$0.00		
50431	N	BN	\$0.00		
50432	Y	C	\$959.88		
50433	Y	C	\$1,655.31		
50434	Y	C	\$959.88		
50435	Y	C	\$959.88		
50436	Y	NRC	\$1,655.31		
50437	Y	NRC	\$1,655.31		
50551	Y	NRC	\$2,521.60		
50553	Y	NRC	\$2,521.60		
50555	Y	C	\$4,779.70		
50557	Y	C	\$4,779.70		

2025 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
50561	Y	NRC	\$2,521.60		
50562	Y	C	\$4,779.70		
50570	Y	NRC	\$1,655.31		
50572	Y	NRC	\$315.93		
50574	Y	C	\$1,655.31		
50575	Y	NRC	\$2,521.60		
50576	Y	C	\$4,779.70		
50580	Y	NRC	\$2,521.60		
50590	Y	NRC	\$1,655.31		
50592	Y	C	\$2,860.32		
50593	Y	C	\$7,975.77	\$3,441.19	\$5,708.48
50606	N	BN	\$0.00		
50684	N	BN	\$0.00		
50686	N	NRC	\$83.78		
50688	Y	NRC	\$959.88		
50690	N	BN	\$0.00		
50693	Y	C	\$1,655.31		
50694	Y	C	\$1,655.31		
50695	Y	C	\$1,655.31		
50705	N	BN	\$0.00		
50706	N	BN	\$0.00		
50727	Y	NRC	\$1,655.31		
50947	Y	NRC	\$4,896.00		
50948	Y	NRC	\$4,896.00		
50951	Y	NRC	\$1,655.31		
50953	Y	NRC	\$1,655.31		
50955	Y	C	\$2,521.60		
50957	Y	C	\$2,521.60		
50961	Y	NRC	\$2,521.60		
50970	Y	NRC	\$1,655.31		
50972	Y	NRC	\$1,655.31		
50974	Y	C	\$2,521.60		
50976	Y	C	\$2,521.60		
50980	Y	NRC	\$2,521.60		
51020	Y	NRC	\$1,655.31		
51040	Y	NRC	\$959.88		
51045	Y	NRC	\$959.88		
51050	Y	NRC	\$2,521.60		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
51065	Y	NRC	\$1,655.31		
51080	Y	NRC	\$1,201.90		
51100	Y	NRC	\$42.70		
51101	N	NRC	\$108.68		
51102	Y	NRC	\$959.88		
51500	Y	NRC	\$2,860.32		
51520	Y	C	\$1,655.31		
51535	Y	C	\$1,655.31		
51600	N	BN	\$0.00		
51605	N	BN	\$0.00		
51610	N	BN	\$0.00		
51700	Y	NRC	\$51.75		
51701	N	BN	\$0.00		
51702	N	BN	\$0.00		
51703	N	C	\$85.20		
51705	Y	C	\$61.78		
51710	Y	C	\$315.93		
51715	Y	NRC	\$2,619.56	\$1,232.29	\$1,925.92
51720	Y	C	\$54.34		
51725	Y	C	\$127.77		
51726	Y	C	\$130.70		
51727	Y	C	\$228.37		
51728	Y	C	\$229.01		
51729	Y	C	\$226.43		
51736	N	BN	\$0.00		
51741	N	BN	\$0.00		
51784	N	NRC	\$26.52		
51785	Y	NRC	\$130.70		
51792	N	BN	\$0.00		
51797	N	BN	\$0.00		
51798	N	BN	\$0.00		
51880	Y	NRC	\$1,655.31		
51992	Y	NRC	\$4,468.26	\$2,181.40	\$3,324.83
52000	Y	C	\$315.93		
52001	Y	NRC	\$1,655.31		
52005	Y	C	\$959.88		
52007	Y	C	\$1,655.31		
52010	Y	NRC	\$315.93		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
52204	Y	C	\$959.88		
52214	Y	NRC	\$1,655.31		
52224	Y	C	\$1,655.31		
52234	Y	C	\$1,655.31		
52235	Y	C	\$1,655.31		
52240	Y	C	\$2,521.60		
52250	Y	C	\$1,655.31		
52260	Y	NRC	\$959.88		
52265	Y	NRC	\$230.31		
52270	Y	NRC	\$959.88		
52275	Y	NRC	\$959.88		
52276	Y	NRC	\$959.88		
52277	Y	NRC	\$1,655.31		
52281	Y	C	\$959.88		
52282	Y	NRC	\$1,655.31		
52283	Y	NRC	\$959.88		
52284	Y	C	\$3,779.90	\$2,065.41	\$2,922.65
52285	Y	NRC	\$315.93		
52287	Y	C	\$959.88		
52290	Y	NRC	\$959.88		
52300	Y	NRC	\$1,655.31		
52301	Y	NRC	\$1,655.31		
52305	Y	NRC	\$2,521.60		
52310	Y	C	\$959.88		
52315	Y	C	\$959.88		
52317	Y	NRC	\$1,655.31		
52318	Y	NRC	\$1,655.31		
52320	Y	NRC	\$1,655.31		
52325	Y	NRC	\$2,521.60		
52327	Y	NRC	\$4,063.38	\$1,812.00	\$2,937.69
52330	Y	NRC	\$1,655.31		
52332	Y	NRC	\$1,655.31		
52334	Y	NRC	\$1,655.31		
52341	Y	NRC	\$1,655.31		
52342	Y	NRC	\$1,655.31		
52343	Y	NRC	\$1,655.31		
52344	Y	NRC	\$1,655.31		
52345	Y	NRC	\$2,402.21	\$1,426.59	\$1,914.40

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
52346	Y	NRC	\$2,521.60		
52351	Y	NRC	\$1,655.31		
52352	Y	NRC	\$1,655.31		
52353	Y	NRC	\$2,521.60		
52354	Y	C	\$2,521.60		
52355	Y	C	\$2,521.60		
52356	Y	NRC	\$2,521.60		
52400	Y	NRC	\$1,655.31		
52402	Y	NRC	\$1,655.31		
52450	Y	NRC	\$1,655.31		
52500	Y	NRC	\$1,655.31		
52601	Y	NRC	\$2,521.60		
52630	Y	NRC	\$2,521.60		
52640	Y	NRC	\$1,655.31		
52647	Y	NRC	\$2,521.60		
52648	Y	NRC	\$2,521.60		
52649	Y	NRC	\$2,521.60		
52700	Y	NRC	\$1,655.31		
53000	Y	NRC	\$959.88		
53010	Y	NRC	\$2,521.60		
53020	Y	NRC	\$959.88		
53025	Y	NRC	\$959.88		
53040	Y	NRC	\$1,655.31		
53060	Y	NRC	\$83.45		
53080	Y	NRC	\$315.93		
53085	Y	NRC	\$959.88		
53200	Y	C	\$959.88		
53210	Y	NRC	\$1,655.31		
53215	Y	NRC	\$2,521.60		
53220	Y	C	\$1,655.31		
53230	Y	C	\$2,521.60		
53235	Y	C	\$2,521.60		
53240	Y	NRC	\$1,655.31		
53250	Y	NRC	\$1,655.31		
53260	Y	C	\$1,655.31		
53265	Y	NRC	\$959.88		
53270	Y	NRC	\$1,655.31		
53275	Y	NRC	\$1,655.31		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
53400	Y	NRC	\$2,521.60		
53405	Y	NRC	\$2,521.60		
53410	Y	NRC	\$2,521.60		
53420	Y	NRC	\$2,521.60		
53425	Y	NRC	\$2,521.60		
53430	Y	NRC	\$2,521.60		
53431	Y	NRC	\$2,521.60		
53440	Y	NRC	\$12,170.83	\$3,900.14	\$8,035.48
53442	Y	NRC	\$3,677.71	\$2,156.75	\$2,917.23
53444	Y	NRC	\$19,228.48	\$5,942.95	\$12,585.71
53445	Y	NRC	\$19,710.06	\$5,512.48	\$12,611.27
53446	N	NRC	\$2,521.60		
53447	Y	NRC	\$19,352.83	\$5,831.80	\$12,592.31
53449	Y	NRC	\$4,779.70		
53450	Y	NRC	\$1,655.31		
53451	Y	NRC	\$12,450.92	\$3,649.77	\$8,050.34
53452	Y	NRC	\$8,209.43	\$2,981.24	\$5,595.33
53453	Y	NRC	\$1,655.31		
53454	Y	NRC	\$130.70		
53460	Y	NRC	\$1,655.31		
53502	Y	C	\$1,655.31		
53505	Y	C	\$2,521.60		
53510	Y	C	\$2,521.60		
53515	Y	C	\$2,521.60		
53520	Y	NRC	\$2,521.60		
53600	Y	NRC	\$42.05		
53601	N	BN	\$0.00		
53605	Y	NRC	\$1,655.31		
53620	Y	NRC	\$103.19		
53621	Y	NRC	\$106.42		
53660	N	NRC	\$47.87		
53661	N	BN	\$0.00		
53665	Y	NRC	\$959.88		
53850	Y	NRC	\$1,122.42		
53852	Y	NRC	\$1,074.23		
53854	Y	NRC	\$1,336.23		
53855	Y	NRC	\$1,660.64	\$587.99	\$1,124.31
53860	Y	NRC	\$959.88		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
53865	Y	NRC	\$2,923.21	\$960.86	\$1,942.03
53866	Y	NRC	\$83.13		
54000	Y	NRC	\$1,655.31		
54001	Y	NRC	\$959.88		
54015	Y	C	\$708.28		
54050	N	BN	\$0.00		
54055	Y	C	\$90.89		
54056	N	BN	\$0.00		
54057	Y	C	\$981.09		
54060	Y	C	\$981.09		
54065	Y	C	\$981.09		
54100	Y	C	\$708.28		
54105	Y	C	\$1,201.90		
54110	Y	C	\$1,655.31		
54111	Y	C	\$2,521.60		
54112	Y	C	\$4,779.70		
54115	Y	C	\$1,201.90		
54120	Y	C	\$1,655.31		
54150	Y	NRC	\$959.88		
54160	Y	NRC	\$315.93		
54161	Y	NRC	\$959.88		
54162	Y	NRC	\$959.88		
54163	Y	NRC	\$959.88		
54164	Y	NRC	\$959.88		
54200	Y	NRC	\$74.07		
54205	Y	NRC	\$2,521.60		
54220	Y	NRC	\$130.70		
54230	N	BN	\$0.00		
54231	Y	NRC	\$67.28		
54235	Y	NRC	\$45.93		
54240	N	NRC	\$42.70		
54250	Y	NRC	\$13.91		
54300	Y	NRC	\$1,655.31		
54304	Y	NRC	\$1,655.31		
54308	Y	NRC	\$2,521.60		
54312	Y	NRC	\$1,655.31		
54316	Y	NRC	\$4,779.70		
54318	Y	NRC	\$1,655.31		

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HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
54322	Y	NRC	\$1,655.31		
54324	Y	NRC	\$1,655.31		
54326	Y	NRC	\$1,655.31		
54328	Y	NRC	\$1,655.31		
54340	Y	NRC	\$1,655.31		
54344	Y	NRC	\$4,779.70		
54348	Y	NRC	\$2,521.60		
54352	Y	NRC	\$2,521.60		
54360	Y	NRC	\$1,655.31		
54380	Y	NRC	\$959.88		
54385	Y	NRC	\$959.88		
54400	N	NRC	\$12,438.80	\$3,660.60	\$8,049.70
54401	N	NRC	\$19,604.68	\$5,606.67	\$12,605.67
54405	N	NRC	\$19,695.31	\$5,525.67	\$12,610.49
54406	N	NRC	\$1,655.31		
54408	Y	NRC	\$2,521.60		
54410	N	NRC	\$19,330.71	\$5,851.59	\$12,591.15
54415	N	NRC	\$1,655.31		
54416	N	NRC	\$19,144.19	\$6,018.31	\$12,581.25
54420	Y	NRC	\$1,655.31		
54435	Y	NRC	\$1,655.31		
54437	Y	C	\$1,655.31		
54440	Y	C	\$1,655.31		
54450	Y	NRC	\$130.70		
54500	Y	C	\$1,201.90		
54505	Y	C	\$1,655.31		
54512	Y	C	\$1,655.31		
54520	Y	NRC	\$1,655.31		
54522	Y	NRC	\$1,655.31		
54530	Y	C	\$1,685.17		
54550	Y	NRC	\$1,685.17		
54560	Y	NRC	\$959.88		
54600	Y	NRC	\$1,655.31		
54620	Y	NRC	\$1,655.31		
54640	Y	NRC	\$1,685.17		
54650	Y	NRC	\$1,685.17		
54660	Y	NRC	\$3,888.03	\$1,968.75	\$2,928.39
54670	Y	NRC	\$1,655.31		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
54680	Y	NRC	\$1,655.31		
54690	Y	NRC	\$2,860.32		
54692	Y	NRC	\$2,860.32		
54700	Y	NRC	\$959.88		
54800	Y	C	\$708.28		
54830	Y	C	\$1,655.31		
54840	Y	C	\$959.88		
54860	Y	NRC	\$1,655.31		
54861	Y	NRC	\$1,655.31		
54865	Y	NRC	\$1,655.31		
54900	Y	NRC	\$959.88		
54901	Y	NRC	\$1,655.31		
55000	Y	NRC	\$64.69		
55040	Y	NRC	\$1,685.17		
55041	Y	NRC	\$1,685.17		
55060	Y	NRC	\$1,655.31		
55100	Y	NRC	\$708.28		
55110	Y	NRC	\$1,655.31		
55120	Y	C	\$959.88		
55150	Y	NRC	\$1,655.31		
55175	Y	NRC	\$1,655.31		
55180	Y	NRC	\$2,521.60		
55200	Y	NRC	\$1,655.31		
55250	Y	NRC	\$959.88		
55300	N	BN	\$0.00		
55400	Y	NRC	\$1,655.31		
55500	Y	NRC	\$1,655.31		
55520	Y	C	\$1,655.31		
55530	Y	NRC	\$1,655.31		
55535	Y	NRC	\$3,171.15		
55540	Y	NRC	\$1,685.17		
55550	Y	NRC	\$2,860.32		
55600	Y	NRC	\$959.88		
55680	Y	NRC	\$1,655.31		
55700	Y	C	\$959.88		
55705	Y	C	\$1,655.31		
55706	Y	C	\$1,655.31		
55720	Y	NRC	\$1,655.31		

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HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
55725	Y	NRC	\$1,655.31		
55860	Y	C	\$2,521.60		
55870	Y	NRC	\$81.51		
55873	Y	NRC	\$7,889.75	\$3,267.00	\$5,578.37
55874	Y	NRC	\$4,450.30	\$1,466.16	\$2,958.23
55875	Y	NRC	\$2,521.60		
55876	N	C	\$1,096.78	\$602.63	\$849.70
55880	Y	C	\$4,779.70		
55882	Y	NRC	\$12,229.41	\$3,847.78	\$8,038.59
55920	Y	C	\$2,225.58		
56405	Y	NRC	\$84.75		
56420	Y	NRC	\$108.77		
56440	Y	C	\$1,674.26		
56441	Y	C	\$1,674.26		
56442	Y	NRC	\$1,674.26		
56501	Y	C	\$126.47		
56515	Y	C	\$981.09		
56605	Y	C	\$51.75		
56606	N	BN	\$0.00		
56620	Y	NRC	\$1,674.26		
56625	Y	NRC	\$1,674.26		
56700	Y	NRC	\$1,674.26		
56740	Y	C	\$1,674.26		
56800	Y	NRC	\$1,674.26		
56805	Y	NRC	\$1,674.26		
56810	Y	NRC	\$1,674.26		
56820	Y	NRC	\$65.66		
56821	Y	C	\$85.39		
57000	Y	NRC	\$1,674.26		
57010	Y	NRC	\$1,674.26		
57020	Y	NRC	\$2,225.58		
57022	Y	NRC	\$1,201.90		
57023	Y	C	\$1,201.90		
57061	Y	C	\$112.57		
57065	Y	C	\$1,674.26		
57100	Y	C	\$54.99		
57105	Y	C	\$1,674.26		
57120	Y	NRC	\$2,225.58		

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HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
57130	Y	NRC	\$1,674.26		
57135	Y	C	\$1,674.26		
57150	N	BN	\$0.00		
57155	Y	C	\$2,225.58		
57156	Y	C	\$163.08		
57160	Y	NRC	\$38.49		
57170	Y	NRC	\$40.43		
57180	Y	C	\$108.77		
57200	Y	C	\$1,674.26		
57210	Y	NRC	\$1,674.26		
57220	Y	NRC	\$2,225.58		
57230	Y	C	\$1,674.26		
57240	Y	NRC	\$2,225.58		
57250	Y	NRC	\$2,225.58		
57260	Y	NRC	\$2,225.58		
57265	Y	NRC	\$2,225.58		
57267	N	BN	\$0.00		
57268	Y	NRC	\$2,225.58		
57282	Y	NRC	\$3,121.37		
57283	Y	NRC	\$3,121.37		
57287	N	NRC	\$1,674.26		
57288	Y	NRC	\$3,290.85	\$1,863.45	\$2,577.15
57289	Y	NRC	\$3,121.37		
57291	Y	NRC	\$2,225.58		
57295	Y	NRC	\$1,674.26		
57300	Y	NRC	\$1,674.26		
57310	Y	C	\$3,121.37		
57320	Y	C	\$2,225.58		
57400	Y	NRC	\$1,674.26		
57410	Y	NRC	\$1,674.26		
57415	Y	NRC	\$1,674.26		
57420	Y	C	\$69.22		
57421	Y	C	\$89.28		
57425	Y	NRC	\$4,896.00		
57426	Y	NRC	\$3,121.37		
57452	Y	C	\$66.63		
57454	Y	C	\$76.01		
57455	Y	C	\$81.84		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
57456	Y	C	\$77.96		
57460	Y	C	\$191.49		
57461	Y	C	\$204.75		
57500	Y	C	\$100.92		
57505	Y	NRC	\$103.51		
57510	Y	NRC	\$89.28		
57511	Y	NRC	\$118.39		
57513	Y	NRC	\$1,674.26		
57520	Y	NRC	\$1,674.26		
57522	Y	NRC	\$1,674.26		
57530	Y	NRC	\$2,225.58		
57550	Y	NRC	\$2,225.58		
57556	Y	NRC	\$2,225.58		
57558	Y	NRC	\$1,674.26		
57700	Y	NRC	\$1,674.26		
57720	Y	NRC	\$1,674.26		
57800	Y	NRC	\$45.93		
58100	Y	C	\$51.75		
58110	N	BN	\$0.00		
58120	Y	NRC	\$1,674.26		
58145	Y	C	\$1,674.26		
58260	Y	NRC	\$2,225.58		
58262	Y	NRC	\$2,225.58		
58301	N	NRC	\$58.22		
58321	Y	NRC	\$45.29		
58322	Y	NRC	\$47.23		
58323	Y	NRC	\$5.50		
58340	N	BN	\$0.00		
58345	Y	NRC	\$1,674.26		
58346	Y	C	\$2,225.58		
58350	Y	NRC	\$2,225.58		
58353	Y	NRC	\$2,225.58		
58356	Y	NRC	\$1,300.65		
58541	Y	NRC	\$4,896.00		
58542	Y	NRC	\$4,896.00		
58543	Y	NRC	\$4,896.00		
58544	Y	NRC	\$4,896.00		
58545	Y	NRC	\$2,860.32		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
58546	Y	NRC	\$4,896.00		
58550	Y	NRC	\$2,860.32		
58552	Y	NRC	\$4,896.00		
58553	Y	NRC	\$4,896.00		
58554	Y	NRC	\$4,896.00		
58555	Y	NRC	\$1,674.26		
58558	Y	C	\$1,674.26		
58559	Y	NRC	\$2,225.58		
58560	Y	NRC	\$2,225.58		
58561	Y	NRC	\$2,225.58		
58562	Y	NRC	\$1,674.26		
58563	Y	NRC	\$2,225.58		
58565	Y	NRC	\$3,215.76	\$1,930.57	\$2,573.16
58570	Y	NRC	\$4,896.00		
58571	Y	NRC	\$4,896.00		
58572	Y	NRC	\$4,896.00		
58573	Y	NRC	\$4,896.00		
58580	Y	NRC	\$4,510.10	\$2,707.62	\$3,608.86
58600	Y	NRC	\$1,674.26		
58615	Y	NRC	\$1,674.26		
58660	Y	NRC	\$2,860.32		
58661	Y	NRC	\$2,860.32		
58662	Y	C	\$2,860.32		
58670	Y	NRC	\$2,860.32		
58671	Y	NRC	\$2,860.32		
58672	Y	NRC	\$2,860.32		
58673	Y	NRC	\$4,896.00		
58674	Y	NRC	\$4,896.00		
58800	Y	NRC	\$1,674.26		
58805	Y	NRC	\$1,674.26		
58820	Y	NRC	\$1,674.26		
58900	Y	C	\$1,674.26		
58970	Y	NRC	\$467.17		
58974	Y	NRC	\$467.17		
58976	Y	NRC	\$163.08		
59000	Y	NRC	\$60.16		
59001	Y	NRC	\$163.08		
59012	Y	NRC	\$163.08		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
59015	Y	C	\$61.78		
59020	Y	NRC	\$33.32		
59025	Y	NRC	\$19.41		
59070	Y	NRC	\$163.08		
59072	Y	NRC	\$251.11	\$127.65	\$189.38
59074	Y	NRC	\$163.08		
59076	Y	NRC	\$163.08		
59100	Y	NRC	\$2,225.58		
59150	Y	NRC	\$2,860.32		
59151	Y	NRC	\$2,860.32		
59160	Y	NRC	\$1,674.26		
59200	Y	NRC	\$78.60		
59300	Y	NRC	\$119.68		
59320	Y	NRC	\$1,674.26		
59412	Y	NRC	\$1,674.26		
59414	Y	NRC	\$1,674.26		
59812	Y	NRC	\$1,674.26		
59820	Y	NRC	\$1,674.26		
59821	Y	NRC	\$1,674.26		
59840	Y	NRC	\$1,674.26		
59841	Y	NRC	\$1,674.26		
59866	Y	NRC	\$163.08		
59870	Y	NRC	\$1,674.26		
59871	N	NRC	\$1,674.26		
60000	Y	NRC	\$657.38		
60100	Y	C	\$50.78		
60200	Y	C	\$2,860.32		
60210	Y	NRC	\$2,860.32		
60212	Y	NRC	\$2,860.32		
60220	Y	NRC	\$2,860.32		
60225	Y	NRC	\$2,860.32		
60240	Y	NRC	\$2,860.32		
60260	Y	NRC	\$2,917.35		
60280	Y	NRC	\$2,860.32		
60281	Y	NRC	\$2,860.32		
60300	Y	NRC	\$65.34		
60500	Y	NRC	\$2,917.35		
60512	N	BN	\$0.00		

2025 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
60660	Y	NRC	\$708.28		
60661	N	BN	\$0.00		
61000	Y	NRC	\$371.75		
61001	Y	NRC	\$371.75		
61020	Y	C	\$477.94		
61026	Y	C	\$371.75		
61050	Y	C	\$158.48		
61055	Y	C	\$158.48		
61070	Y	C	\$371.75		
61215	Y	C	\$3,089.62		
61330	Y	C	\$1,394.45		
61770	Y	C	\$3,089.62		
61781	N	BN	\$0.00		
61782	N	BN	\$0.00		
61783	N	BN	\$0.00		
61790	Y	NRC	\$924.93		
61791	Y	NRC	\$924.93		
61880	Y	C	\$1,944.33		
61885	N	C	\$22,916.78	\$4,263.22	\$13,590.00
61886	N	C	\$29,970.10	\$6,093.03	\$18,031.56
61888	Y	C	\$12,144.19	\$3,591.89	\$7,868.04
62160	N	BN	\$0.00		
62194	Y	NRC	\$924.93		
62225	Y	NRC	\$3,089.62		
62230	Y	NRC	\$3,089.62		
62252	N	NRC	\$40.43		
62263	Y	C	\$477.94		
62264	Y	C	\$477.94		
62267	Y	C	\$377.60		
62268	Y	C	\$477.94		
62269	Y	C	\$708.28		
62270	Y	C	\$371.75		
62272	Y	C	\$371.75		
62273	Y	C	\$371.75		
62280	Y	C	\$525.73		
62281	Y	C	\$525.73		
62282	Y	C	\$525.73		
62284	N	BN	\$0.00		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
62287	Y	C	\$924.93		
62290	N	BN	\$0.00		
62291	N	BN	\$0.00		
62292	Y	C	\$924.93		
62294	Y	C	\$477.94		
62302	N	BN	\$0.00		
62303	N	BN	\$0.00		
62304	N	BN	\$0.00		
62305	N	BN	\$0.00		
62320	Y	C	\$408.93		
62321	Y	C	\$408.93		
62322	Y	C	\$525.73		
62323	Y	C	\$408.93		
62324	Y	C	\$525.73		
62325	Y	C	\$525.73		
62326	Y	C	\$525.73		
62327	Y	C	\$525.73		
62328	Y	C	\$371.75		
62329	Y	C	\$371.75		
62350	Y	C	\$4,886.63	\$2,302.49	\$3,594.56
62355	N	C	\$924.93		
62360	Y	C	\$16,748.94	\$4,114.92	\$10,431.93
62361	Y	C	\$17,712.36	\$3,253.72	\$10,483.04
62362	Y	C	\$16,540.25	\$4,301.46	\$10,420.85
62365	N	C	\$3,089.62		
62367	N	C	\$13.91		
62368	N	C	\$19.41		
62369	N	C	\$64.69		
62370	N	C	\$56.61		
62380	Y	C	\$3,510.84		
63001	Y	C	\$3,510.84		
63003	Y	C	\$3,510.84		
63005	Y	C	\$3,510.84		
63020	Y	C	\$3,510.84		
63030	Y	C	\$3,510.84		
63042	Y	C	\$3,510.84		
63044	N	BN	\$0.00		
63045	Y	C	\$3,510.84		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
63046	Y	C	\$3,510.84		
63047	Y	C	\$3,510.84		
63055	Y	C	\$3,510.84		
63056	Y	C	\$3,510.84		
63600	Y	C	\$924.93		
63610	Y	C	\$1,490.38	\$664.74	\$1,077.56
63650	N	C	\$5,796.05	\$2,660.29	\$4,228.17
63655	N	C	\$20,639.34	\$6,298.99	\$13,469.16
63661	N	C	\$924.93		
63662	Y	C	\$1,944.33		
63663	N	C	\$5,881.77	\$2,583.64	\$4,232.70
63664	N	C	\$10,410.55	\$5,141.56	\$7,776.05
63685	N	C	\$29,961.10	\$6,101.06	\$18,031.08
63688	Y	C	\$1,944.33		
63744	Y	NRC	\$4,902.74	\$2,288.10	\$3,595.42
63746	N	NRC	\$924.93		
64400	Y	C	\$85.76		
64405	Y	C	\$39.49		
64408	Y	C	\$55.51		
64415	Y	C	\$525.73		
64416	Y	C	\$690.58	\$414.59	\$552.58
64417	Y	C	\$525.73		
64418	Y	C	\$48.04		
64420	Y	C	\$408.93		
64421	Y	C	\$525.73		
64425	Y	C	\$77.57		
64430	Y	NRC	\$525.73		
64435	Y	NRC	\$53.37		
64445	Y	C	\$111.36		
64446	Y	C	\$525.73		
64447	Y	C	\$71.52		
64448	Y	C	\$693.53	\$411.93	\$552.73
64449	Y	C	\$525.73		
64450	Y	C	\$49.82		
64451	Y	C	\$408.93		
64454	Y	C	\$408.93		
64455	Y	C	\$24.55		
64461	Y	C	\$408.93		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
64462	N	BN	\$0.00		
64463	Y	C	\$408.93		
64466	N	BN	\$0.00		
64467	N	BN	\$0.00		
64468	N	BN	\$0.00		
64469	N	BN	\$0.00		
64473	N	BN	\$0.00		
64474	N	BN	\$0.00		
64479	Y	C	\$525.73		
64480	N	BN	\$0.00		
64483	Y	C	\$525.73		
64484	N	BN	\$0.00		
64486	N	BN	\$0.00		
64487	N	BN	\$0.00		
64488	N	BN	\$0.00		
64489	N	BN	\$0.00		
64490	Y	C	\$525.73		
64491	N	BN	\$0.00		
64492	N	BN	\$0.00		
64493	Y	C	\$525.73		
64494	N	BN	\$0.00		
64495	N	BN	\$0.00		
64505	Y	NRC	\$93.93		
64510	Y	C	\$525.73		
64517	Y	NRC	\$525.73		
64520	Y	C	\$525.73		
64530	Y	NRC	\$525.73		
64553	N	NRC	\$10,363.16	\$5,183.92	\$7,773.54
64555	N	C	\$6,672.67	\$1,876.69	\$4,274.68
64561	N	NRC	\$5,948.21	\$2,524.25	\$4,236.23
64566	Y	NRC	\$96.78		
64568	N	NRC	\$30,597.77	\$5,531.96	\$18,064.86
64569	N	NRC	\$12,972.84	\$2,851.19	\$7,912.01
64570	N	NRC	\$3,398.58		
64575	N	NRC	\$11,312.25	\$4,335.54	\$7,823.89
64580	N	NRC	\$23,025.01	\$4,166.46	\$13,595.73
64581	N	NRC	\$6,240.43	\$2,263.06	\$4,251.74
64582	N	NRC	\$29,448.79	\$6,559.03	\$18,003.91

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
64583	Y	NRC	\$9,668.78	\$5,804.60	\$7,736.69
64584	N	NRC	\$3,398.58		
64585	Y	C	\$2,138.76		
64590	N	NRC	\$22,426.34	\$4,701.61	\$13,563.97
64595	Y	C	\$2,824.49	\$1,673.09	\$2,248.79
64596	Y	C	\$9,668.78	\$5,804.60	\$7,736.69
64597	N	BN	\$0.00		
64598	Y	C	\$2,138.76		
64600	Y	C	\$525.73		
64605	Y	C	\$1,017.42		
64610	Y	C	\$1,017.42		
64611	Y	NRC	\$91.80		
64612	Y	C	\$87.18		
64615	Y	C	\$75.43		
64616	Y	C	\$76.14		
64617	Y	C	\$94.64		
64620	Y	C	\$525.73		
64624	Y	C	\$1,017.42		
64625	Y	C	\$1,017.42		
64628	Y	C	\$10,857.37	\$4,616.16	\$7,736.76
64630	Y	NRC	\$525.73		
64632	Y	C	\$50.52		
64633	Y	C	\$1,017.42		
64634	N	BN	\$0.00		
64635	Y	C	\$1,017.42		
64636	N	BN	\$0.00		
64640	Y	C	\$187.15		
64642	Y	C	\$92.16		
64643	N	BN	\$0.00		
64644	Y	C	\$112.08		
64645	N	BN	\$0.00		
64646	Y	C	\$92.16		
64647	Y	C	\$100.34		
64650	Y	NRC	\$64.41		
64653	Y	NRC	\$71.87		
64680	Y	NRC	\$525.73		
64681	Y	NRC	\$525.73		
64702	Y	C	\$924.93		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
64704	Y	C	\$924.93		
64708	Y	C	\$924.93		
64712	Y	C	\$924.93		
64713	Y	C	\$924.93		
64714	Y	C	\$924.93		
64716	Y	C	\$924.93		
64718	Y	C	\$924.93		
64719	Y	C	\$924.93		
64721	Y	C	\$924.93		
64722	Y	C	\$924.93		
64726	Y	C	\$924.93		
64727	N	BN	\$0.00		
64732	Y	C	\$924.93		
64734	Y	C	\$924.93		
64736	Y	C	\$924.93		
64738	Y	C	\$924.93		
64740	Y	C	\$924.93		
64742	Y	C	\$924.93		
64744	Y	C	\$924.93		
64746	Y	C	\$924.93		
64763	Y	C	\$924.93		
64766	Y	C	\$1,336.44	\$802.32	\$1,069.38
64771	Y	C	\$924.93		
64772	Y	C	\$924.93		
64774	Y	C	\$924.93		
64776	Y	C	\$924.93		
64778	N	BN	\$0.00		
64782	Y	C	\$924.93		
64783	N	BN	\$0.00		
64784	Y	C	\$924.93		
64786	Y	C	\$3,089.62		
64787	N	BN	\$0.00		
64788	Y	C	\$924.93		
64790	Y	C	\$924.93		
64792	Y	C	\$3,089.62		
64795	Y	C	\$924.93		
64802	Y	C	\$924.93		
64820	Y	C	\$924.93		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
64821	Y	C	\$1,579.16		
64822	Y	C	\$1,579.16		
64823	Y	C	\$1,579.16		
64831	Y	C	\$924.93		
64832	N	BN	\$0.00		
64834	Y	C	\$3,089.62		
64835	Y	C	\$3,089.62		
64836	Y	C	\$3,089.62		
64837	N	BN	\$0.00		
64840	Y	C	\$3,089.62		
64856	Y	C	\$3,089.62		
64857	Y	C	\$3,089.62		
64858	Y	C	\$924.93		
64859	N	BN	\$0.00		
64861	Y	C	\$924.93		
64862	Y	C	\$3,089.62		
64864	Y	C	\$3,089.62		
64865	Y	C	\$4,464.23	\$2,680.08	\$3,572.15
64872	N	BN	\$0.00		
64874	N	BN	\$0.00		
64876	N	BN	\$0.00		
64885	Y	C	\$3,089.62		
64886	Y	C	\$4,464.23	\$2,680.08	\$3,572.15
64890	Y	C	\$4,464.23	\$2,680.08	\$3,572.15
64891	Y	C	\$4,464.23	\$2,680.08	\$3,572.15
64892	Y	C	\$5,230.94	\$1,994.72	\$3,612.83
64893	Y	C	\$3,089.62		
64895	Y	C	\$3,089.62		
64896	Y	C	\$3,089.62		
64897	Y	C	\$3,089.62		
64898	Y	C	\$3,089.62		
64901	N	BN	\$0.00		
64902	N	BN	\$0.00		
64905	Y	C	\$3,089.62		
64907	Y	C	\$3,089.62		
64910	Y	C	\$5,051.03	\$2,155.53	\$3,603.28
64912	Y	C	\$5,203.59	\$2,019.17	\$3,611.38
64913	N	BN	\$0.00		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
65091	Y	C	\$1,587.04		
65093	Y	C	\$1,587.04		
65101	Y	C	\$1,587.04		
65103	Y	C	\$1,587.04		
65105	Y	C	\$1,587.04		
65110	Y	C	\$1,587.04		
65112	Y	C	\$1,587.04		
65114	Y	C	\$1,587.04		
65125	Y	C	\$1,026.00		
65130	Y	C	\$1,587.04		
65135	Y	C	\$1,587.04		
65140	Y	C	\$1,587.04		
65150	Y	C	\$1,587.04		
65155	Y	C	\$1,587.04		
65175	Y	C	\$1,587.04		
65205	N	BN	\$0.00		
65210	N	BN	\$0.00		
65220	N	BN	\$0.00		
65222	N	BN	\$0.00		
65235	Y	C	\$1,214.31		
65260	Y	C	\$1,214.31		
65265	Y	C	\$1,214.31		
65270	Y	C	\$1,026.00		
65272	Y	C	\$1,026.00		
65275	Y	C	\$1,587.04		
65280	Y	C	\$2,628.34		
65285	Y	C	\$2,628.34		
65286	Y	C	\$432.47		
65290	Y	C	\$1,587.04		
65400	Y	C	\$495.97		
65410	Y	C	\$1,026.00		
65420	Y	C	\$1,026.00		
65426	Y	C	\$1,026.00		
65430	N	BN	\$0.00		
65435	Y	C	\$47.55		
65436	Y	C	\$206.37		
65450	Y	C	\$160.11		
65600	Y	C	\$273.33		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
65710	Y	C	\$2,628.34		
65730	Y	C	\$2,094.33		
65750	Y	C	\$2,628.34		
65755	Y	C	\$2,094.33		
65756	Y	C	\$2,094.33		
65757	N	BN	\$0.00		
65770	Y	C	\$12,594.95	\$4,332.76	\$8,463.85
65772	Y	C	\$495.97		
65775	Y	C	\$1,026.00		
65778	N	BN	\$0.00		
65779	N	BN	\$0.00		
65780	Y	NRC	\$1,587.04		
65781	Y	NRC	\$4,045.89	\$2,058.09	\$3,051.99
65782	Y	NRC	\$1,587.04		
65785	Y	NRC	\$3,398.35	\$1,483.98	\$2,441.16
65800	Y	NRC	\$1,214.31		
65810	Y	NRC	\$1,214.31		
65815	Y	C	\$1,214.31		
65820	Y	NRC	\$2,094.33		
65850	Y	NRC	\$1,214.31		
65855	Y	NRC	\$130.68		
65860	Y	C	\$170.14		
65865	Y	C	\$1,214.31		
65870	Y	C	\$1,214.31		
65875	Y	C	\$1,214.31		
65880	Y	C	\$2,094.33		
65900	Y	C	\$1,214.31		
65920	Y	C	\$1,214.31		
65930	Y	C	\$1,214.31		
66020	Y	C	\$1,214.31		
66030	Y	C	\$1,214.31		
66130	Y	C	\$1,026.00		
66150	Y	NRC	\$2,094.33		
66155	Y	NRC	\$2,094.33		
66160	Y	NRC	\$1,214.31		
66170	Y	NRC	\$1,214.31		
66172	Y	NRC	\$1,214.31		
66174	Y	NRC	\$2,094.33		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
66175	Y	NRC	\$4,849.13	\$1,340.12	\$3,094.62
66179	Y	NRC	\$3,777.81	\$2,297.73	\$3,037.77
66180	Y	NRC	\$3,903.20	\$2,185.66	\$3,044.43
66183	Y	NRC	\$3,410.31	\$1,473.31	\$2,441.81
66184	Y	NRC	\$1,214.31		
66185	Y	NRC	\$1,214.31		
66225	Y	C	\$2,628.34		
66250	Y	C	\$1,026.00		
66500	Y	C	\$1,214.31		
66505	Y	C	\$1,214.31		
66600	Y	C	\$2,094.33		
66605	Y	NRC	\$1,214.31		
66625	Y	NRC	\$1,214.31		
66630	Y	NRC	\$1,214.31		
66635	Y	C	\$1,214.31		
66680	Y	C	\$1,214.31		
66682	Y	C	\$1,214.31		
66683	Y	NRC	\$15,829.53	\$3,912.48	\$9,871.00
66700	Y	C	\$1,214.31		
66710	Y	C	\$1,026.00		
66711	Y	C	\$1,214.31		
66720	Y	C	\$1,026.00		
66740	Y	C	\$1,026.00		
66761	Y	NRC	\$180.49		
66762	Y	NRC	\$270.74		
66770	Y	C	\$294.52		
66820	Y	NRC	\$1,214.31		
66821	Y	NRC	\$294.52		
66825	Y	C	\$1,214.31		
66830	Y	C	\$1,214.31		
66840	Y	C	\$1,214.31		
66850	Y	C	\$1,214.31		
66852	Y	NRC	\$2,094.33		
66920	Y	NRC	\$1,214.31		
66930	Y	NRC	\$2,094.33		
66940	Y	NRC	\$1,214.31		
66982	Y	NRC	\$1,214.31		
66983	Y	NRC	\$1,214.31		

2025 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
66984	Y	NRC	\$1,214.31		
66985	Y	NRC	\$1,214.31		
66986	Y	NRC	\$1,214.31		
66987	Y	NRC	\$2,094.33		
66988	Y	NRC	\$2,094.33		
66989	Y	NRC	\$4,289.68	\$1,840.18	\$3,064.93
66990	N	BN	\$0.00		
66991	Y	NRC	\$4,286.06	\$1,843.42	\$3,064.74
67005	Y	C	\$1,214.31		
67010	Y	C	\$1,214.31		
67015	Y	C	\$1,214.31		
67025	Y	C	\$1,214.31		
67027	Y	C	\$1,882.00		
67028	N	C	\$58.55		
67030	Y	NRC	\$1,214.31		
67031	Y	NRC	\$294.52		
67036	Y	C	\$2,094.33		
67039	Y	C	\$2,094.33		
67040	Y	C	\$2,094.33		
67041	Y	NRC	\$2,094.33		
67042	Y	NRC	\$2,094.33		
67043	Y	NRC	\$2,094.33		
67101	Y	C	\$199.25		
67105	Y	C	\$166.26		
67107	Y	C	\$2,094.33		
67108	Y	C	\$2,094.33		
67110	Y	C	\$493.93		
67113	Y	C	\$2,628.34		
67115	Y	C	\$2,094.33		
67120	Y	NRC	\$1,214.31		
67121	Y	NRC	\$1,214.31		
67141	Y	NRC	\$160.11		
67145	Y	NRC	\$145.24		
67208	Y	C	\$160.11		
67210	Y	C	\$272.03		
67218	Y	C	\$1,587.04		
67220	Y	C	\$286.27		
67221	Y	NRC	\$150.73		

2025 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
67225	N	BN	\$0.00		
67227	Y	C	\$161.41		
67228	Y	C	\$172.41		
67229	Y	NRC	\$294.52		
67250	Y	C	\$1,026.00		
67255	Y	C	\$2,094.33		
67311	Y	NRC	\$1,026.00		
67312	Y	NRC	\$1,587.04		
67314	Y	NRC	\$1,026.00		
67316	Y	NRC	\$1,026.00		
67318	Y	NRC	\$1,026.00		
67320	N	BN	\$0.00		
67331	N	BN	\$0.00		
67332	N	BN	\$0.00		
67334	N	BN	\$0.00		
67335	N	BN	\$0.00		
67340	N	BN	\$0.00		
67343	Y	NRC	\$1,026.00		
67345	Y	C	\$123.89		
67346	Y	C	\$1,587.04		
67400	Y	C	\$1,587.04		
67405	Y	C	\$1,026.00		
67412	Y	C	\$1,026.00		
67413	Y	C	\$1,026.00		
67414	Y	C	\$1,587.04		
67415	Y	C	\$1,026.00		
67420	Y	C	\$1,587.04		
67430	Y	C	\$1,587.04		
67440	Y	C	\$2,293.13	\$1,376.67	\$1,834.90
67445	Y	C	\$1,587.04		
67450	Y	C	\$1,587.04		
67500	Y	C	\$32.99		
67505	Y	C	\$41.08		
67515	Y	C	\$23.29		
67516	Y	C	\$62.11		
67550	Y	C	\$1,587.04		
67560	Y	C	\$1,587.04		
67570	Y	C	\$1,587.04		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
67700	Y	NRC	\$160.11		
67710	Y	NRC	\$189.87		
67715	Y	NRC	\$1,026.00		
67800	Y	C	\$75.69		
67801	Y	C	\$90.89		
67805	Y	C	\$117.74		
67808	Y	C	\$1,026.00		
67810	Y	C	\$132.94		
67820	N	BN	\$0.00		
67825	Y	NRC	\$79.57		
67830	Y	NRC	\$495.97		
67835	Y	NRC	\$1,026.00		
67840	Y	C	\$191.81		
67850	Y	C	\$145.88		
67875	Y	NRC	\$495.97		
67880	Y	NRC	\$1,026.00		
67882	Y	NRC	\$1,026.00		
67900	Y	NRC	\$1,026.00		
67901	Y	NRC	\$1,026.00		
67902	Y	NRC	\$1,587.04		
67903	Y	NRC	\$1,026.00		
67904	Y	NRC	\$1,026.00		
67906	Y	NRC	\$1,587.04		
67908	Y	NRC	\$1,026.00		
67909	Y	NRC	\$1,026.00		
67911	Y	NRC	\$1,026.00		
67912	Y	NRC	\$1,026.00		
67914	Y	NRC	\$1,026.00		
67915	Y	NRC	\$226.43		
67916	Y	NRC	\$1,026.00		
67917	Y	NRC	\$1,026.00		
67921	Y	NRC	\$1,026.00		
67922	Y	NRC	\$221.57		
67923	Y	NRC	\$1,026.00		
67924	Y	NRC	\$1,026.00		
67930	Y	C	\$226.10		
67935	Y	C	\$1,026.00		
67938	Y	C	\$160.11		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
67950	Y	C	\$1,026.00		
67961	Y	C	\$1,026.00		
67966	Y	C	\$1,026.00		
67971	Y	C	\$1,026.00		
67973	Y	C	\$1,026.00		
67974	Y	C	\$1,587.04		
67975	Y	C	\$1,026.00		
68020	Y	NRC	\$67.93		
68040	Y	C	\$31.70		
68100	Y	C	\$122.92		
68110	Y	C	\$161.73		
68115	Y	C	\$1,026.00		
68130	Y	C	\$1,026.00		
68135	Y	C	\$86.69		
68200	N	BN	\$0.00		
68320	Y	NRC	\$1,026.00		
68325	Y	NRC	\$1,587.04		
68326	Y	NRC	\$1,587.04		
68328	Y	NRC	\$1,026.00		
68330	Y	NRC	\$1,214.31		
68335	Y	NRC	\$1,587.04		
68340	Y	NRC	\$1,026.00		
68360	Y	NRC	\$1,587.04		
68362	Y	NRC	\$1,026.00		
68371	Y	NRC	\$1,026.00		
68400	Y	NRC	\$219.63		
68420	Y	NRC	\$231.92		
68440	Y	NRC	\$66.63		
68500	Y	C	\$1,587.04		
68505	Y	C	\$1,587.04		
68510	Y	C	\$1,026.00		
68520	Y	NRC	\$1,587.04		
68525	Y	C	\$1,026.00		
68530	Y	C	\$160.11		
68540	Y	C	\$1,026.00		
68550	Y	C	\$1,587.04		
68700	Y	NRC	\$1,026.00		
68705	Y	NRC	\$160.11		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
68720	Y	NRC	\$1,587.04		
68745	Y	NRC	\$1,587.04		
68750	Y	NRC	\$1,587.04		
68760	Y	NRC	\$146.21		
68761	Y	NRC	\$90.89		
68770	Y	NRC	\$1,026.00		
68801	N	BN	\$0.00		
68810	Y	NRC	\$160.11		
68811	Y	NRC	\$1,026.00		
68815	Y	NRC	\$1,026.00		
68816	Y	NRC	\$1,026.00		
68840	Y	NRC	\$83.13		
68841	N	BN	\$0.00		
68850	N	BN	\$0.00		
69000	Y	C	\$123.24		
69005	Y	C	\$131.97		
69020	Y	C	\$165.94		
69100	Y	C	\$62.75		
69105	Y	C	\$106.10		
69110	Y	C	\$1,201.90		
69120	Y	C	\$2,917.35		
69140	Y	C	\$2,917.35		
69145	Y	C	\$1,201.90		
69150	Y	C	\$2,917.35		
69200	N	BN	\$0.00		
69205	Y	C	\$708.28		
69209	N	BN	\$0.00		
69210	N	BN	\$0.00		
69220	N	BN	\$0.00		
69222	Y	NRC	\$154.29		
69300	Y	NRC	\$1,394.45		
69310	Y	C	\$2,917.35		
69320	Y	NRC	\$2,917.35		
69420	Y	NRC	\$124.13		
69421	Y	NRC	\$1,394.45		
69424	N	NRC	\$92.19		
69433	Y	NRC	\$137.47		
69436	Y	NRC	\$657.38		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
69440	Y	NRC	\$1,394.45		
69450	Y	NRC	\$1,394.45		
69501	Y	NRC	\$2,917.35		
69502	Y	NRC	\$2,917.35		
69505	Y	NRC	\$2,917.35		
69511	Y	NRC	\$2,917.35		
69530	Y	NRC	\$2,917.35		
69540	Y	C	\$155.59		
69550	Y	C	\$2,917.35		
69552	Y	C	\$2,917.35		
69601	Y	NRC	\$2,917.35		
69602	Y	NRC	\$2,917.35		
69603	Y	NRC	\$2,917.35		
69604	Y	NRC	\$2,917.35		
69610	Y	NRC	\$206.37		
69620	Y	NRC	\$1,394.45		
69631	Y	NRC	\$2,917.35		
69632	Y	NRC	\$2,917.35		
69633	Y	NRC	\$2,917.35		
69635	Y	NRC	\$2,917.35		
69636	Y	NRC	\$2,917.35		
69637	Y	NRC	\$2,917.35		
69641	Y	NRC	\$2,917.35		
69642	Y	NRC	\$2,917.35		
69643	Y	NRC	\$2,917.35		
69644	Y	NRC	\$2,917.35		
69645	Y	NRC	\$2,917.35		
69646	Y	NRC	\$2,917.35		
69650	Y	NRC	\$1,394.45		
69660	Y	NRC	\$2,917.35		
69661	Y	NRC	\$2,917.35		
69662	Y	NRC	\$2,917.35		
69666	Y	NRC	\$1,394.45		
69667	Y	NRC	\$1,394.45		
69670	Y	NRC	\$2,917.35		
69676	Y	NRC	\$1,394.45		
69700	Y	NRC	\$657.38		
69705	Y	NRC	\$4,830.23	\$1,980.97	\$3,405.60

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
69706	Y	NRC	\$4,815.30	\$1,994.30	\$3,404.80
69711	Y	NRC	\$1,394.45		
69714	Y	NRC	\$11,607.67	\$3,945.47	\$7,776.57
69716	Y	NRC	\$11,593.97	\$3,957.72	\$7,775.84
69717	Y	NRC	\$6,087.05	\$2,138.87	\$4,112.96
69719	Y	NRC	\$12,050.03	\$3,550.07	\$7,800.05
69720	Y	C	\$2,917.35		
69726	Y	NRC	\$1,579.16		
69727	Y	NRC	\$1,579.16		
69728	Y	NRC	\$1,579.16		
69729	Y	NRC	\$11,693.15	\$3,869.08	\$7,781.11
69730	Y	NRC	\$10,646.64	\$4,804.54	\$7,725.59
69740	Y	C	\$2,917.35		
69745	Y	C	\$2,917.35		
69801	Y	NRC	\$143.29		
69805	Y	NRC	\$2,917.35		
69806	Y	NRC	\$2,917.35		
69905	Y	NRC	\$2,917.35		
69910	Y	NRC	\$2,917.35		
69915	Y	NRC	\$1,394.45		
69930	Y	NRC	\$31,498.69	\$7,785.31	\$19,642.00
69990	N	BN	\$0.00		
70010	N	BN	\$0.00		
70015	N	BN	\$0.00		
70030	N	BN	\$0.00		
70100	N	BN	\$0.00		
70110	N	BN	\$0.00		
70120	N	BN	\$0.00		
70130	N	BN	\$0.00		
70134	N	BN	\$0.00		
70140	N	BN	\$0.00		
70150	N	BN	\$0.00		
70160	N	BN	\$0.00		
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		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
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	C	\$130.28		
70350	N	BN	\$0.00		
70355	N	BN	\$0.00		
70360	N	BN	\$0.00		
70370	N	BN	\$0.00		
70371	N	BN	\$0.00		
70380	N	BN	\$0.00		
70390	N	BN	\$0.00		
70450	N	C	\$56.71		
70460	N	C	\$94.13		
70470	N	C	\$96.71		
70480	N	C	\$56.71		
70481	N	C	\$96.71		
70482	N	C	\$96.71		
70486	N	C	\$56.71		
70487	N	C	\$96.71		
70488	N	C	\$96.71		
70490	N	C	\$56.71		
70491	N	C	\$96.71		
70492	N	C	\$96.71		
70496	N	C	\$96.71		
70498	N	C	\$96.71		
70540	N	C	\$130.28		
70542	N	C	\$188.26		
70543	N	C	\$192.74		
70544	N	C	\$130.28		
70545	N	C	\$168.85		
70546	N	C	\$192.74		
70547	N	C	\$130.28		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
70548	N	C	\$173.38		
70549	N	C	\$192.74		
70551	N	C	\$125.50		
70552	N	C	\$184.38		
70553	N	C	\$192.74		
70554	N	C	\$130.28		
70555	N	C	\$130.28		
70557	N	C	\$291.79		
70558	N	C	\$96.71		
70559	N	C	\$96.71		
71045	N	C	\$16.50		
71046	N	C	\$22.32		
71047	N	BN	\$0.00		
71048	N	BN	\$0.00		
71100	N	BN	\$0.00		
71101	N	BN	\$0.00		
71110	N	BN	\$0.00		
71111	N	BN	\$0.00		
71120	N	BN	\$0.00		
71130	N	BN	\$0.00		
71250	N	C	\$56.71		
71260	N	C	\$96.71		
71270	N	C	\$96.71		
71275	N	C	\$96.71		
71550	N	C	\$130.28		
71551	N	C	\$287.56		
71552	N	C	\$192.74		
72020	N	BN	\$0.00		
72040	N	BN	\$0.00		
72050	N	BN	\$0.00		
72052	N	BN	\$0.00		
72070	N	BN	\$0.00		
72072	N	BN	\$0.00		
72074	N	BN	\$0.00		
72080	N	BN	\$0.00		
72081	N	BN	\$0.00		
72082	N	BN	\$0.00		
72083	N	C	\$56.71		

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

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

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
72270	N	BN	\$0.00		
72285	N	BN	\$0.00		
72295	N	BN	\$0.00		
73000	N	BN	\$0.00		
73010	N	BN	\$0.00		
73020	N	BN	\$0.00		
73030	N	BN	\$0.00		
73040	N	BN	\$0.00		
73050	N	BN	\$0.00		
73060	N	BN	\$0.00		
73070	N	BN	\$0.00		
73080	N	BN	\$0.00		
73085	N	BN	\$0.00		
73090	N	BN	\$0.00		
73092	N	BN	\$0.00		
73100	N	BN	\$0.00		
73110	N	BN	\$0.00		
73115	N	BN	\$0.00		
73120	N	BN	\$0.00		
73130	N	BN	\$0.00		
73140	N	BN	\$0.00		
73200	N	C	\$56.71		
73201	N	C	\$143.29		
73202	N	C	\$96.71		
73206	N	C	\$96.71		
73218	N	C	\$130.28		
73219	N	C	\$192.74		
73220	N	C	\$192.74		
73221	N	C	\$130.28		
73222	N	C	\$230.63		
73223	N	C	\$192.74		
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		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
73551	N	BN	\$0.00		
73552	N	BN	\$0.00		
73560	N	BN	\$0.00		
73562	N	BN	\$0.00		
73564	N	BN	\$0.00		
73565	N	BN	\$0.00		
73580	N	BN	\$0.00		
73590	N	BN	\$0.00		
73592	N	BN	\$0.00		
73600	N	BN	\$0.00		
73610	N	BN	\$0.00		
73615	N	BN	\$0.00		
73620	N	BN	\$0.00		
73630	N	BN	\$0.00		
73650	N	BN	\$0.00		
73660	N	BN	\$0.00		
73700	N	C	\$56.71		
73701	N	C	\$96.71		
73702	N	C	\$96.71		
73706	N	C	\$96.71		
73718	N	C	\$130.28		
73719	N	C	\$183.73		
73720	N	C	\$192.74		
73721	N	C	\$130.28		
73722	N	C	\$232.25		
73723	N	C	\$192.74		
74018	N	BN	\$0.00		
74019	N	BN	\$0.00		
74021	N	BN	\$0.00		
74022	N	BN	\$0.00		
74150	N	C	\$56.71		
74160	N	C	\$96.71		
74170	N	C	\$96.71		
74174	N	C	\$192.74		
74175	N	C	\$96.71		
74176	N	C	\$100.92		
74177	N	C	\$192.74		
74178	N	C	\$192.74		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
74181	N	C	\$125.50		
74182	N	C	\$192.74		
74183	N	C	\$192.74		
74190	N	BN	\$0.00		
74210	N	BN	\$0.00		
74220	N	BN	\$0.00		
74221	N	BN	\$0.00		
74230	N	C	\$93.48		
74235	N	BN	\$0.00		
74240	N	C	\$79.90		
74246	N	NRC	\$91.22		
74248	N	BN	\$0.00		
74250	N	NRC	\$79.25		
74251	N	NRC	\$96.71		
74261	N	NRC	\$56.71		
74262	N	NRC	\$96.71		
74270	N	BN	\$0.00		
74280	N	BN	\$0.00		
74283	N	NRC	\$96.71		
74290	N	BN	\$0.00		
74300	N	BN	\$0.00		
74301	N	BN	\$0.00		
74328	N	BN	\$0.00		
74329	N	BN	\$0.00		
74330	N	BN	\$0.00		
74340	N	BN	\$0.00		
74355	N	BN	\$0.00		
74360	N	BN	\$0.00		
74363	N	BN	\$0.00		
74400	N	NRC	\$96.71		
74410	N	NRC	\$96.71		
74415	N	NRC	\$96.71		
74420	N	NRC	\$192.74		
74425	N	BN	\$0.00		
74430	N	BN	\$0.00		
74440	N	BN	\$0.00		
74445	N	BN	\$0.00		
74450	N	BN	\$0.00		

2025 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
74455	N	BN	\$0.00		
74470	N	BN	\$0.00		
74485	N	BN	\$0.00		
74712	N	NRC	\$130.28		
74713	N	BN	\$0.00		
74740	N	BN	\$0.00		
74742	N	BN	\$0.00		
74775	N	NRC	\$130.28		
75557	N	NRC	\$130.28		
75559	N	NRC	\$231.92		
75561	N	NRC	\$192.74		
75563	N	NRC	\$277.53		
75565	N	BN	\$0.00		
75571	N	BN	\$0.00		
75572	N	C	\$144.59		
75573	N	NRC	\$184.38		
75574	N	C	\$192.74		
75600	N	BN	\$0.00		
75605	N	BN	\$0.00		
75625	N	BN	\$0.00		
75630	N	BN	\$0.00		
75635	N	BN	\$0.00		
75705	N	BN	\$0.00		
75710	N	BN	\$0.00		
75716	N	BN	\$0.00		
75726	N	BN	\$0.00		
75731	N	NRC	\$96.72		
75733	N	BN	\$0.00		
75736	N	BN	\$0.00		
75741	N	BN	\$0.00		
75743	N	BN	\$0.00		
75746	N	NRC	\$80.22		
75756	N	BN	\$0.00		
75774	N	BN	\$0.00		
75801	N	BN	\$0.00		
75803	N	NRC	\$632.40		
75805	N	NRC	\$1,588.69		
75807	N	BN	\$0.00		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
75809	N	BN	\$0.00		
75810	N	NRC	\$1,588.69		
75820	N	BN	\$0.00		
75822	N	NRC	\$62.43		
75825	N	BN	\$0.00		
75827	N	BN	\$0.00		
75831	N	BN	\$0.00		
75833	N	BN	\$0.00		
75840	N	BN	\$0.00		
75842	N	BN	\$0.00		
75860	N	BN	\$0.00		
75870	N	NRC	\$100.60		
75872	N	BN	\$0.00		
75880	N	BN	\$0.00		
75885	N	BN	\$0.00		
75887	N	NRC	\$69.87		
75889	N	BN	\$0.00		
75891	N	BN	\$0.00		
75893	N	BN	\$0.00		
75894	N	BN	\$0.00		
75898	N	NRC	\$1,588.69		
75901	N	BN	\$0.00		
75902	N	BN	\$0.00		
75970	N	BN	\$0.00		
75984	N	BN	\$0.00		
75989	N	BN	\$0.00		
76000	N	C	\$26.85		
76010	N	BN	\$0.00		
76015	N	BN	\$0.00		
76080	N	BN	\$0.00		
76098	N	BN	\$0.00		
76100	N	BN	\$0.00		
76120	N	BN	\$0.00		
76125	N	BN	\$0.00		
76145	N	NRC	\$284.98		
76376	N	BN	\$0.00		
76377	N	BN	\$0.00		
76380	N	BN	\$0.00		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
76390	N	C	\$48.59		
76391	N	C	\$130.28		
76496	N	BN	\$0.00		
76497	N	BN	\$0.00		
76498	N	NRC	\$48.59		
76499	N	BN	\$0.00		
76506	N	BN	\$0.00		
76510	N	BN	\$0.00		
76511	N	BN	\$0.00		
76512	N	BN	\$0.00		
76513	N	BN	\$0.00		
76514	N	BN	\$0.00		
76516	N	BN	\$0.00		
76519	N	BN	\$0.00		
76529	N	BN	\$0.00		
76536	N	BN	\$0.00		
76604	N	BN	\$0.00		
76641	N	BN	\$0.00		
76642	N	BN	\$0.00		
76700	N	C	\$56.71		
76705	N	C	\$56.71		
76770	N	C	\$56.71		
76775	N	BN	\$0.00		
76776	N	C	\$56.71		
76800	N	BN	\$0.00		
76801	N	NRC	\$56.71		
76802	N	BN	\$0.00		
76805	N	NRC	\$56.71		
76810	N	BN	\$0.00		
76811	N	NRC	\$84.75		
76812	N	BN	\$0.00		
76813	N	BN	\$0.00		
76814	N	BN	\$0.00		
76815	N	BN	\$0.00		
76816	N	BN	\$0.00		
76817	N	BN	\$0.00		
76818	N	NRC	\$56.71		
76819	N	NRC	\$47.55		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
76820	N	BN	\$0.00		
76821	N	BN	\$0.00		
76825	N	NRC	\$171.76		
76826	N	NRC	\$110.95		
76827	N	BN	\$0.00		
76828	N	BN	\$0.00		
76830	N	NRC	\$56.71		
76831	N	NRC	\$76.98		
76856	N	NRC	\$56.71		
76857	N	NRC	\$25.55		
76870	N	BN	\$0.00		
76872	N	NRC	\$56.71		
76873	N	NRC	\$56.71		
76881	N	NRC	\$10.03		
76882	N	BN	\$0.00		
76883	N	BN	\$0.00		
76885	N	BN	\$0.00		
76886	N	BN	\$0.00		
76932	N	BN	\$0.00		
76936	N	NRC	\$158.82		
76937	N	BN	\$0.00		
76940	N	BN	\$0.00		
76941	N	BN	\$0.00		
76942	N	BN	\$0.00		
76945	N	BN	\$0.00		
76946	N	BN	\$0.00		
76948	N	BN	\$0.00		
76965	N	BN	\$0.00		
76975	N	BN	\$0.00		
76977	N	NRC	\$4.21		
76978	N	C	\$96.71		
76979	N	BN	\$0.00		
76981	N	C	\$56.71		
76982	N	C	\$56.71		
76983	N	BN	\$0.00		
76998	N	BN	\$0.00		
76999	N	BN	\$0.00		
77001	N	BN	\$0.00		

2025 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
77002	N	BN	\$0.00		
77003	N	BN	\$0.00		
77011	N	BN	\$0.00		
77012	N	BN	\$0.00		
77013	N	BN	\$0.00		
77014	N	BN	\$0.00		
77021	N	BN	\$0.00		
77022	N	BN	\$0.00		
77046	N	C	\$130.28		
77047	N	C	\$130.28		
77053	N	BN	\$0.00		
77054	N	BN	\$0.00		
77071	N	BN	\$0.00		
77072	N	BN	\$0.00		
77073	N	BN	\$0.00		
77074	N	BN	\$0.00		
77075	N	BN	\$0.00		
77076	N	BN	\$0.00		
77077	N	BN	\$0.00		
77078	N	NRC	\$48.59		
77080	N	NRC	\$28.79		
77081	N	NRC	\$21.67		
77084	N	C	\$130.28		
77085	N	BN	\$0.00		
77086	N	BN	\$0.00		
77280	N	C	\$71.13		
77285	N	C	\$196.49		
77290	N	C	\$196.49		
77293	N	BN	\$0.00		
77295	N	C	\$249.39		
77299	N	NRC	\$71.13		
77300	N	C	\$32.99		
77301	N	C	\$733.21		
77306	N	C	\$73.10		
77307	N	C	\$132.62		
77316	N	C	\$167.55		
77317	N	C	\$196.49		
77318	N	C	\$196.49		

2025 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
77321	N	C	\$43.34		
77331	N	C	\$18.44		
77332	N	C	\$16.17		
77333	N	C	\$71.13		
77334	N	C	\$63.72		
77336	N	C	\$71.13		
77338	N	C	\$196.49		
77370	N	C	\$71.13		
77385	N	C	\$310.56		
77386	N	C	\$310.56		
77387	N	BN	\$0.00		
77399	N	NRC	\$71.13		
77401	N	C	\$39.46		
77402	N	C	\$58.80		
77407	N	C	\$141.20		
77412	N	C	\$141.20		
77417	N	BN	\$0.00		
77423	N	C	\$32.99		
77424	N	C	\$2,234.31		
77425	N	C	\$2,234.31		
77435	N	BN	\$0.00		
77470	N	C	\$37.20		
77520	N	C	\$310.56		
77522	N	C	\$684.09		
77523	N	C	\$684.09		
77525	N	C	\$684.09		
77600	N	NRC	\$141.20		
77605	N	NRC	\$376.27		
77610	N	NRC	\$310.56		
77615	N	NRC	\$310.56		
77620	N	NRC	\$310.56		
77750	N	C	\$128.74		
77761	N	C	\$213.81		
77762	N	C	\$246.16		
77763	N	C	\$323.47		
77767	N	C	\$141.20		
77768	N	C	\$141.20		
77770	N	C	\$237.42		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
77771	N	C	\$376.27		
77772	N	C	\$376.27		
77778	N	C	\$376.27		
77789	N	C	\$58.80		
77790	N	BN	\$0.00		
77799	N	NRC	\$58.80		
78012	N	C	\$216.76		
78013	N	C	\$216.76		
78014	N	C	\$216.76		
78015	N	C	\$216.76		
78016	N	C	\$216.76		
78018	N	C	\$291.51		
78020	N	BN	\$0.00		
78070	N	NRC	\$216.76		
78071	N	NRC	\$216.76		
78072	N	NRC	\$291.51		
78075	N	NRC	\$712.70		
78099	N	NRC	\$216.76		
78102	N	C	\$216.76		
78103	N	C	\$216.76		
78104	N	C	\$216.76		
78110	N	NRC	\$712.70		
78111	N	NRC	\$712.70		
78120	N	NRC	\$216.76		
78121	N	NRC	\$291.51		
78122	N	C	\$291.51		
78130	N	C	\$216.76		
78140	N	C	\$216.76		
78185	N	C	\$216.76		
78191	N	C	\$216.76		
78195	N	C	\$291.51		
78199	N	NRC	\$216.76		
78201	N	C	\$291.51		
78202	N	C	\$291.51		
78215	N	C	\$216.76		
78216	N	C	\$216.76		
78226	N	C	\$216.76		
78227	N	C	\$291.51		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
78230	N	NRC	\$216.76		
78231	N	NRC	\$216.76		
78232	N	NRC	\$216.76		
78258	N	NRC	\$216.76		
78261	N	NRC	\$216.76		
78262	N	NRC	\$216.76		
78264	N	NRC	\$216.76		
78265	N	NRC	\$216.76		
78266	N	NRC	\$291.51		
78278	N	C	\$216.76		
78282	N	NRC	\$216.76		
78290	N	NRC	\$216.76		
78291	N	NRC	\$216.76		
78299	N	NRC	\$216.76		
78300	N	C	\$216.76		
78305	N	C	\$216.76		
78306	N	C	\$216.76		
78315	N	C	\$216.76		
78399	N	NRC	\$216.76		
78414	N	NRC	\$291.51		
78428	N	NRC	\$216.76		
78429	N	NRC	\$783.26		
78430	N	NRC	\$783.26		
78431	N	NRC	\$1,208.13		
78432	N	NRC	\$1,047.08		
78433	N	NRC	\$1,208.13		
78434	N	BN	\$0.00		
78445	N	C	\$216.76		
78451	N	C	\$712.70		
78452	N	C	\$712.70		
78453	N	C	\$712.70		
78454	N	C	\$712.70		
78456	N	C	\$712.70		
78457	N	C	\$291.51		
78458	N	C	\$216.76		
78459	N	NRC	\$712.70		
78466	N	NRC	\$216.76		
78468	N	NRC	\$291.51		

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HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
78469	N	NRC	\$291.51		
78472	N	NRC	\$216.76		
78473	N	NRC	\$216.76		
78481	N	NRC	\$291.51		
78483	N	NRC	\$291.51		
78491	N	NRC	\$783.26		
78492	N	NRC	\$783.26		
78494	N	NRC	\$216.76		
78496	N	BN	\$0.00		
78499	N	NRC	\$216.76		
78579	N	C	\$216.76		
78580	N	C	\$216.76		
78582	N	C	\$291.51		
78597	N	C	\$216.76		
78598	N	C	\$291.51		
78599	N	NRC	\$216.76		
78600	N	C	\$216.76		
78601	N	C	\$216.76		
78605	N	C	\$291.51		
78606	N	C	\$291.51		
78608	N	NRC	\$783.26		
78610	N	C	\$291.51		
78630	N	C	\$291.51		
78635	N	C	\$291.51		
78645	N	C	\$291.51		
78650	N	C	\$712.70		
78660	N	C	\$216.76		
78699	N	NRC	\$216.76		
78700	N	C	\$216.76		
78701	N	C	\$216.76		
78707	N	NRC	\$291.51		
78708	N	NRC	\$291.51		
78709	N	NRC	\$291.51		
78725	N	C	\$216.76		
78730	N	BN	\$0.00		
78740	N	NRC	\$216.76		
78761	N	NRC	\$216.76		
78799	N	NRC	\$216.76		

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HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
78800	N	C	\$216.76		
78801	N	C	\$216.76		
78802	N	C	\$712.70		
78803	N	C	\$712.70		
78804	N	C	\$712.70		
78808	N	BN	\$0.00		
78811	N	NRC	\$712.70		
78812	N	NRC	\$783.26		
78813	N	NRC	\$783.26		
78814	N	NRC	\$783.26		
78815	N	NRC	\$783.26		
78816	N	NRC	\$783.26		
78830	N	C	\$712.70		
78831	N	C	\$712.70		
78832	N	C	\$783.26		
78835	N	BN	\$0.00		
78999	N	NRC	\$216.76		
79005	N	C	\$49.49		
79101	N	C	\$51.43		
79200	N	C	\$50.14		
79300	N	C	\$120.32		
79403	N	NRC	\$77.96		
79440	N	NRC	\$37.85		
79445	N	NRC	\$120.32		
79999	N	NRC	\$120.32		
90371	N	C	\$139.93		
90375	N	C	\$287.71		
90376	N	C	\$479.72		
90377	N	C	\$265.51		
90378	N	NRC	\$719.87		
90393	N	BN	\$0.00		
90396	N	NRC	\$2,250.71		
90476	N	BN	\$0.00		
90581	N	BN	\$0.00		
90632	N	BN	\$0.00		
90633	N	BN	\$0.00		
90634	N	BN	\$0.00		
90636	N	BN	\$0.00		

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HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
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	C	\$350.14		
90676	N	C	\$264.47		
90680	N	BN	\$0.00		
90682	N	BN	\$0.00		
90684	N	BN	\$0.00		
90684	N	BN	\$0.00		
90685	N	BN	\$0.00		
90686	N	BN	\$0.00		
90687	N	BN	\$0.00		
90688	N	BN	\$0.00		
90689	N	BN	\$0.00		
90690	N	BN	\$0.00		
90691	N	BN	\$0.00		
90694	N	BN	\$0.00		
90696	N	BN	\$0.00		
90698	N	BN	\$0.00		
90717	N	BN	\$0.00		
90732	N	BN	\$0.00		
90739	N	NRC	\$0.00		
90740	N	NRC	\$0.00		
90743	N	NRC	\$0.00		
90744	N	NRC	\$0.00		
90746	N	BR	\$0.00		
90747	N	NRC	\$0.00		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
90749	N	BN	\$0.00		
90756	N	BN	\$0.00		
90759	N	BR	\$0.00		
90885	N	BN	\$0.00		
90887	N	BN	\$0.00		
90889	N	BN	\$0.00		
90940	N	BN	\$0.00		
91035	N	C	\$284.98		
91200	N	BN	\$0.00		
92920	Y	C	\$4,136.07	\$1,980.26	\$3,058.16
92921	N	BN	\$0.00		
92928	Y	C	\$7,973.34	\$3,866.97	\$5,920.15
92929	N	BN	\$0.00		
92978	N	BN	\$0.00		
93355	N	BN	\$0.00		
93451	Y	C	\$1,655.71		
93452	Y	C	\$1,655.71		
93453	Y	C	\$1,655.71		
93454	Y	C	\$1,655.71		
93455	Y	C	\$1,655.71		
93456	Y	C	\$1,655.71		
93457	Y	C	\$1,655.71		
93458	Y	C	\$1,655.71		
93459	Y	C	\$1,655.71		
93460	Y	C	\$1,655.71		
93461	Y	C	\$1,655.71		
93462	N	BN	\$0.00		
93566	N	BN	\$0.00		
93567	N	BN	\$0.00		
93568	N	BN	\$0.00		
93571	N	BN	\$0.00		
93572	N	BN	\$0.00		
93985	N	C	\$130.28		
93986	N	C	\$56.71		
0101T	Y	NRC	\$128.93		
0102T	Y	NRC	\$1,579.16		
0200T	Y	NRC	\$5,232.39	\$2,902.85	\$4,067.62
0201T	Y	NRC	\$3,510.84		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
0213T	Y	NRC	\$477.94		
0214T	N	BN	\$0.00		
0215T	N	BN	\$0.00		
0216T	Y	NRC	\$477.94		
0217T	N	BN	\$0.00		
0218T	N	BN	\$0.00		
0232T	N	BN	\$0.00		
0238T	Y	NRC	\$13,146.75	\$5,939.27	\$9,543.01
0253T	Y	NRC	\$3,365.19	\$1,513.63	\$2,439.41
0263T	N	NRC	\$2,515.29		
0264T	N	NRC	\$2,515.29		
0265T	N	NRC	\$2,515.29		
0266T	N	NRC	\$48,116.60	\$9,146.17	\$28,631.38
0268T	N	NRC	\$30,229.25	\$5,861.36	\$18,045.30
0269T	N	NRC	\$3,089.62		
0270T	Y	NRC	\$1,944.33		
0271T	Y	NRC	\$1,944.33		
0274T	Y	NRC	\$3,510.84		
0275T	Y	NRC	\$6,022.48	\$2,196.60	\$4,109.54
0278T	N	BN	\$0.00		
0308T	Y	NRC	\$12,961.87	\$6,475.83	\$9,718.85
0330T	N	BN	\$0.00		
0331T	N	NRC	\$712.70		
0332T	N	NRC	\$712.70		
0335T	Y	NRC	\$6,321.19	\$1,929.60	\$4,125.39
0338T	N	NRC	\$2,629.62		
0339T	N	NRC	\$4,264.10	\$1,865.82	\$3,064.96
0342T	N	NRC	\$2,515.29		
0347T	N	BN	\$0.00		
0348T	N	BN	\$0.00		
0349T	N	BN	\$0.00		
0350T	N	BN	\$0.00		
0351T	N	BN	\$0.00		
0353T	N	BN	\$0.00		
0379T	N	BN	\$0.00		
0394T	N	NRC	\$141.20		
0395T	N	NRC	\$376.27		
0397T	N	BN	\$0.00		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
0402T	Y	NRC	\$1,026.00		
0408T	Y	NRC	\$29,623.76	\$6,968.93	\$18,296.34
0409T	Y	NRC	\$24,029.52	\$4,094.03	\$14,061.77
0410T	Y	NRC	\$7,977.00	\$2,297.02	\$5,137.01
0411T	Y	NRC	\$4,366.57		
0412T	N	NRC	\$1,953.83		
0413T	N	NRC	\$1,953.83		
0414T	Y	NRC	\$21,447.78	\$6,401.83	\$13,924.80
0415T	Y	NRC	\$332.31		
0416T	Y	NRC	\$981.09		
0419T	Y	NRC	\$328.29		
0420T	Y	NRC	\$328.29		
0421T	Y	NRC	\$7,702.17	\$3,434.67	\$5,568.42
0422T	N	NRC	\$48.59		
0437T	N	BN	\$0.00		
0439T	N	BN	\$0.00		
0440T	Y	NRC	\$1,714.08	\$464.76	\$1,089.42
0441T	Y	NRC	\$1,643.39	\$527.95	\$1,085.67
0442T	Y	NRC	\$5,274.39	\$1,955.87	\$3,615.13
0443T	N	BN	\$0.00		
0444T	N	BN	\$0.00		
0445T	N	BN	\$0.00		
0446T	Y	NRC	\$981.09		
0447T	N	NRC	\$49.81		
0448T	Y	NRC	\$981.09		
0449T	Y	NRC	\$4,443.75	\$1,702.45	\$3,073.10
0450T	N	BN	\$0.00		
0479T	Y	NRC	\$328.29		
0480T	N	BN	\$0.00		
0510T	N	NRC	\$1,579.16		
0511T	Y	NRC	\$5,694.78	\$2,489.54	\$4,092.16
0512T	N	NRC	\$106.77		
0513T	N	BN	\$0.00		
0523T	N	BN	\$0.00		
0524T	Y	NRC	\$2,422.72	\$1,264.41	\$1,843.56
0525T	Y	NRC	\$16,297.43	\$3,958.79	\$10,128.11
0526T	Y	NRC	\$7,977.00	\$2,297.02	\$5,137.01
0527T	Y	NRC	\$7,590.46	\$2,642.54	\$5,116.50

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
0530T	N	NRC	\$1,953.83		
0531T	N	NRC	\$1,953.83		
0532T	N	NRC	\$1,953.83		
0581T	Y	NRC	\$2,519.92	\$1,068.18	\$1,794.05
0583T	Y	NRC	\$949.86	\$570.24	\$760.05
0587T	Y	NRC	\$6,789.48	\$1,772.27	\$4,280.87
0588T	Y	NRC	\$1,944.33		
0594T	Y	NRC	\$5,072.85	\$3,045.46	\$4,059.15
0596T	Y	NRC	\$315.93		
0597T	Y	NRC	\$315.93		
0598T	N	NRC	\$166.21		
0599T	N	BN	\$0.00		
0600T	Y	NRC	\$8,119.75	\$3,312.48	\$5,716.11
0601T	Y	NRC	\$8,326.34	\$3,127.81	\$5,727.07
0609T	N	NRC	\$130.28		
0611T	N	NRC	\$130.28		
0614T	Y	NRC	\$21,515.35	\$6,341.43	\$13,928.39
0619T	Y	NRC	\$7,327.94	\$3,769.17	\$5,548.55
0620T	N	NRC	\$36,154.51	\$8,248.61	\$22,201.56
0621T	Y	NRC	\$3,026.12	\$1,816.72	\$2,421.42
0627T	Y	NRC	\$12,866.88	\$2,819.90	\$7,843.39
0628T	N	BN	\$0.00		
0629T	Y	NRC	\$13,469.08	\$2,281.60	\$7,875.34
0630T	N	BN	\$0.00		
0632T	Y	NRC	\$14,026.83	\$5,152.57	\$9,589.70
0633T	N	NRC	\$56.71		
0634T	N	NRC	\$96.71		
0635T	N	NRC	\$96.71		
0636T	N	NRC	\$130.28		
0637T	N	NRC	\$192.74		
0638T	N	NRC	\$192.74		
0644T	Y	NRC	\$4,489.39	\$1,664.45	\$3,076.92
0647T	Y	NRC	\$864.15		
0648T	N	NRC	\$510.25		
0651T	Y	NRC	\$796.22	\$375.10	\$585.66
0652T	Y	NRC	\$864.15		
0653T	Y	NRC	\$864.15		
0654T	Y	NRC	\$1,875.81		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
0655T	Y	NRC	\$2,521.60		
0660T	Y	NRC	\$2,094.33		
0661T	Y	NRC	\$2,094.33		
0671T	Y	NRC	\$4,681.85	\$1,489.62	\$3,085.73
0673T	Y	NRC	\$708.28		
0674T	Y	C	\$29,887.71	\$6,166.68	\$18,027.19
0675T	Y	C	\$9,668.78	\$5,804.60	\$7,736.69
0676T	N	BN	\$0.00		
0677T	Y	C	\$7,074.28	\$4,247.01	\$5,660.64
0678T	N	BN	\$0.00		
0679T	Y	C	\$4,896.00		
0680T	Y	C	\$22,616.88	\$4,531.30	\$13,574.09
0681T	Y	C	\$1,944.33		
0682T	Y	C	\$1,944.33		
0686T	N	NRC	\$9,394.76		
0689T	N	NRC	\$48.59		
0697T	N	NRC	\$510.25		
0698T	N	NRC	\$510.25		
0699T	Y	NRC	\$1,214.31		
0707T	Y	NRC	\$2,606.54	\$1,079.52	\$1,843.03
0714T	Y	NRC	\$2,521.60		
0717T	Y	NRC	\$1,957.33		
0718T	Y	NRC	\$1,957.33		
0737T	Y	C	\$10,646.64	\$4,804.54	\$7,725.59
0784T	Y	NRC	\$9,668.78	\$5,804.60	\$7,736.69
0785T	Y	NRC	\$1,944.33		
0787T	Y	NRC	\$1,944.33		
0793T	Y	NRC	\$14,026.83	\$5,152.57	\$9,589.70
0797T	Y	NRC	\$15,288.83	\$4,860.37	\$10,074.60
0800T	Y	NRC	\$2,295.53	\$1,378.11	\$1,836.82
0803T	Y	NRC	\$15,288.83	\$4,860.37	\$10,074.60
0810T	Y	NRC	\$2,281.79		
0813T	Y	NRC	\$503.39		
0816T	Y	NRC	\$22,616.88	\$4,531.30	\$13,574.09
0817T	Y	NRC	\$22,616.88	\$4,531.30	\$13,574.09
0818T	Y	NRC	\$1,944.33		
0819T	Y	NRC	\$1,944.33		
0864T	Y	NRC	\$130.70		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
0867T	Y	NRC	\$2,521.60		
0869T	Y	C	\$2,281.76	\$1,369.85	\$1,825.80
0870T	N	BN	\$0.00		
0871T	N	BN	\$0.00		
0872T	N	BN	\$0.00		
0873T	N	BN	\$0.00		
0874T	N	BN	\$0.00		
0875T	N	BN	\$0.00		
0882T	N	BN	\$0.00		
0883T	N	BN	\$0.00		
0884T	Y	C	\$3,907.42	\$1,747.85	\$2,827.63
0885T	Y	C	\$3,907.42	\$1,747.85	\$2,827.63
0886T	Y	C	\$3,907.42	\$1,747.85	\$2,827.63
0887T	N	BN	\$0.00		
0888T	N	C	\$9,394.76		
0913T	Y	NRC	\$3,799.57	\$2,281.05	\$3,040.31
0914T	N	BN	\$0.00		
0915T	Y	NRC	\$28,642.41	\$7,846.15	\$18,244.28
0916T	Y	NRC	\$21,447.78	\$6,401.83	\$13,924.80
0917T	Y	NRC	\$7,977.00	\$2,297.02	\$5,137.01
0918T	Y	NRC	\$7,977.00	\$2,297.02	\$5,137.01
0919T	N	NRC	\$1,953.83		
0920T	N	NRC	\$1,953.83		
0921T	N	NRC	\$1,953.83		
0922T	N	NRC	\$1,953.83		
0923T	Y	NRC	\$21,447.78	\$6,401.83	\$13,924.80
0924T	Y	NRC	\$332.31		
0925T	Y	NRC	\$981.09		
0933T	Y	NRC	\$2,392.36	\$1,436.24	\$1,914.30
0946T	N	C	\$56.71		
A2001	N	BN	\$0.00		
A2002	N	BN	\$0.00		
A2004	N	BN	\$0.00		
A2005	N	BN	\$0.00		
A2006	N	BN	\$0.00		
A2007	N	BN	\$0.00		
A2008	N	BN	\$0.00		
A2009	N	BN	\$0.00		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
A2010	N	BN	\$0.00		
A2011	N	BN	\$0.00		
A2012	N	BN	\$0.00		
A2013	N	BN	\$0.00		
A2014	N	BN	\$0.00		
A2015	N	BN	\$0.00		
A2016	N	BN	\$0.00		
A2017	N	BN	\$0.00		
A2018	N	BN	\$0.00		
A2019	N	BN	\$0.00		
A2020	N	BN	\$0.00		
A2021	N	BN	\$0.00		
A2022	N	BN	\$0.00		
A2023	N	BN	\$0.00		
A2024	N	BN	\$0.00		
A2025	N	BN	\$0.00		
A2026	N	BN	\$0.00		
A2027	N	BN	\$0.00		
A2027	N	BN	\$0.00		
A2028	N	BN	\$0.00		
A2028	N	BN	\$0.00		
A2029	N	BN	\$0.00		
A2029	N	BN	\$0.00		
A4100	N	BN	\$0.00		
A4344	N	BN	\$0.00		
A9156	N	BN	\$0.00		
A9500	N	BN	\$0.00		
A9501	N	BN	\$0.00		
A9502	N	BN	\$0.00		
A9503	N	BN	\$0.00		
A9504	N	BN	\$0.00		
A9505	N	BN	\$0.00		
A9506	N	C	\$328.60		
A9507	N	BN	\$0.00		
A9508	N	BN	\$0.00		
A9509	N	BN	\$0.00		
A9510	N	BN	\$0.00		
A9512	N	BN	\$0.00		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
A9513	N	C	\$296.25		
A9515	N	NRC	\$2,062.94		
A9516	N	BN	\$0.00		
A9517	N	C	\$23.13		
A9520	N	BN	\$0.00		
A9521	N	C	\$802.34		
A9524	N	BN	\$0.00		
A9526	N	BN	\$0.00		
A9527	N	NRC	\$208.58		
A9528	N	BN	\$0.00		
A9529	N	BN	\$0.00		
A9530	N	NRC	\$20.88		
A9531	N	BN	\$0.00		
A9532	N	BN	\$0.00		
A9536	N	BN	\$0.00		
A9537	N	BN	\$0.00		
A9538	N	BN	\$0.00		
A9539	N	BN	\$0.00		
A9540	N	BN	\$0.00		
A9541	N	BN	\$0.00		
A9542	N	NRC	\$798.02		
A9543	N	NRC	\$65,476.58		
A9546	N	BN	\$0.00		
A9547	N	C	\$772.64		
A9548	N	C	\$715.29		
A9550	N	BN	\$0.00		
A9551	N	BN	\$0.00		
A9552	N	BN	\$0.00		
A9553	N	BN	\$0.00		
A9554	N	BN	\$0.00		
A9555	N	BN	\$0.00		
A9556	N	BN	\$0.00		
A9557	N	NRC	\$683.80		
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		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
A9563	N	NRC	\$179.12		
A9566	N	BN	\$0.00		
A9567	N	BN	\$0.00		
A9568	N	NRC	\$809.51		
A9569	N	NRC	\$1,040.32		
A9570	N	NRC	\$1,031.39		
A9571	N	BN	\$0.00		
A9572	N	NRC	\$1,914.61		
A9573	N	BN	\$0.00		
A9575	N	BN	\$0.00		
A9576	N	BN	\$0.00		
A9577	N	BN	\$0.00		
A9578	N	BN	\$0.00		
A9579	N	BN	\$0.00		
A9580	N	BN	\$0.00		
A9581	N	BN	\$0.00		
A9582	N	NRC	\$2,074.81		
A9583	N	BN	\$0.00		
A9584	N	C	\$1,388.02		
A9585	N	BN	\$0.00		
A9586	N	C	\$2,194.62		
A9587	N	C	\$51.09		
A9588	N	NRC	\$268.42		
A9589	N	BN	\$0.00		
A9590	N	BN	\$0.00		
A9591	N	NRC	\$677.08		
A9592	N	NRC	\$595.10		
A9593	N	C	\$886.76		
A9594	N	C	\$868.23		
A9595	N	NRC	\$615.12		
A9596	N	C	\$1,026.05		
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	\$498.62		
A9603	N	BN	\$0.00		
A9604	N	C	\$17,259.85		

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HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
A9606	N	NRC	\$165.25		
A9607	N	C	\$241.24		
A9608	N	NRC	\$651.67		
A9609	N	BN	\$0.00		
A9610	N	BN	\$0.00		
A9615	N	C	\$37.51		
A9697	N	NRC	\$1,137.96		
A9698	N	BN	\$0.00		
A9700	N	BN	\$0.00		
A9800	N	C	\$873.44		
C1052	N	BN	\$0.00		
C1062	N	BN	\$0.00		
C1600	N	BR	\$0.00		
C1601	N	BR	\$0.00		
C1602	N	BR	\$0.00		
C1603	N	BR	\$0.00		
C1604	N	BN	\$0.00		
C1605	N	BN	\$0.00		
C1606	N	BR	\$0.00		
C1713	N	BN	\$0.00		
C1714	N	BN	\$0.00		
C1715	N	BN	\$0.00		
C1716	N	NRC	\$868.33		
C1717	N	NRC	\$342.39		
C1719	N	NRC	\$564.50		
C1721	N	BN	\$0.00		
C1722	N	BN	\$0.00		
C1724	N	BN	\$0.00		
C1725	N	BN	\$0.00		
C1726	N	BN	\$0.00		
C1727	N	BN	\$0.00		
C1728	N	BN	\$0.00		
C1729	N	BN	\$0.00		
C1730	N	BN	\$0.00		
C1731	N	BN	\$0.00		
C1732	N	BN	\$0.00		
C1733	N	BN	\$0.00		
C1734	N	BN	\$0.00		

2025 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
C1735	N	NRC	TBD		
C1736	N	NRC	TBD		
C1737	N	BR	\$0.00		
C1738	N	NRC	TBD		
C1739	N	BN	\$0.00		
C1747	N	BR	\$0.00		
C1748	N	BN	\$0.00		
C1749	N	BN	\$0.00		
C1750	N	BN	\$0.00		
C1751	N	BN	\$0.00		
C1752	N	BN	\$0.00		
C1753	N	BN	\$0.00		
C1754	N	BN	\$0.00		
C1755	N	BN	\$0.00		
C1756	N	BN	\$0.00		
C1757	N	BN	\$0.00		
C1758	N	BN	\$0.00		
C1759	N	BN	\$0.00		
C1760	N	BN	\$0.00		
C1761	N	BN	\$0.00		
C1762	N	BN	\$0.00		
C1763	N	BN	\$0.00		
C1764	N	BN	\$0.00		
C1765	N	BN	\$0.00		
C1766	N	BN	\$0.00		
C1767	N	BN	\$0.00		
C1768	N	BN	\$0.00		
C1769	N	BN	\$0.00		
C1770	N	BN	\$0.00		
C1771	N	BN	\$0.00		
C1772	N	BN	\$0.00		
C1773	N	BN	\$0.00		
C1776	N	BN	\$0.00		
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		

2025 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
C1782	N	BN	\$0.00		
C1783	N	BN	\$0.00		
C1784	N	BN	\$0.00		
C1785	N	BN	\$0.00		
C1786	N	BN	\$0.00		
C1787	N	BN	\$0.00		
C1788	N	BN	\$0.00		
C1789	N	BN	\$0.00		
C1813	N	BN	\$0.00		
C1814	N	BN	\$0.00		
C1815	N	BN	\$0.00		
C1816	N	BN	\$0.00		
C1817	N	BN	\$0.00		
C1818	N	BN	\$0.00		
C1819	N	BN	\$0.00		
C1820	N	BN	\$0.00		
C1821	N	BN	\$0.00		
C1822	N	BN	\$0.00		
C1823	N	BN	\$0.00		
C1824	N	BN	\$0.00		
C1825	N	BN	\$0.00		
C1826	N	BR	\$0.00		
C1827	N	BR	\$0.00		
C1830	N	BN	\$0.00		
C1831	N	BN	\$0.00		
C1832	N	BN	\$0.00		
C1833	N	BN	\$0.00		
C1839	N	BN	\$0.00		
C1840	N	BN	\$0.00		
C1874	N	BN	\$0.00		
C1875	N	BN	\$0.00		
C1876	N	BN	\$0.00		
C1877	N	BN	\$0.00		
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		

2025 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
C1884	N	BN	\$0.00		
C1885	N	BN	\$0.00		
C1886	N	BN	\$0.00		
C1887	N	BN	\$0.00		
C1888	N	BN	\$0.00		
C1889	N	BN	\$0.00		
C1890	N	BR	\$0.00		
C1891	N	BN	\$0.00		
C1892	N	BN	\$0.00		
C1893	N	BN	\$0.00		
C1894	N	BN	\$0.00		
C1895	N	BN	\$0.00		
C1896	N	BN	\$0.00		
C1897	N	BN	\$0.00		
C1898	N	BN	\$0.00		
C1899	N	BN	\$0.00		
C1900	N	BN	\$0.00		
C1982	N	BN	\$0.00		
C2596	N	BN	\$0.00		
C2613	N	BN	\$0.00		
C2614	N	BN	\$0.00		
C2615	N	BN	\$0.00		
C2616	N	NRC	\$17,485.10		
C2617	N	BN	\$0.00		
C2618	N	BN	\$0.00		
C2619	N	BN	\$0.00		
C2620	N	BN	\$0.00		
C2621	N	BN	\$0.00		
C2622	N	BN	\$0.00		
C2623	N	BN	\$0.00		
C2624	N	BN	\$0.00		
C2625	N	BN	\$0.00		
C2626	N	BN	\$0.00		
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		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
C2634	N	NRC	\$162.84		
C2635	N	NRC	\$69.38		
C2636	N	NRC	\$52.91		
C2638	N	NRC	\$37.04		
C2639	N	NRC	\$35.11		
C2640	N	NRC	\$69.69		
C2641	N	NRC	\$79.77		
C2642	N	NRC	\$107.86		
C2643	N	NRC	\$96.56		
C2644	N	BN	\$0.00		
C2645	N	NRC	\$4.69		
C2698	N	NRC	\$37.04		
C2699	N	NRC	\$35.11		
C5271	Y	C	\$328.29		
C5272	N	BN	\$0.00		
C5273	Y	C	\$981.09		
C5274	N	BN	\$0.00		
C5275	Y	C	\$328.29		
C5276	N	BN	\$0.00		
C5277	Y	C	\$328.29		
C5278	N	BN	\$0.00		
C7500	Y	C	\$1,201.90		
C7501	Y	C	\$1,201.90		
C7502	Y	NRC	\$1,201.90		
C7503	Y	NRC	\$2,682.40		
C7504	Y	C	\$3,510.84		
C7505	Y	C	\$3,510.84		
C7506	Y	C	\$3,510.84		
C7507	Y	C	\$6,633.26		
C7509	Y	C	\$1,610.31		
C7510	Y	C	\$1,610.31		
C7512	Y	C	\$1,610.31		
C7513	Y	NRC	\$1,588.69		
C7514	Y	NRC	\$1,588.69		
C7515	Y	NRC	\$1,588.69		
C7516	Y	NRC	\$2,629.62		
C7517	Y	NRC	\$2,629.62		
C7518	Y	C	\$2,629.62		

2025 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
C7519	Y	C	\$2,629.62		
C7521	Y	NRC	\$2,629.62		
C7522	Y	NRC	\$2,629.62		
C7523	Y	NRC	\$2,629.62		
C7524	Y	NRC	\$2,629.62		
C7525	Y	NRC	\$2,629.62		
C7526	Y	NRC	\$2,629.62		
C7527	Y	NRC	\$2,629.62		
C7528	Y	NRC	\$2,629.62		
C7529	Y	NRC	\$2,629.62		
C7531	Y	NRC	\$6,956.60	\$4,775.81	\$5,866.20
C7532	Y	NRC	\$6,708.82	\$4,997.30	\$5,853.06
C7535	Y	C	\$12,175.96	\$6,807.04	\$9,491.50
C7537	Y	NRC	\$12,432.12	\$7,413.91	\$9,923.01
C7538	Y	NRC	\$12,638.63	\$7,229.31	\$9,933.97
C7539	Y	NRC	\$12,753.15	\$7,126.96	\$9,940.05
C7540	Y	NRC	\$12,573.13	\$7,287.87	\$9,930.50
C7545	Y	C	\$2,704.26		
C7546	Y	C	\$1,655.31		
C7548	Y	C	\$1,655.31		
C7549	Y	C	\$1,655.31		
C7550	Y	C	\$1,655.31		
C7551	Y	C	\$3,089.62		
C7554	Y	C	\$959.88		
C7555	Y	C	\$4,896.00		
C7556	Y	C	\$1,610.31		
C7560	Y	C	\$1,875.81		
C7562	Y	C	\$2,629.62		
C7563	Y	NRC	\$6,708.82	\$4,997.30	\$5,853.06
C7564	Y	C	\$12,428.39	\$6,581.39	\$9,504.89
C7565	Y	C	\$2,704.26		
C8000	N	NRC	TBD		
C8002	Y	C	\$3,355.45		
C8003	Y	C	\$16,572.52	\$5,826.79	\$11,199.65
C8900	N	NRC	\$192.74		
C8901	N	NRC	\$130.28		
C8902	N	NRC	\$192.74		
C8903	N	NRC	\$96.71		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
C8905	N	NRC	\$192.74		
C8906	N	NRC	\$192.74		
C8908	N	NRC	\$192.74		
C8909	N	NRC	\$192.74		
C8910	N	NRC	\$130.28		
C8911	N	NRC	\$192.74		
C8912	N	NRC	\$192.74		
C8913	N	NRC	\$130.28		
C8914	N	NRC	\$192.74		
C8918	N	NRC	\$192.74		
C8919	N	NRC	\$130.28		
C8920	N	NRC	\$192.74		
C8931	N	NRC	\$192.74		
C8932	N	NRC	\$130.28		
C8933	N	NRC	\$192.74		
C8934	N	NRC	\$192.74		
C8935	N	NRC	\$130.28		
C8936	N	NRC	\$192.74		
C9046	N	BN	\$0.00		
C9047	N	BN	\$0.00		
C9067	N	C	\$4.05		
C9088	N	C	\$0.77		
C9089	N	C	\$0.85		
C9101	N	C	\$1.23		
C9143	N	BN	\$0.00		
C9144	N	C	\$0.50		
C9145	N	C	\$1.86		
C9173	N	C	\$0.54		
C9248	N	C	\$2.83		
C9250	N	C	\$138.35		
C9254	N	BN	\$0.00		
C9257	N	NRC	\$1.82		
C9285	N	BN	\$0.00		
C9293	N	BN	\$0.00		
C9352	N	BN	\$0.00		
C9353	N	BN	\$0.00		
C9354	N	BN	\$0.00		
C9355	N	BN	\$0.00		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
C9356	N	BN	\$0.00		
C9358	N	BN	\$0.00		
C9359	N	BN	\$0.00		
C9360	N	BN	\$0.00		
C9361	N	BN	\$0.00		
C9362	N	BN	\$0.00		
C9363	N	BN	\$0.00		
C9364	N	BN	\$0.00		
C9399	N	NRC	\$0.00		
C9460	N	C	\$18.82		
C9462	N	BN	\$0.00		
C9482	N	NRC	\$22.83		
C9488	N	BN	\$0.00		
C9600	Y	C	\$8,050.98	\$3,797.58	\$5,924.28
C9601	N	BN	\$0.00		
C9610	N	NRC	TBD		
C9725	Y	NRC	\$489.47		
C9726	N	BN	\$0.00		
C9727	Y	NRC	\$657.38		
C9728	N	NRC	\$733.21		
C9738	N	BN	\$0.00		
C9739	Y	C	\$4,456.50	\$1,460.61	\$2,958.55
C9740	Y	C	\$8,914.62	\$2,350.89	\$5,632.75
C9757	Y	C	\$10,861.29	\$4,612.66	\$7,736.97
C9759	N	BN	\$0.00		
C9761	Y	C	\$4,779.70		
C9762	N	NRC	\$291.79		
C9763	N	NRC	\$291.79		
C9764	Y	C	\$8,838.83	\$3,093.33	\$5,966.08
C9765	Y	C	\$14,246.87	\$4,955.91	\$9,601.39
C9766	Y	C	\$14,533.78	\$4,699.44	\$9,616.61
C9767	Y	C	\$14,441.10	\$4,782.29	\$9,611.69
C9772	Y	C	\$8,634.47	\$3,275.99	\$5,955.23
C9773	Y	C	\$13,265.22	\$5,833.37	\$9,549.29
C9774	Y	C	\$13,545.70	\$5,582.67	\$9,564.18
C9775	Y	C	\$14,949.65	\$4,327.70	\$9,638.67
C9776	N	BN	\$0.00		
C9777	Y	C	\$2,988.98	\$1,378.13	\$2,183.55

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
C9778	Y	C	\$3,215.76	\$1,930.57	\$2,573.16
C9781	Y	C	\$11,601.80	\$3,950.72	\$7,776.26
C9789	Y	NRC	\$1,208.13		
C9796	Y	NRC	\$2,019.94	\$1,212.66	\$1,616.30
C9797	Y	NRC	\$14,026.83	\$5,152.57	\$9,589.70
C9804	N	NRC	TBD		
C9806	N	BR	\$0.00		
C9807	N	BR	\$0.00		
C9808	N	BR	\$0.00		
C9809	N	BR	\$0.00		
D0120	N	BN	\$0.00		
D0140	N	BN	\$0.00		
D0150	N	BN	\$0.00		
D0160	N	BN	\$0.00		
D0170	N	BN	\$0.00		
D0171	N	BN	\$0.00		
D0180	N	BN	\$0.00		
D0191	N	BN	\$0.00		
D0210	N	BN	\$0.00		
D0220	N	BN	\$0.00		
D0230	N	BN	\$0.00		
D0240	N	BN	\$0.00		
D0250	N	BN	\$0.00		
D0251	N	BN	\$0.00		
D0270	N	BN	\$0.00		
D0272	N	BN	\$0.00		
D0273	N	BN	\$0.00		
D0274	N	BN	\$0.00		
D0277	N	BN	\$0.00		
D0330	N	BN	\$0.00		
D0340	N	BN	\$0.00		
D0350	N	BN	\$0.00		
D0367	N	BN	\$0.00		
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		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
D2150	N	BN	\$0.00		
D2160	N	BN	\$0.00		
D2161	N	BN	\$0.00		
D2330	N	BN	\$0.00		
D2331	N	BN	\$0.00		
D2332	N	BN	\$0.00		
D2335	N	BN	\$0.00		
D2390	N	BN	\$0.00		
D2391	N	BN	\$0.00		
D2392	N	BN	\$0.00		
D2393	N	BN	\$0.00		
D2394	N	BN	\$0.00		
D2740	N	BN	\$0.00		
D2750	N	BN	\$0.00		
D2751	N	BN	\$0.00		
D2752	N	BN	\$0.00		
D2791	N	BN	\$0.00		
D2799	N	BN	\$0.00		
D2920	N	BN	\$0.00		
D2929	N	BN	\$0.00		
D2930	N	BN	\$0.00		
D2931	N	BN	\$0.00		
D2932	N	BN	\$0.00		
D2933	N	BN	\$0.00		
D2934	N	BN	\$0.00		
D2940	N	BN	\$0.00		
D2950	N	BN	\$0.00		
D2951	N	BN	\$0.00		
D2952	N	BN	\$0.00		
D2954	N	BN	\$0.00		
D3110	N	BN	\$0.00		
D3120	N	BN	\$0.00		
D3220	N	BN	\$0.00		
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		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
D3320	N	BN	\$0.00		
D3330	N	BN	\$0.00		
D3460	N	BN	\$0.00		
D3910	N	BN	\$0.00		
D4210	Y	NRC	\$1,394.45		
D4211	Y	NRC	\$1,394.45		
D4212	Y	C	\$1,394.45		
D4260	Y	NRC	\$2,917.35		
D4263	Y	NRC	\$892.61		
D4270	Y	NRC	\$657.38		
D4273	Y	NRC	\$657.38		
D4341	N	BN	\$0.00		
D4342	N	BN	\$0.00		
D4346	N	BN	\$0.00		
D4355	N	BN	\$0.00		
D4381	N	BN	\$0.00		
D4910	N	BN	\$0.00		
D7111	Y	NRC	\$892.61		
D7140	Y	C	\$892.61		
D7210	Y	C	\$657.38		
D7220	Y	C	\$892.61		
D7230	Y	NRC	\$892.61		
D7240	Y	NRC	\$892.61		
D7241	Y	NRC	\$892.61		
D7250	Y	C	\$892.61		
D7251	Y	NRC	\$657.38		
D7270	Y	C	\$892.61		
D7280	Y	NRC	\$892.61		
D7310	Y	C	\$657.38		
D7311	Y	C	\$657.38		
D7320	Y	C	\$657.38		
D7321	Y	C	\$657.38		
D7410	Y	NRC	\$657.38		
D7411	Y	NRC	\$657.38		
D7412	Y	NRC	\$657.38		
D7413	Y	C	\$657.38		
D7414	Y	C	\$657.38		
D7415	Y	C	\$657.38		

2025 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
D7450	Y	NRC	\$1,394.45		
D7451	Y	NRC	\$1,394.45		
D7460	Y	NRC	\$892.61		
D7461	Y	NRC	\$892.61		
D7471	Y	NRC	\$1,394.45		
D7472	Y	NRC	\$892.61		
D7473	Y	NRC	\$892.61		
D7485	Y	NRC	\$2,917.35		
D7510	Y	NRC	\$377.60		
D7511	Y	NRC	\$377.60		
D7520	Y	NRC	\$377.60		
D7521	Y	NRC	\$377.60		
D7530	Y	C	\$892.61		
D7540	Y	C	\$892.61		
D7550	Y	C	\$892.61		
D7922	N	BN	\$0.00		
D7950	Y	NRC	\$2,917.35		
G0104	Y	C	\$148.79		
G0105	Y	C	\$489.47		
G0121	Y	C	\$489.47		
G0130	N	NRC	\$25.88		
G0186	Y	C	\$294.52		
G0235	N	C	\$216.76		
G0260	Y	C	\$371.75		
G0269	N	BN	\$0.00		
G0276	Y	NRC	\$3,510.84		
G0330	Y	C	\$1,394.45		
G0429	Y	NRC	\$54.34		
G0516	N	BN	\$0.00		
G0517	N	BN	\$0.00		
G0518	N	BN	\$0.00		
G0564	Y	NRC	\$1,744.96		
G0565	Y	NRC	\$1,744.96		
J0120	N	BN	\$0.00		
J0121	N	C	\$3.80		
J0122	N	BN	\$0.00		
J0129	N	NRC	\$43.44		
J0130	N	BN	\$0.00		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J0131	N	BN	\$0.00		
J0132	N	BN	\$0.00		
J0133	N	BN	\$0.00		
J0134	N	BN	\$0.00		
J0136	N	BN	\$0.00		
J0137	N	BN	\$0.00		
J0138	N	BN	\$0.00		
J0139	N	NRC	\$91.73		
J0153	N	BN	\$0.00		
J0171	N	BN	\$0.00		
J0172	N	NRC	\$5.98		
J0173	N	BN	\$0.00		
J0174	N	NRC	\$1.34		
J0175	N	NRC	\$4.09		
J0177	N	NRC	\$333.70		
J0178	N	NRC	\$821.98		
J0179	N	NRC	\$332.57		
J0180	N	NRC	\$223.52		
J0184	N	NRC	\$9.06		
J0185	N	C	\$1.77		
J0190	N	BN	\$0.00		
J0200	N	BN	\$0.00		
J0202	N	NRC	\$2,337.69		
J0205	N	BN	\$0.00		
J0206	N	NRC	\$5.00		
J0207	N	BN	\$0.00		
J0208	N	NRC	\$96.08		
J0209	N	BN	\$0.00		
J0210	N	BN	\$0.00		
J0211	N	C	\$2.17		
J0215	N	BN	\$0.00		
J0216	N	BN	\$0.00		
J0217	N	NRC	\$442.00		
J0218	N	NRC	\$382.56		
J0219	N	NRC	\$77.75		
J0220	N	BN	\$0.00		
J0221	N	NRC	\$201.97		
J0222	N	NRC	\$98.88		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J0223	N	NRC	\$112.14		
J0224	N	NRC	\$317.88		
J0225	N	NRC	\$4,926.00		
J0256	N	NRC	\$4.94		
J0257	N	NRC	\$5.58		
J0278	N	BN	\$0.00		
J0280	N	BN	\$0.00		
J0282	N	BN	\$0.00		
J0283	N	BN	\$0.00		
J0285	N	BN	\$0.00		
J0287	N	C	\$11.13		
J0288	N	BN	\$0.00		
J0289	N	C	\$23.33		
J0290	N	BN	\$0.00		
J0291	N	NRC	\$3.59		
J0295	N	BN	\$0.00		
J0300	N	BN	\$0.00		
J0330	N	BN	\$0.00		
J0348	N	BN	\$0.00		
J0349	N	NRC	\$10.12		
J0350	N	BN	\$0.00		
J0360	N	BN	\$0.00		
J0364	N	BN	\$0.00		
J0365	N	BN	\$0.00		
J0380	N	BN	\$0.00		
J0390	N	BN	\$0.00		
J0391	N	NRC	\$51.83		
J0395	N	BN	\$0.00		
J0400	N	BN	\$0.00		
J0401	N	NRC	\$7.07		
J0402	N	NRC	\$5.95		
J0456	N	BN	\$0.00		
J0457	N	BN	\$0.00		
J0461	N	BN	\$0.00		
J0470	N	BN	\$0.00		
J0475	N	C	\$174.58		
J0476	N	BN	\$0.00		
J0480	N	NRC	\$4,588.77		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J0485	N	C	\$3.81		
J0490	N	C	\$54.15		
J0491	N	NRC	\$17.29		
J0500	N	BN	\$0.00		
J0515	N	BN	\$0.00		
J0517	N	C	\$167.30		
J0520	N	BN	\$0.00		
J0558	N	C	\$19.52		
J0561	N	C	\$24.37		
J0565	N	NRC	\$39.86		
J0567	N	BN	\$0.00		
J0577	N	C	\$429.16		
J0578	N	C	\$1,716.62		
J0583	N	BN	\$0.00		
J0584	N	NRC	\$469.58		
J0585	N	C	\$6.41		
J0586	N	C	\$8.63		
J0587	N	C	\$12.99		
J0588	N	C	\$5.34		
J0589	N	C	\$3.12		
J0592	N	BN	\$0.00		
J0593	N	BN	\$0.00		
J0594	N	NRC	\$1.27		
J0595	N	BN	\$0.00		
J0596	N	NRC	\$34.72		
J0597	N	NRC	\$68.36		
J0598	N	NRC	\$64.21		
J0599	N	BN	\$0.00		
J0600	N	NRC	\$6,086.32		
J0606	N	BN	\$0.00		
J0612	N	BN	\$0.00		
J0613	N	BN	\$0.00		
J0620	N	BN	\$0.00		
J0630	N	NRC	\$1,173.06		
J0636	N	BN	\$0.00		
J0637	N	BN	\$0.00		
J0638	N	NRC	\$127.81		
J0640	N	BN	\$0.00		

2025 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
J0641	N	BN	\$0.00		
J0642	N	BN	\$0.00		
J0650	N	BN	\$0.00		
J0651	N	NRC	\$3.75		
J0652	N	NRC	\$5.14		
J0665	N	BN	\$0.00		
J0666	N	C	\$1.45		
J0670	N	BN	\$0.00		
J0687	N	C	\$1.04		
J0688	N	NRC	\$0.98		
J0689	N	BN	\$0.00		
J0690	N	BN	\$0.00		
J0691	N	BN	\$0.00		
J0692	N	BN	\$0.00		
J0694	N	BN	\$0.00		
J0695	N	C	\$8.23		
J0696	N	BN	\$0.00		
J0697	N	BN	\$0.00		
J0698	N	BN	\$0.00		
J0699	N	C	\$2.28		
J0701	N	BN	\$0.00		
J0702	N	BN	\$0.00		
J0703	N	BN	\$0.00		
J0706	N	BN	\$0.00		
J0710	N	BN	\$0.00		
J0712	N	C	\$3.94		
J0713	N	BN	\$0.00		
J0714	N	C	\$100.58		
J0715	N	BN	\$0.00		
J0716	N	C	\$4,804.24		
J0717	N	NRC	\$4.65		
J0720	N	BN	\$0.00		
J0725	N	BN	\$0.00		
J0735	N	BN	\$0.00		
J0736	N	BN	\$0.00		
J0737	N	BN	\$0.00		
J0739	N	NRC	TBD		
J0740	N	C	\$528.00		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J0741	N	NRC	\$22.90		
J0742	N	NRC	\$2.51		
J0743	N	BN	\$0.00		
J0744	N	BN	\$0.00		
J0745	N	BN	\$0.00		
J0750	N	NRC	TBD		
J0751	N	NRC	TBD		
J0770	N	BN	\$0.00		
J0775	N	NRC	\$71.16		
J0780	N	BN	\$0.00		
J0791	N	NRC	\$128.54		
J0795	N	BN	\$0.00		
J0799	N	NRC	TBD		
J0801	N	BN	\$0.00		
J0802	N	BN	\$0.00		
J0834	N	BN	\$0.00		
J0840	N	NRC	\$1,762.35		
J0841	N	NRC	\$1,040.11		
J0850	N	C	\$1,814.94		
J0870	N	NRC	\$54.15		
J0872	N	C	\$0.04		
J0873	N	NRC	\$0.04		
J0874	N	BN	\$0.00		
J0875	N	C	\$15.61		
J0877	N	BN	\$0.00		
J0878	N	BN	\$0.00		
J0881	N	C	\$3.04		
J0882	N	C	\$3.04		
J0883	N	C	\$1.26		
J0884	N	BN	\$0.00		
J0885	N	C	\$7.53		
J0887	N	BN	\$0.00		
J0888	N	NRC	\$1.16		
J0889	N	BN	\$0.00		
J0891	N	C	\$4.20		
J0892	N	BN	\$0.00		
J0893	N	BN	\$0.00		
J0894	N	BN	\$0.00		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J0895	N	BN	\$0.00		
J0896	N	NRC	\$40.62		
J0897	N	C	\$26.96		
J0898	N	C	\$1.49		
J0899	N	BN	\$0.00		
J0911	N	C	\$8.58		
J0945	N	BN	\$0.00		
J1000	N	BN	\$0.00		
J1010	N	C	\$0.12		
J1050	N	BN	\$0.00		
J1071	N	BN	\$0.00		
J1094	N	BN	\$0.00		
J1095	N	BN	\$0.00		
J1096	N	NRC	\$117.14		
J1097	N	NRC	\$96.59		
J1100	N	BN	\$0.00		
J1105	N	NRC	\$0.78		
J1110	N	BN	\$0.00		
J1120	N	BN	\$0.00		
J1130	N	BN	\$0.00		
J1160	N	BN	\$0.00		
J1162	N	NRC	\$4,888.10		
J1165	N	BN	\$0.00		
J1171	N	C	\$0.09		
J1180	N	BN	\$0.00		
J1190	N	C	\$87.49		
J1200	N	BN	\$0.00		
J1201	N	NRC	\$14.87		
J1203	N	NRC	\$88.06		
J1205	N	BN	\$0.00		
J1212	N	NRC	\$715.90		
J1230	N	BN	\$0.00		
J1240	N	BN	\$0.00		
J1245	N	BN	\$0.00		
J1250	N	BN	\$0.00		
J1260	N	BN	\$0.00		
J1265	N	BN	\$0.00		
J1267	N	BN	\$0.00		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J1270	N	BN	\$0.00		
J1290	N	NRC	\$565.83		
J1300	N	NRC	\$224.63		
J1301	N	NRC	\$22.14		
J1302	N	NRC	\$18.13		
J1303	N	NRC	\$220.75		
J1304	N	NRC	\$153.66		
J1305	N	NRC	\$186.31		
J1306	N	NRC	\$12.19		
J1307	N	NRC	\$535.90		
J1320	N	BN	\$0.00		
J1322	N	NRC	\$293.92		
J1323	N	NRC	\$178.85		
J1324	N	BN	\$0.00		
J1325	N	BN	\$0.00		
J1327	N	BN	\$0.00		
J1330	N	BN	\$0.00		
J1335	N	BN	\$0.00		
J1364	N	BN	\$0.00		
J1380	N	BN	\$0.00		
J1410	N	NRC	\$382.79		
J1426	N	BN	\$0.00		
J1427	N	BN	\$0.00		
J1428	N	BN	\$0.00		
J1429	N	BN	\$0.00		
J1430	N	NRC	\$491.68		
J1434	N	NRC	\$3.14		
J1435	N	BN	\$0.00		
J1437	N	NRC	\$21.05		
J1438	N	NRC	\$790.78		
J1439	N	NRC	\$1.10		
J1440	N	NRC	\$63.30		
J1442	N	C	\$1.00		
J1443	N	BN	\$0.00		
J1444	N	BN	\$0.00		
J1445	N	BN	\$0.00		
J1447	N	C	\$0.39		
J1448	N	C	\$5.36		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J1449	N	NRC	\$22.75		
J1450	N	BN	\$0.00		
J1451	N	NRC	\$6.44		
J1452	N	BN	\$0.00		
J1453	N	BN	\$0.00		
J1454	N	C	\$679.51		
J1455	N	NRC	\$50.32		
J1456	N	C	\$2.04		
J1457	N	BN	\$0.00		
J1458	N	BN	\$0.00		
J1459	N	NRC	\$48.58		
J1460	N	C	\$49.85		
J1551	N	BN	\$0.00		
J1552	N	NRC	\$169.86		
J1554	N	NRC	\$491.40		
J1555	N	NRC	\$16.82		
J1556	N	BN	\$0.00		
J1557	N	C	\$57.93		
J1558	N	NRC	\$14.30		
J1559	N	NRC	\$13.23		
J1560	N	C	\$498.52		
J1561	N	C	\$48.81		
J1562	N	BN	\$0.00		
J1566	N	NRC	\$82.19		
J1568	N	C	\$49.00		
J1569	N	C	\$49.69		
J1570	N	BN	\$0.00		
J1571	N	C	\$68.66		
J1572	N	C	\$56.12		
J1573	N	C	\$68.66		
J1574	N	BN	\$0.00		
J1575	N	NRC	\$17.50		
J1576	N	NRC	\$67.46		
J1580	N	BN	\$0.00		
J1595	N	NRC	\$172.88		
J1596	N	NRC	\$0.51		
J1597	N	BN	\$0.00		
J1598	N	C	\$1.80		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J1599	N	BN	\$0.00		
J1600	N	BN	\$0.00		
J1602	N	NRC	\$11.10		
J1610	N	NRC	\$192.30		
J1611	N	NRC	\$108.93		
J1620	N	BN	\$0.00		
J1626	N	BN	\$0.00		
J1627	N	C	\$5.71		
J1628	N	NRC	\$74.47		
J1630	N	BN	\$0.00		
J1631	N	BN	\$0.00		
J1632	N	BN	\$0.00		
J1640	N	NRC	\$32.20		
J1642	N	BN	\$0.00		
J1643	N	BN	\$0.00		
J1644	N	BN	\$0.00		
J1645	N	BN	\$0.00		
J1650	N	BN	\$0.00		
J1652	N	BN	\$0.00		
J1655	N	BN	\$0.00		
J1670	N	C	\$581.78		
J1700	N	BN	\$0.00		
J1710	N	BN	\$0.00		
J1720	N	BN	\$0.00		
J1726	N	NRC	\$14.46		
J1729	N	BN	\$0.00		
J1730	N	BN	\$0.00		
J1738	N	BN	\$0.00		
J1740	N	BN	\$0.00		
J1741	N	BN	\$0.00		
J1742	N	NRC	\$241.40		
J1743	N	NRC	\$537.93		
J1744	N	C	\$151.64		
J1745	N	NRC	\$32.22		
J1746	N	NRC	\$77.06		
J1747	N	NRC	\$61.43		
J1748	N	BN	\$0.00		
J1749	N	BN	\$0.00		

2025 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
J1750	N	C	\$17.67		
J1756	N	BN	\$0.00		
J1786	N	NRC	\$43.62		
J1790	N	BN	\$0.00		
J1800	N	BN	\$0.00		
J1805	N	BN	\$0.00		
J1806	N	BN	\$0.00		
J1811	N	NRC	\$7.41		
J1812	N	BN	\$0.00		
J1813	N	BN	\$0.00		
J1814	N	BN	\$0.00		
J1815	N	BN	\$0.00		
J1817	N	BN	\$0.00		
J1823	N	NRC	\$484.40		
J1826	N	C	\$2,203.14		
J1830	N	BN	\$0.00		
J1833	N	C	\$0.98		
J1835	N	BN	\$0.00		
J1836	N	BN	\$0.00		
J1885	N	C	\$0.68		
J1890	N	BN	\$0.00		
J1920	N	BN	\$0.00		
J1921	N	BN	\$0.00		
J1930	N	C	\$49.97		
J1931	N	NRC	\$38.70		
J1932	N	C	\$36.80		
J1939	N	NRC	\$0.62		
J1940	N	BN	\$0.00		
J1943	N	NRC	\$3.19		
J1944	N	NRC	\$3.23		
J1945	N	BN	\$0.00		
J1950	N	NRC	\$1,617.65		
J1951	N	NRC	\$140.62		
J1952	N	NRC	\$55.00		
J1953	N	BN	\$0.00		
J1954	N	NRC	\$257.70		
J1956	N	BN	\$0.00		
J1960	N	BN	\$0.00		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J1961	N	NRC	\$21.99		
J1980	N	BN	\$0.00		
J1990	N	BN	\$0.00		
J2002	N	NRC	TBD		
J2003	N	BN	\$0.00		
J2004	N	BN	\$0.00		
J2010	N	BN	\$0.00		
J2020	N	BN	\$0.00		
J2021	N	BN	\$0.00		
J2060	N	BN	\$0.00		
J2062	N	BN	\$0.00		
J2150	N	BN	\$0.00		
J2170	N	BN	\$0.00		
J2175	N	BN	\$0.00		
J2180	N	BN	\$0.00		
J2182	N	NRC	\$30.44		
J2183	N	C	\$1.62		
J2184	N	BN	\$0.00		
J2185	N	BN	\$0.00		
J2186	N	NRC	\$2.09		
J2210	N	BN	\$0.00		
J2212	N	BN	\$0.00		
J2246	N	BN	\$0.00		
J2247	N	BN	\$0.00		
J2248	N	BN	\$0.00		
J2249	N	BN	\$0.00		
J2250	N	BN	\$0.00		
J2251	N	BN	\$0.00		
J2252	N	BN	\$0.00		
J2253	N	BN	\$0.00		
J2260	N	BN	\$0.00		
J2265	N	C	\$2.59		
J2267	N	NRC	\$39.54		
J2270	N	BN	\$0.00		
J2272	N	BN	\$0.00		
J2274	N	BN	\$0.00		
J2277	N	NRC	\$25.22		
J2278	N	C	\$9.65		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J2280	N	BN	\$0.00		
J2281	N	BN	\$0.00		
J2300	N	BN	\$0.00		
J2305	N	BN	\$0.00		
J2310	N	BN	\$0.00		
J2311	N	BN	\$0.00		
J2315	N	NRC	\$4.12		
J2320	N	BN	\$0.00		
J2323	N	NRC	\$24.15		
J2326	N	NRC	\$1,231.90		
J2327	N	NRC	\$14.63		
J2329	N	NRC	\$69.44		
J2350	N	NRC	\$59.80		
J2353	N	C	\$214.88		
J2354	N	BN	\$0.00		
J2355	N	BN	\$0.00		
J2356	N	NRC	\$18.11		
J2357	N	C	\$38.29		
J2358	N	NRC	\$2.92		
J2359	N	BN	\$0.00		
J2360	N	BN	\$0.00		
J2371	N	BN	\$0.00		
J2372	N	BN	\$0.00		
J2373	N	C	\$0.15		
J2401	N	BN	\$0.00		
J2402	N	BN	\$0.00		
J2403	N	C	\$0.63		
J2404	N	BN	\$0.00		
J2405	N	BN	\$0.00		
J2406	N	C	\$42.50		
J2407	N	C	\$28.46		
J2410	N	BN	\$0.00		
J2425	N	C	\$33.99		
J2426	N	NRC	\$14.76		
J2427	N	NRC	\$12.66		
J2430	N	BN	\$0.00		
J2440	N	BN	\$0.00		
J2460	N	BN	\$0.00		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J2468	N	C	\$59.74		
J2469	N	BN	\$0.00		
J2470	N	BN	\$0.00		
J2471	N	BN	\$0.00		
J2501	N	BN	\$0.00		
J2502	N	C	\$479.84		
J2503	N	BN	\$0.00		
J2504	N	BN	\$0.00		
J2506	N	NRC	\$31.14		
J2507	N	NRC	\$3,482.15		
J2508	N	NRC	\$223.55		
J2510	N	C	\$40.94		
J2513	N	BN	\$0.00		
J2515	N	BN	\$0.00		
J2540	N	BN	\$0.00		
J2543	N	BN	\$0.00		
J2547	N	NRC	\$1.68		
J2550	N	BN	\$0.00		
J2560	N	BN	\$0.00		
J2561	N	NRC	\$1.41		
J2562	N	NRC	\$50.47		
J2590	N	BN	\$0.00		
J2597	N	NRC	\$5.42		
J2598	N	BN	\$0.00		
J2599	N	BN	\$0.00		
J2601	N	C	\$3.77		
J2650	N	BN	\$0.00		
J2670	N	BN	\$0.00		
J2675	N	BN	\$0.00		
J2679	N	NRC	\$7.35		
J2680	N	BN	\$0.00		
J2690	N	NRC	\$546.07		
J2700	N	BN	\$0.00		
J2704	N	BN	\$0.00		
J2710	N	BN	\$0.00		
J2720	N	BN	\$0.00		
J2724	N	NRC	\$15.05		
J2725	N	BN	\$0.00		

2025 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
J2730	N	BN	\$0.00		
J2760	N	NRC	\$367.12		
J2765	N	BN	\$0.00		
J2770	N	C	\$4.26		
J2777	N	NRC	\$34.25		
J2778	N	NRC	\$137.14		
J2779	N	NRC	\$79.08		
J2781	N	NRC	\$147.36		
J2782	N	NRC	\$109.53		
J2783	N	C	\$371.29		
J2785	N	BN	\$0.00		
J2786	N	NRC	\$10.31		
J2787	N	BN	\$0.00		
J2788	N	BN	\$0.00		
J2790	N	BN	\$0.00		
J2791	N	BN	\$0.00		
J2792	N	NRC	\$34.34		
J2793	N	BN	\$0.00		
J2794	N	C	\$11.30		
J2795	N	BN	\$0.00		
J2798	N	NRC	\$12.19		
J2799	N	NRC	\$24.77		
J2800	N	BN	\$0.00		
J2801	N	NRC	\$13.03		
J2802	N	C	\$10.11		
J2805	N	BN	\$0.00		
J2810	N	BN	\$0.00		
J2820	N	C	\$60.28		
J2840	N	NRC	\$539.42		
J2850	N	NRC	\$42.57		
J2860	N	NRC	\$157.07		
J2910	N	BN	\$0.00		
J2916	N	BN	\$0.00		
J2919	N	NRC	\$0.30		
J2940	N	BN	\$0.00		
J2941	N	NRC	\$48.92		
J2950	N	BN	\$0.00		
J2993	N	C	\$2,777.14		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J2995	N	BN	\$0.00		
J2997	N	C	\$91.47		
J2998	N	NRC	\$32.55		
J3000	N	BN	\$0.00		
J3010	N	BN	\$0.00		
J3030	N	BN	\$0.00		
J3031	N	BN	\$0.00		
J3032	N	NRC	\$18.69		
J3055	N	NRC	\$67.65		
J3060	N	NRC	\$42.58		
J3070	N	BN	\$0.00		
J3090	N	C	\$1.81		
J3095	N	NRC	\$6.38		
J3101	N	C	\$157.72		
J3105	N	BN	\$0.00		
J3111	N	NRC	\$11.17		
J3121	N	BN	\$0.00		
J3145	N	NRC	\$1.95		
J3230	N	BN	\$0.00		
J3240	N	NRC	\$2,073.34		
J3241	N	NRC	\$343.89		
J3243	N	BN	\$0.00		
J3244	N	BN	\$0.00		
J3245	N	NRC	\$135.92		
J3246	N	BN	\$0.00		
J3247	N	NRC	\$17.54		
J3250	N	BN	\$0.00		
J3260	N	BN	\$0.00		
J3262	N	NRC	\$5.96		
J3263	N	C	\$38.87		
J3265	N	BN	\$0.00		
J3280	N	BN	\$0.00		
J3285	N	NRC	\$55.82		
J3299	N	NRC	\$48.40		
J3300	N	BN	\$0.00		
J3301	N	BN	\$0.00		
J3302	N	BN	\$0.00		
J3303	N	BN	\$0.00		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J3304	N	NRC	\$17.75		
J3305	N	BN	\$0.00		
J3310	N	BN	\$0.00		
J3315	N	C	\$466.73		
J3316	N	C	\$3,418.49		
J3320	N	BN	\$0.00		
J3350	N	BN	\$0.00		
J3355	N	BN	\$0.00		
J3357	N	NRC	\$159.91		
J3358	N	NRC	\$12.97		
J3360	N	BN	\$0.00		
J3364	N	BN	\$0.00		
J3365	N	BN	\$0.00		
J3370	N	BN	\$0.00		
J3371	N	BN	\$0.00		
J3372	N	BN	\$0.00		
J3380	N	NRC	\$22.26		
J3385	N	NRC	\$370.20		
J3396	N	NRC	\$11.53		
J3397	N	BN	\$0.00		
J3398	N	NRC	\$3,084.46		
J3400	N	BN	\$0.00		
J3401	N	NRC	\$996.96		
J3410	N	BN	\$0.00		
J3411	N	BN	\$0.00		
J3415	N	BN	\$0.00		
J3420	N	BN	\$0.00		
J3424	N	NRC	\$5.03		
J3425	N	NRC	\$0.01		
J3430	N	BN	\$0.00		
J3465	N	BN	\$0.00		
J3470	N	BN	\$0.00		
J3471	N	BN	\$0.00		
J3472	N	BN	\$0.00		
J3473	N	BN	\$0.00		
J3475	N	BN	\$0.00		
J3480	N	BN	\$0.00		
J3485	N	BN	\$0.00		

2025 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
J3486	N	BN	\$0.00		
J3489	N	BN	\$0.00		
J3490	N	BN	\$0.00		
J3530	N	BN	\$0.00		
J3590	N	BN	\$0.00		
J7030	N	BN	\$0.00		
J7040	N	BN	\$0.00		
J7042	N	BN	\$0.00		
J7050	N	BN	\$0.00		
J7060	N	BN	\$0.00		
J7070	N	BN	\$0.00		
J7100	N	BN	\$0.00		
J7110	N	BN	\$0.00		
J7120	N	BN	\$0.00		
J7121	N	BN	\$0.00		
J7131	N	BN	\$0.00		
J7165	N	C	\$2.00		
J7168	N	NRC	\$2.24		
J7169	N	NRC	\$131.99		
J7170	N	NRC	\$52.82		
J7171	N	NRC	\$34.60		
J7175	N	NRC	\$9.11		
J7177	N	NRC	\$1.11		
J7178	N	NRC	\$1.45		
J7179	N	NRC	\$1.87		
J7180	N	NRC	\$10.16		
J7181	N	NRC	\$17.26		
J7182	N	C	\$1.38		
J7183	N	C	\$1.28		
J7185	N	C	\$1.48		
J7186	N	C	\$1.23		
J7187	N	C	\$1.40		
J7188	N	C	\$3.22		
J7189	N	C	\$2.52		
J7190	N	C	\$1.17		
J7191	N	BN	\$0.00		
J7192	N	C	\$1.55		
J7193	N	C	\$1.41		

2025 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
J7194	N	C	\$1.65		
J7195	N	C	\$1.85		
J7196	N	BN	\$0.00		
J7197	N	C	\$3.85		
J7198	N	C	\$2.34		
J7200	N	BN	\$0.00		
J7201	N	C	\$3.59		
J7202	N	NRC	\$5.05		
J7203	N	NRC	\$4.57		
J7204	N	NRC	\$2.17		
J7205	N	NRC	\$2.34		
J7207	N	NRC	\$2.10		
J7208	N	NRC	\$2.44		
J7209	N	NRC	\$1.24		
J7210	N	NRC	\$1.46		
J7211	N	NRC	\$1.48		
J7212	N	BN	\$0.00		
J7213	N	NRC	\$1.81		
J7214	N	NRC	\$4.69		
J7308	N	NRC	\$396.97		
J7309	N	BN	\$0.00		
J7310	N	BN	\$0.00		
J7311	N	NRC	\$333.48		
J7312	N	C	\$205.62		
J7313	N	NRC	\$495.38		
J7314	N	NRC	\$527.97		
J7315	N	BN	\$0.00		
J7316	N	BN	\$0.00		
J7318	N	C	\$7.00		
J7320	N	C	\$5.90		
J7321	N	BN	\$0.00		
J7322	N	C	\$17.45		
J7323	N	C	\$121.31		
J7324	N	C	\$122.91		
J7325	N	C	\$9.16		
J7326	N	NRC	\$534.48		
J7327	N	C	\$683.17		
J7328	N	BN	\$0.00		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J7329	N	C	\$6.67		
J7331	N	BN	\$0.00		
J7332	N	C	\$10.36		
J7336	N	NRC	\$3.33		
J7340	N	NRC	\$235.06		
J7342	N	BN	\$0.00		
J7345	N	NRC	\$1.72		
J7351	N	NRC	\$209.86		
J7352	N	NRC	\$2,873.33		
J7353	N	C	\$58.34		
J7354	N	NRC	\$711.75		
J7355	N	NRC	\$197.16		
J7402	N	NRC	\$11.35		
J7500	N	BN	\$0.00		
J7501	N	NRC	\$235.67		
J7502	N	BN	\$0.00		
J7503	N	BN	\$0.00		
J7504	N	NRC	\$3,968.45		
J7505	N	BN	\$0.00		
J7507	N	BN	\$0.00		
J7508	N	BN	\$0.00		
J7509	N	BN	\$0.00		
J7510	N	BN	\$0.00		
J7511	N	NRC	\$956.74		
J7512	N	BN	\$0.00		
J7513	N	BN	\$0.00		
J7515	N	BN	\$0.00		
J7516	N	BN	\$0.00		
J7517	N	BN	\$0.00		
J7518	N	BN	\$0.00		
J7519	N	BN	\$0.00		
J7520	N	BN	\$0.00		
J7525	N	NRC	\$254.78		
J7527	N	BN	\$0.00		
J7599	N	BN	\$0.00		
J7665	N	BN	\$0.00		
J7674	N	BN	\$0.00		
J7799	N	BN	\$0.00		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J7999	N	BN	\$0.00		
J8501	N	BN	\$0.00		
J8510	N	C	\$84.21		
J8522	N	NRC	\$0.06		
J8530	N	BN	\$0.00		
J8540	N	BN	\$0.00		
J8541	N	BN	\$0.00		
J8560	N	BN	\$0.00		
J8562	N	BN	\$0.00		
J8565	N	BN	\$0.00		
J8597	N	BN	\$0.00		
J8600	N	BN	\$0.00		
J8610	N	BN	\$0.00		
J8611	N	C	\$19.36		
J8612	N	C	\$20.71		
J8650	N	BN	\$0.00		
J8655	N	C	\$400.24		
J8670	N	C	\$1.58		
J8700	N	BN	\$0.00		
J8705	N	BN	\$0.00		
J9000	N	BN	\$0.00		
J9015	N	C	\$5,301.26		
J9017	N	C	\$7.20		
J9019	N	BN	\$0.00		
J9020	N	BN	\$0.00		
J9021	N	NRC	\$52.79		
J9022	N	C	\$86.24		
J9023	N	C	\$95.18		
J9025	N	BN	\$0.00		
J9026	N	C	\$1,545.00		
J9027	N	C	\$14.38		
J9028	N	C	\$92.19		
J9029	N	NRC	\$63,354.77		
J9030	N	BN	\$0.00		
J9032	N	C	\$50.09		
J9033	N	C	\$5.43		
J9034	N	C	\$12.95		
J9035	N	C	\$72.70		

2025 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	C	\$27.53		
J9037	N	C	\$46.78		
J9039	N	C	\$152.18		
J9040	N	BN	\$0.00		
J9041	N	BN	\$0.00		
J9042	N	C	\$239.86		
J9043	N	C	\$216.46		
J9045	N	BN	\$0.00		
J9046	N	C	\$48.55		
J9047	N	C	\$49.58		
J9048	N	C	\$16.50		
J9049	N	BN	\$0.00		
J9050	N	C	\$330.87		
J9051	N	BN	\$0.00		
J9052	N	NRC	\$259.70		
J9055	N	C	\$75.48		
J9056	N	NRC	\$27.84		
J9057	N	C	\$92.81		
J9060	N	BN	\$0.00		
J9061	N	NRC	\$20.67		
J9063	N	NRC	\$66.76		
J9064	N	BN	\$0.00		
J9065	N	C	\$14.25		
J9071	N	C	\$1.16		
J9072	N	BN	\$0.00		
J9073	N	NRC	\$0.93		
J9074	N	NRC	\$4.34		
J9075	N	NRC	\$1.01		
J9076	N	BN	\$0.00		
J9098	N	BN	\$0.00		
J9100	N	BN	\$0.00		
J9118	N	BN	\$0.00		
J9119	N	C	\$28.24		
J9120	N	C	\$282.13		
J9130	N	BN	\$0.00		
J9144	N	NRC	\$51.41		
J9145	N	C	\$65.12		
J9150	N	C	\$24.44		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J9151	N	BN	\$0.00		
J9153	N	C	\$242.50		
J9155	N	C	\$4.18		
J9165	N	BN	\$0.00		
J9171	N	BN	\$0.00		
J9172	N	NRC	\$50.99		
J9173	N	C	\$81.82		
J9175	N	BN	\$0.00		
J9176	N	C	\$7.58		
J9177	N	NRC	\$36.74		
J9178	N	BN	\$0.00		
J9179	N	C	\$135.79		
J9181	N	BN	\$0.00		
J9185	N	C	\$134.15		
J9190	N	BN	\$0.00		
J9196	N	BN	\$0.00		
J9198	N	NRC	\$40.28		
J9200	N	C	\$3,858.03		
J9201	N	BN	\$0.00		
J9202	N	C	\$674.77		
J9203	N	C	\$229.67		
J9204	N	C	\$238.85		
J9205	N	C	\$64.77		
J9206	N	BN	\$0.00		
J9207	N	C	\$134.06		
J9208	N	BN	\$0.00		
J9209	N	BN	\$0.00		
J9210	N	NRC	\$378.03		
J9211	N	BN	\$0.00		
J9212	N	BN	\$0.00		
J9213	N	BN	\$0.00		
J9214	N	BN	\$0.00		
J9215	N	BN	\$0.00		
J9216	N	BN	\$0.00		
J9217	N	C	\$176.51		
J9218	N	BN	\$0.00		
J9219	N	BN	\$0.00		
J9223	N	NRC	\$203.60		

2025 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
J9225	N	BN	\$0.00		
J9226	N	NRC	\$45,350.22		
J9227	N	NRC	\$78.05		
J9228	N	C	\$176.88		
J9229	N	NRC	\$2,618.85		
J9230	N	BN	\$0.00		
J9245	N	C	\$153.54		
J9246	N	NRC	\$17.35		
J9248	N	NRC	\$773.80		
J9249	N	BN	\$0.00		
J9255	N	BN	\$0.00		
J9260	N	BN	\$0.00		
J9261	N	C	\$72.53		
J9262	N	NRC	\$4.03		
J9263	N	BN	\$0.00		
J9264	N	C	\$13.34		
J9266	N	NRC	\$27,070.53		
J9267	N	BN	\$0.00		
J9268	N	C	\$2,541.77		
J9269	N	NRC	\$339.03		
J9270	N	BN	\$0.00		
J9271	N	C	\$58.22		
J9272	N	NRC	\$236.40		
J9273	N	NRC	\$181.60		
J9274	N	C	\$214.76		
J9280	N	C	\$42.51		
J9281	N	NRC	\$307.34		
J9285	N	BN	\$0.00		
J9286	N	NRC	\$2,701.04		
J9292	N	BN	\$0.00		
J9293	N	C	\$54.65		
J9294	N	C	\$0.62		
J9295	N	C	\$5.73		
J9296	N	C	\$9.66		
J9297	N	BN	\$0.00		
J9298	N	NRC	\$190.46		
J9299	N	C	\$31.75		
J9301	N	C	\$74.59		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J9302	N	C	\$63.96		
J9303	N	C	\$159.33		
J9304	N	NRC	\$50.83		
J9305	N	C	\$4.18		
J9306	N	C	\$16.12		
J9307	N	C	\$373.77		
J9308	N	C	\$71.07		
J9309	N	C	\$129.78		
J9311	N	C	\$36.94		
J9312	N	C	\$77.31		
J9313	N	C	\$23.39		
J9314	N	C	\$5.52		
J9316	N	NRC	\$64.58		
J9317	N	NRC	\$34.67		
J9318	N	C	\$33.91		
J9319	N	C	\$29.86		
J9320	N	BN	\$0.00		
J9321	N	NRC	\$54.17		
J9322	N	BN	\$0.00		
J9323	N	C	\$10.55		
J9324	N	NRC	\$82.30		
J9325	N	C	\$70.36		
J9328	N	C	\$10.40		
J9329	N	NRC	\$551.62		
J9330	N	C	\$32.21		
J9331	N	NRC	\$114.21		
J9332	N	NRC	\$32.57		
J9333	N	NRC	\$22.80		
J9334	N	NRC	\$33.13		
J9340	N	C	\$209.02		
J9345	N	NRC	\$29.20		
J9347	N	C	\$135.45		
J9348	N	NRC	\$642.15		
J9349	N	C	\$13.71		
J9350	N	NRC	\$635.47		
J9351	N	BN	\$0.00		
J9352	N	C	\$362.82		
J9353	N	NRC	\$48.21		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
J9354	N	C	\$40.45		
J9355	N	C	\$77.94		
J9356	N	C	\$63.79		
J9357	N	C	\$1,437.08		
J9358	N	NRC	\$27.81		
J9359	N	C	\$206.38		
J9360	N	BN	\$0.00		
J9361	N	BN	\$0.00		
J9370	N	BN	\$0.00		
J9376	N	BN	\$0.00		
J9380	N	NRC	\$31.98		
J9381	N	NRC	\$36.90		
J9390	N	BN	\$0.00		
J9393	N	C	\$21.20		
J9394	N	C	\$53.00		
J9395	N	C	\$7.51		
J9400	N	C	\$6.50		
J9600	N	C	\$23,870.14		
J9999	N	BN	\$0.00		
L8600	N	BN	\$0.00		
L8603	N	BN	\$0.00		
L8604	N	BN	\$0.00		
L8605	N	BN	\$0.00		
L8606	N	BN	\$0.00		
L8607	N	BN	\$0.00		
L8608	N	BN	\$0.00		
L8609	N	BN	\$0.00		
L8610	N	BN	\$0.00		
L8612	N	BN	\$0.00		
L8613	N	BN	\$0.00		
L8614	N	BN	\$0.00		
L8630	N	BN	\$0.00		
L8631	N	BN	\$0.00		
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		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
L8678	N	BN	\$0.00		
L8679	N	BN	\$0.00		
L8682	N	BN	\$0.00		
L8690	N	BN	\$0.00		
L8699	N	BN	\$0.00		
L9900	N	BN	\$0.00		
P9041	N	BN	\$0.00		
P9045	N	NRC	\$53.08		
P9046	N	NRC	\$21.23		
P9047	N	BN	\$0.00		
P9050	N	BN	\$0.00		
Q0035	N	BN	\$0.00		
Q0092	N	BN	\$0.00		
Q0138	N	C	\$0.34		
Q0139	N	NRC	\$0.34		
Q0161	N	BN	\$0.00		
Q0162	N	BN	\$0.00		
Q0163	N	BN	\$0.00		
Q0164	N	BN	\$0.00		
Q0166	N	BN	\$0.00		
Q0167	N	BN	\$0.00		
Q0169	N	BN	\$0.00		
Q0173	N	BN	\$0.00		
Q0174	N	BN	\$0.00		
Q0175	N	BN	\$0.00		
Q0177	N	BN	\$0.00		
Q0180	N	BN	\$0.00		
Q0181	N	BN	\$0.00		
Q0220	N	BN	\$0.00		
Q0221	N	BN	\$0.00		
Q0222	N	BN	\$0.00		
Q0224	N	BN	\$0.00		
Q0240	N	BN	\$0.00		
Q0243	N	BN	\$0.00		
Q0244	N	BN	\$0.00		
Q0245	N	BN	\$0.00		
Q0247	N	BN	\$0.00		
Q0249	N	BN	\$0.00		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
Q0515	N	BN	\$0.00		
Q2004	N	BN	\$0.00		
Q2009	N	BN	\$0.00		
Q2017	N	BN	\$0.00		
Q2026	N	C	\$333.42		
Q2028	N	C	\$1.00		
Q2034	N	BN	\$0.00		
Q2035	N	BN	\$0.00		
Q2036	N	BN	\$0.00		
Q2037	N	BN	\$0.00		
Q2038	N	BN	\$0.00		
Q2039	N	BN	\$0.00		
Q2043	N	NRC	\$55,015.23		
Q2049	N	C	\$528.86		
Q2050	N	C	\$133.08		
Q3027	N	C	\$56.23		
Q3031	N	BN	\$0.00		
Q4100	N	BN	\$0.00		
Q4101	N	BN	\$0.00		
Q4102	N	BN	\$0.00		
Q4103	N	BN	\$0.00		
Q4104	N	BN	\$0.00		
Q4105	N	BN	\$0.00		
Q4106	N	BN	\$0.00		
Q4107	N	BN	\$0.00		
Q4108	N	BN	\$0.00		
Q4110	N	BN	\$0.00		
Q4111	N	BN	\$0.00		
Q4112	N	BN	\$0.00		
Q4113	N	BN	\$0.00		
Q4114	N	BN	\$0.00		
Q4115	N	BN	\$0.00		
Q4116	N	BN	\$0.00		
Q4117	N	BN	\$0.00		
Q4118	N	BN	\$0.00		
Q4121	N	BN	\$0.00		
Q4122	N	BN	\$0.00		
Q4123	N	BN	\$0.00		

2025 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
Q4124	N	BN	\$0.00		
Q4125	N	BN	\$0.00		
Q4126	N	BN	\$0.00		
Q4127	N	BN	\$0.00		
Q4128	N	BN	\$0.00		
Q4130	N	BN	\$0.00		
Q4132	N	BN	\$0.00		
Q4133	N	BN	\$0.00		
Q4134	N	BN	\$0.00		
Q4135	N	BN	\$0.00		
Q4136	N	BN	\$0.00		
Q4137	N	BN	\$0.00		
Q4138	N	BN	\$0.00		
Q4139	N	BN	\$0.00		
Q4140	N	BN	\$0.00		
Q4141	N	BN	\$0.00		
Q4142	N	BN	\$0.00		
Q4143	N	BN	\$0.00		
Q4145	N	BN	\$0.00		
Q4146	N	BN	\$0.00		
Q4147	N	BN	\$0.00		
Q4148	N	BN	\$0.00		
Q4149	N	BN	\$0.00		
Q4150	N	BN	\$0.00		
Q4151	N	BN	\$0.00		
Q4152	N	BN	\$0.00		
Q4153	N	BN	\$0.00		
Q4154	N	BN	\$0.00		
Q4155	N	BN	\$0.00		
Q4156	N	BN	\$0.00		
Q4157	N	BN	\$0.00		
Q4158	N	BN	\$0.00		
Q4159	N	BN	\$0.00		
Q4160	N	BN	\$0.00		
Q4161	N	BN	\$0.00		
Q4162	N	BN	\$0.00		
Q4163	N	BN	\$0.00		
Q4164	N	BN	\$0.00		

2025 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
Q4165	N	BN	\$0.00		
Q4166	N	BN	\$0.00		
Q4167	N	BN	\$0.00		
Q4168	N	BN	\$0.00		
Q4169	N	BN	\$0.00		
Q4170	N	BN	\$0.00		
Q4171	N	BN	\$0.00		
Q4173	N	BN	\$0.00		
Q4174	N	BN	\$0.00		
Q4175	N	BN	\$0.00		
Q4176	N	BN	\$0.00		
Q4177	N	BN	\$0.00		
Q4178	N	BN	\$0.00		
Q4179	N	BN	\$0.00		
Q4180	N	BN	\$0.00		
Q4181	N	BN	\$0.00		
Q4182	N	BN	\$0.00		
Q4183	N	BN	\$0.00		
Q4184	N	BN	\$0.00		
Q4185	N	BN	\$0.00		
Q4186	N	BN	\$0.00		
Q4187	N	BN	\$0.00		
Q4188	N	BN	\$0.00		
Q4189	N	BN	\$0.00		
Q4190	N	BN	\$0.00		
Q4191	N	BN	\$0.00		
Q4192	N	BN	\$0.00		
Q4193	N	BN	\$0.00		
Q4194	N	BN	\$0.00		
Q4195	N	BN	\$0.00		
Q4196	N	BN	\$0.00		
Q4197	N	BN	\$0.00		
Q4198	N	BN	\$0.00		
Q4199	N	BN	\$0.00		
Q4200	N	BN	\$0.00		
Q4201	N	BN	\$0.00		
Q4202	N	BN	\$0.00		
Q4203	N	BN	\$0.00		

2025 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
Q4204	N	BN	\$0.00		
Q4205	N	BN	\$0.00		
Q4206	N	BN	\$0.00		
Q4208	N	BN	\$0.00		
Q4209	N	BN	\$0.00		
Q4211	N	BN	\$0.00		
Q4212	N	BN	\$0.00		
Q4213	N	BN	\$0.00		
Q4214	N	BN	\$0.00		
Q4215	N	BN	\$0.00		
Q4216	N	BN	\$0.00		
Q4217	N	BN	\$0.00		
Q4218	N	BN	\$0.00		
Q4219	N	BN	\$0.00		
Q4220	N	BN	\$0.00		
Q4221	N	BN	\$0.00		
Q4222	N	BN	\$0.00		
Q4224	N	BN	\$0.00		
Q4225	N	BN	\$0.00		
Q4226	N	BN	\$0.00		
Q4227	N	BN	\$0.00		
Q4229	N	BN	\$0.00		
Q4230	N	BN	\$0.00		
Q4231	N	BN	\$0.00		
Q4232	N	BN	\$0.00		
Q4233	N	BN	\$0.00		
Q4234	N	BN	\$0.00		
Q4235	N	BN	\$0.00		
Q4236	N	BN	\$0.00		
Q4237	N	BN	\$0.00		
Q4238	N	BN	\$0.00		
Q4239	N	BN	\$0.00		
Q4240	N	BN	\$0.00		
Q4241	N	BN	\$0.00		
Q4242	N	BN	\$0.00		
Q4245	N	BN	\$0.00		
Q4246	N	BN	\$0.00		
Q4247	N	BN	\$0.00		

2025 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
Q4248	N	BN	\$0.00		
Q4249	N	BN	\$0.00		
Q4250	N	BN	\$0.00		
Q4251	N	BN	\$0.00		
Q4252	N	BN	\$0.00		
Q4253	N	BN	\$0.00		
Q4254	N	BN	\$0.00		
Q4255	N	BN	\$0.00		
Q4256	N	BN	\$0.00		
Q4257	N	BN	\$0.00		
Q4258	N	BN	\$0.00		
Q4259	N	BN	\$0.00		
Q4260	N	BN	\$0.00		
Q4261	N	BN	\$0.00		
Q4262	N	BN	\$0.00		
Q4263	N	BN	\$0.00		
Q4264	N	BN	\$0.00		
Q4265	N	BN	\$0.00		
Q4266	N	BN	\$0.00		
Q4267	N	BN	\$0.00		
Q4268	N	BN	\$0.00		
Q4269	N	BN	\$0.00		
Q4270	N	BN	\$0.00		
Q4271	N	BN	\$0.00		
Q4272	N	BN	\$0.00		
Q4273	N	BN	\$0.00		
Q4274	N	BN	\$0.00		
Q4275	N	BN	\$0.00		
Q4276	N	BN	\$0.00		
Q4278	N	BN	\$0.00		
Q4279	N	BN	\$0.00		
Q4280	N	BN	\$0.00		
Q4281	N	BN	\$0.00		
Q4282	N	BN	\$0.00		
Q4283	N	BN	\$0.00		
Q4284	N	BN	\$0.00		
Q4285	N	BN	\$0.00		
Q4286	N	BN	\$0.00		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
Q4287	N	BN	\$0.00		
Q4288	N	BN	\$0.00		
Q4289	N	BN	\$0.00		
Q4290	N	BN	\$0.00		
Q4291	N	BN	\$0.00		
Q4292	N	BN	\$0.00		
Q4293	N	BN	\$0.00		
Q4294	N	BN	\$0.00		
Q4295	N	BN	\$0.00		
Q4296	N	BN	\$0.00		
Q4297	N	BN	\$0.00		
Q4298	N	BN	\$0.00		
Q4299	N	BN	\$0.00		
Q4300	N	BN	\$0.00		
Q4301	N	BN	\$0.00		
Q4302	N	BN	\$0.00		
Q4303	N	BN	\$0.00		
Q4304	N	BN	\$0.00		
Q4305	N	BN	\$0.00		
Q4306	N	BN	\$0.00		
Q4307	N	BN	\$0.00		
Q4308	N	BN	\$0.00		
Q4309	N	BN	\$0.00		
Q4310	N	BN	\$0.00		
Q4311	N	BN	\$0.00		
Q4312	N	BN	\$0.00		
Q4313	N	BN	\$0.00		
Q4314	N	BN	\$0.00		
Q4315	N	BN	\$0.00		
Q4316	N	BN	\$0.00		
Q4317	N	BN	\$0.00		
Q4318	N	BN	\$0.00		
Q4319	N	BN	\$0.00		
Q4320	N	BN	\$0.00		
Q4321	N	BN	\$0.00		
Q4322	N	BN	\$0.00		
Q4323	N	BN	\$0.00		
Q4324	N	BN	\$0.00		

2025 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
Q4325	N	BN	\$0.00		
Q4326	N	BN	\$0.00		
Q4327	N	BN	\$0.00		
Q4328	N	BN	\$0.00		
Q4329	N	BN	\$0.00		
Q4330	N	BN	\$0.00		
Q4331	N	BN	\$0.00		
Q4332	N	BN	\$0.00		
Q4333	N	BN	\$0.00		
Q4334	N	BN	\$0.00		
Q4335	N	BN	\$0.00		
Q4336	N	BN	\$0.00		
Q4337	N	BN	\$0.00		
Q4338	N	BN	\$0.00		
Q4339	N	BN	\$0.00		
Q4340	N	BN	\$0.00		
Q4341	N	BN	\$0.00		
Q4342	N	BN	\$0.00		
Q4343	N	BN	\$0.00		
Q4344	N	BN	\$0.00		
Q4345	N	BN	\$0.00		
Q5101	N	C	\$0.36		
Q5103	N	NRC	\$13.62		
Q5104	N	NRC	\$27.18		
Q5105	N	NRC	\$0.76		
Q5106	N	C	\$7.62		
Q5107	N	NRC	\$26.59		
Q5108	N	C	\$135.53		
Q5109	N	BN	\$0.00		
Q5110	N	C	\$0.27		
Q5111	N	C	\$143.38		
Q5112	N	C	\$34.17		
Q5113	N	C	\$60.44		
Q5114	N	C	\$54.16		
Q5115	N	C	\$33.59		
Q5116	N	C	\$19.17		
Q5117	N	C	\$24.33		
Q5118	N	C	\$23.59		

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

HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
Q5119	N	NRC	\$22.44		
Q5120	N	NRC	\$346.76		
Q5121	N	NRC	\$21.29		
Q5122	N	NRC	\$96.55		
Q5123	N	NRC	\$38.65		
Q5124	N	NRC	\$170.80		
Q5125	N	C	\$0.47		
Q5126	N	C	\$56.86		
Q5127	N	NRC	\$305.66		
Q5128	N	NRC	\$201.01		
Q5129	N	C	\$56.82		
Q5130	N	NRC	\$186.19		
Q5133	N	C	\$5.72		
Q5134	N	BN	\$0.00		
Q5135	N	NRC	\$5.04		
Q5136	N	BN	\$0.00		
Q5137	N	BN	\$0.00		
Q5138	N	BN	\$0.00		
Q5139	N	BN	\$0.00		
Q5140	N	NRC	\$87.14		
Q5141	N	NRC	\$43.57		
Q5142	N	NRC	\$13.36		
Q5143	N	NRC	\$87.14		
Q5144	N	NRC	\$14.63		
Q5145	N	NRC	\$99.63		
Q5146	N	BN	\$0.00		
Q9950	N	BN	\$0.00		
Q9951	N	BN	\$0.00		
Q9953	N	BN	\$0.00		
Q9954	N	BN	\$0.00		
Q9955	N	BN	\$0.00		
Q9956	N	BN	\$0.00		
Q9957	N	BN	\$0.00		
Q9958	N	BN	\$0.00		
Q9959	N	BN	\$0.00		
Q9960	N	BN	\$0.00		
Q9961	N	BN	\$0.00		
Q9962	N	BN	\$0.00		

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HCPSC Code	Subject to Multiple Procedure Discounting	2025 ASC Coverage	2025 Final ASC Fee	BWC Fee after applying Modifier FB for full device credit	BWC Fee after applying Modifier FC for partial device credit
Q9963	N	BN	\$0.00		
Q9964	N	BN	\$0.00		
Q9965	N	BN	\$0.00		
Q9966	N	BN	\$0.00		
Q9967	N	BN	\$0.00		
Q9968	N	NRC	\$8.53		
Q9982	N	NRC	\$874.40		
Q9983	N	NRC	\$1,273.76		
Q9991	N	NRC	\$1,943.06		
Q9992	N	NRC	\$1,943.06		
Q9996	N	BN	\$0.00		
Q9997	N	BN	\$0.00		
Q9998	N	BN	\$0.00		
V2630	N	BN	\$0.00		
V2631	N	BN	\$0.00		
V2632	N	BN	\$0.00		
V2785	N	NRC	\$0.00		
V2790	N	BN	\$0.00		

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HCPCS Code	2025 ASC MUE
0101T	1
0102T	2
0200T	1
0201T	1
0213T	1
0216T	1
0238T	2
0253T	1
0263T	1
0264T	1
0265T	1
0266T	1
0268T	1
0269T	1
0270T	1
0271T	1
0274T	1
0275T	1
0308T	1
0331T	1
0332T	1
0335T	2
0338T	1
0339T	1
0342T	1
0394T	2
0395T	2
0402T	2
0408T	1
0409T	1
0410T	1
0411T	1
0412T	1
0413T	1
0414T	1
0415T	1
0416T	1
0419T	1
0420T	1
0421T	1

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HCPCS Code	2025 ASC MUE
0422T	1
0440T	3
0441T	3
0442T	3
0446T	1
0447T	1
0448T	1
0449T	1
0479T	1
0510T	1
0511T	1
0512T	1
0524T	3
0525T	1
0526T	1
0527T	1
0530T	1
0531T	1
0532T	1
0581T	2
0583T	2
0587T	1
0588T	1
0594T	2
0596T	1
0597T	1
0598T	1
0600T	3
0601T	3
0609T	1
0611T	1
0614T	1
0619T	1
0620T	1
0621T	1
0627T	1
0629T	1
0632T	1
0633T	1
0634T	1

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HCPCS Code	2025 ASC MUE
0635T	1
0636T	1
0637T	1
0638T	1
0644T	1
0647T	1
0648T	1
0651T	1
0652T	1
0653T	1
0654T	1
0655T	1
0660T	1
0661T	1
0671T	1
0673T	1
0674T	1
0675T	1
0677T	1
0679T	1
0680T	1
0681T	1
0682T	1
0686T	1
0689T	2
0697T	1
0698T	1
0699T	2
0707T	1
0714T	1
0717T	1
0718T	1
0737T	1
0784T	1
0785T	1
0787T	1
0793T	1
0797T	1
0800T	1
0803T	1

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

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HCPCS Code	2025 ASC MUE
C9778	1
C9781	1
G0330	1
J1171	240
11400	3
11401	3
11402	3
11403	2
11404	2
11406	2
11420	3
11421	3
11422	3
11423	2
11424	2
11426	2
11440	4
11441	3
11442	3
11443	2
11444	2
11446	2
11450	1
11451	1
11462	1
11463	1
11470	3
11471	2
J2403	1600
J8522	50
27278	1
52284	1
52287	1
52310	1
52315	2
52354	1
52355	1
53200	1
53220	1
53230	1

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HCPCS Code	2025 ASC MUE
53235	1
53260	1
53502	1
53505	1
53510	1
53515	1
54015	1
54055	1
11770	1
11771	1
11772	1
11920	1
11921	1
11950	1
11951	1
11952	1
11954	1
54057	1
54060	1
54065	1
11976	1
54100	2
54105	2
54110	1
54111	1
54112	1
54115	1
54120	1
54437	1
54500	1
54505	1
54512	1
54530	1
54800	1
54830	1
54840	1
55120	1
55520	1
55700	1
55705	1

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HCPCS Code	2025 ASC MUE
55706	1
55860	1
55876	1
55880	1
55920	1
56440	1
56441	1
56501	1
56515	1
56605	1
56740	1
56821	1
57023	1
57061	1
57065	1
57100	2
57105	2
57135	2
57155	1
57156	1
57180	1
57200	1
57230	1
57310	1
57320	1
57420	1
57421	1
57452	1
57454	1
57455	1
57456	1
57460	1
57461	1
57500	1
58100	1
58145	1
58346	1
58558	1
58662	1
58900	1

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

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HCPCS Code	2025 ASC MUE
15789	1
15820	1
15821	1
15822	1
15823	1
15824	1
15825	1
15826	1
15828	1
15829	1
15830	1
15832	1
15833	1
15834	1
15835	1
15836	1
15837	2
15838	1
15839	2
62322	1
62323	1
62324	1
62325	1
15851	1
15876	1
15877	1
15878	1
15879	1
62326	1
62327	1
62328	2
62329	1
62350	1
62355	1
62360	1
62361	1
62362	1
62365	1
62367	1
62368	1

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

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

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

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

HCPCS Code	2025 ASC MUE
64628	1
64632	1
64633	1
64635	1
64640	5
64642	1
64644	1
64646	1
64647	1
64702	2
64704	4
64708	3
64712	1
64713	1
64714	1
64716	2
64718	1
64719	1
64721	1
64722	4
64726	2
64732	1
64734	1
64736	1
64738	1
64740	1
64742	1
64744	1
64746	1
64763	1
64766	1
64771	2
64772	2
64774	2
64776	1
64782	2
64784	3
64786	1
64788	5
64790	1

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

HCPCS Code	2025 ASC MUE
64792	2
64795	2
64802	1
64820	4
64821	1
21029	1
21030	1
21031	2
21032	1
64822	1
21040	2
64823	1
21046	2
21047	2
21048	2
64831	1
64834	1
21070	1
21073	1
64835	1
64836	1
64840	1
64856	2
64857	2
64858	1
64861	1
64862	1
64864	2
64865	1
64885	1
64886	1
64890	2
21110	2
21120	1
21121	1
21122	1
21123	1
21125	2
21127	2
21137	1

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

HCPCS Code	2025 ASC MUE
21138	1
21139	1
21150	1
21181	1
21194	1
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21198	1
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21208	1
21209	1
64891	2
64892	2
64893	2
64895	2
64896	2
64897	2
64898	2
64905	1
64907	1
64910	3
64912	3
65091	1
65093	1
65101	1
65103	1
65105	1
21280	1
21282	1
21295	1
21296	1
65110	1
65112	1
65114	1
65125	1
65130	1
65135	1
65140	1
65150	1
65155	1

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

HCPCS Code	2025 ASC MUE
65175	1
65235	1
65260	1
65265	1
65270	1
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65275	1
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65420	1
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65450	1
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65750	1
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65756	1
65770	1
65772	1
65775	1
65815	1
65860	1
65865	1
65870	1
65875	1
65880	1
65900	1
65920	1
21600	5
21610	1
21685	1
21700	1
21720	1

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

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

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

HCPCS Code	2025 ASC MUE
67210	1
67218	1
67220	1
67227	1
67228	1
67250	1
67255	1
67345	1
67346	1
67400	1
67405	1
67412	1
67413	1
67414	1
67415	1
67420	1
67430	1
67440	1
67445	1
67450	1
67500	1
67505	1
67515	1
67516	1
67550	1
67560	1
67570	1
67800	1
67801	1
67805	1
67808	1
67810	2
67840	3
67850	3
67930	2
67935	2
67938	2
67950	2
67961	2
67966	2

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

HCPCS Code	2025 ASC MUE
67971	1
67973	1
67974	1
67975	1
68040	1
68100	1
68110	1
68115	1
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68505	1
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68550	1
69000	1
69005	1
69020	1
69100	3
69105	1
69110	1
69120	1
69140	1
69145	1
69150	1
69205	1
69310	1
69540	1
69550	1
69552	1
69720	1
69740	1
69745	1
70336	1
70450	3
70460	1
70470	2
70480	1

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

HCPCS Code	2025 ASC MUE
70481	1
70482	1
70486	1
70487	1
70488	1
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70491	1
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70553	2
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70558	1
70559	1
71045	4
71046	2
71250	2
71260	2
71270	1
71275	1
71550	1
71551	1
71552	1
72083	1
72084	1
72125	1
72126	1

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

HCPCS Code	2025 ASC MUE
72127	1
72128	1
72129	1
72130	1
72131	1
72132	1
72133	1
72141	1
72142	1
72146	1
72147	1
72148	1
72149	1
72156	1
72157	1
72158	1
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72195	1
72196	1
72197	1
73200	2
73201	2
73202	2
73206	2
73218	2
73219	2
73220	2
73221	2
73222	2
73223	2
73700	2
73701	2
73702	2
73706	2
73718	2
73719	2
73720	2

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

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

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

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

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

HCPCS Code	2025 ASC MUE
10140	2
10160	3
10180	2
11000	1
11010	2
11011	2
11012	2
11042	1
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11057	1
11102	1
11104	1
11106	1
11307	3
11310	4
11311	4
11312	3
11313	3
11600	2
11601	2
11602	3
11603	2
11604	2
11606	2
11620	2
11621	2
11622	2
11623	2
11624	2
11626	2
11640	2
11641	2
11642	3
11643	2
11644	2
25450	1
25455	1
25490	1
25491	1

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

HCPCS Code	2025 ASC MUE
25492	1
11646	2
11750	6
11755	2
11760	4
11762	2
11960	2
11970	2
11971	2
12005	1
12006	1
12007	1
12015	1
12016	1
12017	1
12018	1
12020	2
12021	3
12031	1
12032	1
12034	1
12035	1
12036	1
12037	1
12041	1
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12045	1
12046	1
12047	1
12051	1
12052	1
12053	1
12054	1
12055	1
12056	1
12057	1
13100	1
13101	1
13120	1

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

HCPCS Code	2025 ASC MUE
13121	1
13131	1
13132	1
13151	1
13152	1
13160	2
14000	2
14001	2
14020	2
14021	2
14040	2
14041	3
14060	2
14061	2
14301	2
14350	2
15002	1
15004	1
15040	1
15050	1
15100	1
15110	1
15115	1
15120	1
15130	1
15135	1
15150	1
15155	1
15200	1
15220	1
15240	1
15260	1
15271	1
15273	1
15275	1
15277	1
15570	2
15572	2
15574	2
15576	2

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

HCPCS Code	2025 ASC MUE
15600	2
15610	2
15620	2
15630	2
15650	1
15730	1
15731	1
15733	2
15734	4
15736	2
15738	3
15740	2
15750	2
15760	2
15770	2
15840	1
15841	2
15842	2
15845	2
15920	1
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15933	1
15934	1
15935	1
15936	1
15937	1
15940	2
15941	2
15944	2
15945	2
15946	2
15950	2
15951	2
15952	2
15953	2
15956	2
15958	2
16025	1
16030	1

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

HCPCS Code	2025 ASC MUE
16035	1
17004	1
17106	1
17107	1
17108	1
17264	3
17266	2
17270	6
17271	4
17273	4
17274	2
17276	2
17281	5
17282	4
17283	4
17284	2
17286	2
17311	4
17313	3
19000	2
19020	2
19081	1
19083	1
19085	1
19100	4
19101	3
19105	2
19110	1
19112	2
19120	1
19125	1
19296	1
19298	1
19301	1
19302	1
19303	1
19307	1
20103	3
20150	2
20200	2

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

HCPCS Code	2025 ASC MUE
20205	3
20206	3
20220	3
20225	2
20240	4
20245	3
20250	1
20251	2
26580	1
26587	2
26590	2
20500	2
20520	2
20525	4
20526	1
20527	2
20550	5
20551	5
20552	1
20553	1
20555	1
20600	6
20604	4
20605	2
20606	2
20610	2
20611	2
20612	2
20615	1
20650	4
20662	1
20663	1
20665	1
20670	3
20680	3
20690	2
20692	2
20693	2
20694	2
20696	2

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

HCPCS Code	2025 ASC MUE
20697	4
20822	3
20900	2
20902	2
20910	1
20912	1
20920	1
20922	1
20924	2
20950	2
20972	2
20973	1
20982	1
20983	1
21010	1
21011	4
21012	3
21013	2
21014	2
21015	1
21016	2
21025	2
21026	2
21034	1
21044	1
21050	1
21060	1
21076	1
21077	1
21079	1
21080	1
21081	1
21082	1
21083	1
21084	1
21085	1
21086	1
21087	1
21100	1
21210	2

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

HCPCS Code	2025 ASC MUE
21215	2
21230	2
21235	2
21240	1
21242	1
21243	1
21244	1
21245	2
21246	2
21248	2
21249	2
21260	1
21267	1
21270	1
21275	1
21315	1
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21360	1
21365	1
21390	1
21400	1
21401	1
21406	1
21407	1
21421	1
21440	2
21445	2
21450	1
21451	1

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

HCPCS Code	2025 ASC MUE
21452	1
21453	1
21454	1
21461	1
21462	1
21465	1
21480	1
21485	1
21490	1
21497	1
21501	3
21502	1
21550	2
21552	2
21554	2
21555	2
21556	2
21557	1
21558	1
21820	1
21920	2
21925	2
21930	5
21931	3
21932	2
21933	2
21935	1
21936	1
22102	1
22310	1
22315	1
22505	1
22510	1
22511	1
22513	1
22514	1
22551	1
22554	1
22612	1
22856	1

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

HCPCS Code	2025 ASC MUE
22867	1
22869	1
22900	3
22901	2
22902	4
22903	3
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22905	1
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23030	2
23031	1
23035	1
23040	1
23044	1
23065	2
23066	2
23071	2
27475	1
27479	1
23073	2
23075	2
23076	2
23077	1
23078	1
23100	1
23101	1
23105	1
23106	1
23107	1
23120	1
23125	1
23130	1
23140	1
23145	1
23146	1
23150	1
23155	1
23156	1
23170	1

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

HCPCS Code	2025 ASC MUE
23172	1
23174	1
23180	1
23182	1
23184	1
23190	1
23195	1
23330	2
23333	1
23334	1
23395	1
23397	1
23400	1
23405	2
23406	1
23410	1
23412	1
23415	1
23420	1
23430	1
23440	1
23450	1
23455	1
23460	1
23462	1
23465	1
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23470	1
23472	1
23480	1
23485	1
23490	1
23491	1
23500	1
23505	1
23515	1
23520	1
23525	1
23530	1
23532	1

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

HCPCS Code	2025 ASC MUE
23540	1
23545	1
23550	1
23552	1
23570	1
23575	1
23585	1
23600	1
23605	1
23615	1
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23625	1
23630	1
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23655	1
23660	1
23665	1
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23800	1
23802	1
23921	1
23930	2
23931	2
23935	2
24000	1
24006	1
24065	2
24066	2
24071	2
24073	2
24075	5
24076	4
24077	1
24079	1
24100	1
24101	1

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

HCPCS Code	2025 ASC MUE
24102	1
24105	1
24110	1
24115	1
24116	1
24120	1
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24145	1
24147	1
24149	1
24152	1
24155	1
24160	1
24164	1
24200	3
24201	3
24300	1
24301	2
24305	4
24310	2
24320	2
24330	1
24331	1
24332	1
24340	1
24341	2
24342	2
24343	1
24344	1
24345	1
24346	1
24357	1
24358	1
24359	2

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

HCPCS Code	2025 ASC MUE
24360	1
24361	1
24362	1
24363	1
24365	1
24366	1
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24565	1
24566	1
24575	1
24576	1
24577	1
24579	1
24582	1
24586	1
24587	1
24600	1
24605	1
24615	1
24620	1
24635	1

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

HCPCS Code	2025 ASC MUE
24650	1
24655	1
24665	1
24666	1
24670	1
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25001	1
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25071	3
25073	2
25075	6
25076	3
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25078	1
25085	1
25100	1
25101	1
25105	1
28280	1
25107	1
25109	4
25110	2
25111	1
25112	1
28292	1
28295	1

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

HCPCS Code	2025 ASC MUE
28296	1
28297	1
28298	1
28299	1
25115	1
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28313	4
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25151	1
28340	2
28341	2
28344	1
28345	2
25210	2
25215	1
25230	1
25240	1
25248	3
25250	1
25251	1
25259	1
25260	9
25263	4
25265	4
25270	8
25272	4
25274	4
25275	2
25280	9
25290	10
25295	9

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

HCPCS Code	2025 ASC MUE
25300	1
25301	1
25310	5
25312	4
25315	1
25316	1
25320	1
25332	1
25335	1
25337	1
25350	1
25355	1
25360	1
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25426	1
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25431	1
25440	1
25441	1
25442	1
25443	1
25444	1
25445	1
25446	1
25447	4
25449	1
25500	1
25505	1

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

HCPCS Code	2025 ASC MUE
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
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25630	1
25635	1
25645	1
25650	1
25651	1
25652	1
25660	1
25670	1
25671	1
25675	1
25676	1
25680	1
25685	1
25690	1
25695	1
25800	1
25805	1
25810	1
25820	1
25825	1

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

HCPCS Code	2025 ASC MUE
25830	1
25907	1
25922	1
29750	1
25929	1
25931	1
26010	2
26011	3
26020	4
26025	1
26030	1
26034	2
26035	1
26037	1
26040	1
26045	1
26055	5
26060	5
26070	2
26075	3
26080	3
26100	1
26105	2
26110	2
26111	4
26113	3
26115	4
26116	2
26117	2
26118	1
26121	1
26123	1
26130	1
26135	4
26140	2
26145	6
26160	4
26170	4
26180	4
26185	1

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

HCPCS Code	2025 ASC MUE
26200	2
26205	1
26210	2
26215	2
26230	2
26235	2
26236	2
26250	2
26260	1
26262	1
26320	4
26340	4
26341	2
26350	6
26352	2
26356	4
26357	2
26358	2
26370	3
26372	1
26373	2
26390	2
26392	2
26410	4
26412	3
26415	2
26416	2
26418	4
26420	3
26426	4
26428	2
26432	2
26433	2
26434	2
26437	4
26440	6
26442	5
26445	5
26449	5
26450	6

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

HCPCS Code	2025 ASC MUE
26455	6
26460	4
26471	4
26474	4
26476	4
26477	2
26478	6
26479	4
26480	4
26483	4
26485	4
26489	2
26490	3
26492	2
26494	1
26496	1
26497	2
30400	1
26498	1
26499	2
26500	3
26502	2
26508	1
30460	1
30462	1
26510	4
26516	1
26517	1
26518	1
30540	1
30545	1
26520	4
26525	4
26530	4
26531	4
26535	3
26536	4
26540	4
26541	4
26542	4

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

HCPCS Code	2025 ASC MUE
26545	4
26546	2
26548	3
26550	1
26555	2
26560	2
26561	2
26562	2
26565	2
26567	3
26568	2
26591	4
26593	8
26596	1
26600	2
26605	3
26607	2
26608	4
26615	3
26641	1
26645	1
26650	1
26665	1
26670	2
31231	1
31233	1
31235	1
26675	1
26676	2
31239	1
31240	1
31242	1
31243	1
26685	3
26686	3
26700	2
26705	3
26706	2
26715	3
26720	4

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

HCPCS Code	2025 ASC MUE
26725	3
26727	3
26735	4
26740	3
26742	3
26746	3
26750	3
26755	2
26756	2
26765	3
26770	3
26775	2
26776	4
26785	3
26820	1
26841	1
26842	1
26843	2
31520	1
26844	2
26850	5
26852	2
26860	1
26862	1
26910	4
26951	8
26952	4
26990	2
26991	1
27000	1
27001	1
27003	1
31551	1
27006	1
31553	1
27033	1
27035	1
27040	2
27041	3
27043	2

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

HCPCS Code	2025 ASC MUE
27045	3
27047	2
27048	2
27049	1
27050	1
27052	1
27059	1
27060	1
27062	1
27065	1
27066	1
27067	1
27080	1
27086	1
27087	1
27097	1
27098	1
27100	1
27105	1
27110	1
27111	1
27130	1
27197	1
27198	1
27200	1
27202	1
27220	1
27230	1
27238	1
27246	1
27250	1
27252	1
27256	1
27257	1
27265	1
27266	1
27267	1
27275	2
27279	1
27301	3

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

HCPCS Code	2025 ASC MUE
27305	1
27306	1
27307	1
27310	1
27323	2
27324	3
27325	1
27326	1
27327	5
27328	3
27329	1
27330	1
27331	1
27332	1
27333	1
27334	1
27335	1
27337	3
27339	4
27340	1
27345	1
33016	1
33206	1
33207	1
33208	1
33210	1
33211	1
33212	1
33213	1
33214	1
33215	2
33216	1
33217	1
33218	1
33220	1
33221	1
33222	1
33223	1
33224	1
33226	1

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

HCPCS Code	2025 ASC MUE
33227	1
33228	1
33229	1
33230	1
33231	1
33233	1
33234	1
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33249	1
33262	1
33263	1
33264	1
33270	1
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33278	1
33279	1
33280	1
33281	1
33285	1
33286	1
33287	1
33288	1
33289	1
33900	1
33901	1
33902	1
33903	1
34490	1
35188	2
27347	1
35875	2
35876	2
27350	1
27355	1

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

HCPCS Code	2025 ASC MUE
27356	1
27357	1
27360	2
36440	1
36450	1
27364	1
36465	1
36466	1
36470	1
36471	1
36473	1
36475	1
36478	1
36482	1
27372	2
27380	1
27381	1
27385	2
27386	2
27390	1
36555	2
27391	1
36557	2
27392	1
36560	2
27393	1
27394	1
27395	1
27396	1
36568	2
27397	1
36570	2
27400	1
36572	1
27403	1
27405	2
27407	2
27409	1
27412	1
27415	1

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

HCPCS Code	2025 ASC MUE
27416	1
27418	1
27420	1
27422	1
27424	1
27425	1
27427	1
27428	1
27429	1
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27435	1
27437	1
36800	1
36810	1
36815	1
36818	1
36819	1
36820	1
36821	2
36825	1
36830	2
36831	1
36832	2
36833	1
36835	1
36836	1
36837	1
36860	2
36861	2
36901	1
36902	1
36903	1
36904	1
36905	1
36906	1
27438	1
27440	1
27441	1
27442	1
27443	1

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

HCPCS Code	2025 ASC MUE
27446	1
27447	1
27496	1
27497	1
37220	1
37221	1
37224	1
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37228	1
37229	1
37230	1
37231	1
27498	1
27499	1
27500	1
27501	1
27502	1
37246	1
37248	1
37500	1
37607	1
27503	1
37650	1
37700	1
37718	1
37722	1
37735	1
37760	1
37761	1
37765	1
37766	1
37780	1
37785	1
37790	1
38206	1
27508	1
27509	1
27510	1

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

HCPCS Code	2025 ASC MUE
27516	1
27517	1
38241	1
38242	1
27520	1
27524	1
27530	1
38308	1
27532	1
27538	1
27550	1
27552	1
27560	1
27562	1
27566	1
27570	1
27594	1
27600	1
27601	1
27602	1
27603	2
27604	2
27605	1
27606	1
27607	2
27610	1
27612	1
40500	2
40510	2
40520	2
40525	2
40527	2
40530	2
27613	3
27614	3
27615	1
40700	1
40701	1
40702	1
40720	1

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

HCPCS Code	2025 ASC MUE
40761	1
27616	1
27618	3
27619	2
40806	2
27620	1
27625	1
27626	1
27630	2
27632	3
27634	2
27635	1
27637	1
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27640	1
27641	1
27647	1
27650	1
27652	1
27654	1
27656	1
27658	2
27659	2
27664	2
27665	2
27675	1
41010	1
27676	1
27680	2
27681	1
27685	2
27686	3
27687	1
27690	2
27691	2
27695	1
27696	1
27698	2
27700	1
27702	1

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

HCPCS Code	2025 ASC MUE
27704	1
41120	1
27705	1
27707	1
41510	1
41512	1
41520	1
41530	1
27709	1
27720	1
41820	4
41821	2
27726	1
27730	1
27732	1
27734	1
27740	1
27742	1
27745	1
41850	2
41870	2
41872	4
41874	4
42000	1
27750	1
27752	1
27756	1
27758	1
27759	1
27760	1
27762	1
27766	1
27767	1
27768	1
42200	1
42205	1
42210	1
42215	1
42220	1
42225	1

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

HCPCS Code	2025 ASC MUE
42226	1
42227	1
42235	1
42260	1
42280	1
42281	1
42300	2
42305	2
42310	2
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42330	1
42335	2
42340	1
27769	1
27780	1
42408	1
42409	1
27781	1
27784	1
27786	1
27788	1
42440	1
42450	1
27792	1
27808	1
42507	1
42509	1
42510	1
42600	1
42650	2
42660	2
42665	2
42700	2
42720	1
42725	1
27810	1
27814	1
27816	1
27818	1
42810	1

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

HCPCS Code	2025 ASC MUE
42815	1
42820	1
42821	1
42825	1
42826	1
42830	1
42831	1
42835	1
42836	1
42860	1
42870	1
42890	1
42892	1
27822	1
42950	1
42955	1
27823	1
27824	1
27825	1
27826	1
42975	1
43030	1
43130	1
27827	1
27828	1
27829	1
27830	1
27831	1
27832	1
27840	1
27842	1
27846	1
43200	1
43201	1
27848	1
43204	1
43205	1
43206	1
27860	1
27870	1

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

HCPCS Code	2025 ASC MUE
27871	1
27884	1
27889	1
27892	1
27893	1
27894	1
43220	1
43226	1
28001	2
28002	3
43231	1
28003	2
28005	3
28008	2
43236	1
43237	1
28010	4
28011	4
43240	1
43241	1
28020	2
43243	1
43244	1
28022	3
28024	4
28035	1
43248	1
43249	1
28039	2
28041	2
28043	4
28045	4
28046	1
28047	1
43257	1
43259	1
28050	2
28052	2
43262	2
43263	1

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

HCPCS Code	2025 ASC MUE
43264	1
43265	1
28054	2
28055	1
28060	1
28062	1
28070	2
28072	4
28080	3
43284	1
43285	1
43290	1
43291	1
43450	1
43453	1
43653	1
28086	2
43755	1
43756	1
43757	1
28088	2
43762	2
43763	2
43774	1
43870	1
43886	1
43887	1
43888	1
28090	2
44312	1
44340	1
28092	2
28100	1
28102	1
28103	1
28104	2
44366	1
28106	1
28107	1
28108	2

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

HCPCS Code	2025 ASC MUE
28110	1
28111	1
28112	4
44378	1
28113	1
28114	1
44381	1
28116	1
28118	1
28119	1
28120	2
28122	4
28124	4
28126	4
44391	1
28130	1
28140	3
28150	4
44402	1
44403	1
44404	1
44405	1
44406	1
28153	4
44408	1
44500	1
45000	1
45005	1
45020	1
28160	5
28171	1
45150	1
28173	2
28175	2
28190	3
28192	2
28193	2
45303	1
28200	4
28202	2

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

HCPCS Code	2025 ASC MUE
28208	4
28210	2
28220	1
45317	1
28222	1
45321	1
45327	1
28225	1
28226	1
28230	1
28232	6
45334	1
45335	1
45337	1
28234	6
45340	1
45341	1
28238	1
28240	1
45347	1
45349	1
45350	1
28250	1
28260	1
28261	1
45381	1
45382	1
28262	1
28264	1
45386	1
28270	6
45389	1
45390	1
45391	1
28272	6
45393	1
45398	1
45500	1
45505	1
45541	1

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

HCPCS Code	2025 ASC MUE
45560	1
45900	1
45905	1
45910	1
28285	4
45990	1
46020	2
46030	1
28286	1
28288	4
28289	1
46060	2
46070	1
46080	1
46083	2
46200	1
46220	1
46221	1
46230	1
46250	1
46255	1
46257	1
46258	1
46260	1
46261	1
46262	1
46270	1
46275	1
46280	1
46285	1
46288	1
46320	2
46500	1
46505	1
46604	1
28291	1
28300	1
28302	1
28304	1
28305	1

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

HCPCS Code	2025 ASC MUE
28306	1
46614	1
28307	1
46700	1
46706	1
46707	1
46750	1
46753	1
46754	1
46760	1
46761	1
28308	4
28309	1
28310	1
28312	4
28315	1
28320	1
46930	1
46940	1
46942	1
46945	1
46946	1
46947	1
46948	1
28322	2
28400	1
28405	1
28406	1
28415	1
28420	1
28430	1
28435	1
28436	1
28445	1
28446	1
28450	2
47552	1
47553	1
47554	1
47555	1

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

HCPCS Code	2025 ASC MUE
47556	1
47562	1
47563	1
47564	1
28455	3
28456	2
28465	3
28470	2
28475	5
49250	1
28476	4
28485	5
49322	1
49324	1
49325	1
28490	1
28495	1
28496	1
28505	1
28510	4
49419	1
49421	1
49422	1
49423	2
28515	4
28525	4
49436	1
28530	1
28531	1
28540	1
28545	1
28546	1
28555	1
28570	1
28575	1
28576	1
49495	1
49496	1
49500	1
49501	1

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

HCPCS Code	2025 ASC MUE
28585	1
28600	2
28605	2
28606	3
28615	5
28630	2
28635	2
28636	4
28645	4
28660	4
28665	3
28666	4
28675	3
28705	1
28715	1
49600	1
28725	1
28730	1
28735	1
28737	1
28740	5
50080	1
50081	1
28750	1
50382	1
50384	1
50385	1
50386	1
50387	1
50389	1
28755	1
50391	1
50396	1
28760	1
28810	5
28820	6
28825	8
50436	1
50437	1
50551	1

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

HCPCS Code	2025 ASC MUE
50553	1
28890	1
29000	1
50561	1
29010	1
50570	1
50572	1
29015	1
50575	1
29035	1
50580	1
50590	1
29040	1
29044	1
50686	2
50688	2
29046	1
29049	1
29055	1
50727	1
50947	1
50948	1
50951	1
50953	1
29058	1
29065	1
50961	1
50970	1
50972	1
29075	1
29085	1
50980	1
51020	1
51040	1
51045	2
51050	1
51065	1
51080	1
51100	1
51101	1

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

HCPCS Code	2025 ASC MUE
51102	1
51500	1
29086	2
29105	1
51700	1
29200	1
29305	1
29325	1
51715	1
29345	1
29355	1
29358	1
29365	1
29405	1
29425	1
51784	1
51785	1
51880	1
51992	1
29435	1
52001	1
29440	1
29445	1
52010	1
29450	1
52214	1
29505	1
29515	1
29540	1
29580	1
29581	1
52260	1
52265	1
52270	1
52275	1
52276	1
52277	1
29584	1
52282	1
52283	1

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

HCPCS Code	2025 ASC MUE
29700	2
52285	1
29705	1
52290	1
52300	1
52301	1
52305	1
29710	1
29720	1
52317	1
52318	1
52320	1
52325	1
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52351	1
52352	1
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29730	1
29740	1
52356	1
52400	1
52402	1
52450	1
52500	1
52601	1
52630	1
52640	1
52647	1
52648	1
52649	1
52700	1

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

HCPCS Code	2025 ASC MUE
53000	1
53010	1
53020	1
53025	1
53040	1
53060	1
53080	1
53085	1
29800	1
53210	1
53215	1
29804	1
29805	1
29806	1
53240	1
53250	1
29807	1
53265	1
53270	1
53275	1
53400	1
53405	1
53410	1
53420	1
53425	1
53430	1
53431	1
53440	1
53442	1
53444	1
53445	1
53446	1
53447	1
53449	1
53450	1
53451	1
53452	1
53453	2
53454	1
53460	1

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

HCPCS Code	2025 ASC MUE
29819	1
29820	1
29821	1
29822	1
53520	1
53600	1
53605	1
53620	1
53621	1
53660	1
53665	1
53850	1
53852	1
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53860	1
54000	1
54001	1
29823	1
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29827	1
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29830	1
29834	1
29835	1
29836	1
29837	1
29838	1
29840	1
54150	1
54160	1
54161	1
54162	1
54163	1
54164	1
54200	1
54205	1
54220	1
54231	1

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

HCPCS Code	2025 ASC MUE
54235	1
54240	1
54250	1
54300	1
54304	1
54308	1
54312	1
54316	1
54318	1
54322	1
54324	1
54326	1
54328	1
54340	1
54344	1
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54352	1
54360	1
54380	1
54385	1
54400	1
54401	1
54405	1
54406	1
54408	1
54410	1
54415	1
54416	1
54420	1
54435	1
29843	1
29844	1
54450	1
29845	1
29846	1
29847	1
54520	1
54522	1
29848	1
54550	1

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

HCPCS Code	2025 ASC MUE
54560	1
54600	1
54620	1
54640	1
54650	1
54660	1
54670	1
54680	1
54690	1
54692	1
54700	1
29850	1
29851	1
29855	1
54860	1
54861	1
54865	1
54900	1
54901	1
55000	1
55040	1
55041	1
55060	1
55100	2
55110	1
29856	1
55150	1
55175	1
55180	1
55200	1
55250	1
55400	1
55500	1
29860	1
55530	1
55535	1
55540	1
55550	1
55600	1
55680	1

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

HCPCS Code	2025 ASC MUE
29861	1
29862	1
29863	1
55720	1
55725	1
29866	1
55870	1
55873	1
55874	1
55875	1
29867	1
29868	1
29870	1
56405	2
56420	1
29871	1
29873	1
56442	1
29874	1
29875	1
29876	1
56620	1
56625	1
56700	1
29877	1
56800	1
56805	1
56810	1
56820	1
29879	1
57000	1
57010	1
57020	1
57022	1
29880	1
29881	1
29882	1
29883	1
29884	1
57120	1

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

HCPCS Code	2025 ASC MUE
57130	1
29885	1
29886	1
29887	1
57160	1
57170	1
29888	1
29889	1
57210	1
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29891	1
57240	1
57250	1
57260	1
57265	1
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29892	1
29893	1
57400	1
57410	1
57415	1
29894	1
29895	1
57425	1
57426	1
29897	1
29898	1
29899	1
29900	2
29901	2
29902	2
29904	1

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

HCPCS Code	2025 ASC MUE
57505	1
57510	1
57511	1
57513	1
57520	1
57522	1
57530	1
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57556	1
57558	1
57700	1
57720	1
57800	1
29905	1
58120	1
29906	1
58260	1
58262	1
58301	1
58321	1
58322	1
58323	1
58345	1
29907	1
58350	1
58353	1
58356	1
58541	1
58542	1
58543	1
58544	1
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58546	1
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58552	1
58553	1
58554	1
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29914	1
58559	1

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

HCPCS Code	2025 ASC MUE
58560	1
58561	1
58562	1
58563	1
58565	1
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29916	1
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59001	2
59012	2
30000	1
59020	2
59025	2
59070	2
59072	2
59074	2
59076	2
59100	1
59150	1
59151	1

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

HCPCS Code	2025 ASC MUE
59160	1
59200	1
59300	1
59320	1
59412	1
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59812	1
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60500	1
61000	1
61001	1
30110	1
30115	1
30117	2
30118	1
30120	1
30124	2
30125	1
30130	1
61790	1
61791	1
30140	1

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

HCPCS Code	2025 ASC MUE
30150	1
30160	1
30200	1
62194	1
62225	2
62230	2
62252	2
30210	1
30220	1
30310	1
30320	1
30410	1
30420	1
30430	1
30435	1
30450	1
30465	1
30468	1
30469	1
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30580	2
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30620	1
30630	1
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30802	1
30903	1
30905	1
30906	1
30915	1
30920	1
30930	1
31000	1
31002	1
31020	1
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31032	1
31040	1
31050	1

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

HCPCS Code	2025 ASC MUE
31051	1
31070	1
31075	1
31080	1
31081	1
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31295	1
31296	1
31297	1
31298	1
31300	1
31400	1
31420	1
31500	2
64430	1
64435	1
31502	1
31505	1
31510	1

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

HCPCS Code	2025 ASC MUE
31511	1
31512	1
31513	1
31515	1
31525	1
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64505	1
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64517	1
31540	1
64530	1
64553	1
31541	1
64561	1
64566	1
64568	1
64569	1
64570	1
64575	2
64580	2
64581	2
64582	1
64583	1
64584	1
31545	1
64590	1
31546	1
31552	1
31554	1
31560	1
31561	1
31570	1
64611	1
31571	1

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

HCPCS Code	2025 ASC MUE
31572	1
31573	1
31574	1
31575	1
31576	1
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64653	1
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31625	1
31626	1
31628	1
31629	1
31630	1
31631	1
31634	1
31635	1
31636	1
31638	1
31640	1
31641	1
31643	1

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

HCPCS Code	2025 ASC MUE
31645	1
31646	2
31647	1
31648	1
31649	2
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31653	1
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31750	1
31755	1
31820	1
31825	1
31830	1
32400	2
32408	2
32550	2
32552	2
32553	1
32554	2
32555	2
32556	2
32557	2
32960	1
32994	1
32998	1
35207	3
36002	2
36260	1
36261	1
36262	1
36430	1
36455	1
36511	1
36512	1
36513	1
36514	1
36516	1
36522	1
36556	2

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

HCPCS Code	2025 ASC MUE
36558	2
36561	2
36563	1
36565	1
36566	1
36569	2
36571	2
36573	1
36575	2
36576	2
36578	2
36580	2
36581	2
36582	2
36583	2
36584	2
36585	2
36589	2
36590	2
36593	2
36595	2
36596	2
36597	2
36598	2
36640	1
37184	1
37187	1
37188	1
37192	1
37193	1
37197	2
37200	2
37211	1
37212	1
37236	1
37238	1
37241	2
37242	2
37243	1
37609	1

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

HCPCS Code	2025 ASC MUE
38220	1
38221	1
38222	1
38230	1
38232	1
65780	1
65781	1
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65785	1
65800	1
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38243	1
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65850	1
65855	1
38300	1
38305	1
38500	2
38505	2
38510	1
38520	1
38525	1
38530	1
38531	1
38542	1
38550	1
66150	1
66155	1
66160	1
66170	1
66172	1
66174	1
66175	1
66179	1
66180	1
66183	1
66184	1
66185	1
38555	1
38570	1

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

HCPCS Code	2025 ASC MUE
38571	1
38572	1
38573	1
66605	1
66625	1
66630	1
38700	1
38740	1
38745	1
38760	1
40490	2
40650	2
40652	2
40654	2
66761	1
66762	1
40800	2
66820	1
66821	1
40801	2
40805	2
40808	2
40810	2
66852	1
66920	1
66930	1
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66984	1
66985	1
66986	1
66987	2
66988	2
66989	1
66991	1
40812	2
40814	4
40816	2
40818	2

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

HCPCS Code	2025 ASC MUE
40819	2
40820	2
67030	1
67031	1
40830	2
40831	2
40840	1
67041	1
67042	1
67043	1
40842	1
40843	1
40844	1
40845	1
41000	1
41005	1
41006	2
67120	1
67121	1
67141	1
67145	1
41007	2
41008	2
41009	2
41015	2
67221	1
41016	1
41017	2
67229	1
41018	2
41019	1
67311	1
67312	1
67314	1
67316	1
67318	1
67343	1
41100	2
41105	2
41108	2

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

HCPCS Code	2025 ASC MUE
41110	2
41112	2
41113	2
41114	2
41115	1
41116	2
41251	2
41252	2
41805	1
41806	1
41822	1
41823	1
41825	2
41826	2
41827	2
41828	4
41830	2
67700	2
67710	1
67715	1
42100	2
42104	2
42106	2
42107	2
42120	1
67825	1
67830	1
67835	1
42140	1
42145	1
67875	1
67880	1
67882	1
67900	1
67901	1
67902	1
67903	1
67904	1
67906	1
67908	1

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

HCPCS Code	2025 ASC MUE
67909	1
67911	2
67912	1
67914	2
67915	2
67916	2
67917	2
67921	2
67922	2
67923	2
67924	2
42160	1
42180	1
42182	1
42400	2
42405	2
42410	1
42415	1
42420	1
42425	1
42500	2
68020	1
42505	2
42800	3
42804	1
42806	1
42808	2
42900	1
68320	1
68325	1
68326	1
68328	1
68330	1
68335	1
68340	1
68360	1
68362	1
68371	1
68400	1
68420	1

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

HCPCS Code	2025 ASC MUE
68440	2
42960	1
42962	1
42970	1
68520	1
42972	1
43180	1
43191	1
43192	1
68700	1
68705	2
68720	1
68745	1
68750	1
68760	4
68761	4
68770	1
68810	1
68811	1
68815	1
68816	1
68840	1
43193	1
43194	1
43195	1
43196	1
43197	1
43198	1
43202	1
43210	1
43211	1
43212	1
43213	1
69222	1
69300	1
43214	1
69320	1
69420	1
69421	1
69424	1

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

HCPCS Code	2025 ASC MUE
69433	1
69436	1
69440	1
69450	1
69501	1
69502	1
69505	1
69511	1
69530	1
43215	1
43216	1
43217	1
69601	1
69602	1
69603	1
69604	1
69610	1
69620	1
69631	1
69632	1
69633	1
69635	1
69636	1
69637	1
69641	1
69642	1
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69644	1
69645	1
69646	1
69650	1
69660	1
69661	1
69662	1
69666	1
69667	1
69670	1
69676	1
69700	1
69705	1

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

HCPCS Code	2025 ASC MUE
69706	1
69711	1
69714	1
69716	1
69717	1
69719	1
43227	1
69726	1
69727	1
69728	1
69729	1
69730	1
43229	1
43232	1
69801	1
69805	1
69806	1
69905	1
69910	1
69915	1
69930	1
43233	1
43235	1
43238	1
43239	1
43242	1
43245	1
43246	1
43247	1
43250	1
43251	1
43252	1
43253	1
43254	1
43255	2
43260	1
43261	1
43266	1
43270	1
43274	2

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

HCPCS Code	2025 ASC MUE
43275	1
43276	2
43277	3
43278	1
43752	2
43761	2
44100	1
44360	1
44361	1
44363	1
44364	1
44365	1
44369	1
44370	1
44372	1
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44376	1
44377	1
44379	1
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44386	1
44388	1
44389	1
44390	1
44392	1
44394	1
44401	1
44407	1
45100	2
45108	1
45160	1
45171	2
45172	2
45190	1
45300	1
45305	1
45307	1

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

HCPCS Code	2025 ASC MUE
45308	1
45309	1
45315	1
45320	1
45330	1
45331	1
45332	1
45333	1
45338	1
45342	1
45346	1
45378	1
45379	1
45380	1
45384	1
45385	1
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46612	1
46615	1
46900	1
46910	1
46916	1
46917	1
46922	1
46924	1
47000	3
47382	1
47383	1
47533	1
47534	2

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

HCPCS Code	2025 ASC MUE
47535	1
47536	2
74246	1
74250	1
74251	1
74261	1
74262	1
74283	1
74400	1
74410	1
74415	1
74420	2
74712	1
74775	1
75557	1
75559	1
75561	1
75563	1
47537	1
75573	1
47538	2
75731	1
75746	1
75803	1
75805	1
75810	1
75822	1
75870	1
75887	1
75898	2
47539	2
76145	1
47540	2
47541	1
76498	1
48102	1
49082	1
49083	2
49084	1
76801	1

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

HCPCS Code	2025 ASC MUE
76805	1
76811	1
76818	2
76819	2
76825	2
76826	2
76830	1
76831	1
76856	1
76857	1
76872	1
76873	1
76881	2
76936	1
76977	1
49180	2
49320	1
49321	1
49402	1
49406	2
77078	1
77080	1
77081	1
49407	1
49411	1
49418	1
49426	1
49429	1
77299	1
49440	1
49441	1
49442	1
49446	1
49450	1
49451	1
49452	1
49460	1
49465	1
49505	1
49507	1

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

HCPCS Code	2025 ASC MUE
49520	1
49521	1
49525	1
49540	1
49550	1
49553	1
77399	1
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49592	1
49593	1
49594	1
49595	1
49613	1
49614	1
49615	1
49650	1
49651	1
77600	1
77605	1
77610	1
77615	1
77620	1
50200	1
50390	2
50432	2
50433	2
50434	2
50435	2
50555	1
50557	1
50562	1
50574	1
50576	1
77799	1
50592	1
50593	1
50693	2
50694	2

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

HCPCS Code	2025 ASC MUE
50695	2
50955	1
78070	1
78071	1
78072	1
78075	1
78099	1
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50974	1
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78110	1
78111	1
78120	1
78121	1
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78199	1
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52000	1
78230	1
78231	1
78232	1
78258	1
78261	1
78262	1
78264	1
78265	1
78266	1
52005	2
78282	1
78290	1
78291	1

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

HCPCS Code	2025 ASC MUE
78299	1
52007	1
52204	1
52224	1
52234	1
78399	1
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78429	1
78430	1
78431	1
78432	1
78433	1
52235	1
52240	1
52250	1
52281	1
77046	1
77047	1
77084	1
77280	2
78459	1
78466	1
78468	1
78469	1
78472	1
78473	1
78481	1
78483	1
78491	1
78492	1
78494	1
78499	1
77285	1
77290	1
77295	1
77300	10
77301	1
78599	1
77306	1

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

HCPCS Code	2025 ASC MUE
77307	1
77316	1
77317	1
78608	1
77318	1
77321	1
77331	3
77332	4
77333	2
77334	10
78699	1
77336	1
77338	1
78707	1
78708	1
78709	1
77370	1
78740	1
78761	1
78799	1
77401	1
77402	2
77407	2
77412	2
77423	1
78811	1
78812	1
78813	1
78814	1
78815	1
78816	1
77470	1
77520	2
77523	2
78999	1
77750	1
77761	1
77762	1
77763	1
79403	1

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

HCPCS Code	2025 ASC MUE
79440	1
79445	1
79999	1
77767	2
77768	2
77770	2
77771	2
90378	4
90396	1
77772	2
77778	1
90739	1
90740	1
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90747	1
90759	1
77789	2
78012	1
78013	1
78014	1
78015	1
78016	1
78018	1
78102	1
78103	1
78104	1
78122	1
78130	1
78140	1
78185	1
78191	1
78195	1
78201	1
78202	1
A9515	1
78215	1
78216	1
A9527	195

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

HCPCS Code	2025 ASC MUE
A9530	200
A9542	1
A9543	1
78226	1
78227	1
A9557	2
A9563	10
A9569	1
A9570	1
A9572	1
A9582	1
78278	2
78300	1
78305	1
A9588	10
A9591	6
A9521	2
78306	1
78315	1
A9595	10
78445	1
A9600	7
A9601	10
A9602	5
78451	1
A9606	224
78452	1
A9608	8
78453	1
A9697	1
78454	1
C1600	1
C1601	1
C1602	1
C1603	1
C1606	1
A9592	4
C1716	4
C1717	10
C1747	1

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

HCPCS Code	2025 ASC MUE
C1826	1
C1827	1
C1890	1
C1719	99
C2616	1
C2635	124
C2634	24
C2636	690
C2638	150
C2639	150
C2640	150
C2641	150
C2642	120
C2645	4608
C2643	120
C2698	150
78456	1
78457	1
78458	1
78579	1
78580	1
78582	1
C7502	1
C7503	1
78597	1
78598	1
78600	1
78601	1
78605	1
78606	1
78610	1
C7513	1
C7514	1
C7515	1
C7516	1
C7517	1
78630	1
78635	1
C7521	1
C7522	1

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

HCPCS Code	2025 ASC MUE
C7523	1
C7524	1
C7525	1
C7526	1
C7527	1
C7528	1
C7529	1
C7531	1
C7532	1
78645	1
C7537	1
C7538	1
C7539	1
C7540	1
78650	1
78660	1
78700	1
78701	1
78725	1
78800	1
78801	1
78802	1
78803	1
78804	1
78830	1
C7563	1
78831	1
78832	1
79005	1
79101	1
C8900	1
C8901	1
C8902	1
C8903	1
C8905	1
C8906	1
C8908	1
C8909	1
C8910	1
C8911	1

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

HCPCS Code	2025 ASC MUE
C8912	1
C8913	1
C8914	1
C8918	1
C8919	1
C8920	1
C8931	1
C8932	1
C8933	1
C8934	2
C8935	2
C8936	2
79200	1
79300	1
90371	10
90375	20
90376	20
90377	20
90675	1
90676	1
91035	1
C9257	10
92920	3
C9482	150
92928	3
C9725	1
C9727	1
C9728	1
93451	1
93452	1
93453	1
93454	1
C9762	1
C9763	1
93455	1
93456	1
93457	1
93458	1
93459	1
93460	1

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

HCPCS Code	2025 ASC MUE
93461	1
93985	1
93986	1
A9517	200
C2699	150
C9789	1
C9796	1
C9797	1
D4210	4
D4211	4
A9547	2
D4260	4
D4263	4
D4270	4
D4273	1
D7111	20
A9548	2
A9596	7
A9607	216
D7230	6
D7240	6
D7241	6
A9800	7
C5271	1
C5273	1
C5275	1
C5277	1
C7500	1
C7501	1
C7504	1
C7505	1
D7472	1
D7473	1
D7510	1
D7511	1
D7520	1
C7506	1
C7507	1
C7509	1
D7950	1

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

HCPCS Code	2025 ASC MUE
C7510	1
C7512	1
C7518	1
G0130	1
C7519	1
C7535	1
C7545	2
G0276	1
C7546	1
G0429	1
C7548	1
J0129	100
J0139	40
J0172	1
J0174	2000
J0177	4
J0178	4
J0179	12
J0180	140
J0184	10
C7549	1
J0202	12
J0206	1000
J0208	25
C7550	1
J0217	200
J0218	460
J0219	750
J0221	250
J0222	300
J0223	756
J0224	945
J0225	25
J0256	1600
J0257	1400
C7551	1
C7554	1
J0291	500
J0349	400
J0391	1440

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

HCPCS Code	2025 ASC MUE
J0401	400
J0402	960
C7555	1
J0480	1
C7556	1
C7560	1
J0491	300
C9067	500
C9088	400
C9089	300
J0565	200
C9101	300
C9144	660
J0584	90
C9145	150
C9248	25
C9250	1
C9460	1
D4212	1
J0594	320
J0596	840
J0597	250
J0598	100
J0600	3
J0630	1
J0638	300
J0651	30
J0652	30
D7140	32
D7210	32
J0688	16
D7220	6
D7250	32
D7270	1
D7310	4
D7311	4
J0717	400
J0739	600
J0741	300
J0742	500

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

HCPCS Code	2025 ASC MUE
J0750	1
J0751	1
J0775	180
J0791	160
J0799	1
J0840	6
J0841	20
D7321	4
J0870	1562
J0873	1000
D7550	1
G0104	1
G0105	1
G0121	1
J0888	360
G0186	1
J0896	1100
G0235	1
G0260	2
J0121	200
J0185	130
J1096	8
J1097	4
J1105	200
J1162	1
J0287	50
J0289	50
J1201	20
J1203	800
J1212	1
J1290	30
J1300	120
J1301	60
J1302	770
J1303	360
J1304	100
J1305	480
J1306	284
J1322	150
J1323	76

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

HCPCS Code	2025 ASC MUE
J1410	4
J1430	10
J1434	150
J1437	100
J1438	2
J1439	1000
J1440	150
J0475	8
J0485	1500
J0490	160
J1449	132
J1451	1
J0517	30
J1455	18
J0558	24
J1459	300
J0561	24
J1554	240
J1555	480
J0585	600
J1558	480
J1559	2400
J0586	300
J0587	300
J1566	300
J0588	600
J0695	60
J0699	600
J0712	120
J0714	12
J1575	650
J1576	600
J1595	1
J1596	18
J0740	2
J1602	300
J1610	2
J1611	2
J0850	9
J1628	100

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

HCPCS Code	2025 ASC MUE
J1640	672
J0875	300
J1726	28
J1742	2
J1743	66
J0881	500
J1745	150
J1746	200
J1747	900
J0882	300
J1786	680
J1823	300
J0883	1125
J0885	60
J0897	120
J1931	377
J1939	24
J1943	675
J1944	1064
J1950	12
J1951	180
J1952	42
J1954	3
J1961	927
J1190	8
J2182	300
J1442	1500
J2186	600
J1447	960
J2267	300
J2277	1000
J1448	900
J2315	380
J2323	300
J2326	120
J2327	600
J2329	450
J2350	600
J1454	1
J2356	210

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

HCPCS Code	2025 ASC MUE
J1456	150
J2358	405
J1460	10
J1557	300
J1560	1
J1561	360
J1568	300
J2426	1560
J2427	1560
J1569	400
J1571	20
J2506	12
J2507	8
J2508	200
J1572	300
J2547	600
J2562	48
J2597	45
J1573	130
J2679	8
J2690	4
J2724	3500
J2760	2
J1627	100
J2777	120
J2778	10
J2779	100
J2781	30
J2782	40
J1670	1
J2786	500
J2792	450
J1750	45
J2798	240
J2799	250
J2801	100
J1833	372
J1885	8
J2840	160
J2850	16

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

HCPCS Code	2025 ASC MUE
J2860	170
J1930	120
J2941	8
J1932	120
J2278	1000
J2998	1032
J3032	300
J3055	480
J3060	760
J2353	60
J3095	150
J2357	120
J3111	210
J3145	750
J3240	1
J3241	500
J3245	100
J3247	300
J3262	800
J2406	120
J3285	1
J3299	36
J3304	64
J2407	120
J2425	125
J3357	90
J3358	520
J3380	300
J3385	80
J3396	150
J3398	150
J3401	16
J3424	400
J3425	20
J2510	4
J7168	5000
J7169	180
J7170	1800
J7171	800
J7175	9000

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

HCPCS Code	2025 ASC MUE
J7177	10500
J7178	7700
J7179	7500
J7180	6000
J7181	3850
J2770	6
J2783	60
J2794	100
J2820	15
J2993	2
J2997	100
J3090	200
J3101	50
J3315	6
J7182	22000
J7183	7500
J7185	22000
J7186	7500
J7187	7500
J7188	22000
J7202	11550
J7203	12000
J7204	19500
J7205	9750
J7207	22500
J7208	12000
J7209	7500
J7210	22000
J7211	22000
J7213	12000
J7214	7500
J7308	3
J7311	118
J7189	13000
J7313	38
J7314	36
J7190	22000
J7192	22000
J7193	4000
J7194	9000

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

HCPCS Code	2025 ASC MUE
J7195	6000
J7197	6300
J7326	2
J7198	6000
J7201	9000
J7312	14
J7336	1120
J7340	1
J7345	200
J7351	20
J7352	16
J7318	120
J7354	2
J7355	75
J7402	270
J7501	1
J7504	15
J7511	9
J7525	2
J7320	50
J7322	48
J7323	2
J7324	2
J7325	96
J7327	2
J7329	50
J7332	40
J9021	800
J8510	5
J8655	1
J8670	180
J9015	1
J9017	30
J9029	80
J9022	168
J9023	140
J9027	100
J9032	300
J9033	300
J9034	360

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

HCPCS Code	2025 ASC MUE
J9035	180
J9036	360
J9037	800
J9039	210
J9042	200
J9043	60
J9046	35
J9052	6
J9047	210
J9056	360
J9048	35
J9061	700
J9063	900
J9050	6
J9055	150
J9065	100
J9071	1500
J9119	350
J9120	5
J9145	240
J9144	180
J9150	12
J9153	132
J9155	240
J9173	150
J9172	300
J9176	3000
J9179	50
J9177	520
J9185	2
J9200	5
J9198	38
J9202	3
J9203	180
J9204	160
J9205	215
J9207	90
J9217	6
J9210	1500
J9228	1100

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

HCPCS Code	2025 ASC MUE
J9223	120
J9226	1
J9227	150
J9245	9
J9229	27
J9261	80
J9246	300
J9248	30
J9264	800
J9262	700
J9268	1
J9266	2
J9271	400
J9269	200
J9274	100
J9272	100
J9273	200
J9280	12
J9293	8
J9281	80
J9286	400
J9294	150
J9295	800
J9296	150
J9299	480
J9298	160
J9301	100
J9302	200
J9303	90
J9305	150
J9304	150
J9306	840
J9307	80
J9308	280
J9309	280
J9311	160
J9312	150
J9313	600
J9314	150
J9318	475

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

HCPCS Code	2025 ASC MUE
J9316	180
J9317	648
J9319	500
J9323	150
J9321	300
J9325	400
J9324	95
J9328	400
J9330	50
J9329	200
J9340	30
J9331	300
J9332	600
J9333	840
J9334	504
J9347	300
J9345	500
J9349	900
J9348	160
J9352	40
J9350	60
J9354	600
J9353	450
J9355	120
J9356	60
J9357	4
J9359	400
J9358	900
J9393	20
J9380	480
J9381	800
J9394	20
J9395	20
J9400	500
J9600	4
Q0138	510
P9045	20
P9046	25
Q2026	30
Q0139	510

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

HCPCS Code	2025 ASC MUE
Q2028	1470
Q2049	10
Q2043	1
Q2050	14
Q3027	30
Q5101	1500
Q5106	60
Q5103	150
Q5104	150
Q5105	100
Q5108	12
Q5107	170
Q5110	1500
Q5111	12
Q5112	120
Q5113	120
Q5114	120
Q5115	150
Q5116	120
Q5117	120
Q5118	230
Q5125	1800
Q5119	150
Q5120	12
Q5121	150
Q5122	12
Q5123	150
Q5124	10
Q5126	230
Q5129	230
Q5127	12
Q5128	10
Q5130	12
Q5140	40
Q5141	40
Q5142	40
Q5143	40
Q9968	200
Q9982	1
Q9983	1

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

HCPCS Code	2025 ASC MUE
Q9991	1
Q9992	1
V2785	2

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

STATE	NPI	ASC NAME
AK	1912202896	ALASKA EYE SURGERY AND LASER CENTER INC
AL	1235178005	HUNTSVILLE ENDOSCOPY CENTER
AL	1730318353	GARDENDALE SURGERY CENTER
AL	1982055638	INVISION OPHTHALMOLOGY P.C.
AR	1053685677	ARKANSAS CENTER FOR SURGICAL EXCELLENCE
AR	1093799405	ORTHOARKANSAS SURGERY CENTER LLC
AR	1114906393	PHYSICIANS SURGERY CENTER LLC
AR	1114951365	DOCTORS SURGERY CENTER PA
AR	1235376104	KANIS ENDOSCOPY CENTER
AR	1578643607	PAIN CENTER LLC
AR	1629404918	CENTRAL ARKANSAS SURGERY CENTER LLC
AZ	1033250618	MCDOWELL AMBULATORY SURGERY CENTER LLC
AZ	1043222417	COTTONWOOD DAY SURGERY CENTER
AZ	1063408649	AIMS OUTPATIENT SURGERY
AZ	1285085068	VALLEY PAIN CENTERS OF ARIZONA DBA VALLEY PAIN CENTERS
AZ	1417985102	SOUTHWESTERN EYE CENTER LTD
AZ	1528000817	SOUTHWESTERN EYE CENTER LTD
AZ	1609930676	DESERT PAIN INSTITUTE
AZ	1649662206	ADVANCED SURGERY CENTER OF ARIZONA
AZ	1659683662	PREMIER ENDOSCOPY CENTER LLC
AZ	1790711091	PRESCOTT UROCENTER LTD
AZ	1801388061	VALLEY PAIN CENTERS OF ARIZONA
AZ	1851531248	LASER SURGERY HOLDING COMPANY LTD
AZ	1861089666	BARNET DULANEY PERKINS EYE CENTER DBA AMERICAN VISION PARTNERS BDPEC ASC TUCSON 5TH ST
AZ	1932644606	INNOVATIVE SURGERY CENTER LLC
AZ	1962869826	ENDOTECH LLC
CA	1043426950	HOSPITAL DRIVE SURGERY CENTER LLC
CA	1053412189	HEMET ENDOSCOPY
CA	1053852236	SURGERY CENTER OF ANAHEIM HILLS LLC
CA	1063887875	MAGNOLIA SURGERY CENTER LLC
CA	1104087089	CONGRESS MEDICAL SURGERY CENTER LLC
CA	1144370594	THIRD STREET SURGERY CENTER LP
CA	1184798837	SHADELANDS ADVANCED ENDOSCOPY INSTITUTE INC.
CA	1205076593	TALBERT SURGICAL ASSOCIATES
CA	1225123227	COMPREHENSIVE PAIN MANAGEMENT CENTER INC
CA	1255314662	MAZZOCCO AMBULATORY SURGICAL CENTER
CA	1255354486	SIMI SURGERY CENTER INC
CA	1265859573	MODESTO SPECIALTY SURGERY CENTER PC
CA	1295204113	HUNTINGTON SPECIALTY SURGERY LLC

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

STATE	NPI	ASC NAME
CA	1316082365	WEST WILSHIRE MEDICAL SURGICAL CENTER INC
CA	1336143734	ENDOSCOPY CENTER AT SKYPARK
CA	1336231059	CENTINELA VALLEY ENDOSCOPY CENTER INC
CA	1437219276	MINEHART MEDICAL CORPORATION
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

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

STATE	NPI	ASC NAME
FL	1891253035	ADVANCED CENTER FOR SURGERY VERO BEACH DBA THE ADVANCED CENTER FOR SURGERY
FL	1912378357	DAVENPORT AMBULATORY SURGERY CENTER LLC
FL	1942884457	CVI AMBULATORY SURGERY CENTER DBA SUGERY CENTER OF CENTRAL FLORIDA
FL	1952404550	OUTPATIENT PLASTIC SURGERY CENTER
GA	1053719393	PCA INTERVENTIONAL SPINE AT MACQUARIUM
GA	1093842270	NORTH GEORGIA EYE SURGERY CENTER
GA	1104228931	GLENNVILLE EYE SURGERY CENTER LLC
GA	1124083787	NORTHLAKE SURGICAL CENTER LP
GA	1164938825	ALPHARETTA EYE SURGERY CENTER
GA	1225321508	SOUTHERN CROSS SURGERY CENTER
GA	1225378276	WHITE OAK SURGERY CENTER
GA	1427355080	PINNACLE ORTHOPAEDICS SURGERY CENTER WOODSTOCK LLC
GA	1447791074	PCA INTERVENTIONAL SPINE AT FAYETTE
GA	1558662858	ATHENS ENDOSCOPY LLC
GA	1780075861	ROSWELL EYE SURGERY CENTER LLC
GA	1780199356	GEORGIA UROLOGY DBA CUMMING AMBULATORY SURGERY CENTER
GA	1780735175	THE CENTER FOR SPINE PROCEDURES PC
GA	1821394602	BROOKSTONE SURGICAL CENTER
GA	1861491987	THE PLASTIC SURGERY CENTER LAND LLC
GA	1902861941	PEACHTREE ORTHOPAEDIC SURGERY CENTER AT PIEDMONT LLC
GA	1952771230	GEORGIA UROLOGY DBA GA UROLOGY AMBULATORY SURGERY CENTER ALPHARETTA
ID	1467097725	CENTER FOR SURGERY PLLC
ID	1750386256	PALOUSE SURGERY CENTER LLC
IL	1053362343	PEORIA AMBULATORY SURGERY
IL	1083613327	BLOOMINGTON NORMAL HEALTHCARE LLC
IL	1164488714	NORTHWEST SURGICARE LTD
IL	1407812498	LOYOLA AMBULATORY SURGERY CENTER AT OAKBROOK LP
IL	1538101373	DANVILLE POLYCLINIC LTD
IL	1548390081	ADVANCED AMBULATORY SURGICAL CENTER INC
IL	1811957251	AMBULATORY SURGERY CENTER OF CENTRALIA LLC
IN	1033190566	RIVERPOINTE SURGERY CENTER
IN	1689053050	BELTWAY SURGERY CENTERS LLC
KS	1174197990	KANSAS CITY SURGERY CENTER LLC
KS	1366117988	KANSAS SURGERY CENTER LLC

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STATE	NPI	ASC NAME
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
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

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STATE	NPI	ASC NAME
MO	1649269663	PHYSICIANS ALLIANCE LC DBA PHYSICIANS ALLIANCE SURGERY CENTER
MS	1154867562	UROLOGIC AMBULATORY SURGERY CENTER
MS	1619923661	DELTA ENDOSCOPY CENTER PC
MS	1669757761	COASTAL EYE SURGERY CENTER
MS	1770743031	NEWSOUTH NEUROSPINE LLC
MT	1023079860	WEB PROPERTIES INC
NC	1194744532	LEBAUER ENDOSCOPY CENTER
NC	1205804697	GOLDSBORO ENDOSCOPY CENTER
NC	1376901900	CAROLINA DIGESTIVE CARE
NC	1386190957	HOLLY SPRINGS SURGERY CENTER LLC
NC	1417911322	TRIANGLE GASTROENTEROLOGY PLLC
NC	1437269800	IREDELL SURGICAL ASSOCIATES LLP
NC	1922444520	KURT G VERNON MD PA
NH	1588628366	PORTSMOUTH REGIONAL AMBULATORY SURGERY CENTER LLC
NJ	1104415702	SALEM ASC LLC
NJ	1194950915	JASPER AMBULATORY SURGICAL CENTER LLC
NJ	1235321571	SURGICARE SURGICAL ASSOCIATES OF MAHWAH LLC
NJ	1255361259	CENTRAL JERSEY SURGERY CENTER LLC
NJ	1346508520	FIRST GI ENDOSCOPY AND SURGERY CENTER LLC
NJ	1396700944	WATTS PLASTIC SURGERY ASSOCIATION PC
NJ	1437512514	NEW CENTURY SPINE AND OUTPATIENT SURGICAL INSTITUTE
NJ	1437654084	VEIN TREATMENT ACCESS CARE LLC
NJ	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
NJ	1952874182	SAME DAY SURGERY CENTER
NV	1174607303	SOUTHWEST MEDICAL ASSOCIATES INC
NV	1760033229	SEVEN HILLS AMBULATORY SURGERY CENTER
NV	1801073648	ELITE ENDOSCOPY LLC
NY	1104125939	GASTROENTEROLOGY CARE INC
NY	1164516084	ENDOSCOPIC AMBULATORY SPECIALTY CENTER OF BAY RIDGE INC
NY	1306089180	NEW YORK ENDOSCOPY CENTER LLC
NY	1376054007	HUDSON YARDS SURGERY CENTER LLC
NY	1558612762	QUEENS BLVD ENDOSCOPY LLC
NY	1588938682	WESTSIDE GI CENTER

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STATE	NPI	ASC NAME
NY	1598258865	NORTHERN WESTCHESTER FACILITY PROJECT LLC
NY	1598905317	ISLAND ENDOSCOPY CENTER LLC
NY	1659338382	STERLING SURGICAL CENTER LLC
NY	1720407273	BRONX SC LLC DBA EMPIRE STATE AMBULATORY SURGERY CENTER
NY	1811220429	SURGICARE OF MANHATTAN
NY	1811220429	SURGICARE OF MANHATTAN LLC
NY	1922230853	CRYSTAL RUN AMBULATORY SURGERY
NY	1972894962	MOHAWK VALLEY EC LLC
OH	1124173596	GASTROENTEROLOGY ASSOCIATES INC
OH	1184682445	PORTSMOUTH SURGERY CENTER
OH	1225558497	TRIHEALTH SURGERY CENTER -- ANDERSON
OH	1316905680	OHIO EYE SURGERY CENTER
OH	1407247208	COLONOSCOPY AND ENDOSCOPY CENTER LLC
OH	1427127919	OSU INTERNAL MEDICINE LLC
OH	1487620043	NEW HORIZONS SURGERY CENTER LLC
OH	1497368013	PHYSICIANS REGIONAL SURGERY CENTER LLC
OH	1518034354	NORTH COAST ENDOSCOPY INC
OH	1649250218	LORAIN SURGERY CENTER LLC
OH	1689632051	ROSS SURGERY CENTER INC
OH	1881948073	CENTRAL OHIO UROLOGY SURGERY CENTER
OK	1114952025	ESEC LLC
OK	1346510476	TULSA AMBULATORY PROCEDURE CENTER LLC
OR	1184782203	EASTERN OREGON REGIONAL SURGERY
OR	1538146931	WILLAMETTE SURGERY CENTER LLC
OR	1912177163	SURGERY CENTER AT TANASBOURNE LLC
PA	1063477198	GRANDVIEW SURGERY AND LASER CENTER
PA	1235788878	INTEGRATED SURGICAL INSTITUTE
PA	1366041097	HYPERTENSION NEPHROLOGY ASSOCIATES
PA	1366498115	VALLEY PAIN CENTER LLC
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

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STATE	NPI	ASC NAME
PA	1952312399	ZITELLI AND BRODLAND PC DBA ZITELLI AND BRODLAND ASF SOUTH
PA	1972977627	JEFFERSON ENDOSCOPY CENTER AT BALA
RI	1609472042	ORTHOPEDICS RHODE ISLAND INC DBA ORTHO RI SURGERY CENTER
SC	1083695860	ELMS ENDOSCOPY CENTER
SC	1386221604	CONWAY HOSPITAL INC DBA CMC SURGICAL CENTER SOUTH
SC	1528143922	MIDLANDS ENDOSCOPY CENTER LLC
SC	1811345267	THE CENTER FOR ORTHOPAEDIC SURGERY
TN	1376538876	THE ENDOSCOPY CENTER OF BRISTOL
TX	1144827114	GULFSTREAM SURGICAL FORT WORTH LLC
TX	1184922353	PEARLAND SURGERY CENTER LLC
TX	1235241688	SPECIALTY SURGERY CENTER OF SAN ANTONIO
TX	1245266790	ABILENE SPINE AND JOINT SURGERY CENTER PA
TX	1265511463	INGRAM INVESTMENTS LLC
TX	1326494188	SOUTH AUSTIN SURGICENTER LLC
TX	1336710854	SOUTHWEST SURGICAL OPERATING COMPANY LLC DBA ADVANCED SURGICAL CENTER AUSTIN
TX	1346237237	LUFKIN ENDOSCOPY CENTER LTD
TX	1346246840	MEMORIAL HERMANN WEST HOUSTON SURGERY CENTER LLC
TX	1407144132	STONE OAK SURGERY CENTER
TX	1427134998	HILL COUNTRY MEMORIAL SURGERY CENTER
TX	1528377678	NORTH TEXAS TEAM CARE SURGERY CENTER LLC
TX	1528604675	SURGERY CENTER OF NORTH TEXAS PLLC
TX	1588636278	AUESTETIC PLASTIC SURGERY CENTER LP DBA MUSEUM DISTRICT AMBULATORY SURGERY CENTER
TX	1609400290	ORTHOPAEDIC ASSOCIATES OF CENTRAL TEXAS SURGERY CENTER LLC
TX	1639682503	SOUTH PLAINS SURGERY CENTER LLC
TX	1730702523	TEXAS HELATH SURGERY CENTER WAXAHACHIE
TX	1740654664	RYMD SURGERY CENTER LLC DBA CRYSTAL OUTPATIENT SURGERY CENTER
TX	1750528717	ROUND ROCK SURGERY CENTER LLC
TX	1821471640	WATERMERE SURGERY CENTER LLC
UT	1437205028	CENTRAL UTAH CLINIC SURGERY CENTER
VA	1053345082	VIRGINIA CENTER FOR EYE SURGERY
VA	1629045133	MONTICELLO COMMUNITY SURGERY CENTER LLC
VA	1942462064	MCCONE MT VERNON ENDOSCOPY CENTER

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