

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

WM. BACKUS 4025144  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
092	HEALTHTRACK SCREENING		280	ONCOLOGY	
093	HEALTHTRACK SCREENING REF		289	ONCOLOGY/OTHE	
094	HEALTHTRACK SCREENING TRE				
250	PHARMACY	0.399	290	MED EQUIP/DUR/	1.000
251	DRUGS/GENERIC		291	MED EQUIP/RENT	
252	DRUGS/NONGENERIC		292	MED EQUIP/NEW	1.000
253	DRUGS/TAKEHOME		299	MED EQUIP/OTHE	1.000
254	DRUGS/INCIDENT OTHER DX		300_****	LABORATORY	
255	DRUGS/INCIDENT RAD	0.305	301_****	LAB/CHEMISTRY	
256	DRUGS/EXPERIMT		302_****	LAB/IMMUNOLOG	
257	DRUGS/NONPSCRPT		303_****	LAB/RENAL HOME	
258	IV SOLUTIONS		304_****	LAB/NR DIALYSIS	
259	DRUGS/OTHER	0.399	305_****	LAB/HEMATOLOG	
260	IV THERAPY	0.399	306_****	LAB/BACT-MICRO	
261	IV THER/INFSN PUMP		307_****	LAB/UROLOGY	
262	IV THER/PHARM/SVC		309_****	LAB/OTHER	
263	IV THER/DRUG/SUPPLY DELV		310	PATHOLOGY LAB	0.197
264	IV THER/SUPPLIES		311	PATHOL/CYTOLO	
269	IV THERAPY/OTHER		312	PATHOL/HISTOL	
270	MED-SUR SUPPLIES	1.000	314	PATHOL/BIOPSY	
271	NON-STER SUPPLY		319	PATHOL/OTHER	
272	STERILE SUPPLY		320	DX X-RAY	0.305
273	TAKEHOME SUPPLY		321	DX X-RAY/ANGIO	0.305
274	PROSTH/ORTH DEV	1.000	322	DX X-RAY/ARTH	0.305
275	PACEMAKER	1.000	323	DX X-RAY/ARTER	0.305
276	INTROC LENS	1.000	@ 324	DX X-RAY/CHEST	\$28.90
277	O2/TAKEHOME	1.000	@ 329	DX X-RAY/OTHER	0.305
278	SUPPLY/IMPLANTS	1.000	330	RX X-RAY	
279	SUPPLY/OTHERS				

\*\*\*\* See Hospital Lab Fee Schedule WWW.CTDSSMAP.COM

@ RCC 324 - See Provider Bulletin 2015-20 - The following CPT codes must be billed only under RCC 324: 71010, 71015, 71020, 70121, 71022, 71030, and 71035.

@ RCC 329 - See Provider Bulletin 2015-20 - The following CPT codes for chest x-ray with fluoroscopy must be billed in conjunction with RCC 329: 71023 and 71034.

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

WM. BACKUS 4025144  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
331	CHEMOTHER/INJ		383	BLOOD/PLASMA	
332	CHEMOTHER/ORAL		384	BLOOD/PLATELET	
333	RADIATION RX	0.378	385	BLOOD/LEUCOCY	
335	CHEMOTHERP-IV	0.346	386	BLOOD/COMPONI	
339	RX X-RAY/OTHER		387	BLOOD/DERIVATI	
			389	BLOOD/OTHER	
340	NUCLEAR MEDICINE	0.203	390	BLOOD/STOR-PRI	0.197
341	NUC MED/DX	0.203	391	BLOOD/ADMIN	0.197
342	NUC MED/RX		399	BLOOD/OTHER S	
349	NUC MED/OTHER				
350	CT SCAN	\$145.46	400	IMAGE SERVICE	
351	CT SCAN/HEAD	\$145.46	401	DIAG MAMMOGRF	0.195
352	CT SCAN/BODY	\$145.46	402	ULTRASOUND	\$104.98
359	CT SCAN/OTHER	\$48.71	@ 403	SCRN MAMMOGR	\$117.91
			404	PET SCAN	0.346
360	OR SERVICES	0.391 @	409	OTHER IMAG SVS	
361	OR/MINOR	0.391 @			
362	OR/ORGAN TRANS		410	RESPIRATORY SV	0.520
367	OR/KIDNEY TRANS		412	INHALATION SVC	
369	OR/OTHER		413	HYPERBARIC O2	0.346
			419	OTHER RESPIR S	0.520
370	ANESTHESIA	0.091			
371	ANESTHE/INCIDENT RAD		420	PHYSICAL THERP	\$83.98
372	ANESTHE/INCDNT OTHER DX		421	PHYS THERP.VISI	\$83.98
374	ANESTHE/ACUPUNC		422	PHYS THERP/HOL	
379	ANESTHE/OTHER		423	PHYS THERP/GRC	
			424	PHYS THERP/EVA	\$83.98
380	BLOOD	0.197	429	OTHER PHYS THE	
381	BLOOD/PKD RED				
382	BLOOD/WHOLE		430	OCCUPATION THI	\$97.24
			431	OCCUP THERP/VI	\$97.24
			432	OCCUP THERP/H	

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

@ RCC 403 - See Provider Bulletin 2015-20 - The following CPT codes must be billed in conjunction with RCC 403: 77052, 77057, and G0202.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

WM. BACKUS 4025144  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
433	OCCUP THERP/GROUP		510	CLINIC	\$57.23
434	OCCUP THERP/EVAL	\$97.24	511	CHRONIC PAIN CI	
439	OTHER OCCUP THERP		513	PSYCH CLINIC	
440	SPEECH PATHOL	\$106.08	514	OB-GYN CLINIC	\$57.23
441	SPEECH PATH/VISIT		515	PEDS CLINIC	
442	SPEECH PATH/HOUR		519	OTHER/CLINIC	
443	SPEECH PATH/GROUP		530	OSTEOPATH SVS	
444	SPEECH PATH/EVAL	\$262.99	531	OSTEOPATH RX	
449	OTHER SPEECH PAT		539	OTHER OSTEOPA	
450	EMERG ROOM	\$156.82	610	MRI	\$145.46
456	EMERG ROOM/URGENT CARE	\$57.23	611	MRI-BRAIN	\$145.46
460	PULMONARY FUNC	0.205	612	MRI-SPINE	\$145.46
469	OTHER PULMON FUNC		619	MRI-OTHER	
470	AUDIOLOGY		621	MED/SUR SUPP/II	1.000
471	AUDIOLOGY/DX	0.567	622	MED/SUR/INCDNT	1.000
472	AUDIOLOGY/RX		631	DRUG/SNGL	
479	OTHER AUDIOL		632	DRUG/MULT	
480	CARDIOLOGY	0.205	633	DRUG/RSTR	
481	CARDIAC CATH LAB	0.205	634	DRUG/EPO<=10,0	0.399
482	STRESS TEST	0.205	635	DRUG/EPO>=10,0	0.399
489	OTHER CARDIOL		636	DRUGS/DETAIL C	0.399
490	AMBL SURG	0.391 @	640	NOT ASSIGNED	
499	OTHER AMBL SURG	0.391 @	660-690	NOT ASSIGNED	
500	OUTPATIENT SVS		700	CAST ROOM	
509	OUTPATIENT/OTHER				

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, Is reimbursed at a fixed fee of \$2,000.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

WM. BACKUS 4025144  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
710	RECOVERY ROOM	0.522	801	DIALY/INPUT	
720	DELIVROOM/LABOR	0.567	802	DIALY/INPT/PER	
721	LABOR		803	DIALY/INPT/CAPD	
722	DELIVERY ROOM		804	DIALY/INPT/CCPD	
723	CIRCUMCISION	0.391	809	DIALY/INPT/OTHE	
724	BIRTHING CENTER		810	ORGAN/ACQUISIT	
729	OTHER/DELIV-LABOR		811	LIVING DONOR	
730	EKG/ECG	\$51.94	812	CADAVER DONOR	
731	HOLTER MONT	\$201.11	813	UNKNOWN DONC	
732	TELEMETRY		814	UNSUCCESSFUL	
739	OTHER EKG/ECG		819	OTHER DONOR	
740	EEG	\$300.56	820	HEMO/OP OR HOI	\$228.74
750	GASTR-INTS SVS	\$114.92	821	HEMO/COMPOSIT	
760	TREATMENT ROOM	0.391	822	HEMO/HOME/SUF	
761	TREATMENT RM.	0.346	823	HEMO/HOME/EQL	
762	OBSERVATION RM.	0.746	824	HEMO/HOME/100%	
769	OTHER TREATMENT RM		825	HEMO/HOME/SUF	
771	VACCINE ADMIN	\$2.00	829	HEMO/HOME/OTF	
790	LITHOTRIPSY	0.391	830	PERITONEAL/OP	1.000
800	RENAL DIALYSIS	1.000	831	PERTNL/COMPOS	
			832	PERTNL/HOME/SU	
			833	PERTNL/HOME/EC	
			834	PERTNL/HOME/1C	
			835	PERTNL/HOME/SU	
			839	PERTNL/HOME/O	

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

WM. BACKUS 4025144  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
840	CAPD/OP OR HOME	\$98.35	902	MILIEU THERAPY	
841	CAPD/COMPOSITE	\$98.35	903	PLAY THERAPY	
842	CAPD/HOME/SUPPL		911	PSTAY/REHAB	
843	CAPD/HOME/EQUIP		912	PARTIAL HOSP. "H	
844	CAPD/HOME/100%		917	PSTAY/BIOFEED	
845	CAPD/HOME/SUPSERV		920	OTHER DX SVS	
849	CAPD/HOME/OTHER	\$98.35	921	PERI VASCUL LAE	0.205
850	CCPD/OP OR HOME	1.000	922	EMG	0.346
851	CCPD/COMPOSITE		923	PAP SMEAR	\$14.76
852	CCPD/HOME/SUPPL		924	ALLERGY TEST	
853	CCPD/HOME/EQUIP		925	PREG TEST	
854	CCPD/HOME/100%		929	ADDITIONAL DX S	0.205
855	CCPD/HOME/SUPSERV				
859	CCPD/HOME/OTHER				
860-870 RESERVED FOR DIALYSIS			930 NOT ASSIGNED		
880	DIALY/MISC		940	OTHER RX SVS	
881	DIALY/ULTRAFILT		941	RECREATION RX	
882	HOME DIALYSIS AIDE VISIT		942	EDUC/TRAINING	
889	DIALY/MISC/OTHER	1.000	943	CARDIAC REHAB	0.205
890	DONOR BANK		944	DRUG REHAB	
891	DONOR BANK/BONE		945	ALCOHOL REHAB	
892	DONOR BANK/ORGAN		949	ADDITIONAL RX S	
893	DONOR BANK/SKIN		@ 953	CHEMICAL DEPENDENCY	\$30.00
899	OTHER DONOR BANK				

RCC 900-919 - SEE NEXT PAGE.

@ RCC 953 - See Provider Bulletins 2014-74 and 2015-37 - RCC 953 is for tobacco cessation counseling groups and must be billed with CPT 99412.

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

WM. BACKUS 4025144  
Hospital

UB-04 Revenue		Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue		Ratio of Cost to Charge - R.C. Factor or Fixed Fee
<u>Center Code</u>	<u>Description</u>		<u>Center Code</u>	<u>Description</u>	
950 NOT ASSIGNED			ADDITIONAL REVENUE CENTER CODES:		
960	PRO FEE		294	MED EQUIP/SUPP	
961	PRO FEE/PSYCH		623	SURGICAL DRESS	
962	PRO FEE/EYE		770	PREVENT CARE S	
963	PRO FEE ANES MD		904	ACTIVITY THERAF	
964	PRO FEE/ANES CRNA		946	CMLX MED EQU	
969	OTHER PRO FEE		947	CMLX MED EQU	
971	PRO FEE LAB		451	ER/EMTALA	
972	PRO FEE/RAD/DX		452	ER/BEYOND EMT,	
973	PRO FEE/RAD/RX		516	URGENT CLINIC_	
974	PRO FEE/NUC MED		517	FAMILY CARE_	
975	PRO FEE/OR				
976	PRO FEE/RESPIR				
977	PRO FEE/PHYSI				
978	PRO FEE/OCCUPA				
979	PRO FEE/SPEECH				
981	PRO FEE/ER	\$91.07			
982	PRO FEE/OUTPT				
983	PRO FEE/CLINIC				
984	PRO FEE/SOC SVS				
985	PRO FEE/EKG				
986	PRO FEE/EEG				
987	PRO FEE/HOS VIS				
988	PRO FEE/CONSULT				
989	FEE/PVT NURSE				

  

BEHAVIORAL HEALTH RATES		
900	PSTAY TREATMEI	\$124.87
901	ELECTRO SHOCK	\$105.46
905	IOP PSYCH	\$142.94
906	IOP CHEM DEPEN	\$142.94
907	COMMUNITY BEH	\$0.00
913	PARTIAL HOSP. "F	\$222.82
914	PSTAY/IINDIV RX_	\$71.19
915	PSTAY/GROUP R)	\$34.49
916	PSTAY/FAMILY R)	\$84.12
918	PSTAY/TESTING_	\$64.60
919	PSTAY/OTHER_	\$47.21

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2 General Hospital Out-Patient Rates	BRIDGEPORT Hospital 4025003
---	--------------------------------

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
092	HEALTHTRACK SCREENING		280	ONCOLOGY	
093	HEALTHTRACK SCREENING RE		289	ONCOLOGY/OTHER	
094	HEALTHTRACK SCREENING TR				
250	PHARMACY	0.159	290	MED EQUIP/DURAB	
251	DRUGS/GENERIC		291	MED EQUIP/RENT	
252	DRUGS/NONGENERIC		292	MED EQUIP/NEW	
253	DRUGS/TAKEHOME		299	MED EQUIP/OTHER	
254	DRUGS/INCIDENT OTHER DX	0.159	300****	LABORATORY	
255	DRUGS/INCIDENT RAD	0.159	301****	LAB/CHEMISTRY	
256	DRUGS/EXPERIMT		302****	LAB/IMMUNOLOGY	
257	DRUGS/NONPSCRPT		303****	LAB/RENAL HOME	
258	IV SOLUTIONS	0.181	304****	LAB/NR DIALYSIS	
259	DRUGS/OTHER	0.159	305****	LAB/HEMOTOLOGY	
260	IV THERAPY	0.181	306****	LAB/BACT-MICRO	
261	IV THER/INFSN PUMP		307****	LAB/UROLOGY	
262	IV THER/PHARM/SVC		309****	LAB/OTHER	
263	IV THER/DRUG/SUPPLY DELV		310	PATHOLOGY LAB	0.112
264	IV THER/SUPPLIES		311	PATHOL/CYTOLOGY	0.112
269	IV THERAPY/OTHER		312	PATHOL/HISTOL	0.112
270	MED-SUR SUPPLIES	0.625	314	PATHOL/BIOPSY	0.112
271	NON-STER SUPPLY	0.625	319	PATHOL/OTHER	
272	STERILE SUPPLY	0.625	320	DX X-RAY	0.228
273	TAKEHOME SUPPLY		321	DX X-RAY/ANGIO	
274	PROSTH/ORTH DEV	0.625	322	DX X-RAY/ARTH	
275	PACEMAKER	0.625	323	DX X-RAY/ARTER	
276	INTROC LENS	0.625	@ 324	DX X-RAY/CHEST	\$28.90
277	O2/TAKEHOME		@ 329	DX X-RAY/OTHER	0.228
278	SUPPLY/IMPLANTS	0.625			
279	SUPPLY/OTHERS		330	RX X-RAY	0.160

\*\*\*\* See Hospital Lab Fee Schedule WWW.CTDSSMAP.COM

@ RCC 324 - See Provider Bulletin 2015-20 - The following CPT codes must be billed only under RCC 324: 71010, 71015, 71020, 70121, 71022, 71030, and 71035.

@ RCC 329 - See Provider Bulletin 2015-20 - The following CPT codes for chest x-ray with fluoroscopy must be billed in conjunction with RCC 329: 71023 and 71034.

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

BRIDGEPORT  
Hospital 4025003

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
331	CHEMOTHER/INJ	0.160	383	BLOOD/PLASMA	
332	CHEMOTHER/ORAL	0.160	384	BLOOD/PLATELETS	
333	RADIATION RX	0.160	385	BLOOD/LEUCOCYTES	
335	CHEMOTHERP-IV	0.160	386	BLOOD/COMPONENTS	
339	RX X-RAY/OTHER		387	BLOOD/DERIVATIVES	
			389	BLOOD/OTHER	0.112
340	NUCLEAR MEDICINE	0.123	390	BLOOD/STOR-PROC	0.112
341	NUC MED/DX		391	BLOOD/ADMIN	0.112
342	NUC MED/RX		399	BLOOD/OTHER STOR	
349	NUC MED/OTHER				
350	CT SCAN	\$145.46	400	IMAGE SERVICE	
351	CT SCAN/HEAD	\$145.46	401	DIAG MAMMOGRPHY	0.228
352	CT SCAN/BODY	\$145.46	402	ULTRASOUND	\$104.98
359	CT SCAN/OTHER		@ 403	SCRN MAMMOGRPHY	\$117.91
			404	PET SCAN	0.147
360	OR SERVICES	0.340 @	409	OTHER IMAG SVS	
361	OR/MINOR	0.340 @			
362	OR/ORGAN TRANS		410	RESPIRATORY SVC	0.214
367	OR/KIDNEY TRANS		412	INHALATION SVC	
369	OR/OTHER	0.340 @	413	HYPERBARIC O2	0.742
			419	OTHER RESPIR SVS	
370	ANESTHESIA	0.067			
371	ANESTHE/INCIDENT RAD		420	PHYSICAL THERP	\$83.98
372	ANESTHE/INCDNT OTHER DX	0.067	421	PHYS THERP.VISIT	
374	ANESTHE/ACUPUNC		422	PHYS THERP/HOUR	
379	ANESTHE/OTHER		423	PHYS THERP/GROUP	
			424	PHYS THERP/EVAL	\$83.98
380	BLOOD	0.112	429	OTHER PHYS THERP	\$83.98
381	BLOOD/PKD RED				
382	BLOOD/WHOLE		430	OCCUPATION THER	\$97.24
			431	OCCUP THERP/VISIT	
			432	OCCUP THERP/HOUR	

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

@ RCC 403 - See Provider Bulletin 2015-20 - The following CPT codes must be billed in conjunction with RCC 403: 77052, 77057, and G0202.



Medical Services Policy 150.2 General Hospital Out-Patient Rates	BRIDGEPORT Hospital 4025003
---	--------------------------------

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
433	OCCUP THERP/GROUP		510	CLINIC	\$57.23
434	OCCUP THERP/EVAL	\$97.24	511	CHRONIC PAINI CL	
439	OTHER OCCUP THERP		513	PSYCH CLINIC	
440	SPEECH PATHOL	\$106.08	514	OB-GYN CLINIC	\$57.23
441	SPEECH PATH/VISIT		515	PEDS CLINIC	\$57.23
442	SPEECH PATH/HOUR		519	OTHER/CLINIC	\$57.23
443	SPEECH PATH/GROUP		530	OSTEOPATH SVS	
444	SPEECH PATH/EVAL	\$262.99	531	OSTEOPATH RX	
449	OTHER SPECH PAT		539	OTHER OSTEOPATH	
450	EMERG ROOM	\$156.82	610	MRI	\$145.46
456	EMERG ROOM/URGENT CARE	\$57.23	611	MRI-BRAIN	\$145.46
460	PULMONARY FUNC	0.305	612	MRI-SPINE	\$145.46
469	OTHER PULMON FUNC		614	MRI-OTHER	\$145.46
470	AUDIOLOGY		615	MRA-HEAD AND NECK	\$145.46
471	AUDIOLOGY/DX	0.735	616	MRA-LOWER EXTREMITIES	\$145.46
472	AUDIOLOGY/RX		618	MRA-OTHER	\$145.46
479	OTHER AUDIOL		619	OTHER MRT	\$145.46
480	CARDIOLOGY	0.105	621	MED/SUR SUPP/INCIDENT RAD	0.228
481	CARDIAC CATH LAB	0.105	622	MED/SUR/INCDNT ODX	0.625
482	STRESS TEST	0.105	623	SURG DRESSING	0.625
489	OTHER CARDIOL		631	DRUG/SNGL	
490	AMBL SURG	0.144 @	632	DRUG/MULT	
499	OTHER AMBL SURG	0.144 @	633	DRUG/RSTR	
500	OUTPATIENT SVS		634	DRUG/EPO<=10,000 UNITS	0.159
509	OUTPATIENT/OTHER		635	DRUG/EPO>=10,000 UNITS	0.159
			636	DRUGS/DETAIL CODE	0.159
			640	NOT ASSIGNED	
			660-690	NOT ASSIGNED	
			682	TRAUMA RESPONSE	\$156.82
			700	CAST ROOM	0.000

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

BRIDGEPORT  
Hospital 4025003

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
710	RECOVERY ROOM	0.256	801	DIALY/INPUT	
720	DELIVROOM/LABOR	0.269	802	DIALY/INPT/PER	
721	LABOR		803	DIALY/INPT/CAPD	
722	DELIVERY ROOM		804	DIALY/INPT/CCPD	
723	CIRCUMCISION	0.269	809	DIALY/INPT/OTHER	
724	BIRTHING CENTER		810	ORGAN/ACQUISIT	
729	OTHER/DELIV-LABOR		811	LIVING DONOR	
730	EKG/ECG	\$51.94	812	CADAVER DONOR	
731	HOLTER MONT	\$201.11	813	UNKNOWN DONOR	
732	TELEMETRY	\$45.31	814	KIDNEY/OTHER	
739	OTHER EKG/ECG		819	OTHER DONOR	
740	EEG	\$300.56	820	HEMO/OP OR HOME	\$228.74
750	GASTR-INTS SVS	\$114.92	821	HEMO/COMPOSITE	\$228.74
760	TREATMENT ROOM		822	HEMO/HOME/SUPPL	
761	TREATMENT RM.	0.046	823	HEMO/HOME/EQUIP	
762	OBSERVATION RM.	0.071	824	HEMO/HOME/100%	
769	OTHER TREATMENT RM		825	HEMO/HOME/SUPSERV	
771	VACCINE ADMIN	\$2.00	829	HEMO/HOME/OTHER	
790	LITHOTRIPSY	0.144	830	PERITONEAL/OP OR HOME	
800	RENAL DIALYSIS	0.536	831	PERTNL/COMPOSITE	
			832	PERTNL/HOME/SUPPL	
			833	PERTNL/HOME/EQUIP	
			834	PERTNL/HOME/100%	
			835	PERTNL/HOME/SUPSERV	
			839	PERTNL/HOME/OTHER	

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

BRIDGEPORT  
Hospital 4025003

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
840	CAPD/OP OR HOME		903	PLAY THERAPY	
841	CAPD/COMPOSITE				
842	CAPD/HOME/SUPPL		911	PSTAY/REHAB	
843	CAPD/HOME/EQUIP		912	PARTIAL HOSP. "HALFDAY"	
844	CAPD/HOME/100%		917	PSTAY/BIOFEED	
845	CAPD/HOME/SUPSERV				
849	CAPD/HOME/OTHER		920	OTHER DX SVS	0.216
			921	PERI VASCUL LAB	0.216
850	CCPD/OP OR HOME		922	EMG	0.475
851	CCPD/COMPOSITE		923	PAP SMEAR	\$14.76
852	CCPD/HOME/SUPPL		924	ALLERGY TEST	
853	CCPD/HOME/EQUIP		925	PREG TEST	
854	CCPD/HOME/100%		929	ADDITIONAL DX SVS (Sleep Studies)	\$728.00
855	CCPD/HOME/SUPSERV				
859	CCPD/HOME/OTHER		930	NOT ASSIGNED	
860-870	RESERVED FOR DIALYSIS		940	OTHER RX SVS	0.046
			941	RECREATION RX	
880	DIALY/MISC		942	EDUC/TRAINING	
881	DIALY/ULTRAFILT		943	CARDIAC REHAB	0.105
882	HOME DIALYSIS AIDE VISIT		944	DRUG REHAB	
889	DIALY/MISC/OTHER		945	ALCOHOL REHAB	
			948	PULMONARY REHAB	0.305
890	DONOR BANK		949	ADDITIONAL RX SVX	
891	DONOR BANK/BONE		@ 953	CHEMICAL DEPENDENCY	\$30.00
892	DONOR BANK/ORGN				
893	DONOR BANK/SKIN				
899	OTHER DONOR BANK				

**RCC 900-919 - SEE NEXT PAGE.**

902 MILIEU THERAPY

@ RCC 953 - See Provider Bulletins 2014-74 and 2015-37 - RCC 953 is for tobacco cessation counseling groups and must be billed with CPT 99412.

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

BRIDGEPORT  
Hospital 4025003

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
950 NOT ASSIGNED		
960	PRO FEE	
961	PRO FEE/PSYCH	0.742
962	PRO FEE/EYE	
963	PRO FEE ANES MD	
964	PRO FEE/ANES CRNA	
969	OTHER PRO FEE	
971	PRO FEE LAB	
972	PRO FEE/RAD/DX	
973	PRO FEE/RAD/RX	
974	PRO FEE/NUC MED	
975	PRO FEE/OR	
976	PRO FEE/RESPIR	
977	PRO FEE/PHYSI	
978	PRO FEE/OCCUPA	
979	PRO FEE/SPEECH	
981	PRO FEE/ER	\$91.07
982	PRO FEE/OUTPT	
983	PRO FEE/CLINIC	
984	PRO FEE/SOC SVS	
985	PRO FEE/EKG	0.182
986	PRO FEE/EEG	0.475
987	PRO FEE/HOS VIS	
988	PRO FEE/CONSULT	
989	FEE/PVT NURSE	

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
ADDITIONAL REVENUE CENTER CODES:		
294	MED EQUIP/SUPPLIES/DRUGS	
770	PREVENT CARE SVS	
904	ACTIVITY THERAPY	
946	CMLPX MED EQUIP - ROUT	
947	CMLPX MED EQUIP - ANC	
451	ER/EMTALA	
452	ER/BEYOND EMTALA	
516	URGENT CLINIC	
517	FAMILY CARE	

**BEHAVIORAL HEALTH RATES**

900	PSTAY TREATMENT	\$124.87
901	ELECTRO SHOCK	\$105.46
905	IOP PSYCH	\$142.94
906	IOP CHEM DEPENDENCY	\$142.94
907	COMMUNITY BEHAVIORAL	\$0.00
913	PARTIAL HOSP. "FULLDAY"	\$222.82
914	PSTAY/INDIV RX	\$71.19
915	PSTAY/GROUP RX	\$34.49
916	PSTAY/FAMILY RX	\$84.12
918	PSTAY/TESTING	\$64.60
919	PSTAY/OTHER	\$47.21

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2 General Hospital Out-Patient Rates	BRISTOL 4025193 Hospital
---	-----------------------------

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
092	HEALTHTRACK SCREENING		280	ONCOLOGY	0.373
093	HEALTHTRACK SCREENING REF		289	ONCOLOGY/OTHER	
094	HEALTHTRACK SCREENING TRE				
250	PHARMACY	0.171	290	MED EQUIP/DURAB	0.282
251	DRUGS/GENERIC		291	MED EQUIP/RENT	
252	DRUGS/NONGENERIC		292	MED EQUIP/NEW	
253	DRUGS/TAKEHOME		299	MED EQUIP/OTHER	
254	DRUGS/INCIDENT OTHER DX	0.171	300_****	LABORATORY	
255	DRUGS/INCIDENT RAD	0.171	301_****	LAB/CHEMISTRY	
256	DRUGS/EXPERIMT		302_****	LAB/IMMUNOLOGY	
257	DRUGS/NONPSCRPT		303_****	LAB/RENAL HOME	
258	IV SOLUTIONS	0.171	304_****	LAB/NR DIALYSIS	
259	DRUGS/OTHER		305_****	LAB/HEMOTOLOGY	
260	IV THERAPY	0.282	306_****	LAB/BACT-MICRO	
261	IV THER/INFSN PUMP		307_****	LAB/UROLOGY	
262	IV THER/PHARM/SVC		309_****	LAB/OTHER	
263	IV THER/DRUG/SUPPLY DELV		310	PATHOLOGY LAB	0.227
264	IV THER/SUPPLIES	0.282	311	PATHOL/CYTOLOGY	
269	IV THERAPY/OTHER		312	PATHOL/HISTOL	
270	MED-SUR SUPPLIES	0.282	314	PATHOL/BIOPSY	
271	NON-STER SUPPLY	0.282	319	PATHOL/OTHER	
272	STERILE SUPPLY	0.282	320	DX X-RAY	0.338
273	TAKEHOME SUPPLY		321	DX X-RAY/ANGIO	
274	PROSTH/ORTH DEV		322	DX X-RAY/ARTH	
275	PACEMAKER	0.282	323	DX X-RAY/ARTER	
276	INTROC LENS	0.256	@ 324	DX X-RAY/CHEST	\$28.90
277	O2/TAKEHOME		@ 329	DX X-RAY/OTHER	0.338
278	SUPPLY/IMPLANTS	0.282			
279	SUPPLY/OTHERS	0.282	330	RX X-RAY	

\*\*\*\* See Hospital Lab Fee Schedule WWW.CTDSSMAP.COM

@ RCC 324 - See Provider Bulletin 2015-20 - The following CPT codes must be billed only under RCC 324: 71010, 71015, 71020, 70121, 71022, 71030, and 71035.

@ RCC 329 - See Provider Bulletin 2015-20 - The following CPT codes for chest x-ray with fluoroscopy must be billed in conjunction with RCC 329: 71023 and 71034.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

BRISTOL 4025193  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
331	CHEMOTHER/INJ	0.373	383	BLOOD/PLASMA	
332	CHEMOTHER/ORAL		384	BLOOD/PLATELETS	
333	RADIATION RX		385	BLOOD/LEUCOCYTES	
335	CHEMOTHERP-IV	0.373	386	BLOOD/COMPONENTS	
339	RX X-RAY/OTHER		387	BLOOD/DERIVATIVES	
340	NUCLEAR MEDICINE	0.097	389	BLOOD/OTHER	
341	NUC MED/DX	0.097			
342	NUC MED/RX	0.097	390	BLOOD/STOR-PROC	0.227
343	NUC MED/RX-Diag Pharmaceutical	0.097	391	BLOOD/ADMIN	0.227
344	NUC MED/Therapeutic Radiopharm	0.097	399	BLOOD/OTHER STOR	
349	NUC MED/OTHER				
350	CT SCAN	\$145.46	400	IMAGE SERVICE	
351	CT SCAN/HEAD	\$145.46	401	DIAG MAMMOGRPHY	0.338
352	CT SCAN/BODY	\$145.46	402	ULTRASOUND	\$104.98
359	CT SCAN/OTHER		@ 403	SCRN MAMMOGRPHY	\$117.91
			404	PET SCAN	0.097
360	OR SERVICES	0.256 @	409	OTHER IMAG SVS	
361	OR/MINOR	0.256 @			
362	OR/ORGAN TRANS		410	RESPIRATORY SVC	0.428
367	OR/KIDNEY TRANS		412	INHALATION SVC	
369	OR/OTHER	0.338 @	413	HYPERBARIC 02	0.236
			419	OTHER RESPIR SVS	
370	ANESTHESIA	0.256			
371	ANESTHE/INCIDENT RAD		420	PHYSICAL THERP	\$83.98
372	ANESTHE/INCDNT OTHER DX		421	PHYS THERP.VISIT	\$83.98
374	ANESTHE/ACUPUNC		422	PHYS THERP/HOUR	
379	ANESTHE/OTHER		423	PHYS THERP/GROUP	
			424	PHYS THERP/EVAL	\$83.98
380	BLOOD		429	OTHER PHYS THERP	
381	BLOOD/PKD RED				
382	BLOOD/WHOLE		430	OCCUPATION THER	\$97.24
			431	OCCUP THERP/VISIT	\$97.24
			432	OCCUP THERP/HOUR	

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

@ RCC 403 - See Provider Bulletin 2015-20 - The following CPT codes must be billed in conjunction with RCC 403: 77052, 77057, and G0202.

Medical Services Policy 150.2 General Hospital Out-Patient Rates	BRISTOL 4025193 Hospital
---	-----------------------------

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
433	OCCUP THERP/GROUP		510	CLINIC	\$57.23
434	OCCUP THERP/EVAL	\$97.24	511	CHRONIC PAIN CL	\$57.23
439	OTHER OCCUP THERP		513	PSYCH CLINIC	
440	SPEECH PATHOL	\$106.08	514	OB-GYN CLINIC	\$57.23
441	SPEECH PATH/VISIT	\$106.08	515	PEDS CLINIC	\$57.23
442	SPEECH PATH/HOUR		519	OTHER/CLINIC	
443	SPEECH PATH/GROUP		530	OSTEOPATH SVS	
444	SPEECH PATH/EVAL	\$262.99	531	OSTEOPATH RX	
449	OTHER SPECH PAT		539	OTHER OSTEOPATH	
450	EMERG ROOM	\$156.82	610	MRI	\$145.46
456	EMERG ROOM/URGENT CARE	\$57.23	611	MRI-BRAIN	
460	PULMONARY FUNC	0.177	612	MRI-SPINE	
469	OTHER PULMON FUNC		619	MRI-OTHER	
470	AUDIOLOGY	0.306	621	MED/SUR SUPP/INCIDENT RAD	0.282
471	AUDIOLOGY/DX		622	MED/SUR/INCDNT ODX	
472	AUDIOLOGY/RX		631	DRUG/SNGL	
479	OTHER AUDIOL		632	DRUG/MULT	
480	CARDIOLOGY	0.177	633	DRUG/RSTR	
481	CARDIAC CATH LAB		634	DRUG/EPO<=10,000 UNITS	0.171
482	STRESS TEST	0.177	635	DRUG/EPO>=10,000 UNITS	0.171
489	OTHER CARDIOL	0.177	636	DRUGS/DETAIL CODE	0.171
490	AMBL SURG	0.353 @	640	NOT ASSIGNED	
499	OTHER AMBL SURG	0.353 @	660-690	NOT ASSIGNED	
500	OUTPATIENT SVS		700	CAST ROOM	
509	OUTPATIENT/OTHER				

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

BRISTOL 4025193  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
710	RECOVERY ROOM	0.352	801	DIALY/INPUT	
720	DELIVROOM/LABOR	0.473	802	DIALY/INPT/PER	
721	LABOR		803	DIALY/INPT/CAPD	
722	DELIVERY ROOM		804	DIALY/INPT/CCPD	
723	CIRCUMCISION	0.473	809	DIALY/INPT/OTHER	
724	BIRTHING CENTER		810	ORGAN/ACQUISIT	
729	OTHER/DELIV-LABOR		811	LIVING DONOR	
730	EKG/ECG	\$51.94	812	CADAVER DONOR	
731	HOLTER MONT	\$201.11	813	UNKNOWN DONOR	
732	TELEMETRY		814	KIDNEY/OTHER	
739	OTHER EKG/ECG		819	OTHER DONOR	
740	EEG	\$300.56	820	HEMO/OP OR HOME	
750	GASTR-INTS SVS	\$114.92	821	HEMO/COMPOSITE	
760	TREATMENT ROOM		822	HEMO/HOME/SUPPL	
761	TREATMENT RM.	0.236	823	HEMO/HOME/EQUIP	
762	OBSERVATION RM.	0.301	824	HEMO/HOME/100%	
769	OTHER TREATMENT RM		825	HEMO/HOME/SUPSERV	
771	VACCINE ADMIN	\$2.00	829	HEMO/HOME/OTHER	
790	LITHOTRIPSY		830	PERITONEAL/OP OR HOME	
800	RENAL DIALYSIS		831	PERTNL/COMPOSITE	
			832	PERTNL/HOME/SUPPL	
			833	PERTNL/HOME/EQUIP	
			834	PERTNL/HOME/100%	
			835	PERTNL/HOME/SUPSERV	
			839	PERTNL/HOME/OTHER	



Medical Services Policy 150.2  
General Hospital Out-Patient Rates

BRISTOL 4025193  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
840	CAPD/OP OR HOME		903	PLAY THERAPY	
841	CAPD/COMPOSITE				
842	CAPD/HOME/SUPPL		911	PSTAY/REHAB	
843	CAPD/HOME/EQUIP		912	PARTIAL HOSP. "HALFDAY"	
844	CAPD/HOME/100%		917	PSTAY/BIOFEED	
845	CAPD/HOME/SUPSERV				
849	CAPD/HOME/OTHER		920	OTHER DX SVS	0.353
			921	PERI VASCUL LAB	0.177
850	CCPD/OP OR HOME		922	EMG	0.177
851	CCPD/COMPOSITE		923	PAP SMEAR	\$14.76
852	CCPD/HOME/SUPPL		924	ALLERGY TEST	
853	CCPD/HOME/EQUIP		925	PREG TEST	
854	CCPD/HOME/100%		929	ADDITIONAL DX SVS (Sleep Studies)	
855	CCPD/HOME/SUPSERV				
859	CCPD/HOME/OTHER				
			930	NOT ASSIGNED	
860-870	RESERVED FOR DIALYSIS		940	OTHER RX SVS	0.373
880	DIALY/MISC		941	RECREATION RX	
881	DIALY/ULTRAFILT		942	EDUC/TRAINING	
882	HOME DIALYSIS AIDE VISIT		943	CARDIAC REHAB	0.177
889	DIALY/MISC/OTHER		944	DRUG REHAB	
			945	ALCOHOL REHAB	
890	DONOR BANK		949	ADDITIONAL RX SVX	
891	DONOR BANK/BONE		@ 953	CHEMICAL DEPENDENCY	\$30.00
892	DONOR BANK/ORGN				
893	DONOR BANK/SKIN				
899	OTHER DONOR BANK				
<b>RCC 900-919 - SEE NEXT PAGE.</b>					
902	MILIEU THERAPY				

@ RCC 953 - See Provider Bulletins 2014-74 and 2015-37 - RCC 953 is for tobacco cessation counseling groups and must be billed with CPT 99412.

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

BRISTOL 4025193  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
950 NOT ASSIGNED		
960	PRO FEE	
961	PRO FEE/PSYCH	0.499
962	PRO FEE/EYE	
963	PRO FEE ANES MD	
964	PRO FEE/ANES CRNA	
969	OTHER PRO FEE	
971	PRO FEE LAB	
972	PRO FEE/RAD/DX	
973	PRO FEE/RAD/RX	
974	PRO FEE/NUC MED	
975	PRO FEE/OR	
976	PRO FEE/RESPIR	
977	PRO FEE/PHYSI	
978	PRO FEE/OCCUPA	
979	PRO FEE/SPEECH	
981	PRO FEE/ER	\$91.07
982	PRO FEE/OUTPT	
983	PRO FEE/CLINIC	
984	PRO FEE/SOC SVS	
985	PRO FEE/EKG	
986	PRO FEE/EEG	
987	PRO FEE/HOS VIS	
988	PRO FEE/CONSULT	
989	FEE/PVT NURSE	

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
ADDITIONAL REVENUE CENTER CODES:		
294	MED EQUIP/SUPPLIES/DRUGS	
623	SURG DRESSING	
770	PREVENT CARE SVS	
904	ACTIVITY THERAPY	
946	CMPLX MED EQUIP - ROUT	
947	CMPLX MED EQUIP - ANC	
451	ER/EMTALA	
452	ER/BEYOND EMTALA	
516	URGENT CLINIC	
517	FAMILY CARE	

**BEHAVIORAL HEALTH RATES**

900	PSTAY TREATMENT	\$124.87
901	ELECTRO SHOCK	\$105.46
905	IOP PSYCH	\$142.94
906	IOP CHEM DEPENDENCY	\$142.94
907	COMMUNITY BEHAVIORAL	\$0.00
913	PARTIAL HOSP. "FULLDAY"	\$222.82
914	PSTAY/INDIV RX	\$71.19
915	PSTAY/GROUP RX	\$34.49
916	PSTAY/FAMILY RX	\$84.12
918	PSTAY/TESTING	\$64.60
919	PSTAY/OTHER	\$47.21

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
Out-Patient Rates

CT CHILDRENS MEDICAL CTR 4159978

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
092	HEALTHTRACK SCREENING		280	ONCOLOGY	
093	HEALTHTRACK SCREENING REF		289	ONCOLOGY/OTHER	
094	HEALTHTRACK SCREENING TRE				
250	PHARMACY	0.396	290	MED EQUIP/DURAB	
251	DRUGS/GENERIC		291	MED EQUIP/RENT	
252	DRUGS/NONGENERIC		292	MED EQUIP/NEW	
253	DRUGS/TAKEHOME		299	MED EQUIP/OTHER	
254	DRUGS/INCIDENT OTHER DX		300 ****	LABORATORY	
255	DRUGS/INCIDENT RAD		301 ****	LAB/CHEMISTRY	
256	DRUGS/EXPERIMT		302 ****	LAB/IMMUNOLOGY	
257	DRUGS/NONPSCRPT		303 ****	LAB/RENAL HOME	
258	IV SOLUTIONS	0.396	304 ****	LAB/NR DIALYSIS	
259	DRUGS/OTHER		305 ****	LAB/HEMOTOLOGY	
260	IV THERAPY	0.396	306 ****	LAB/BACT-MICRO	
261	IV THER/INFSN PUMP		307 ****	LAB/UROLOGY	
262	IV THER/PHARM/SVC		309 ****	LAB/OTHER	
263	IV THER/DRUG/SUPPLY DELV		310	PATHOLOGY LAB	0.328
264	IV THER/SUPPLIES		311	PATHOL/CYTOLOGY	0.328
269	IV THERAPY/OTHER		312	PATHOL/HISTOL	
270	MED-SUR SUPPLIES	0.825	314	PATHOL/BIOPSY	
271	NON-STER SUPPLY	0.825	319	PATHOL/OTHER	
272	STERILE SUPPLY	0.825	320	DX X-RAY	0.310
273	TAKEHOME SUPPLY		321	DX X-RAY/ANGIO	
274	PROSTH/ORTH DEV	0.825	322	DX X-RAY/ARTH	
275	PACEMAKER		323	DX X-RAY/ARTER	
276	INTROC LENS		@ 324	DX X-RAY/CHEST	\$28.90
277	O2/TAKEHOME		@ 329	DX X-RAY/OTHER	0.310
278	SUPPLY/IMPLANTS	0.825			
279	SUPPLY/OTHERS	0.825	330	RX X-RAY	

\*\*\*\* See Hospital Lab Fee Schedule WWW.CTDSSMAP.COM

@ RCC 324 - See Provider Bulletin 2015-20 - The following CPT codes must be billed only under RCC 324: 71010, 71015, 71020, 70121, 71022, 71030, and 71035.

@ RCC 329 - See Provider Bulletin 2015-20 - The following CPT codes for chest x-ray with fluoroscopy must be billed in conjunction with RCC 329: 71023 and 71034.

Medical Services Policy 150.2  
Out-Patient Rates

CT CHILDRENS MEDICAL CTR 4159978

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
331	CHEMOTHER/INJ	0.396	383	BLOOD/PLASMA	
332	CHEMOTHER/ORAL		384	BLOOD/PLATELETS	
333	RADIATION RX		385	BLOOD/LEUCOCYTES	
335	CHEMOTHERP-IV	0.396	386	BLOOD/COMPONENTS	
339	RX X-RAY/OTHER		387	BLOOD/DERIVATIVES	
			389	BLOOD/OTHER	
340	NUCLEAR MEDICINE	0.310			
341	NUC MED/DX	0.310	390	BLOOD/STOR-PROC	0.328
342	NUC MED/RX		391	BLOOD/ADMIN	0.328
349	NUC MED/OTHER		399	BLOOD/OTHER STOR	0.328
350	CT SCAN	\$145.46	400	IMAGE SERVICE	
351	CT SCAN/HEAD	\$145.46	401	DIAG MAMMOGRPHY	
352	CT SCAN/BODY	\$145.46	402	ULTRASOUND	\$104.98
359	CT SCAN/OTHER		@ 403	SCRN MAMMOGRPHY	\$117.91
			409	OTHER IMAG SVS	
360	OR SERVICES	0.246 @			
361	OR/MINOR		410	RESPIRATORY SVC	0.276
362	OR/ORGAN TRANS		412	INHALATION SVC	
367	OR/KIDNEY TRANS		413	HYPERBARIC 02	
369	OR/OTHER		419	OTHER RESPIR SVS	
370	ANESTHESIA	0.246	420	PHYSICAL THERP	\$83.98
371	ANESTHE/INCIDENT RAD		421	PHYS THERP VISIT	\$83.98
372	ANESTHE/INCDNT OTHER DX		422	PHYS THERP/HOUR	
374	ANESTHE/ACUPUNC		423	PHYS THERP/GROUP	
379	ANESTHE/OTHER		424	PHYS THERP/EVAL	\$83.98
			429	OTHER PHYS THERP	\$83.98
380	BLOOD				
381	BLOOD/PKD RED		430	OCCUPATION THER	\$97.24
382	BLOOD/WHOLE		431	OCCUP THERP/VISIT	\$97.24
			432	OCCUP THERP/HOUR	

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

@ RCC 403 - See Provider Bulletin 2015-20 - The following CPT codes must be billed in conjunction with RCC 403: 77052, 77057, and G0202.

Medical Services Policy 150.2 Out-Patient Rates	CT CHILDRENS MEDICAL CTR 4159978
--	----------------------------------

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
433	OCCUP THERP/GROUP		510	CLINIC	\$57.23
434	OCCUP THERP/EVAL	\$97.24	511	CHRONIC PAIN CL	
439	OTHER OCCUP THERP		513	PSYCH CLINIC	
440	SPEECH PATHOL	\$106.08	514	OB-GYN CLINIC	
441	SPEECH PATH/VISIT	\$106.08	515	PEDS CLINIC	
442	SPEECH PATH/HOUR		519	OTHER/CLINIC	
443	SPEECH PATH/GROUP		530	OSTEOPATH SVS	
444	SPEECH PATH/EVAL	\$262.99	531	OSTEOPATH RX	
449	OTHER SPECH PAT		539	OTHER OSTEOPATH	
450	EMERG ROOM	\$156.82	610	MRI	\$145.46
456	EMER ROOM/URGENT CARE	\$57.23	611	MRI-BRAIN	\$145.46
460	PULMONARY FUNC	0.621	612	MRI-SPINE	\$145.46
469	OTHER PULMON FUNC		615	MRI-HEAD & NECK	\$145.46
470	AUDIOLOGY	0.531	616	MRI-LOWER EXTREMITIES	\$145.46
471	AUDIOLOGY/DX	0.531	618	MRI-CHEST	\$145.46
472	AUDIOLOGY/RX		619	MRI-OTHER	
479	OTHER AUDIOL		621	MED/SUR SUPP/INCIDENT RAD	0.310
480	CARDIOLOGY	0.246	622	MED/SUR/INCDNT ODX	
481	CARDIAC CATH LAB	0.246	631	DRUG/SNGL	
482	STRESS TEST		632	DRUG/MULT	
489	OTHER CARDIOL		633	DRUG/RSTR	
490	AMBL SURG	0.000 @	634	DRUG/EPO<=10,000 UNITS	
499	OTHER AMBL SURG		635	DRUG/EPO>=10,000 UNITS	
500	OUTPATIENT SVS		636	DRUGS/DETAIL CODE	0.396
509	OUTPATIENT/OTHER		640	NOT ASSIGNED	
			660-690	NOT ASSIGNED	
			700	CAST ROOM	0.283

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

Medical Services Policy 150.2 Out-Patient Rates	CT CHILDRENS MEDICAL CTR 4159978
--	----------------------------------

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
710	RECOVERY ROOM	0.364	801	DIALY/INPUT	
720	DELIVROOM/LABOR		802	DIALY/INPT/PER	
721	LABOR		803	DIALY/INPT/CAPD	
722	DELIVERY ROOM		804	DIALY/INPT/CCPD	
723	CIRCUMCISION		809	DIALY/INPT/OTHER	
724	BIRTHING CENTER		810	ORGAN/ACQUISIT	
729	OTHER/DELIV-LABOR		811	LIVING DONOR	
730	EKG/ECG	\$51.94	812	CADAVER DONOR	
731	HOLTER MONT		813	UNKNOWN DONOR	
732	TELEMETRY		814	UNSUCCESSFUL SEARCH	
739	OTHER EKG/ECG		819	OTHER DONOR	
740	EEG	\$300.56	820	HEMO/OP OR HOME	
750	GASTR-INTS SVS		821	HEMO/COMPOSITE	
760	TREATMENT ROOM	0.283	822	HEMO/HOME/SUPPL	
761	TREATMENT RM.	0.283	823	HEMO/HOME/EQUIP	
762	OBSERVATION RM.	0.283	824	HEMO/HOME/100%	
769	OTHER TREATMENT RM		825	HEMO/HOME/SUPSERV	
771	VACCINE ADMIN	\$2.00	829	HEMO/HOME/OTHER	
790	LITHOTRIPSY		830	PERITONEAL/OP OR HOME	
800	RENAL DIALYSIS		831	PERTNL/COMPOSITE	
			832	PERTNL/HOME/SUPPL	
			833	PERTNL/HOME/EQUIP	
			834	PERTNL/HOME/100%	
			835	PERTNL/HOME/SUPSERV	
			839	PERTNL/HOME/OTHER	

Medical Services Policy 150.2 Out-Patient Rates	CT CHILDRENS MEDICAL CTR 4159978
--	----------------------------------

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
840	CAPD/OP OR HOME		903	PLAY THERAPY	
841	CAPD/COMPOSITE				
842	CAPD/HOME/SUPPL		911	PSTAY/REHAB	
843	CAPD/HOME/EQUIP		912	PARTIAL HOSP.	
844	CAPD/HOME/100%		917	PSTAY/BIOFEED	
845	CAPD/HOME/SUPSERV				
849	CAPD/HOME/OTHER		920	OTHER DX SVS	0.310
			921	PERI VASCUL LAB	
850	CCPD/OP OR HOME		922	EMG	0.231
851	CCPD/COMPOSITE		923	PAP SMEAR	\$14.76
852	CCPD/HOME/SUPPL		924	ALLERGY TEST	
853	CCPD/HOME/EQUIP		925	PREG TEST	0.328
854	CCPD/HOME/100%		929	ADDITIONAL DX SVS (Sleep Studies)	\$728.00
855	CCPD/HOME/SUPSERV				
859	CCPD/HOME/OTHER				
			930	NOT ASSIGNED	
860-870	RESERVED FOR DIALYSIS		940	SLEEP STUDIES FOR CHILDREN	\$1,020.00
880	DIALY/MISC		941	RECREATION RX	
881	DIALY/ULTRAFILT		942	EDUC/TRAINING	
882	HOME DIALYSIS AIDE VISIT		943	CARDIAC REHAB	
889	DIALY/MISC/OTHER		944	DRUG REHAB	
			945	ALCOHOL REHAB	
890	DONOR BANK		949	ADDITIONAL RX SVX	
891	DONOR BANK/BONE		@ 953	CHEMICAL DEPENDENCY	\$30.00
892	DONOR BANK/ORGN				
893	DONOR BANK/SKIN				
899	OTHER DONOR BANK				

**RCC 900-919 - SEE NEXT PAGE.**

902 MILIEU THERAPY

@ RCC 953 - See Provider Bulletins 2014-74 and 2015-37 - RCC 953 is for tobacco cessation counseling groups and must be billed with CPT 99412.

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
Out-Patient Rates

CT CHILDRENS MEDICAL CTR 4159978

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
950	NOT ASSIGNED		NEW REVENUE CENTER CODES:		
960	PRO FEE		294	MED EQUIP/SUPPLIES/DRUGS	
961	PRO FEE/PSYCH		404	PET SCAN	
962	PRO FEE/EYE		623	SURG. DRESSING	
963	PRO FEE ANES MD		770	PREVENT CARE SVS	
964	PRO FEE/ANES CRNA		904	ACTIVITY THERAPY	
969	OTHER PRO FEE		946	CMLPX MED EQUIP - ROUT	
971	PRO FEE LAB		947	CMLPX MED EQUIP - ANC	
972	PRO FEE/RAD/DX		451	ER/EMTALA	
973	PRO FEE/RAD/RX		452	ER/BEYOND EMTALA	
974	PRO FEE/NUC MED		516	URGENT CLINIC	
975	PRO FEE/OR		517	FAMILY CARE	
976	PRO FEE/RESPIR		<b>BEHAVIORAL HEALTH RATES</b>		
977	PRO FEE/PHYSI		900	PSTAY TREATMENT	\$124.87
978	PRO FEE/OCCUPA		901	ELECTRO SHOCK	\$105.46
979	PRO FEE/SPEECH		905	IOP PSYCH	\$142.94
981	PRO FEE/ER		906	IOP CHEM DEPENDENCY	\$142.94
982	PRO FEE/OUTPT		907	COMMUNITY BEHAVIORAL	\$0.00
983	PRO FEE/CLINIC		913	PARTIAL HOSP. "FULLDAY"	\$222.82
984	PRO FEE/SOC SVS		914	PSTAY/INDIV RX	\$71.19
985	PRO FEE/EKG		915	PSTAY/GROUP RX	\$34.49
986	PRO FEE/EEG		916	PSTAY/FAMILY RX	\$84.12
987	PRO FEE/HOS VIS		918	PSTAY/TESTING	\$64.60
988	PRO FEE/CONSULT		919	PSTAY/OTHER	\$47.21
989	FEE/PVT NURSE				

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.



Medical Services Policy 150.2 General Hospital Out-Patient Rates	DANBURY Hospital Provider #: 4025227 8055717
---	--

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
092	HEALTHTRACK SCREENING		280	ONCOLOGY	0.981
093	HEALTHTRACK SCREENING REF		289	ONCOLOGY/OTHER	0.613
094	HEALTHTRACK SCREENING TRE				
250	PHARMACY	0.302	290	MED EQUIP/DURAB	
251	DRUGS/GENERIC		291	MED EQUIP/RENT	
252	DRUGS/NONGENERIC		292	MED EQUIP/NEW	
253	DRUGS/TAKEHOME	0.249	299	MED EQUIP/OTHER	
254	DRUGS/INCIDENT OTHER DX	0.249	300 ****	LABORATORY	
255	DRUGS/INCIDENT RAD	0.095	301 ****	LAB/CHEMISTRY	
256	DRUGS/EXPERIMT		302 ****	LAB/IMMUNOLOGY	
257	DRUGS/NONPSCRPT		303 ****	LAB/RENAL HOME	
258	IV SOLUTIONS	0.046	304 ****	LAB/NR DIALYSIS	
259	DRUGS/OTHER		305 ****	LAB/HEMOTOLOGY	
260	IV THERAPY	0.302	306 ****	LAB/BACT-MICRO	
261	IV THER/INFSN PUMP		307 ****	LAB/UROLOGY	
262	IV THER/PHARM/SVC	0.046	309 ****	LAB/OTHER	
263	IV THER/DRUG/SUPPLY DELV		310	PATHOLOGY LAB	0.212
264	IV THER/SUPPLIES	0.046	311	PATHOL/CYTOLOGY	0.212
269	IV THERAPY/OTHER		312	PATHOL/HISTOL	0.212
270	MED-SUR SUPPLIES	0.742	314	PATHOL/BIOPSY	0.613
271	NON-STER SUPPLY		319	PATHOL/OTHER	
272	STERILE SUPPLY	0.312	320	DX X-RAY	0.461
273	TAKEHOME SUPPLY		321	DX X-RAY/ANGIO	
274	PROSTH/ORTH DEV	0.742	322	DX X-RAY/ARTH	
275	PACEMAKER	0.283	323	DX X-RAY/ARTER	0.461
276	INTROC LENS	0.278	@ 324	DX X-RAY/CHEST	\$28.90
277	O2/TAKEHOME		@ 329	DX X-RAY/OTHER	0.461
278	SUPPLY/IMPLANTS	0.742			
279	SUPPLY/OTHERS		330	RX X-RAY	0.222

\*\*\*\* See Hospital Lab Fee Schedule WWW.CTDSSMAP.COM

@ RCC 324 - See Provider Bulletin 2015-20 - The following CPT codes must be billed only under RCC 324: 71010, 71015, 71020, 70121, 71022, 71030, and 71035.

@ RCC 329 - See Provider Bulletin 2015-20 - The following CPT codes for chest x-ray with fluoroscopy must be billed in conjunction with RCC 329: 71023 and 71034.

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2 General Hospital Out-Patient Rates	DANBURY Hospital Provider #: 4025227 8055717
---	--

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
331	CHEMOTHER/INJ	0.302	383	BLOOD/PLASMA	
332	CHEMOTHER/ORAL	0.981	384	BLOOD/PLATELETS	
333	RADIATION RX	0.222	385	BLOOD/LEUCOCYTES	
335	CHEMOTHERP-IV	0.302	386	BLOOD/COMPONENTS	
339	RX X-RAY/OTHER		387	BLOOD/DERIVATIVES	0.613
340	NUCLEAR MEDICINE	0.362	389	BLOOD/OTHER	
341	NUC MED/DX	0.216			
342	NUC MED/RX		390	BLOOD/STOR-PROC	0.212
343	NUC MED/Diagnostic Radiopharmaceuticals	0.362	391	BLOOD/ADMIN	0.212
344	NUC MED/Therapeutic Radiopharmaceuticals	0.362	399	BLOOD/OTHER STOR	
349	NUC MED/OTHER	0.362			
350	CT SCAN	\$145.46	400	IMAGE SERVICE	
351	CT SCAN/HEAD	\$145.46	401	DIAG MAMMOGRPHY	0.461
352	CT SCAN/BODY	\$145.46	402	ULTRASOUND	\$104.98
359	CT SCAN/OTHER		@ 403	SCRN MAMMOGRPHY	\$117.91
			404	PET SCAN	0.101
360	OR SERVICES	0.278 @	409	OTHER IMAG SVS	
361	OR/MINOR	0.278 @			
362	OR/ORGAN TRANS		410	RESPIRATORY SVC	0.258
367	OR/KIDNEY TRANS		412	INHALATION SVC	
369	OR/OTHER	0.278 @	413	HYPERBARIC 02	0.258
			419	OTHER RESPIR SVS	
370	ANESTHESIA	0.258			
371	ANESTHE/INCIDENT RAD		420	PHYSICAL THERP	\$83.98
372	ANESTHE/INCDNT OTHER DX		421	PHYS THERP.VISIT	\$83.98
374	ANESTHE/ACUPUNC		422	PHYS THERP/HOUR	
379	ANESTHE/OTHER		423	PHYS THERP/GROUP	
			424	PHYS THERP/EVAL	\$83.98
380	BLOOD		429	OTHER PHYS THERP	
381	BLOOD/PKD RED				
382	BLOOD/WHOLE		430	OCCUPATION THER	\$97.24
			431	OCCUP THERP/VISIT	\$97.24
			432	OCCUP THERP/HOUR	

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

@ RCC 403 - See Provider Bulletin 2015-20 - The following CPT codes must be billed in conjunction with RCC 403: 77052, 77057, and G0202.

Medical Services Policy 150.2 General Hospital Out-Patient Rates	DANBURY Hospital Provider #: 4025227 8055717
---	--

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
433	OCCUP THERP/GROUP		510	CLINIC	\$57.23
434	OCCUP THERP/EVAL	\$97.24	511	CHRONIC PAIN CL	\$57.23
439	OTHER OCCUP THERP		513	PSYCH CLINIC	
440	SPEECH PATHOL	\$106.08	514	OB-GYN CLINIC	\$57.23
441	SPEECH PATH/VISIT	\$106.08	515	PEDS CLINIC	\$57.23
442	SPEECH PATH/HOUR		519	OTHER/CLINIC	\$57.23
443	SPEECH PATH/GROUP		530	OSTEOPATH SVS	
444	SPEECH PATH/EVAL	\$262.99	531	OSTEOPATH RX	
449	OTHER SPECH PAT		539	OTHER OSTEOPATH	
450	EMERG ROOM	\$156.82	610	MRI	\$145.46
456	EMERG ROOM/URGENT CARE	\$57.23	611	MRI-BRAIN	\$145.46
460	PULMONARY FUNC	0.785	612	MRI-SPINE	\$145.46
469	OTHER PULMON FUNC		619	MRI-OTHER	
470	AUDIOLOGY	0.468	621	MED/SUR SUPP/INCIDENT RAD	0.742
471	AUDIOLOGY/DX		622	MED/SUR/INCDNT ODX	0.312
472	AUDIOLOGY/RX		631	DRUG/SNGL	
479	OTHER AUDIOL		632	DRUG/MULT	
480	CARDIOLOGY	0.283	633	DRUG/RSTR	
481	CARDIAC CATH LAB	0.283	634	DRUG/EPO<=10,000 UNITS	0.734
482	STRESS TEST	0.283	635	DRUG/EPO>=10,000 UNITS	0.734
483	ECHOCARDIOLOGY	0.283	636	DRUGS/DETAIL CODE	0.302
489	OTHER CARDIOL	0.162	640	NOT ASSIGNED	
490	AMBL SURG	0.281 @	660-690	NOT ASSIGNED	
499	OTHER AMBL SURG	0.281 @	682	TRAUMA RESPONSE - LEVEL II	\$156.82
500	OUTPATIENT SVS		700	CAST ROOM	0.485
509	OUTPATIENT/OTHER				

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

Medical Services Policy 150.2 General Hospital Out-Patient Rates	DANBURY Hospital Provider #: 4025227 8055717
---	--

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
710	RECOVERY ROOM	0.282	801	DIALY/INPUT	
720	DELIVROOM/LABOR	0.348	802	DIALY/INPT/PER	
721	LABOR		803	DIALY/INPT/CAPD	
722	DELIVERY ROOM		804	DIALY/INPT/CCPD	
723	CIRCUMCISION		809	DIALY/INPT/OTHER	
724	BIRTHING CENTER		810	ORGAN/ACQUISIT	
729	OTHER/DELIV-LABOR		811	LIVING DONOR	
730	EKG/ECG	\$51.94	812	CADAVR DONOR	
731	HOLTER MONT	\$201.11	813	UNKNOWN DONOR	
732	TELEMETRY	\$45.31	814	KIDNEY/OTHER	
739	OTHER EKG/ECG		819	OTHER DONOR	
740	EEG	\$300.56	820	HEMO/OP OR HOME	\$228.74
750	GASTR-INTS SVS	\$114.92	821	HEMO/COMPOSITE	\$228.74
760	TREATMENT ROOM	0.319	822	HEMO/HOME/SUPPL	
762	OBSERVATION RM.	0.319	823	HEMO/HOME/EQUIP	
769	OTHER TREATMENT RM		824	HEMO/HOME/100%	
771	VACCINE ADMIN	\$2.00	825	HEMO/HOME/SUPSERV	
790	LITHOTRIPSY	0.278	829	HEMO/HOME/OTHER	
800	RENAL DIALYSIS		830	PERITONEAL/OP OR HOME	0.734
			831	PERTNL/COMPOSITE	0.734
			832	PERTNL/HOME/SUPPL	
			833	PERTNL/HOME/EQUIP	
			834	PERTNL/HOME/100%	
			835	PERTNL/HOME/SUPSERV	
			839	PERTNL/HOME/OTHER	

Medical Services Policy 150.2 General Hospital Out-Patient Rates	DANBURY Hospital Provider #: 4025227 8055717
---	--

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
840	CAPD/OP OR HOME	\$98.35	903	PLAY THERAPY	
841	CAPD/COMPOSITE				
842	CAPD/HOME/SUPPL		911	PSTAY/REHAB	
843	CAPD/HOME/EQUIP		912	PARTIAL HOSP. "HALFDAY"	
844	CAPD/HOME/100%		917	PSTAY/BIOFEED	
845	CAPD/HOME/SUPSERV				
849	CAPD/HOME/OTHER		920	OTHER DX SVS	0.319
			921	PERI VASCUL LAB	0.212
850	CCPD/OP OR HOME		922	EMG	1.000
851	CCPD/COMPOSITE		923	PAP SMEAR	\$14.76
852	CCPD/HOME/SUPPL		924	ALLERGY TEST	1.000
853	CCPD/HOME/EQUIP		925	PREG TEST	
854	CCPD/HOME/100%		929	ADDITIONAL DX SVS (Sleep Studies)	\$728.00
855	CCPD/HOME/SUPSERV				
859	CCPD/HOME/OTHER		930	NOT ASSIGNED	
860-870 RESERVED FOR DIALYSIS			940	OTHER RX SVS	0.981
880	DIALY/MISC		941	RECREATION RX	
881	DIALY/ULTRAFILT	0.734	942	EDUC/TRAINING	
882	HOME DIALYSIS AIDE VISIT		943	CARDIAC REHAB	0.283
889	DIALY/MISC/OTHER		944	DRUG REHAB	\$12.00
			945	ALCOHOL REHAB	
890	DONOR BANK		949	ADDITIONAL RX SVX	0.212
891	DONOR BANK/BONE		@ 953	CHEMICAL DEPENDENCY	\$30.00
892	DONOR BANK/ORGAN				
893	DONOR BANK/SKIN				
899	OTHER DONOR BANK				

**RCC 900-919 - SEE NEXT PAGE.**

902 MILIEU THERAPY

@ RCC 953 - See Provider Bulletins 2014-74 and 2015-37 - RCC 953 is for tobacco cessation counseling groups and must be billed with CPT 99412.

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2 General Hospital Out-Patient Rates	DANBURY Hospital Provider #: 4025227 8055717
---	--

<u>UB-04 Revenue Center Code</u>	<u>Description</u>	<u>Ratio of Cost to Charge - R.C. Factor or Fixed Fee</u>	<u>UB-04 Revenue Center Code</u>	<u>Description</u>	<u>Ratio of Cost to Charge - R.C. Factor or Fixed Fee</u>
950	NOT ASSIGNED		ADDITIONAL REVENUE CENTER CODES:		
960	PRO FEE		294	MED EQUIP/SUPPLIES/DRUGS	
961	PRO FEE/PSYCH		761	TREATMENT RM.	
962	PRO FEE/EYE		623	SURG DRESSING	
963	PRO FEE ANES MD		770	PREVENT CARE SVS	
964	PRO FEE/ANES CRNA		904	ACTIVITY THERAPY	
969	OTHER PRO FEE		946	CMPLX MED EQUIP - ROUT	
			947	CMPLX MED EQUIP - ANC	
971	PRO FEE LAB	0.613	451	ER/EMTALA	
972	PRO FEE/RAD/DX		452	ER/BEYOND EMTALA	
973	PRO FEE/RAD/RX		516	URGENT CLINIC	
974	PRO FEE/NUC MED		517	FAMILY CARE	
975	PRO FEE/OR		<b>BEHAVIORAL HEALTH RATES</b>		
976	PRO FEE/RESPIR	0.391	900	PSTAY TREATMENT	\$124.87
977	PRO FEE/PHYSI		901	ELECTRO SHOCK	\$105.46
978	PRO FEE/OCCUPA		905	IOP PSYCH	\$142.94
979	PRO FEE/SPEECH		906	IOP CHEM DEPENDENCY	\$142.94
981	PRO FEE/ER	\$91.07	907	COMMUNITY BEHAVIORAL	\$0.00
982	PRO FEE/OUTPT	0.981	913	PARTIAL HOSP. "FULLDAY"	\$222.82
983	PRO FEE/CLINIC		914	PSTAY/INDIV RX	\$71.19
984	PRO FEE/SOC SVS		915	PSTAY/GROUP RX	\$34.49
985	PRO FEE/EKG	0.578	916	PSTAY/FAMILY RX	\$84.12
986	PRO FEE/EEG		918	PSTAY/TESTING	\$64.60
987	PRO FEE/HOS VIS		919	PSTAY/OTHER	\$47.21
988	PRO FEE/CONSULT				
989	FEE/PVT NURSE				

I Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

DAY KIMBALL HOSPITAL  
Provider #: 4024931  
7228881

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
092	HEALTHTRACK SCREENING		280	ONCOLOGY	1.000
093	HEALTHTRACK SCREENING REF		289	ONCOLOGY/OTHER	
094	HEALTHTRACK SCREENING TRE.				
250	PHARMACY	0.534	290	MED EQUIP/DURAB	
251	DRUGS/GENERIC		291	MED EQUIP/RENT	
252	DRUGS/NONGENERIC		292	MED EQUIP/NEW	
253	DRUGS/TAKEHOME		299	MED EQUIP/OTHER	
254	DRUGS/INCIDENT OTHER DX	0.534	300 ****	LABORATORY	
255	DRUGS/INCIDENT RAD	0.432	301 ****	LAB/CHEMISTRY	
256	DRUGS/EXPERIMT		302 ****	LAB/IMMUNOLOGY	
257	DRUGS/NONPSCRPT		303 ****	LAB/RENAL HOME	
258	IV SOLUTIONS	0.180	304 ****	LAB/NR DIALYSIS	
259	DRUGS/OTHER		305 ****	LAB/HEMOTOLOGY	
260	IV THERAPY	0.180	306 ****	LAB/BACT-MICRO	
261	IV THER/INFSN PUMP		307 ****	LAB/UROLOGY	
262	IV THER/PHARM/SVC		309 ****	LAB/OTHER	
263	IV THER/DRUG/SUPPLY DELV		310	PATHOLOGY LAB	0.383
264	IV THER/SUPPLIES		311	PATHOL/CYTOLOGY	
269	IV THERAPY/OTHER		312	PATHOL/HISTOL	
270	MED-SUR SUPPLIES	0.459	314	PATHOL/BIOPSY	
271	NON-STER SUPPLY		319	PATHOL/OTHER	
272	STERILE SUPPLY		320	DX X-RAY	0.463
273	TAKEHOME SUPPLY		321	DX X-RAY/ANGIO	
274	PROSTH/ORTH DEV		322	DX X-RAY/ARTH	
275	PACEMAKER	0.459	323	DX X-RAY/ARTER	
276	INTROC LENS	0.459	@ 324	DX X-RAY/CHEST	\$28.90
277	O2/TAKEHOME		@ 329	DX X-RAY/OTHER	0.463
278	SUPPLY/IMPLANTS	0.459			
279	SUPPLY/OTHERS		330	RX X-RAY	

\*\*\*\* See Hospital Lab Fee Schedule WWW.CTDSSMAP.COM

@ RCC 324 - See Provider Bulletin 2015-20 - The following CPT codes must be billed only under RCC 324: 71010, 71015, 71020, 70121, 71022, 71030, and 71035.

@ RCC 329 - See Provider Bulletin 2015-20 - The following CPT codes for chest x-ray with fluoroscopy must be billed in conjunction with RCC 329: 71023 and 71034.

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

DAY KIMBALL HOSPITAL  
Provider #: 4024931  
7228881

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
331	CHEMOTHER/INJ		383	BLOOD/PLASMA	
332	CHEMOTHER/ORAL		384	BLOOD/PLATELETS	
333	RADIATION RX		385	BLOOD/LEUCOCYTES	
335	CHEMOTHERP-IV	1.000	386	BLOOD/COMPONENTS	
339	RX X-RAY/OTHER		387	BLOOD/DERIVATIVES	
340	NUCLEAR MEDICINE	0.432	389	BLOOD/OTHER	
341	NUC MED/DX		390	BLOOD/STOR-PROC	0.383
342	NUC MED/RX		391	BLOOD/ADMIN	0.383
349	NUC MED/OTHER		399	BLOOD/OTHER STOR	
350	CT SCAN		400	IMAGE SERVICE	
351	CT SCAN/HEAD	\$145.46	401	DIAG MAMMOGRPHY	0.463
352	CT SCAN/BODY	\$145.46	402	ULTRASOUND	\$104.98
359	CT SCAN/OTHER		@ 403	SCRN MAMMOGRPHY	\$117.91
360	OR SERVICES	0.355 @	404	PET SCAN	0.463
361	OR/MINOR	0.355 @	409	OTHER IMAG SVS	
362	OR/ORGAN TRANS		410	RESPIRATORY SVC	0.446
367	OR/KIDNEY TRANS		412	INHALATION SVC	
369	OR/OTHER		413	HYPERBARIC O2	
370	ANESTHESIA	0.136	419	OTHER RESPIR SVS	
371	ANESTHE/INCIDENT RAD		420	PHYSICAL THERP	\$83.98
372	ANESTHE/INCDNT OTHER DX	0.136	421	PHYS THERP.VISIT	\$83.98
374	ANESTHE/ACUPUNC		422	PHYS THERP/HOUR	
379	ANESTHE/OTHER		423	PHYS THERP/GROUP	
380	BLOOD		424	PHYS THERP/EVAL	\$83.98
381	BLOOD/PKD RED		429	OTHER PHYS THERP	
382	BLOOD/WHOLE		430	OCCUPATION THER	\$97.24
			431	OCCUP THERP/VISIT	\$97.24
			432	OCCUP THERP/HOUR	

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

@ RCC 403 - See Provider Bulletin 2015-20 - The following CPT codes must be billed in conjunction with RCC 403: 77052, 77057, and G0202.



Medical Services Policy 150.2  
General Hospital Out-Patient Rates

DAY KIMBALL HOSPITAL  
Provider #: 4024931  
7228881

<u>UB-04 Revenue Center Code</u>	<u>Description</u>	<u>Ratio of Cost to Charge - R.C. Factor or Fixed Fee</u>	<u>UB-04 Revenue Center Code</u>	<u>Description</u>	<u>Ratio of Cost to Charge - R.C. Factor or Fixed Fee</u>
433	OCCUP THERP/GROUP		510	CLINIC	\$57.23
434	OCCUP THERP/EVAL	\$97.24	511	CHRONIC PAIN CL	
439	OTHER OCCUP THERP		513	PSYCH CLINIC	
440	SPEECH PATHOL	\$106.08	514	OB-GYN CLINIC	\$57.23
441	SPEECH PATH/VISIT	\$106.08	515	PEDS CLINIC	\$57.23
442	SPEECH PATH/HOUR		519	OTHER/CLINIC	
443	SPEECH PATH/GROUP		530	OSTEOPATH SVS	
444	SPEECH PATH/EVAL	\$262.99	531	OSTEOPATH RX	
449	OTHER SPECH PAT		539	OTHER OSTEOPATH	
450	EMERG ROOM	\$156.82	610	MRI	
456	EMERG ROOM/URGENT CARE	\$57.23	611	MRI-BRAIN	\$145.46
460	PULMONARY FUNC	0.446	612	MRI-SPINE	\$145.46
469	OTHER PULMON FUNC		614	MRI-OTHER	\$145.46
470	AUDIOLOGY	0.602	615	MRI-HEAD & NECK	\$145.46
471	AUDIOLOGY/DX		616	MRI-LOWER EXTREMITIES	\$145.46
472	AUDIOLOGY/RX		618	MRI-OTHER	\$145.46
479	OTHER AUDIOL		619	MRI-OTHER	\$145.46
480	CARDIOLOGY	1.000	621	MED/SUR SUPP/INCIDENT RAD	0.463
481	CARDIAC CATH LAB		622	MED/SUR/INCDNT ODX	0.459
482	STRESS TEST	1.000	631	DRUG/SNGL	
489	OTHER CARDIOL		632	DRUG/MULT	
490	AMBL SURG	1.000 @	633	DRUG/RSTR	
499	OTHER AMBL SURG	1.000 @	634	DRUG/EPO<=10,000 UNITS	
500	OUTPATIENT SVS		635	DRUG/EPO>=10,000 UNITS	
509	OUTPATIENT/OTHER		636	DRUGS/DETAIL CODE	1.000
			640	NOT ASSIGNED	
			660-690	NOT ASSIGNED	
			700	CAST ROOM	

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

DAY KIMBALL HOSPITAL  
Provider #: 4024931  
7228881

<u>UB-04 Revenue Center Code</u>	<u>Description</u>	<u>Ratio of Cost to Charge - R.C. Factor or Fixed Fee</u>	<u>UB-04 Revenue Center Code</u>	<u>Description</u>	<u>Ratio of Cost to Charge - R.C. Factor or Fixed Fee</u>
710	RECOVERY ROOM	0.866	801	DIALY/INPUT	
720	DELIVROOM/LABOR	0.602	802	DIALY/INPT/PER	
721	LABOR		803	DIALY/INPT/CAPD	
722	DELIVERY ROOM		804	DIALY/INPT/CCPD	
723	CIRCUMCISION	0.355	809	DIALY/INPT/OTHER	
724	BIRTHING CENTER		810	ORGAN/ACQUISIT	
729	OTHER/DELIV-LABOR	0.602	811	LIVING DONOR	
730	EKG/ECG	\$51.94	812	CADAVER DONOR	
731	HOLTER MONT	\$201.11	813	UNKNOWN DONOR	
732	TELEMETRY		814	KIDNEY/OTHER	
739	OTHER EKG/ECG	0.195	819	OTHER DONOR	
740	EEG	\$300.56	820	HEMO/OP OR HOME	
750	GASTR-INTS SVS	\$114.92	821	HEMO/COMPOSITE	
760	TREATMENT ROOM	0.359	822	HEMO/HOME/SUPPL	
762	OBSERVATION RM.	0.571	823	HEMO/HOME/EQUIP	
769	OTHER TREATMENT RM		824	HEMO/HOME/100%	
771	VACCINE ADMIN	\$2.00	825	HEMO/HOME/SUPSERV	
790	LITHOTRIPSY	0.355	829	HEMO/HOME/OTHER	
800	RENAL DIALYSIS		830	PERITONEAL/OP OR HOME	
			831	PERTNL/COMPOSITE	
			832	PERTNL/HOME/SUPPL	
			833	PERTNL/HOME/EQUIP	
			834	PERTNL/HOME/100%	
			835	PERTNL/HOME/SUPSERV	
			839	PERTNL/HOME/OTHER	

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

DAY KIMBALL HOSPITAL  
Provider #: 4024931  
7228881

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
840	CAPD/OP OR HOME		903	PLAY THERAPY	
841	CAPD/COMPOSITE				
842	CAPD/HOME/SUPPL		911	PSTAY/REHAB	
843	CAPD/HOME/EQUIP		912	PARTIAL HOSP. "HALFDAY"	
844	CAPD/HOME/100%		917	PSTAY/BIOFEED	
845	CAPD/HOME/SUPSERV				
849	CAPD/HOME/OTHER		920	OTHER DX SVS	0.602
			921	PERI VASCUL LAB	0.195
850	CCPD/OP OR HOME		922	EMG	0.498
851	CCPD/COMPOSITE		923	PAP SMEAR	\$14.76
852	CCPD/HOME/SUPPL		924	ALLERGY TEST	
853	CCPD/HOME/EQUIP		925	PREG TEST	
854	CCPD/HOME/100%		929	ADDITIONAL DX SVS_(Sleep Studies)	\$728.00
855	CCPD/HOME/SUPSERV				
859	CCPD/HOME/OTHER		930	NOT ASSIGNED	
860-870 RESERVED FOR DIALYSIS					
880	DIALY/MISC		940	OTHER RX SVS	0.463
881	DIALY/ULTRAFILT		941	RECREATION RX	
882	HOME DIALYSIS AIDE VISIT		942	EDUC/TRAINING	
889	DIALY/MISC/OTHER		943	CARDIAC REHAB	0.971
			944	DRUG REHAB	
890	DONOR BANK	0.459	945	ALCOHOL REHAB	
891	DONOR BANK/BONE		949	ADDITIONAL RX SVX	
892	DONOR BANK/ORGAN		@ 953	CHEMICAL DEPENDENCY	\$30.00
893	DONOR BANK/SKIN				
899	OTHER DONOR BANK				
<b>RCC 900-919 - SEE NEXT PAGE.</b>					
902	MILIEU THERAPY				

@ RCC 953 - See Provider Bulletins 2014-74 and 2015-37 - RCC 953 is for tobacco cessation counseling groups and must be billed with CPT 99412.

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

DAY KIMBALL HOSPITAL  
Provider #: 4024931  
7228881

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
950	NOT ASSIGNED		ADDITIONAL REVENUE CENTER CODES:		
960	PRO FEE		294	MED EQUIP/SUPPLIES/DRUGS	
961	PRO FEE/PSYCH		761	TREATMENT RM.	
962	PRO FEE/EYE		623	SURG DRESSING	
963	PRO FEE ANES MD		770	PREVENT CARE SVS	
964	PRO FEE/ANES CRNA		762	OBSERVATION RM.	
969	OTHER PRO FEE		904	ACTIVITY THERAPY	
971	PRO FEE LAB		946	CMPLX MED EQUIP - ROUT	
972	PRO FEE/RAD/DX		947	CMPLX MED EQUIP - ANC	
973	PRO FEE/RAD/RX		451	ER/EMTALA	
974	PRO FEE/NUC MED		452	ER/BEYOND EMTALA	
975	PRO FEE/OR		516	URGENT CLINIC	
976	PRO FEE/RESPIR		517	FAMILY CARE	
977	PRO FEE/PHYSI		<b>BEHAVIORAL HEALTH RATES</b>		
978	PRO FEE/OCCUPA		900	PSTAY TREATMENT	\$124.87
979	PRO FEE/SPEECH		901	ELECTRO SHOCK	\$105.46
981	PRO FEE/ER	\$91.07	905	IOP PSYCH	\$142.94
982	PRO FEE/OUTPT		906	IOP CHEM DEPENDENCY	\$142.94
983	PRO FEE/CLINIC		907	COMMUNITY BEHAVIORAL	\$0.00
984	PRO FEE/SOC SVS		913	PARTIAL HOSP. "FULLDAY"	\$222.82
985	PRO FEE/EKG		914	PSTAY/INDIV RX	\$71.19
986	PRO FEE/EEG		915	PSTAY/GROUP RX	\$34.49
987	PRO FEE/HOS VIS		916	PSTAY/FAMILY RX	\$84.12
988	PRO FEE/CONSULT		918	PSTAY/TESTING	\$64.60
989	FEE/PVT NURSE		919	PSTAY/OTHER	\$47.21

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

J. DEMPSEY 4025250  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
092	HEALTHTRACK SCREENING		280	ONCOLOGY	0.785
093	HEALTHTRACK SCREENING REF		289	ONCOLOGY/OTHER	
094	HEALTHTRACK SCREENING TRE				
250	PHARMACY	0.283	290	MED EQUIP/DURAB	
251	DRUGS/GENERIC		291	MED EQUIP/RENT	
252	DRUGS/NONGENERIC		292	MED EQUIP/NEW	
253	DRUGS/TAKEHOME		299	MED EQUIP/OTHER	
254	DRUGS/INCIDENT OTHER DX		300 ****	LABORATORY	
255	DRUGS/INCIDENT RAD		301 ****	LAB/CHEMISTRY	
256	DRUGS/EXPERIMT		302 ****	LAB/IMMUNOLOGY	
257	DRUGS/NONPSRCT		303 ****	LAB/RENAL HOME	
258	IV SOLUTIONS	0.283	304 ****	LAB/NR DIALYSIS	
259	DRUGS/OTHER		305 ****	LAB/HEMOTOLOGY	
260	IV THERAPY	0.274	306 ****	LAB/BACT-MICRO	
261	IV THER/INFSN PUMP		307 ****	LAB/UROLOGY	
262	IV THER/PHARM/SVC		309 ****	LAB/OTHER	
263	IV THER/DRUG/SUPPLY DELV		310	PATHOLOGY LAB	0.528
264	IV THER/SUPPLIES		311	PATHOL/CYTOLOGY	0.528
269	IV THERAPY/OTHER		312	PATHOL/HISTOL	
270	MED-SUR SUPPLIES	0.443	314	PATHOL/BIOPSY	0.528
271	NON-STER SUPPLY	0.443	319	PATHOL/OTHER	
272	STERILE SUPPLY	0.443	320	DX X-RAY	0.420
273	TAKEHOME SUPPLY		321	DX X-RAY/ANGIO	
274	PROSTH/ORTH DEV		322	DX X-RAY/ARTH	
275	PACEMAKER	0.443	323	DX X-RAY/ARTER	
276	INTROC LENS	0.443	@ 324	DX X-RAY/CHEST	\$28.90
277	O2/TAKEHOME		@ 329	DX X-RAY/OTHER	0.420
278	SUPPLY/IMPLANTS	0.443	330	RX X-RAY	0.301
279	SUPPLY/OTHERS				

\*\*\*\* See Hospital Lab Fee Schedule WWW.CTDSSMAP.COM

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

@ RCC 324 - See Provider Bulletin 2015-20 - The following CPT codes must be billed only under RCC 324: 71010, 71015, 71020, 70121, 71022, 71030, and 71035.

@ RCC 329 - See Provider Bulletin 2015-20 - The following CPT codes for chest x-ray with fluoroscopy must be billed in conjunction with RCC 329: 71023 and 71034.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

J. DEMPSEY 4025250  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
331	CHEMOTHER/INJ	0.785	383	BLOOD/PLASMA	
332	CHEMOTHER/ORAL	0.785	384	BLOOD/PLATELETS	0.636
333	RADIATION RX	0.301	385	BLOOD/LEUCOCYTES	
335	CHEMOTHERP-IV	0.785	386	BLOOD/COMPONENTS	
339	RX X-RAY/OTHER		387	BLOOD/DERIVATIVES	0.636
			389	BLOOD/OTHER	
340	NUCLEAR MEDICINE	0.317	390	BLOOD/STOR-PROC	0.636
341	NUC MED/DX		391	BLOOD/ADMIN	0.636
342	NUC MED/RX		399	BLOOD/OTHER STOR	
349	NUC MED/OTHER				
350	CT SCAN		400	IMAGE SERVICE	
351	CT SCAN/HEAD	\$145.46	401	DIAG MAMMOGRPHY	0.420
352	CT SCAN/BODY	\$145.46	402	ULTRASOUND	\$104.98
359	CT SCAN/OTHER		@ 403	SCRN MAMMOGRPHY	\$117.91
			404	PET SCAN	0.430
360	OR SERVICES	0.683 @	409	OTHER IMAG SVS	
361	OR/MINOR	0.683 @			
362	OR/ORGAN TRANS		410	RESPIRATORY SVC	0.535
367	OR/KIDNEY TRANS		412	INHALATION SVC	
369	OR/OTHER		413	HYPERBARIC 02	
			419	OTHER RESPIR SVS	
370	ANESTHESIA	0.699	420	PHYSICAL THERP	\$83.98
371	ANESTHE/INCIDENT RAD	0.699	421	PHYS THERP.VISIT	\$83.98
372	ANESTHE/INCDNT OTHER DX		422	PHYS THERP/HOUR	
374	ANESTHE/ACUPUNC		423	PHYS THERP/GROUP	
379	ANESTHE/OTHER		424	PHYS THERP/EVAL	\$83.98
			429	OTHER PHYS THERP	
380	BLOOD		430	OCCUPATION THER	\$97.24
381	BLOOD/PKD RED		431	OCCUP THERP/VISIT	\$97.24
382	BLOOD/WHOLE		432	OCCUP THERP/HOUR	

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

@ RCC 403 - See Provider Bulletin 2015-20 - The following CPT codes must be billed in conjunction with RCC 403: 77052, 77057, and G0202.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

J. DEMPSEY 4025250  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
433	OCCUP THERP/GROUP		510	CLINIC	\$57.23
434	OCCUP THERP/EVAL	\$97.24	511	CHRONIC PAIN CL	
439	OTHER OCCUP THERP		513	PSYCH CLINIC	
440	SPEECH PATHOL	\$106.08	514	OB-GYN CLINIC	\$57.23
441	SPEECH PATH/VISIT	\$106.08	515	PEDS CLINIC	
442	SPEECH PATH/HOUR		519	OTHER/CLINIC	
443	SPEECH PATH/GROUP		530	OSTEOPATH SVS	
444	SPEECH PATH/EVAL	\$262.99	531	OSTEOPATH RX	
449	OTHER SPECH PAT		539	OTHER OSTEOPATH	
450	EMERG ROOM	\$156.82	610	MRI	\$145.46
456	EMERG ROOM/URGENT CARE	\$57.23	611	MRI-BRAIN	
460	PULMONARY FUNC	0.535	612	MRI-SPINE	
469	OTHER PULMON FUNC		619	MRI-OTHER	
470	AUDIOLOGY		621	MED/SUR SUPP/INCIDENT RAD	0.443
471	AUDIOLOGY/DX	0.329	622	MED/SUR/INCDNT ODX	
472	AUDIOLOGY/RX		631	DRUG/SNGL	
479	OTHER AUDIOL		632	DRUG/MULT	
480	CARDIOLOGY	0.597	633	DRUG/RSTR	
481	CARDIAC CATH LAB	0.190	634	DRUG/EPO<=10,000 UNITS	
482	STRESS TEST	0.597	635	DRUG/EPO>=10,000 UNITS	
489	OTHER CARDIOL		636	DRUGS/DETAIL CODE	0.283
490	AMBL SURG	0.714 @	640	NOT ASSIGNED	
499	OTHER AMBL SURG	0.714 @	660-690	NOT ASSIGNED	
500	OUTPATIENT SVS		700	CAST ROOM	
509	OUTPATIENT/OTHER				

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

J. DEMPSEY 4025250  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
710	RECOVERY ROOM	0.668	801	DIALY/INPUT	
720	DELIVROOM/LABOR	0.777	802	DIALY/INPT/PER	
721	LABOR	0.777	803	DIALY/INPT/CAPD	
722	DELIVERY ROOM		804	DIALY/INPT/CCPD	
723	CIRCUMCISION		809	DIALY/INPT/OTHER	
724	BIRTHING CENTER		810	ORGAN/ACQUISIT	
729	OTHER/DELIV-LABOR		811	LIVING DONOR	
730	EKG/ECG	\$51.94	812	CADAVER DONOR	
731	HOLTER MONT		813	UNKNOWN DONOR	
732	TELEMETRY		814	KIDNEY/OTHER	
739	OTHER EKG/ECG		819	OTHER DONOR	0.000
740	EEG	\$300.56	820	HEMO/OP OR HOME	
750	GASTR-INTS SVS	\$114.92	821	HEMO/COMPOSITE	
760	TREATMENT ROOM	0.430	822	HEMO/HOME/SUPPL	
761	TREATMENT RM.	0.430	823	HEMO/HOME/EQUIP	
762	OBSERVATION RM.	0.531	824	HEMO/HOME/100%	
769	OTHER TREATMENT RM		825	HEMO/HOME/SUPSERV	
771	VACCINE ADMIN	\$2.00	829	HEMO/HOME/OTHER	
790	LITHOTRIPSY	0.705	830	PERITONEAL/OP OR HOME	
800	RENAL DIALYSIS	0.705	831	PERTNL/COMPOSITE	
			832	PERTNL/HOME/SUPPL	
			833	PERTNL/HOME/EQUIP	
			834	PERTNL/HOME/100%	
			835	PERTNL/HOME/SUPSERV	
			839	PERTNL/HOME/OTHER	

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.



Medical Services Policy 150.2  
General Hospital Out-Patient Rates

J. DEMPSEY 4025250  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
840	CAPD/OP OR HOME		903	PLAY THERAPY	
841	CAPD/COMPOSITE				
842	CAPD/HOME/SUPPL		911	PSTAY/REHAB	
843	CAPD/HOME/EQUIP		912	PARTIAL HOSP.	
844	CAPD/HOME/100%		917	PSTAY/BIOFEED	
845	CAPD/HOME/SUPSERV				
849	CAPD/HOME/OTHER				
850	CCPD/OP OR HOME		920	OTHER DX SVS	0.430
851	CCPD/COMPOSITE		921	PERI VASCUL LAB	1.000
852	CCPD/HOME/SUPPL		922	EMG	1.000
853	CCPD/HOME/EQUIP		923	PAP SMEAR	\$14.76
854	CCPD/HOME/100%		924	ALLERGY TEST	
855	CCPD/HOME/SUPSERV		925	PREG TEST	
859	CCPD/HOME/OTHER		929	ADDITIONAL DX SVS_(Sleep Studies)	\$728.00
860-870 RESERVED FOR DIALYSIS			930 NOT ASSIGNED		
880	DIALY/MISC		940	OTHER RX SVS	0.785
881	DIALY/ULTRAFILT		941	RECREATION RX	
882	HOME DIALYSIS AIDE VISIT		942	EDUC/TRAINING	
889	DIALY/MISC/OTHER		943	CARDIAC REHAB	
890	DONOR BANK		944	DRUG REHAB	
891	DONOR BANK/BONE		945	ALCOHOL REHAB	
892	DONOR BANK/ORGN		949	ADDITIONAL RX SVX	
893	DONOR BANK/SKIN		@ 953	CHEMICAL DEPENDENCY	\$30.00
899	OTHER DONOR BANK				
<b>RCC 900-919 - SEE NEXT PAGE.</b>					
902	MILIEU THERAPY				

@ RCC 953 - See Provider Bulletins 2014-74 and 2015-37 - RCC 953 is for tobacco cessation counseling groups and must be billed with CPT 99412.

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

J. DEMPSEY 4025250  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
950 NOT ASSIGNED		
960	PRO FEE	
961	PRO FEE/PSYCH	0.430
962	PRO FEE/EYE	
963	PRO FEE ANES MD	
964	PRO FEE/ANES CRNA	
969	OTHER PRO FEE	
971	PRO FEE LAB	
972	PRO FEE/RAD/DX	
973	PRO FEE/RAD/RX	
974	PRO FEE/NUC MED	
975	PRO FEE/OR	
976	PRO FEE/RESPIR	
977	PRO FEE/PHYSI	
978	PRO FEE/OCCUPA	
979	PRO FEE/SPEECH	
981	PRO FEE/ER	\$91.07
982	PRO FEE/OUTPT	
983	PRO FEE/CLINIC	
984	PRO FEE/SOC SVS	
985	PRO FEE/EKG	
986	PRO FEE/EEG	
987	PRO FEE/HOS VIS	
988	PRO FEE/CONSULT	0.430
989	FEE/PVT NURSE	

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
ADDITIONAL REVENUE CENTER CODES:		
294	MED EQUIP/SUPPLIES/DRUGS	
623	SURG DRESSING	
770	PREVENT CARE SVS	
904	ACTIVITY THERAPY	
946	CMLPX MED EQUIP - ROUT	
947	CMLPX MED EQUIP - ANC	
451	ER/EMTALA	
452	ER/BEYOND EMTALA	
516	URGENT CLINIC	
517	FAMILY CARE	

**BEHAVIORAL HEALTH RATES**

900	PSTAY TREATMENT	\$124.87
901	ELECTRO SHOCK	\$105.46
905	IOP PSYCH	\$142.94
906	IOP CHEM DEPENDENCY	\$142.94
907	COMMUNITY BEHAVIORAL	\$0.00
913	PARTIAL HOSP. "FULLDAY"	\$222.82
914	PSTAY/INDIV RX	\$71.19
915	PSTAY/GROUP RX	\$34.49
916	PSTAY/FAMILY RX	\$84.12
918	PSTAY/TESTING	\$64.60
919	PSTAY/OTHER	\$47.21

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

GREENWICH 4025086  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
092	HEALTHTRACK SCREENING		280	ONCOLOGY	0.390
093	HEALTHTRACK SCREENING REF		289	ONCOLOGY/OTHER	
094	HEALTHTRACK SCREENING TRE				
250	PHARMACY	0.222	290	MED EQUIP/DURAB	
251	DRUGS/GENERIC		291	MED EQUIP/RENT	
252	DRUGS/NONGENERIC		292	MED EQUIP/NEW	
253	DRUGS/TAKEHOME	0.222	299	MED EQUIP/OTHER	
254	DRUGS/INCIDENT OTHER DX		300****	LABORATORY	
255	DRUGS/INCIDENT RAD	0.222	301****	LAB/CHEMISTRY	
256	DRUGS/EXPERIMT		302****	LAB/IMMUNOLOGY	
257	DRUGS/NONPSCRPT		303****	LAB/RENAL HOME	
258	IV SOLUTIONS		304****	LAB/NR DIALYSIS	
259	DRUGS/OTHER		305****	LAB/HEMOTOLOGY	
260	IV THERAPY	0.393	306****	LAB/BACT-MICRO	
261	IV THER/INFSN PUMP	0.393	307****	LAB/UROLOGY	
262	IV THER/PHARM/SVC		309****	LAB/OTHER	
263	IV THER/DRUG/SUPPLY DELV		310	PATHOLOGY LAB	0.191
264	IV THER/SUPPLIES		311	PATHOL/CYTOLOGY	
269	IV THERAPY/OTHER		312	PATHOL/HISTOL	
270	MED-SUR SUPPLIES	0.323	314	PATHOL/BIOPSY	
271	NON-STER SUPPLY		319	PATHOL/OTHER	
272	STERILE SUPPLY		320	DX X-RAY	0.198
273	TAKEHOME SUPPLY	0.323	321	DX X-RAY/ANGIO	
274	PROSTH/ORTH DEV		322	DX X-RAY/ARTH	
275	PACEMAKER		323	DX X-RAY/ARTER	
276	INTROC LENS		@ 324	DX X-RAY/CHEST	\$28.90
277	O2/TAKEHOME		@ 329	DX X-RAY/OTHER	0.198
278	SUPPLY/IMPLANTS				
279	SUPPLY/OTHERS		330	RX X-RAY	0.390

\*\*\*\* See Hospital Lab Fee Schedule WWW.CTDSSMAP.COM

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

@ RCC 324 - See Provider Bulletin 2015-20 - The following CPT codes must be billed only under RCC 324: 71010, 71015, 71020, 70121, 71022, 71030, and 71035.

@ RCC 329 - See Provider Bulletin 2015-20 - The following CPT codes for chest x-ray with fluoroscopy must be billed in conjunction with RCC 329: 71023 and 71034.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

GREENWICH 4025086  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
331	CHEMOTHER/INJ		383	BLOOD/PLASMA	
332	CHEMOTHER/ORAL		384	BLOOD/PLATELETS	
333	RADIATION RX		385	BLOOD/LEUCOCYTES	
335	CHEMOTHERP-IV		386	BLOOD/COMPONENTS	
339	RX X-RAY/OTHER		387	BLOOD/DERIVATIVES	
			389	BLOOD/OTHER	
340	NUCLEAR MEDICINE	0.293	390	BLOOD/STOR-PROC	0.191
341	NUC MED/DX		391	BLOOD/ADMIN	0.191
342	NUC MED/RX		399	BLOOD/OTHER STOR	0.191
343	NUC MED/Diagnostic Radiopharmaceuticals	0.293	400	IMAGE SERVICE	
344	NUC MED/Therapeutic Radiopharmaceuticals	0.293	401	DIAG MAMMOGRPHY	0.198
349	NUC MED/OTHER		402	ULTRASOUND	\$104.98
350	CT SCAN	\$145.46	@ 403	SCRN MAMMOGRPHY	\$117.91
351	CT SCAN/HEAD	\$145.46	404	PET SCAN	0.071
352	CT SCAN/BODY	\$145.46	409	OTHER IMAG SVS	
359	CT SCAN/OTHER		410	RESPIRATORY SVC	0.173
360	OR SERVICES	0.210 @	412	INHALATION SVC	
361	OR/MINOR		413	HYPERBARIC 02	0.173
362	OR/ORGAN TRANS		419	OTHER RESPIR SVS	
367	OR/KIDNEY TRANS		420	PHYSICAL THERP	\$83.98
369	OR/OTHER		421	PHYS THERP.VISIT	
370	ANESTHESIA	0.100	422	PHYS THERP/HOUR	
371	ANESTHE/INCIDENT RAD		423	PHYS THERP/GROUP	
372	ANESTHE/INCDNT OTHER DX		424	PHYS THERP/EVAL	\$83.98
374	ANESTHE/ACUPUNC		429	OTHER PHYS THERP	
379	ANESTHE/OTHER		430	OCCUPATION THER	\$97.24
380	BLOOD		431	OCCUP THERP/VISIT	
381	BLOOD/PKD RED		432	OCCUP THERP/HOUR	
382	BLOOD/WHOLE				

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

@ RCC 403 - See Provider Bulletin 2015-20 - The following CPT codes must be billed in conjunction with RCC 403: 77052, 77057, and G0202.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

GREENWICH 4025086  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
433	OCCUP THERP/GROUP		510	CLINIC	\$57.23
434	OCCUP THERP/EVAL		511	CHRONIC PAIN CL	
439	OTHER OCCUP THERP		513	PSYCH CLINIC	
440	SPEECH PATHOL	\$106.08	514	OB-GYN CLINIC	\$57.23
441	SPEECH PATH/VISIT		515	PEDS CLINIC	\$57.23
442	SPEECH PATH/HOUR		519	OTHER/CLINIC	
443	SPEECH PATH/GROUP		530	OSTEOPATH SVS	
444	SPEECH PATH/EVAL		531	OSTEOPATH RX	
449	OTHER SPECH PAT		539	OTHER OSTEOPATH	
450	EMERG ROOM	\$156.82	610	MRI	\$145.46
456	EMERG ROOM/URGENT CARE	\$57.23	611	MRI-BRAIN	
460	PULMONARY FUNC	0.989	612	MRI-SPINE	
469	OTHER PULMON FUNC		619	MRI-OTHER	
470	AUDIOLOGY	0.234	621	MED/SUR SUPP/INCIDENT RAD	
471	AUDIOLOGY/DX		622	MED/SUR/INCNDNT ODX	
472	AUDIOLOGY/RX		631	DRUG/SNGL	
479	OTHER AUDIOL		632	DRUG/MULT	
480	CARDIOLOGY	0.224	633	DRUG/RSTR	
481	CARDIAC CATH LAB	0.191	634	DRUG/EPO<=10,000 UNITS	
482	STRESS TEST	0.224	635	DRUG/EPO>=10,000 UNITS	
489	OTHER CARDIOL		636	DRUGS/DETAIL CODE	0.222
490	AMBL SURG	0.510 @	640	NOT ASSIGNED	
499	OTHER AMBL SURG	0.510 @	660-690	NOT ASSIGNED	
500	OUTPATIENT SVS		700	CAST ROOM	
509	OUTPATIENT/OTHER				

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

Medical Services Policy 150.2 General Hospital Out-Patient Rates	GREENWICH 4025086 Hospital
---	-------------------------------

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
710	RECOVERY ROOM	0.142	801	DIALY/INPUT	
720	DELIVROOM/LABOR	0.352	802	DIALY/INPT/PER	
721	LABOR		803	DIALY/INPT/CAPD	
722	DELIVERY ROOM	0.352	804	DIALY/INPT/CCPD	
723	CIRCUMCISION		809	DIALY/INPT/OTHER	
724	BIRTHING CENTER		810	ORGAN/ACQUISIT	
729	OTHER/DELIV-LABOR		811	LIVING DONOR	
730	EKG/ECG	\$51.94	812	CADAVER DONOR	
731	HOLTER MONT		813	UNKNOWN DONOR	
732	TELEMETRY		814	KIDNEY/OTHER	
739	OTHER EKG/ECG		819	OTHER DONOR	
740	EEG	\$300.56	820	HEMO/OP OR HOME	
750	GASTR-INTS SVS	\$114.92	821	HEMO/COMPOSITE	
760	TREATMENT ROOM	0.510	822	HEMO/HOME/SUPPL	
762	OBSERVATION RM.	0.139	823	HEMO/HOME/EQUIP	
769	OTHER TREATMENT RM		824	HEMO/HOME/100%	
771	VACCINE ADMIN	\$2.00	825	HEMO/HOME/SUPSERV	
790	LITHOTRIPSY		829	HEMO/HOME/OTHER	
800	RENAL DIALYSIS		830	PERITONEAL/OP OR HOME	
			831	PERTNL/COMPOSITE	
			832	PERTNL/HOME/SUPPL	
			833	PERTNL/HOME/EQUIP	
			834	PERTNL/HOME/100%	
			835	PERTNL/HOME/SUPSERV	
			839	PERTNL/HOME/OTHER	

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2 General Hospital Out-Patient Rates	GREENWICH 4025086 Hospital
---	-------------------------------

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
840	CAPD/OP OR HOME		903	PLAY THERAPY	
841	CAPD/COMPOSITE		911	PSTAY/REHAB	
842	CAPD/HOME/SUPPL		912	PARTIAL HOSP."HALFDAY"	
843	CAPD/HOME/EQUIP		917	PSTAY/BIOFEED	
844	CAPD/HOME/100%				
845	CAPD/HOME/SUPSERV				
849	CAPD/HOME/OTHER				
850	CCPD/OP OR HOME		920	OTHER DX SVS	0.352
851	CCPD/COMPOSITE		921	PERI VASCUL LAB	
852	CCPD/HOME/SUPPL		922	EMG	0.486
853	CCPD/HOME/EQUIP		923	PAP SMEAR	\$14.76
854	CCPD/HOME/100%		924	ALLERGY TEST	
855	CCPD/HOME/SUPSERV		925	PREG TEST	
859	CCPD/HOME/OTHER		929	ADDITIONAL DX SVS (Sleep Studies)	\$728.00
860-870 RESERVED FOR DIALYSIS			930 NOT ASSIGNED		
880	DIALY/MISC		940	OTHER RX SVS	
881	DIALY/ULTRAFILT		941	RECREATION RX	
882	HOME DIALYSIS AIDE VISIT		942	EDUC/TRAINING	
889	DIALY/MISC/OTHER		943	CARDIAC REHAB	0.363
890	DONOR BANK		944	DRUG REHAB	
891	DONOR BANK/BONE		945	ALCOHOL REHAB	
892	DONOR BANK/ORGN		949	ADDITIONAL RX SVX	
893	DONOR BANK/SKIN		@ 953	CHEMICAL DEPENDENCY	\$30.00
899	OTHER DONOR BANK				
<b>RCC 900-919 - SEE NEXT PAGE.</b>					
902	MILIEU THERAPY				

@ RCC 953 - See Provider Bulletins 2014-74 and 2015-37 - RCC 953 is for tobacco cessation counseling groups and must be billed with CPT 99412.

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2 General Hospital Out-Patient Rates	GREENWICH 4025086 Hospital
---	-------------------------------

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
950	NOT ASSIGNED		ADDITIONAL REVENUE CENTER CODES:		
960	PRO FEE		294	MED EQUIP/SUPPLIES/DRUGS	
961	PRO FEE/PSYCH		404	PET SCAN	
962	PRO FEE/EYE		761	TREATMENT RM.	
963	PRO FEE ANES MD		762	OBSERVATION RM.	
964	PRO FEE/ANES CRNA		623	SURG DRESSING	
969	OTHER PRO FEE		770	PREVENT CARE SVS	
971	PRO FEE LAB	0.191	904	ACTIVITY THERAPY	
972	PRO FEE/RAD/DX		946	CMLPX MED EQUIP - ROUT	
973	PRO FEE/RAD/RX		947	CMLPX MED EQUIP - ANC	
974	PRO FEE/NUC MED		451	ER/EMTALA	
975	PRO FEE/OR		452	ER/BEYOND EMTALA	
976	PRO FEE/RESPIR		516	URGENT CLINIC	
977	PRO FEE/PHYSI	0.363	517	FAMILY CARE	
978	PRO FEE/OCCUPA		<b>BEHAVIORAL HEALTH RATES</b>		
979	PRO FEE/SPEECH		900	PSTAY TREATMENT	\$124.87
981	PRO FEE/ER	\$91.07	901	ELECTRO SHOCK	\$105.46
982	PRO FEE/OUTPT		905	IOP PSYCH	\$142.94
983	PRO FEE/CLINIC		906	IOP CHEM DEPENDENCY	\$142.94
984	PRO FEE/SOC SVS		907	COMMUNITY BEHAVIORAL	\$0.00
985	PRO FEE/EKG		913	PARTIAL HOSP. "FULLDAY"	\$222.82
986	PRO FEE/EEG	0.486	914	PSTAY/INDIV RX	\$71.19
987	PRO FEE/HOS VIS		915	PSTAY/GROUP RX	\$34.49
988	PRO FEE/CONSULT		916	PSTAY/FAMILY RX	\$84.12
989	FEE/PVT NURSE		918	PSTAY/TESTING	\$64.60
			919	PSTAY/OTHER	\$47.21

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.



Medical Services Policy 150.2 General Hospital Out-Patient Rates	GRIFFIN 4025219 Hospital
---	-----------------------------

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
092	HEALTHTRACK SCREENING		280	ONCOLOGY	
093	HEALTHTRACK SCREENING REF		289	ONCOLOGY/OTHER	
094	HEALTHTRACK SCREENING TRE				
250	PHARMACY	0.272	290	MED EQUIP/DURAB	
251	DRUGS/GENERIC		291	MED EQUIP/RENT	
252	DRUGS/NONGENERIC		292	MED EQUIP/NEW	
253	DRUGS/TAKEHOME		299	MED EQUIP/OTHER	
254	DRUGS/INCIDENT OTHER DX		300 ****	LABORATORY	
255	DRUGS/INCIDENT RAD	0.272	301 ****	LAB/CHEMISTRY	
256	DRUGS/EXPERIMT		302 ****	LAB/IMMUNOLOGY	
257	DRUGS/NONPSRCT		303 ****	LAB/RENAL HOME	
258	IV SOLUTIONS		304 ****	LAB/NR DIALYSIS	
259	DRUGS/OTHER	0.272	305 ****	LAB/HEMOTOLOGY	
260	IV THERAPY	1.000	306 ****	LAB/BACT-MICRO	
261	IV THER/INFSN PUMP		307 ****	LAB/UROLOGY	
262	IV THER/PHARM/SVC		309 ****	LAB/OTHER	
263	IV THER/DRUG/SUPPLY DELV		310	PATHOLOGY LAB	0.218
264	IV THER/SUPPLIES		311	PATHOL/CYTOLOGY	
269	IV THERAPY/OTHER		312	PATHOL/HISTOL	
270	MED-SUR SUPPLIES	0.272	314	PATHOL/BIOPSY	
271	NON-STER SUPPLY		319	PATHOL/OTHER	
272	STERILE SUPPLY	0.272	320	DX X-RAY	0.222
273	TAKEHOME SUPPLY		321	DX X-RAY/ANGIO	
274	PROSTH/ORTH DEV	0.272	322	DX X-RAY/ARTH	
275	PACEMAKER	0.272	323	DX X-RAY/ARTER	
276	INTROC LENS	0.272	@ 324	DX X-RAY/CHEST	\$28.90
277	O2/TAKEHOME		@ 329	DX X-RAY/OTHER	0.222
278	SUPPLY/IMPLANTS	0.272	330	RX X-RAY	
279	SUPPLY/OTHERS				

\*\*\*\* See Hospital Lab Fee Schedule WWW.CTDSSMAP.COM

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

@ RCC 324 - See Provider Bulletin 2015-20 - The following CPT codes must be billed only under RCC 324: 71010, 71015, 71020, 71021, 71022, 71030, and 71035.

@ RCC 329 - See Provider Bulletin 2015-20 - The following CPT codes for chest x-ray with fluoroscopy must be billed in conjunction with RCC 329: 71023 and 71034.

Medical Services Policy 150.2 General Hospital Out-Patient Rates	GRIFFIN 4025219 Hospital
---	-----------------------------

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
331	CHEMOTHER/INJ		383	BLOOD/PLASMA	
332	CHEMOTHER/ORAL		384	BLOOD/PLATELETS	
333	RADIATION RX	0.227	385	BLOOD/LEUCOCYTES	
335	CHEMOTHERP-IV	0.222	386	BLOOD/COMPONENTS	
339	RX X-RAY/OTHER		387	BLOOD/DERIVATIVES	
			389	BLOOD/OTHER	
340	NUCLEAR MEDICINE	0.222			
341	NUC MED/DX	0.222	390	BLOOD/STOR-PROC	
342	NUC MED/RX	0.227	391	BLOOD/ADMIN	0.218
343	NUC MED/RX-Diag Pharmaceutical	0.222	399	BLOOD/OTHER STOR	
349	NUC MED/OTHER				
			400	IMAGE SERVICE	
350	CT SCAN	\$145.46	401	DIAG MAMMOGRPHY	0.222
351	CT SCAN/HEAD	\$145.46	402	ULTRASOUND	\$104.98
352	CT SCAN/BODY	\$145.46	@ 403	SCRN MAMMOGRPHY	\$117.91
359	CT SCAN/OTHER		404	PET SCAN	0.053
			409	OTHER IMAG SVS	
360	OR SERVICES	0.294 @			
361	OR/MINOR		410	RESPIRATORY SVC	0.124
362	OR/ORGAN TRANS		412	INHALATION SVC	
367	OR/KIDNEY TRANS		413	HYPERBARIC O2	0.124
369	OR/OTHER		419	OTHER RESPIR SVS	
370	ANESTHESIA	0.033	420	PHYSICAL THERP	\$83.98
371	ANESTHE/INCIDENT RAD		421	PHYS THERP.VISIT	
372	ANESTHE/INCDNT OTHER DX		422	PHYS THERP/HOUR	
374	ANESTHE/ACUPUNC		423	PHYS THERP/GROUP	
379	ANESTHE/OTHER		424	PHYS THERP/EVAL	\$83.98
			429	OTHER PHYS THERP	
380	BLOOD				
381	BLOOD/PKD RED		430	OCCUPATION THER	\$97.24
382	BLOOD/WHOLE		431	OCCUP THERP/VISIT	
			432	OCCUP THERP/HOUR	

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

@ RCC 403 - See Provider Bulletin 2015-20 - The following CPT codes must be billed in conjunction with RCC 403: 77052, 77057, and G0202.

Medical Services Policy 150.2 General Hospital Out-Patient Rates	GRIFFIN 4025219 Hospital
---	-----------------------------

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
433	OCCUP THERP/GROUP		510	CLINIC	\$57.23
434	OCCUP THERP/EVAL	\$97.24	511	CHRONIC PAIN CL	
439	OTHER OCCUP THERP		513	PSYCH CLINIC	
440	SPEECH PATHOL	\$106.08	514	OB-GYN CLINIC	\$57.23
441	SPEECH PATH/VISIT		515	PEDS CLINIC	\$57.23
442	SPEECH PATH/HOUR		519	OTHER/CLINIC	\$57.23
443	SPEECH PATH/GROUP		530	OSTEOPATH SVS	
444	SPEECH PATH/EVAL	\$262.99	531	OSTEOPATH RX	
449	OTHER SPECH PAT		539	OTHER OSTEOPATH	
450	EMERG ROOM	\$156.82	610	MRI	\$145.46
456	EMERG ROOM/URGENT CARE	\$57.23	611	MRI-BRAIN	\$145.46
460	PULMONARY FUNC	0.213	612	MRI-SPINE	\$145.46
469	OTHER PULMON FUNC		619	MRI-OTHER	
470	AUDIOLOGY		621	MED/SUR SUPP/INCIDENT RAD	
471	AUDIOLOGY/DX		622	MED/SUR/INCDNT ODX	
472	AUDIOLOGY/RX		631	DRUG/SNGL	
479	OTHER AUDIOL		632	DRUG/MULT	
480	CARDIOLOGY	0.129	633	DRUG/RSTR	
481	CARDIAC CATH LAB		634	DRUG/EPO<=10,000 UNITS	0.272
482	STRESS TEST	0.129	635	DRUG/EPO>=10,000 UNITS	
489	OTHER CARDIOL		636	DRUGS/DETAIL CODE	0.272
490	AMBL SURG	@	640	NOT ASSIGNED	
499	OTHER AMBL SURG	@	660-690	NOT ASSIGNED	
500	OUTPATIENT SVS		700	CAST ROOM	
509	OUTPATIENT/OTHER				

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

GRIFFIN 4025219  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
710	RECOVERY ROOM	0.130	801	DIALY/INPUT	
720	DELIVROOM/LABOR	0.201	802	DIALY/INPT/PER	
721	LABOR		803	DIALY/INPT/CAPD	
722	DELIVERY ROOM		804	DIALY/INPT/CCPD	
723	CIRCUMCISION		809	DIALY/INPT/OTHER	
724	BIRTHING CENTER		810	ORGAN/ACQUISIT	
729	OTHER/DELIV-LABOR		811	LIVING DONOR	
730	EKG/ECG	\$51.94	812	CADAVER DONOR	
731	HOLTER MONT	\$201.11	813	UNKNOWN DONOR	
732	TELEMETRY	\$45.31	814	KIDNEY/OTHER	
739	OTHER EKG/ECG		819	OTHER DONOR	
740	EEG	\$300.56	820	HEMO/OP OR HOME	
750	GASTR-INTS SVS	\$114.92	821	HEMO/COMPOSITE	
760	TREATMENT ROOM	0.272	822	HEMO/HOME/SUPPL	
762	OBSERVATION RM.	0.227	823	HEMO/HOME/EQUIP	
769	OTHER TREATMENT RM		824	HEMO/HOME/100%	
771	VACCINE ADMIN	\$2.00	825	HEMO/HOME/SUPSERV	
790	LITHOTRIPSY		829	HEMO/HOME/OTHER	
800	RENAL DIALYSIS		830	PERITONEAL/OP OR HOME	
			831	PERTNL/COMPOSITE	
			832	PERTNL/HOME/SUPPL	
			833	PERTNL/HOME/EQUIP	
			834	PERTNL/HOME/100%	
			835	PERTNL/HOME/SUPSERV	
			839	PERTNL/HOME/OTHER	

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

GRIFFIN 4025219  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
840	CAPD/OP OR HOME		903	PLAY THERAPY	
841	CAPD/COMPOSITE				
842	CAPD/HOME/SUPPL		911	PSTAY/REHAB	
843	CAPD/HOME/EQUIP		912	PARTIAL HOSP. "HALFDAY"	
844	CAPD/HOME/100%		917	PSTAY/BIOFEED	
845	CAPD/HOME/SUPSERV				
849	CAPD/HOME/OTHER				
850	CCPD/OP OR HOME		920	OTHER DX SVS	0.222
851	CCPD/COMPOSITE		921	PERI VASCUL LAB	
852	CCPD/HOME/SUPPL		922	EMG	
853	CCPD/HOME/EQUIP		923	PAP SMEAR	\$14.76
854	CCPD/HOME/100%		924	ALLERGY TEST	
855	CCPD/HOME/SUPSERV		925	PREG TEST	
859	CCPD/HOME/OTHER		929	ADDITIONAL DX SVS	\$728.00
860-870 RESERVED FOR DIALYSIS			930 NOT ASSIGNED		
880	DIALY/MISC		940	OTHER RX SVS	
881	DIALY/ULTRAFILT		941	RECREATION RX	
882	HOME DIALYSIS AIDE VISIT		942	EDUC/TRAINING	
889	DIALY/MISC/OTHER		943	CARDIAC REHAB	0.129
			944	DRUG REHAB	
890	DONOR BANK		945	ALCOHOL REHAB	
891	DONOR BANK/BONE		949	ADDITIONAL RX SVX	
892	DONOR BANK/ORGN		@ 953	CHEMICAL DEPENDENCY	\$30.00
893	DONOR BANK/SKIN				
899	OTHER DONOR BANK				
<b>RCC 900-919 - SEE NEXT PAGE.</b>					
902	MILIEU THERAPY				

@ RCC 953 - See Provider Bulletins 2014-74 and 2015-37 - RCC 953 is for tobacco cessation counseling groups and must be billed with CPT 99412.

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2 General Hospital Out-Patient Rates	GRIFFIN 4025219 Hospital
---	-----------------------------

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
950	NOT ASSIGNED		ADDITIONAL REVENUE CENTER CODES:		
960	PRO FEE		294	MED EQUIP/SUPPLIES/DRUGS	
961	PRO FEE/PSYCH		761	TREATMENT RM.	
962	PRO FEE/EYE		623	SURG DRESSING	
963	PRO FEE ANES MD		770	PREVENT CARE SVS	
964	PRO FEE/ANES CRNA		904	ACTIVITY THERAPY	
969	OTHER PRO FEE		946	CMLX MED EQUIP - ROUT	
			947	CMLX MED EQUIP - ANC	
971	PRO FEE LAB		451	ER/EMTALA	
972	PRO FEE/RAD/DX		452	ER/BEYOND EMTALA	
973	PRO FEE/RAD/RX		516	URGENT CLINIC	
974	PRO FEE/NUC MED		517	FAMILY CARE	
975	PRO FEE/OR				
976	PRO FEE/RESPIR		<b>BEHAVIORAL HEALTH RATES</b>		
977	PRO FEE/PHYSI		900	PSTAY TREATMENT	\$124.87
978	PRO FEE/OCCUPA		901	ELECTRO SHOCK	\$105.46
979	PRO FEE/SPEECH		905	IOP PSYCH	\$142.94
			906	IOP CHEM DEPENDENCY	\$142.94
981	PRO FEE/ER	\$91.07	907	COMMUNITY BEHAVIORAL	\$0.00
982	PRO FEE/OUTPT		913	PARTIAL HOSP. "FULLDAY"	\$222.82
983	PRO FEE/CLINIC		914	PSTAY/INDIV RX	\$71.19
984	PRO FEE/SOC SVS		915	PSTAY/GROUP RX	\$34.49
985	PRO FEE/EKG		916	PSTAY/FAMILY RX	\$84.12
986	PRO FEE/EEG		918	PSTAY/TESTING	\$64.60
987	PRO FEE/HOS VIS		919	PSTAY/OTHER	\$47.21
988	PRO FEE/CONSULT				
989	FEE/PVT NURSE				

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

HARTFORD 4025151  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
092	HEALTHTRACK SCREENING		280	ONCOLOGY	
093	HEALTHTRACK SCREENING REF		289	ONCOLOGY/OTHER	
094	HEALTHTRACK SCREENING TRE				
250	PHARMACY	0.538	290	MED EQUIP/DURAB	0.511
251	DRUGS/GENERIC		291	MED EQUIP/RENT	
252	DRUGS/NONGENERIC		292	MED EQUIP/NEW	
253	DRUGS/TAKEHOME		299	MED EQUIP/OTHER	
254	DRUGS/INCIDENT OTHER DX		300 ****	LABORATORY	
255	DRUGS/INCIDENT RAD	0.538	301 ****	LAB/CHEMISTRY	
256	DRUGS/EXPERIMT		302 ****	LAB/IMMUNOLOGY	
257	DRUGS/NONSCRPT		303 ****	LAB/RENAL HOME	
258	IV SOLUTIONS		304 ****	LAB/NR DIALYSIS	
259	DRUGS/OTHER		305 ****	LAB/HEMOTOLOGY	
260	IV THERAPY	0.174	306 ****	LAB/BACT-MICRO	
261	IV THER/INFSN PUMP		307 ****	LAB/UROLOGY	
262	IV THER/PHARM/SVC		309 ****	LAB/OTHER	
263	IV THER/DRUG/SUPPLY DELV		310	PATHOLOGY LAB	0.160
264	IV THER/SUPPLIES		311	PATHOL/CYTOLOGY	
269	IV THERAPY/OTHER		312	PATHOL/HISTOL	
270	MED-SUR SUPPLIES	0.511	314	PATHOL/BIOPSY	
271	NON-STER SUPPLY	0.511	319	PATHOL/OTHER	
272	STERILE SUPPLY	0.511	320	DX X-RAY	0.230
273	TAKEHOME SUPPLY	0.511	321	DX X-RAY/ANGIO	
274	PROSTH/ORTH DEV	0.511	322	DX X-RAY/ARTH	
275	PACEMAKER	0.511	323	DX X-RAY/ARTER	
276	INTROC LENS	0.511	@ 324	DX X-RAY/CHEST	\$28.90
277	O2/TAKEHOME		@ 329	DX X-RAY/OTHER	0.230
278	SUPPLY/IMPLANTS	0.511	330	RX X-RAY	0.171
279	SUPPLY/OTHERS	0.511			

@ RCC 324 - See Provider Bulletin 2015-20 - The following CPT codes must be billed only under RCC 324: 71010, 71015, 71020, 70121, 71022, 71030, and 71035.

@ RCC 329 - See Provider Bulletin 2015-20 - The following CPT codes for chest x-ray with fluoroscopy must be billed in conjunction with RCC 329: 71023 and 71034.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

HARTFORD 4025151  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
331	CHEMOTHER/INJ		383	BLOOD/PLASMA	
332	CHEMOTHER/ORAL		384	BLOOD/PLATELETS	
333	RADIATION RX	0.171	385	BLOOD/LEUCOCYTES	
335	CHEMOTHERP-IV	0.171	386	BLOOD/COMPONENTS	
339	RX X-RAY/OTHER	0.171	387	BLOOD/DERIVATIVES	
			389	BLOOD/OTHER	
340	NUCLEAR MEDICINE	0.199			
341	NUC MED/DX	0.199	390	BLOOD/STOR-PROC	0.160
342	NUC MED/RX		391	BLOOD/ADMIN	0.160
343	NUC MED/RX-Diag Pharmaceutical	0.199	399	BLOOD/OTHER STOR	0.174
344	NUC MED/Therapeutic Radiopharmaceutical	0.199			
349	NUC MED/OTHER		400	IMAGE SERVICE	
350	CT SCAN	\$145.46	401	DIAG MAMMOGRPHY	0.230
351	CT SCAN/HEAD	\$145.46	402	ULTRASOUND	\$104.98
352	CT SCAN/BODY	\$145.46	@ 403	SCRN MAMMOGRPHY	\$117.91
359	CT SCAN/OTHER		404	PET SCAN	0.199
			409	OTHER IMAG SVS	
360	OR SERVICES	0.487 @	410	RESPIRATORY SVC	0.204
361	OR/MINOR	0.487 @	412	INHALATION SVC	
362	OR/ORGAN TRANS		413	HYPERBARIC 02	1.000
367	OR/KIDNEY TRANS		419	OTHER RESPIR SVS	
369	OR/OTHER				
370	ANESTHESIA	0.214	420	PHYSICAL THERP	\$83.98
371	ANESTHE/INCIDENT RAD		421	PHYS THERP.VISIT	\$83.98
372	ANESTHE/INCDNT OTHER DX		422	PHYS THERP/HOUR	0.484
374	ANESTHE/ACUPUNC		423	PHYS THERP/GROUP	
379	ANESTHE/OTHER		424	PHYS THERP/EVAL	\$83.98
			429	OTHER PHYS THERP	\$83.98
380	BLOOD		430	OCCUPATION THER	\$97.24
381	BLOOD/PKD RED		431	OCCUP THERP/VISIT	\$97.24
382	BLOOD/WHOLE		432	OCCUP THERP/HOUR	

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

@ RCC 403 - See Provider Bulletin 2015-20 - The following CPT codes must be billed in conjunction with RCC 403: 77052, 77057, and G0202.



Medical Services Policy 150.2 General Hospital Out-Patient Rates	HARTFORD 4025151 Hospital
---	------------------------------

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
433	OCCUP THERP/GROUP		510	CLINIC	\$57.23
434	OCCUP THERP/EVAL	\$97.24	511	CHRONIC PAIN CL	
439	OTHER OCCUP THERP		513	PSYCH CLINIC	
440	SPEECH PATHOL	\$106.08	514	OB-GYN CLINIC	\$57.23
441	SPEECH PATH/VISIT		515	PEDS CLINIC	\$57.23
442	SPEECH PATH/HOUR		519	OTHER/CLINIC	\$57.23
443	SPEECH PATH/GROUP		530	OSTEOPATH SVS	1.000
444	SPEECH PATH/EVAL		531	OSTEOPATH RX	
449	OTHER SPECH PAT		539	OTHER OSTEOPATH	
450	EMERG ROOM	\$156.82	610	MRI	\$145.46
456	EMERG ROOM/URGENT CARE	\$57.23	611	MRI-BRAIN	\$145.46
460	PULMONARY FUNC	0.204	612	MRI-SPINE	\$145.46
469	OTHER PULMON FUNC		615	MRI-SPINE	\$145.46
470	AUDIOLOGY	1.000	616	MRI-SPINE	\$145.46
471	AUDIOLOGY/DX	1.000	618	MRI-SPINE	\$145.46
472	AUDIOLOGY/RX		619	MRI-OTHER	\$145.46
479	OTHER AUDIOL		621	MED/SUR SUPP/INCIDENT RAD	0.511
480	CARDIOLOGY	0.261	622	MED/SUR/INCDNT ODX	
481	CARDIAC CATH LAB	0.261	631	DRUG/SNGL	
482	STRESS TEST	0.261	632	DRUG/MULT	
489	OTHER CARDIOL		633	DRUG/RSTR	
490	AMBL SURG	0.612 @	634	DRUG/EPO<=10,000 UNITS	0.384
499	OTHER AMBL SURG	0.612 @	635	DRUG/EPO>=10,000 UNITS	0.384
500	OUTPATIENT SVS		636	DRUGS/DETAIL CODE	0.538
509	OUTPATIENT/OTHER		640	NOT ASSIGNED	
			681	TRAUMA RESPONSE-LEVEL I	\$156.82
			660-690	NOT ASSIGNED	
			700	CAST ROOM	0.487

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

HARTFORD 4025151  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
710	RECOVERY ROOM	0.319	801	DIALY/INPUT	0.384
720	DELIVROOM/LABOR	0.443	802	DIALY/INPT/PER	0.384
721	LABOR		803	DIALY/INPT/CAPD	0.384
722	DELIVERY ROOM		804	DIALY/INPT/CCPD	
723	CIRCUMCISION	0.443	809	DIALY/INPT/OTHER	0.384
724	BIRTHING CENTER		810	ORGAN/ACQUISIT	
729	OTHER/DELIV-LABOR	0.443	811	LIVING DONOR	
730	EKG/ECG	\$51.94	812	CADAVER DONOR	
731	HOLTER MONT		813	UNKNOWN DONOR	
732	TELEMETRY	\$45.31	814	KIDNEY/OTHER	
739	OTHER EKG/ECG		819	OTHER DONOR	
740	EEG	\$300.56	820	HEMO/OP OR HOME	\$228.74
750	GASTR-INTS SVS	\$114.92	821	HEMO/COMPOSITE	\$228.74
760	TREATMENT ROOM		822	HEMO/HOME/SUPPL	
761	TREATMENT RM.	0.487	823	HEMO/HOME/EQUIP	
762	OBSERVATION RM.	0.336	824	HEMO/HOME/100%	
769	OTHER TREATMENT RM	0.487	825	HEMO/HOME/SUPSERV	
771	VACCINE ADMIN	\$2.00	829	HEMO/HOME/OTHER	\$228.74
790	LITHOTRIPSY	0.487	830	PERITONEAL/OP OR HOME	0.384
800	RENAL DIALYSIS	0.384	831	PERTNL/COMPOSITE	0.384
			832	PERTNL/HOME/SUPPL	
			833	PERTNL/HOME/EQUIP	
			834	PERTNL/HOME/100%	
			835	PERTNL/HOME/SUPSERV	
			839	PERTNL/HOME/OTHER	0.384

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

HARTFORD 4025151  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
840	CAPD/OP OR HOME	\$98.35	903	PLAY THERAPY	
841	CAPD/COMPOSITE	\$98.35			
842	CAPD/HOME/SUPPL		911	PSTAY/REHAB	
843	CAPD/HOME/EQUIP		912	PARTIAL HOSP. "HALFDAY"	
844	CAPD/HOME/100%		917	PSTAY/BIOFEED	
845	CAPD/HOME/SUPSERV	0.384			
849	CAPD/HOME/OTHER	\$98.35	920	OTHER DX SVS	
			921	PERI VASCUL LAB	0.153
850	CCPD/OP OR HOME	0.384	922	EMG	0.484
851	CCPD/COMPOSITE	\$98.35	923	PAP SMEAR	\$14.76
852	CCPD/HOME/SUPPL		924	ALLERGY TEST	
853	CCPD/HOME/EQUIP		925	PREG TEST	0.538
854	CCPD/HOME/100%		929	ADDITIONAL DX SVS_(Sleep Studies)	\$728.00
855	CCPD/HOME/SUPSERV				
859	CCPD/HOME/OTHER		930	NOT ASSIGNED	
860-870 RESERVED FOR DIALYSIS			940	OTHER RX SVS	0.336
880	DIALY/MISC		941	RECREATION RX	
881	DIALY/ULTRAFILT		942	EDUC/TRAINING	
882	HOME DIALYSIS AIDE VISIT		943	CARDIAC REHAB	0.484
889	DIALY/MISC/OTHER		944	DRUG REHAB	
890	DONOR BANK		945	ALCOHOL REHAB	
891	DONOR BANK/BONE		949	ADDITIONAL RX SVX	0.384
892	DONOR BANK/ORGAN		@ 953	CHEMICAL DEPENDENCY	\$30.00
893	DONOR BANK/SKIN				
899	OTHER DONOR BANK				
<b>RCC 900-919 - SEE NEXT PAGE.</b>					
902	MILIEU THERAPY				

@ RCC 953 - See Provider Bulletins 2014-74 and 2015-37 - RCC 953 is for tobacco cessation counseling groups and must be billed with CPT 99412.

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

HARTFORD 4025151  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
950 NOT ASSIGNED		
960	PRO FEE	
961	PRO FEE/PSYCH	
962	PRO FEE/EYE	
963	PRO FEE ANES MD	
964	PRO FEE/ANES CRNA	
969	OTHER PRO FEE	
971	PRO FEE LAB	
972	PRO FEE/RAD/DX	
973	PRO FEE/RAD/RX	
974	PRO FEE/NUC MED	
975	PRO FEE/OR	
976	PRO FEE/RESPIR	
977	PRO FEE/PHYSI	
978	PRO FEE/OCCUPA	
979	PRO FEE/SPEECH	
981	PRO FEE/ER	\$91.07
982	PRO FEE/OUTPT	
983	PRO FEE/CLINIC	
984	PRO FEE/SOC SVS	
985	PRO FEE/EKG	
986	PRO FEE/EEG	0.572
987	PRO FEE/HOS VIS	
988	PRO FEE/CONSULT	
989	FEE/PVT NURSE	

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
ADDITIONAL REVENUE CENTER CODES:		
294	MED EQUIP/SUPPLIES/DRUGS	
623	SURG DRESSING	
770	PREVENT CARE SVS	
904	ACTIVITY THERAPY	
946	CMLPX MED EQUIP - ROUT	
947	CMLPX MED EQUIP - ANC	
451	ER/EMTALA	
452	ER/BEYOND EMTALA	
516	URGENT CLINIC	
517	FAMILY CARE	

**ECC BEHAVIORAL HEALTH RATES**

900	PSTAY TREATMENT	\$142.41
901	ELECTRO SHOCK	\$105.46
905	IOP PSYCH	\$142.94
906	IOP CHEM DEPENDENCY	\$142.94
907	COMMUNITY BEHAVIORAL	\$82.02
913	PARTIAL HOSP. "FULLDAY"	\$222.82
914	PSTAY/INDIV RX	\$82.85
915	PSTAY/GROUP RX	\$34.49
916	PSTAY/FAMILY RX	\$99.15
918	PSTAY/TESTING	\$64.60
919	PSTAY/OTHER	\$53.29

Medical Services Policy 150.2 General Hospital Out-Patient Rates	THE HOSPITAL OF CENTRAL CT Provider #s: 4025243 7228692 7228694
---	--

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
092	HEALTHTRACK SCREENING		280	ONCOLOGY	0.884
093	HEALTHTRACK SCREENING REF		289	ONCOLOGY/OTHER	
094	HEALTHTRACK SCREENING TRE				
250	PHARMACY	0.452	290	MED EQUIP/DURAB	
251	DRUGS/GENERIC		291	MED EQUIP/RENT	
252	DRUGS/NONGENERIC		292	MED EQUIP/NEW	
253	DRUGS/TAKEHOME		299	MED EQUIP/OTHER	
254	DRUGS/INCIDENT OTHER DX		300 ****	LABORATORY	
255	DRUGS/INCIDENT RAD	0.452	301 ****	LAB/CHEMISTRY	
256	DRUGS/EXPERIMT		302 ****	LAB/IMMUNOLOGY	
257	DRUGS/NONPSCRPT		303 ****	LAB/RENAL HOME	
258	IV SOLUTIONS	1.000	304 ****	LAB/NR DIALYSIS	
259	DRUGS/OTHER		305 ****	LAB/HEMOTOLOGY	
260	IV THERAPY	1.000	306 ****	LAB/BACT-MICRO	
261	IV THER/INFSN PUMP		307 ****	LAB/UROLOGY	
262	IV THER/PHARM/SVC		309 ****	LAB/OTHER	
263	IV THER/DRUG/SUPPLY DELV		310	PATHOLOGY LAB	0.237
264	IV THER/SUPPLIES		311	PATHOL/CYTOLOGY	
269	IV THERAPY/OTHER		312	PATHOL/HISTOL	
270	MED-SUR SUPPLIES	0.389	314	PATHOL/BIOPSY	
271	NON-STER SUPPLY	0.389	319	PATHOL/OTHER	
272	STERILE SUPPLY	0.389	320	DX X-RAY	0.363
273	TAKEHOME SUPPLY		321	DX X-RAY/ANGIO	0.338
274	PROSTH/ORTH DEV	0.389	322	DX X-RAY/ARTH	0.363
275	PACEMAKER	0.389	323	DX X-RAY/ARTER	0.363
276	INTROC LENS	0.389	@ 324	DX X-RAY/CHEST	\$28.90
277	O2/TAKEHOME		@ 329	DX X-RAY/OTHER	0.363
278	SUPPLY/IMPLANTS	0.389			
279	SUPPLY/OTHERS	0.389	330	RX X-RAY	0.221

@ RCC 324 - See Provider Bulletin 2015-20 - The following CPT codes must be billed only under RCC 324: 71010, 71015, 71020, 70121, 71022, 71030, and 71035.

@ RCC 329 - See Provider Bulletin 2015-20 - The following CPT codes for chest x-ray with fluoroscopy must be billed in conjunction with RCC 329: 71023 and 71034.

Medical Services Policy 150.2 General Hospital Out-Patient Rates	THE HOSPITAL OF CENTRAL CT Provider #s: 4025243 7228692 7228694
---	--

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
331	CHEMOTHER/INJ	0.884	383	BLOOD/PLASMA	
332	CHEMOTHER/ORAL		384	BLOOD/PLATELETS	
333	RADIATION RX	0.221	385	BLOOD/LEUCOCYTES	
335	CHEMOTHERP-IV	0.884	386	BLOOD/COMPONENTS	
339	RX X-RAY/OTHER		387	BLOOD/DERIVATIVES	
			389	BLOOD/OTHER	
340	NUCLEAR MEDICINE	0.289	390	BLOOD/STOR-PROC	0.967
341	NUC MED/DX	0.289	391	BLOOD/ADMIN	0.967
342	NUC MED/RX	0.289	399	BLOOD/OTHER STOR	
343	NUC MED/RX	0.289	400	IMAGE SERVICE	
344	NUC MED/RX	0.289	401	DIAG MAMMOGRPHY	0.363
349	NUC MED/OTHER		402	ULTRASOUND	\$104.98
350	CT SCAN	\$145.46	@ 403	SCRN MAMMOGRPHY	\$117.91
351	CT SCAN/HEAD	\$145.46	404	PET SCAN	0.289
352	CT SCAN/BODY	\$145.46	409	OTHER IMAG SVS	
359	CT SCAN/OTHER		410	RESPIRATORY SVC	0.409
360	OR SERVICES	0.558 @	412	INHALATION SVC	
361	OR/MINOR	0.558 @	413	HYPERBARIC 02	0.690
362	OR/ORGAN TRANS		419	OTHER RESPIR SVS	
367	OR/KIDNEY TRANS		420	PHYSICAL THERP	\$83.98
369	OR/OTHER		421	PHYS THERP.VISIT	\$83.98
370	ANESTHESIA	0.452	422	PHYS THERP/HOUR	0.514
371	ANESTHE/INCIDENT RAD		423	PHYS THERP/GROUP	
372	ANESTHE/INCDNT OTHER DX		424	PHYS THERP/EVAL	\$83.98
374	ANESTHE/ACUPUNC		429	OTHER PHYS THERP	
379	ANESTHE/OTHER		430	OCCUPATION THER	\$97.24
380	BLOOD	0.967	431	OCCUP THERP/VISIT	
381	BLOOD/PKD RED		432	OCCUP THERP/HOUR	
382	BLOOD/WHOLE				

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

@ RCC 403 - See Provider Bulletin 2015-20 - The following CPT codes must be billed in conjunction with RCC 403: 77052, 77057, and G0202.

Medical Services Policy 150.2 General Hospital Out-Patient Rates	THE HOSPITAL OF CENTRAL CT Provider #s: 4025243 7228692 7228694
---	--

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
433	OCCUP THERP/GROUP		510	CLINIC	\$57.23
434	OCCUP THERP/EVAL	\$97.24	511	CHRONIC PAIN CL	
439	OTHER OCCUP THERP		513	PSYCH CLINIC	
440	SPEECH PATHOL	\$106.08	514	OB-GYN CLINIC	\$57.23
441	SPEECH PATH/VISIT		515	PEDS CLINIC	\$57.23
442	SPEECH PATH/HOUR		519	OTHER/CLINIC	\$57.23
443	SPEECH PATH/GROUP		530	OSTEOPATH SVS	
444	SPEECH PATH/EVAL	\$262.99	531	OSTEOPATH RX	
449	OTHER SPECH PAT		539	OTHER OSTEOPATH	
450	EMERG ROOM	\$156.82	610	MRI	\$145.46
456	EMERG ROOM/URGENT CARE	\$57.23	611	MRI-BRAIN	\$145.46
460	PULMONARY FUNC	0.334	612	MRI-SPINE	\$145.46
469	OTHER PULMON FUNC		619	MRI-OTHER	\$145.46
470	AUDIOLOGY		621	MED/SUR SUPP/INCIDENT RAD	0.389
471	AUDIOLOGY/DX	0.884	622	MED/SUR/INCNT ODX	
472	AUDIOLOGY/RX		631	DRUG/SNGL	
479	OTHER AUDIOL		632	DRUG/MULT	
480	CARDIOLOGY	0.236	633	DRUG/RSTR	
481	CARDIAC CATH LAB	0.338	634	DRUG/EPO<=10,000 UNITS	0.452
482	STRESS TEST	0.236	635	DRUG/EPO>=10,000 UNITS	0.452
489	OTHER CARDIOL		636	DRUGS/DETAIL CODE	0.452
490	AMBL SURG	0.000 @	640	NOT ASSIGNED	
499	OTHER AMBL SURG	0.000 @	660-690	NOT ASSIGNED	
500	OUTPATIENT SVS		700	CAST ROOM	0.297
509	OUTPATIENT/OTHER				

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2 General Hospital Out-Patient Rates	THE HOSPITAL OF CENTRAL CT Provider #: 4025243 7228692 7228694
---	---

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
710	RECOVERY ROOM	0.557	801	DIALY/INPUT	0.874
720	DELIVROOM/LABOR	0.625	802	DIALY/INPT/PER	0.874
721	LABOR		803	DIALY/INPT/CAPD	0.874
722	DELIVERY ROOM		804	DIALY/INPT/CCPD	
723	CIRCUMCISION		809	DIALY/INPT/OTHER	
724	BIRTHING CENTER		810	ORGAN/ACQUISIT	
729	OTHER/DELIV-LABOR		811	LIVING DONOR	
730	EKG/ECG	\$51.94	812	CADAVER DONOR	
731	HOLTER MONT	\$201.11	813	UNKNOWN DONOR	
732	TELEMETRY	\$45.31	814	UNSUCCESSFUL SEARCH	
739	OTHER EKG/ECG		819	OTHER DONOR	
740	EEG	\$300.56	820	HEMO/OP OR HOME	\$228.74
750	GASTR-INTS SVS	\$114.92	821	HEMO/COMPOSITE	\$228.74
760	TREATMENT ROOM	0.000	822	HEMO/HOME/SUPPL	
761	TREATMENT RM.	0.297	823	HEMO/HOME/EQUIP	
762	OBSERVATION RM.	0.974	824	HEMO/HOME/100%	0.874
769	OTHER TREATMENT RM		825	HEMO/HOME/SUPSERV	0.874
771	VACCINE ADMIN	\$2.00	829	HEMO/HOME/OTHER	\$228.74
790	LITHOTRIPSY	0.558	830	PERITONEAL/OP OR HOME	0.874
800	RENAL DIALYSIS		831	PERTNL/COMPOSITE	0.874
			832	PERTNL/HOME/SUPPL	
			833	PERTNL/HOME/EQUIP	
			834	PERTNL/HOME/100%	
			835	PERTNL/HOME/SUPSERV	
			839	PERTNL/HOME/OTHER	

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.



Medical Services Policy 150.2 General Hospital Out-Patient Rates	THE HOSPITAL OF CENTRAL CT Provider #: 4025243 7228692 7228694
---	---

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
840	CAPD/OP OR HOME		903	PLAY THERAPY	
841	CAPD/COMPOSITE	\$98.35	911	PSTAY/REHAB	0.000
842	CAPD/HOME/SUPPL		912	PARTIAL HOSP. "HALF-DAY"	
843	CAPD/HOME/EQUIP		917	PSTAY/BIOFEED	
844	CAPD/HOME/100%		920	OTHER DX SVS	0.884
845	CAPD/HOME/SUPSERV	0.874	921	PERI VASCUL LAB	0.376
849	CAPD/HOME/OTHER		922	EMG	0.236
850	CCPD/OP OR HOME		923	PAP SMEAR	\$14.76
851	CCPD/COMPOSITE	\$98.35	924	ALLERGY TEST	
852	CCPD/HOME/SUPPL		925	PREG TEST	
853	CCPD/HOME/EQUIP		929	ADDITIONAL DX SVS_(Sleep Studies)	\$728.00
854	CCPD/HOME/100%		930	NOT ASSIGNED	
855	CCPD/HOME/SUPSERV		940	OTHER RX SVS	1.000
859	CCPD/HOME/OTHER		941	RECREATION RX	
860-870	RESERVED FOR DIALYSIS		942	EDUC/TRAINING	
880	DIALY/MISC		943	CARDIAC REHAB	0.236
881	DIALY/ULTRAFILT		944	DRUG REHAB	
882	HOME DIALYSIS AIDE VISIT		945	ALCOHOL REHAB	0.628
889	DIALY/MISC/OTHER		949	ADDITIONAL RX SVX	
890	DONOR BANK		@ 953	CHEMICAL DEPENDENCY	\$30.00
891	DONOR BANK/BONE				
892	DONOR BANK/ORGN				
893	DONOR BANK/SKIN				
899	OTHER DONOR BANK				
<b>RCC 900-919 - SEE NEXT PAGE.</b>					
902	MILIEU THERAPY				

@ RCC 953 - See Provider Bulletins 2014-74 and 2015-37 - RCC 953 is for tobacco cessation counseling groups and must be billed with CPT 99412.

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2 General Hospital Out-Patient Rates	THE HOSPITAL OF CENTRAL CT Provider #: 4025243 7228692 7228694
---	---

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
950 NOT ASSIGNED			ADDITIONAL REVENUE CENTER CODES:		
960	PRO FEE		294	MED EQUIP/SUPPLIES/DRUGS	
961	PRO FEE/PSYCH		623	SURG DRESSING	
962	PRO FEE/EYE		770	PREVENT CARE SVS	
963	PRO FEE ANES MD		904	ACTIVITY THERAPY	
964	PRO FEE/ANES CRNA		946	CMPLX MED EQUIP - ROUT	
969	OTHER PRO FEE		947	CMPLX MED EQUIP - ANC	
971	PRO FEE LAB		451	ER/EMTALA	
972	PRO FEE/RAD/DX		452	ER/BEYOND EMTALA	
973	PRO FEE/RAD/RX		516	URGENT CLINIC	
974	PRO FEE/NUC MED		517	FAMILY CARE	
975	PRO FEE/OR				
976	PRO FEE/RESPIR				
977	PRO FEE/PHYSI				
978	PRO FEE/OCCUPA				
979	PRO FEE/SPEECH				
981	PRO FEE/ER	\$91.07			
982	PRO FEE/OUTPT				
983	PRO FEE/CLINIC				
984	PRO FEE/SOC SVS				
985	PRO FEE/EKG	0.236			
986	PRO FEE/EEG	0.608			
987	PRO FEE/HOS VIS				
988	PRO FEE/CONSULT				
989	FEE/PVT NURSE				

  

BEHAVIORAL HEALTH RATES		
900	PSTAY TREATMENT	\$124.87
901	ELECTRO SHOCK	\$105.46
905	IOP PSYCH	\$142.94
906	IOP CHEM DEPENDENCY	\$142.94
907	COMMUNITY BEHAVIORAL	\$0.00
913	PARTIAL HOSP. "FULLDAY"	\$222.82
914	PSTAY/INDIV RX	\$71.19
915	PSTAY/GROUP RX	\$34.49
916	PSTAY/FAMILY RX	\$84.12
918	PSTAY/TESTING	\$64.60
919	PSTAY/OTHER	\$47.21

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2 General Hospital Out-Patient Rates	C. HUNGERFORD 4025011 Hospital
---	-----------------------------------

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
092	HEALTHTRACK SCREENING		280	ONCOLOGY	0.135
093	HEALTHTRACK SCREENING REF		289	ONCOLOGY/OTHER	
094	HEALTHTRACK SCREENING TRE				
250	PHARMACY	0.738	290	MED EQUIP/DURAB	0.647
251	DRUGS/GENERIC		291	MED EQUIP/RENT	
252	DRUGS/NONGENERIC		292	MED EQUIP/NEW	
253	DRUGS/TAKEHOME		299	MED EQUIP/OTHER	
254	DRUGS/INCIDENT OTHER DX		300 ****	LABORATORY	
255	DRUGS/INCIDENT RAD	0.738	301 ****	LAB/CHEMISTRY	
256	DRUGS/EXPERIMT		302 ****	LAB/IMMUNOLOGY	
257	DRUGS/NONPSCRPT		303 ****	LAB/RENAL HOME	
258	IV SOLUTIONS	0.135	304 ****	LAB/NR DIALYSIS	
259	DRUGS/OTHER		305 ****	LAB/HEMOTOLOGY	
260	IV THERAPY	0.135	306 ****	LAB/BACT-MICRO	
261	IV THER/INFSN PUMP		307 ****	LAB/UROLOGY	
262	IV THER/PHARM/SVC		309 ****	LAB/OTHER	
263	IV THER/DRUG/SUPPLY DELV		310	PATHOLOGY LAB	0.363
264	IV THER/SUPPLIES		311	PATHOL/CYTOLOGY	0.363
269	IV THERAPY/OTHER		312	PATHOL/HISTOL	
270	MED-SUR SUPPLIES	0.647	314	PATHOL/BIOPSY	
271	NON-STER SUPPLY		319	PATHOL/OTHER	
272	STERILE SUPPLY	0.647	320	DX X-RAY	0.283
273	TAKEHOME SUPPLY		321	DX X-RAY/ANGIO	
274	PROSTH/ORTH DEV	0.647	322	DX X-RAY/ARTH	
275	PACEMAKER	0.647	323	DX X-RAY/ARTER	
276	INTROC LENS	0.647	@ 324	DX X-RAY/CHEST	\$28.90
277	O2/TAKEHOME		@ 329	DX X-RAY/OTHER	0.283
278	SUPPLY/IMPLANTS	0.647			
279	SUPPLY/OTHERS		330	RX X-RAY	

@ RCC 324 - See Provider Bulletin 2015-20 - The following CPT codes must be billed only under RCC 324: 71010, 71015, 71020, 70121, 71022, 71030, and 71035.

@ RCC 329 - See Provider Bulletin 2015-20 - The following CPT codes for chest x-ray with fluoroscopy must be billed in conjunction with RCC 329: 71023 and 71034.

Medical Services Policy 150.2 General Hospital Out-Patient Rates	C. HUNGERFORD 4025011 Hospital
---	-----------------------------------

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
331	CHEMOTHER/INJ	0.721	383	BLOOD/PLASMA	
332	CHEMOTHER/ORAL		384	BLOOD/PLATELETS	
333	RADIATION RX	0.349	385	BLOOD/LEUCOCYTES	
335	CHEMOTHERP-IV	0.721	386	BLOOD/COMPONENTS	
339	RX X-RAY/OTHER		387	BLOOD/DERIVATIVES	
			389	BLOOD/OTHER	
340	NUCLEAR MEDICINE	0.227			
341	NUC MED/DX		390	BLOOD/STOR-PROC	0.363
342	NUC MED/RX		391	BLOOD/ADMIN	0.363
343	NUC MED/RX	0.227	399	BLOOD/OTHER STOR	
344	NUC MED/RX	0.227			
349	NUC MED/OTHER		400	IMAGE SERVICE	
			401	DIAG MAMMOGRPHY	0.283
350	CT SCAN	\$145.46	402	ULTRASOUND	\$104.98
351	CT SCAN/HEAD	\$145.46	@ 403	SCRN MAMMOGRPHY	\$117.91
352	CT SCAN/BODY	\$145.46	404	PET SCAN	0.227
359	CT SCAN/OTHER		409	OTHER IMAG SVS	
360	OR SERVICES	0.299 @	410	RESPIRATORY SVC	0.442
361	OR/MINOR	0.378 @	412	INHALATION SVC	
362	OR/ORGAN TRANS		413	HYPERBARIC O2	1.000
367	OR/KIDNEY TRANS		419	OTHER RESPIR SVS	
369	OR/OTHER	0.283			
			420	PHYSICAL THERP	\$83.98
370	ANESTHESIA	0.284	421	PHYS THERP.VISIT	
371	ANESTHE/INCIDENT RAD		422	PHYS THERP/HOUR	
372	ANESTHE/INCDNT OTHER DX		423	PHYS THERP/GROUP	
374	ANESTHE/ACUPUNC		424	PHYS THERP/EVAL	\$83.98
379	ANESTHE/OTHER		429	OTHER PHYS THERP	
380	BLOOD		430	OCCUPATION THER	\$97.24
381	BLOOD/PKD RED		431	OCCUP THERP/VISIT	\$97.24
382	BLOOD/WHOLE		432	OCCUP THERP/HOUR	

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

@ RCC 403 - See Provider Bulletin 2015-20 - The following CPT codes must be billed in conjunction with RCC 403: 77052, 77057, and G0202.

Medical Services Policy 150.2 General Hospital Out-Patient Rates	C. HUNGERFORD 4025011 Hospital
---	-----------------------------------

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
433	OCCUP THERP/GROUP		510	CLINIC	\$57.23
434	OCCUP THERP/EVAL	\$97.24	511	CHRONIC PAIN CL	
439	OTHER OCCUP THERP		513	PSYCH CLINIC	
440	SPEECH PATHOL	\$106.08	514	OB-GYN CLINIC	\$57.23
441	SPEECH PATH/VISIT		515	PEDS CLINIC	\$57.23
442	SPEECH PATH/HOUR		519	OTHER/CLINIC	\$57.23
443	SPEECH PATH/GROUP		530	OSTEOPATH SVS	0.299
444	SPEECH PATH/EVAL	\$262.99	531	OSTEOPATH RX	
449	OTHER SPECH PAT		539	OTHER OSTEOPATH	
450	EMERG ROOM	\$156.82	610	MRI	\$145.46
456	EMERG ROOM/URGENT CARE	\$57.23	611	MRI-BRAIN	\$145.46
460	PULMONARY FUNC	0.400	612	MRI-SPINE	\$145.46
469	OTHER PULMON FUNC	0.400	619	MRI-OTHER	
470	AUDIOLOGY	0.490	621	MED/SUR SUPP/INCIDENT RAD	0.647
471	AUDIOLOGY/DX	0.490	622	MED/SUR/INCDNT ODX	
472	AUDIOLOGY/RX		631	DRUG/SNGL	
479	OTHER AUDIOL		632	DRUG/MULT	
480	CARDIOLOGY	0.444	633	DRUG/RSTR	
481	CARDIAC CATH LAB		634	DRUG/EPO<=10,000 UNITS	0.738
482	STRESS TEST	0.444	635	DRUG/EPO>=10,000 UNITS	0.738
489	OTHER CARDIOL		636	DRUGS/DETAIL CODE	0.738
490	AMBL SURG	0.721 @	637	DRUGS/SELF-ADMINISTERED	0.738
499	OTHER AMBL SURG	0.721 @	640	NOT ASSIGNED	
500	OUTPATIENT SVS		660-690	NOT ASSIGNED	
509	OUTPATIENT/OTHER		700	CAST ROOM	

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

C. HUNGERFORD 4025011  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
710	RECOVERY ROOM	0.818	801	DIALY/INPUT	
720	DELIVROOM/LABOR	0.754	802	DIALY/INPT/PER	
721	LABOR		803	DIALY/INPT/CAPD	
722	DELIVERY ROOM		804	DIALY/INPT/CCPD	
723	CIRCUMCISION		809	DIALY/INPT/OTHER	
724	BIRTHING CENTER		810	ORGAN/ACQUISIT	
729	OTHER/DELIV-LABOR		811	LIVING DONOR	
730	EKG/ECG	\$51.94	812	CADAVER DONOR	
731	HOLTER MONT	\$201.11	813	UNKNOWN DONOR	
732	TELEMETRY	\$45.31	814	KIDNEY/OTHER	
739	OTHER EKG/ECG		819	OTHER DONOR	
740	EEG	\$300.56	820	HEMO/OP OR HOME	\$228.74
750	GASTR-INTS SVS	\$114.92	821	HEMO/COMPOSITE	\$228.74
760	TREATMENT ROOM		822	HEMO/HOME/SUPPL	
761	TREATMENT RM.	0.721	823	HEMO/HOME/EQUIP	
762	OBSERVATION RM.	0.721	824	HEMO/HOME/100%	
769	OTHER TREATMENT RM		825	HEMO/HOME/SUPSERV	
771	VACCINE ADMIN	\$2.00	829	HEMO/HOME/OTHER	\$228.74
790	LITHOTRIPSY	0.721	830	PERITONEAL/OP OR HOME	
800	RENAL DIALYSIS	0.809	831	PERTNL/COMPOSITE	
			832	PERTNL/HOME/SUPPL	
			833	PERTNL/HOME/EQUIP	
			834	PERTNL/HOME/100%	
			835	PERTNL/HOME/SUPSERV	
			839	PERTNL/HOME/OTHER	

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

C. HUNGERFORD 4025011  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
840	CAPD/OP OR HOME		903	PLAY THERAPY	
841	CAPD/COMPOSITE	\$98.35	911	PSTAY/REHAB	
842	CAPD/HOME/SUPPL		912	PARTIAL HOSP. "HALFDAY"	
843	CAPD/HOME/EQUIP		917	PSTAY/BIOFEED	
844	CAPD/HOME/100%		920	OTHER DX SVS	0.754
845	CAPD/HOME/SUPSERV		921	PERI VASCUL LAB	0.205
849	CAPD/HOME/OTHER	\$98.35	922	EMG	0.238
850	CCPD/OP OR HOME		923	PAP SMEAR	\$14.76
851	CCPD/COMPOSITE		924	ALLERGY TEST	0.400
852	CCPD/HOME/SUPPL		925	PREG TEST	
853	CCPD/HOME/EQUIP		929	ADDITIONAL DX SVS_(Sleep Study)	\$728.00
854	CCPD/HOME/100%		930	NOT ASSIGNED	
855	CCPD/HOME/SUPSERV		940	OTHER RX SVS	0.378
859	CCPD/HOME/OTHER		941	RECREATION RX	
860-870	RESERVED FOR DIALYSIS		942	EDUC/TRAINING	
880	DIALY/MISC		943	CARDIAC REHAB	0.444
881	DIALY/ULTRAFILT	0.809	944	DRUG REHAB	
882	HOME DIALYSIS AIDE VISIT		945	ALCOHOL REHAB	
889	DIALY/MISC/OTHER	0.809	948	PULMONARY REHAB	0.400
890	DONOR BANK		949	ADDITIONAL RX SVX	
891	DONOR BANK/BONE		@ 953	CHEMICAL DEPENDENCY	\$30.00
892	DONOR BANK/ORGN				
893	DONOR BANK/SKIN				
899	OTHER DONOR BANK				
<b>RCC 900-919 - SEE NEXT PAGE.</b>					
902	MILIEU THERAPY				

@ RCC 953 - See Provider Bulletins 2014-74 and 2015-37 - RCC 953 is for tobacco cessation counseling groups and must be billed with CPT 99412.

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

C. HUNGERFORD 4025011  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
950	NOT ASSIGNED	
960	PRO FEE	0.238
961	PRO FEE/PSYCH	
962	PRO FEE/EYE	
963	PRO FEE ANES MD	
964	PRO FEE/ANES CRNA	
969	OTHER PRO FEE	
971	PRO FEE LAB	
972	PRO FEE/RAD/DX	
973	PRO FEE/RAD/RX	
974	PRO FEE/NUC MED	
975	PRO FEE/OR	
976	PRO FEE/RESPIR	
977	PRO FEE/PHYSI	
978	PRO FEE/OCCUPA	
979	PRO FEE/SPEECH	
981	PRO FEE/ER	\$91.07
982	PRO FEE/OUTPT	
983	PRO FEE/CLINIC	
984	PRO FEE/SOC SVS	
985	PRO FEE/EKG	0.173
986	PRO FEE/EEG	0.238
987	PRO FEE/HOS VIS	
988	PRO FEE/CONSULT	0.238
989	FEE/PVT NURSE	

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
ADDITIONAL REVENUE CENTER CODES:		
294	MED EQUIP/SUPPLIES/DRUGS	
623	SURG DRESSING	
770	PREVENT CARE SVS	
904	ACTIVITY THERAPY	
946	CMLPX MED EQUIP - ROUT	
947	CMLPX MED EQUIP - ANC	
451	ER/EMTALA	
452	ER/BEYOND EMTALA	
516	URGENT CLINIC	
517	FAMILY CARE	

**ECC BEHAVIORAL HEALTH RATES**

900	PSTAY TREATMENT	\$142.41
901	ELECTRO SHOCK	\$105.46
905	IOP PSYCH	\$142.94
906	IOP CHEM DEPENDENCY	\$142.94
907	COMMUNITY BEHAVIORAL	\$82.02
913	PARTIAL HOSP. "FULLDAY"	\$222.82
914	PSTAY/INDIV RX	\$82.85
915	PSTAY/GROUP RX	\$34.49
916	PSTAY/FAMILY RX	\$99.15
918	PSTAY/TESTING	\$64.60
919	PSTAY/OTHER	\$53.29

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.



Medical Services Policy 150.2 General Hospital Out-Patient Rates	JOHNSON MEMORIAL 004024980 Hospital
---	--

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
092	HEALTHTRACK SCREENING		280	ONCOLOGY	
093	HEALTHTRACK SCREENING REF		289	ONCOLOGY/OTHER	
094	HEALTHTRACK SCREENING TRE				
250	PHARMACY	0.209	290	MED EQUIP/DURAB	
251	DRUGS/GENERIC		291	MED EQUIP/RENT	
252	DRUGS/NONGENERIC		292	MED EQUIP/NEW	0.008
253	DRUGS/TAKEHOME		299	MED EQUIP/OTHER	
254	DRUGS/INCIDENT OTHER DX	0.285	300 ****	LABORATORY	
255	DRUGS/INCIDENT RAD	0.285	301 ****	LAB/CHEMISTRY	
256	DRUGS/EXPERIMT		302 ****	LAB/IMMUNOLOGY	
257	DRUGS/NONPSCRPT		303 ****	LAB/RENAL HOME	
258	IV SOLUTIONS	0.071	304 ****	LAB/NR DIALYSIS	
259	DRUGS/OTHER		305 ****	LAB/HEMOTOLOGY	
260	IV THERAPY	0.071	306 ****	LAB/BACT-MICRO	
261	IV THER/INFSN PUMP	0.071	307 ****	LAB/UROLOGY	
262	IV THER/PHARM/SVC		309 ****	LAB/OTHER	
263	IV THER/DRUG/SUPPLY DELV		310	PATHOLOGY LAB	0.420
264	IV THER/SUPPLIES		311	PATHOL/CYTOLOGY	
269	IV THERAPY/OTHER		312	PATHOL/HISTOL	0.420
270	MED-SUR SUPPLIES	0.008	314	PATHOL/BIOPSY	
271	NON-STER SUPPLY		319	PATHOL/OTHER	
272	STERILE SUPPLY	0.008	320	DX X-RAY	0.285
273	TAKEHOME SUPPLY		321	DX X-RAY/ANGIO	
274	PROSTH/ORTH DEV	0.008	322	DX X-RAY/ARTH	0.285
275	PACEMAKER	0.008	323	DX X-RAY/ARTER	0.285
276	INTROC LENS		@ 324	DX X-RAY/CHEST	\$28.90
277	O2/TAKEHOME		@ 329	DX X-RAY/OTHER	0.285
278	SUPPLY/IMPLANTS	0.008			
279	SUPPLY/OTHERS		330	RX X-RAY	0.285

@ RCC 324 - See Provider Bulletin 2015-20 - The following CPT codes must be billed only under RCC 324: 71010, 71015, 71020, 70121, 71022, 71030, and 71035.

@ RCC 329 - See Provider Bulletin 2015-20 - The following CPT codes for chest x-ray with fluoroscopy must be billed in conjunction with RCC 329: 71023 and 71034.

Medical Services Policy 150.2 General Hospital Out-Patient Rates	JOHNSON MEMORIAL 004024980 Hospital
---	--

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
331	CHEMOTHER/INJ	0.285	383	BLOOD/PLASMA	0.420
332	CHEMOTHER/ORAL	0.285	384	BLOOD/PLATELETS	0.420
333	RADIATION RX	0.285	385	BLOOD/LEUCOCYTES	0.420
335	CHEMOTHERP-IV	0.285	386	BLOOD/COMPONENTS	0.420
339	RX X-RAY/OTHER		387	BLOOD/DERIVATIVES	0.420
			389	BLOOD/OTHER	0.420
340	NUCLEAR MEDICINE	0.198	390	BLOOD/STOR-PROC	0.420
341	NUC MED/DX	0.198	391	BLOOD/ADMIN	0.420
342	NUC MED/RX	0.198	399	BLOOD/OTHER STOR	
349	NUC MED/OTHER	0.198			
350	CT SCAN	\$145.46	400	IMAGE SERVICE	
351	CT SCAN/HEAD	\$145.46	401	DIAG MAMMOGRPHY	0.191
352	CT SCAN/BODY	\$145.46	402	ULTRASOUND	\$104.98
359	CT SCAN/OTHER		@ 403	SCRN MAMMOGRPHY	\$117.91
			404	PET SCAN	0.198
360	OR SERVICES	0.881 @	409	OTHER IMAG SVS	
361	OR/MINOR	0.881 @			
362	OR/ORGAN TRANS		410	RESPIRATORY SVC	0.453
367	OR/KIDNEY TRANS		412	INHALATION SVC	0.453
369	OR/OTHER		413	HYPERBARIC O2	0.374
			419	OTHER RESPIR SVS	0.453
370	ANESTHESIA	0.000	420	PHYSICAL THERP	\$83.98
371	ANESTHE/INCIDENT RAD		421	PHYS THERP.VISIT	\$83.98
372	ANESTHE/INCDNT OTHER DX		422	PHYS THERP/HOUR	
374	ANESTHE/ACUPUNC		423	PHYS THERP/GROUP	
379	ANESTHE/OTHER		424	PHYS THERP/EVAL	\$83.98
			429	OTHER PHYS THERP	
380	BLOOD		430	OCCUPATION THER	\$97.24
381	BLOOD/PKD RED	0.420	431	OCCUP THERP/VISIT	
382	BLOOD/WHOLE	0.420	432	OCCUP THERP/HOUR	

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

@ RCC 403 - See Provider Bulletin 2015-20 - The following CPT codes must be billed in conjunction with RCC 403: 77052, 77057, and G0202.

Medical Services Policy 150.2 General Hospital Out-Patient Rates	JOHNSON MEMORIAL 004024980 Hospital
---	--

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
433	OCCUP THERP/GROUP		510	CLINIC	\$57.23
434	OCCUP THERP/EVAL	\$97.24	511	CHRONIC PAIN CL	
439	OTHER OCCUP THERP		513	PSYCH CLINIC	
440	SPEECH PATHOL	\$106.08	514	OB-GYN CLINIC	\$57.23
441	SPEECH PATH/VISIT		515	PEDS CLINIC	
442	SPEECH PATH/HOUR		519	OTHER/CLINIC	
443	SPEECH PATH/GROUP		530	OSTEOPATH SVS	
444	SPEECH PATH/EVAL	\$262.99	531	OSTEOPATH RX	
449	OTHER SPECH PAT		539	OTHER OSTEOPATH	
450	EMERG ROOM	\$156.82	610	MRI	\$145.46
456	EMERG ROOM/URGENT CARE	\$57.23	611	MRI-BRAIN	\$145.46
460	PULMONARY FUNC	0.289	612	MRI-SPINE	\$145.46
469	OTHER PULMON FUNC	0.289	619	MRI-OTHER	
470	AUDIOLOGY		621	MED/SUR SUPP/INCIDENT RAD	
471	AUDIOLOGY/DX		622	MED/SUR/INCDNT ODX	
472	AUDIOLOGY/RX		631	DRUG/SNGL	
479	OTHER AUDIOL		632	DRUG/MULT	
480	CARDIOLOGY	0.191	633	DRUG/RSTR	
481	CARDIAC CATH LAB		634	DRUG/EPO<=10,000 UNITS	
482	STRESS TEST	0.191	635	DRUG/EPO>=10,000 UNITS	
489	OTHER CARDIOL	0.191	636	DRUGS/DETAIL CODE	0.209
490	AMBL SURG	0.000 @	640	NOT ASSIGNED	
499	OTHER AMBL SURG	0.000 @	660-690	NOT ASSIGNED	
500	OUTPATIENT SVS		700	CAST ROOM	
509	OUTPATIENT/OTHER				

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

Medical Services Policy 150.2 General Hospital Out-Patient Rates	JOHNSON MEMORIAL 004024980 Hospital
---	--

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
710	RECOVERY ROOM	0.701	801	DIALY/INPUT	
720	DELIVROOM/LABOR		802	DIALY/INPT/PER	
721	LABOR		803	DIALY/INPT/CAPD	
722	DELIVERY ROOM		804	DIALY/INPT/CCPD	
723	CIRCUMCISION		809	DIALY/INPT/OTHER	
724	BIRTHING CENTER		810	ORGAN/ACQUISIT	
729	OTHER/DELIV-LABOR	0.318	811	LIVING DONOR	
730	EKG/ECG	\$51.94	812	CADAVER DONOR	
731	HOLTER MONT	\$201.11	813	UNKNOWN DONOR	
732	TELEMETRY		814	UNSUCCESSFUL SEARCH	
739	OTHER EKG/ECG	0.191	819	OTHER DONOR	
740	EEG	\$300.56	820	HEMO/OP OR HOME	
750	GASTR-INTS SVS	\$114.92	821	HEMO/COMPOSITE	
760	TREATMENT ROOM		822	HEMO/HOME/SUPPL	
761	TREATMENT RM.	0.285	823	HEMO/HOME/EQUIP	
762	OBSERVATION RM.	0.490	824	HEMO/HOME/100%	
769	OTHER TREATMENT RM		825	HEMO/HOME/SUPSERV	
771	VACCINE ADMIN	\$2.00	829	HEMO/HOME/OTHER	
790	LITHOTRIPSY	0.881	830	PERITONEAL/OP OR HOME	
800	RENAL DIALYSIS		831	PERTNL/COMPOSITE	
			832	PERTNL/HOME/SUPPL	
			833	PERTNL/HOME/EQUIP	
			834	PERTNL/HOME/100%	
			835	PERTNL/HOME/SUPSERV	
			839	PERTNL/HOME/OTHER	

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2 General Hospital Out-Patient Rates	JOHNSON MEMORIAL 004024980 Hospital
---	--

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
840	CAPD/OP OR HOME		903	PLAY THERAPY	
841	CAPD/COMPOSITE				
842	CAPD/HOME/SUPPL		911	PSTAY/REHAB	
843	CAPD/HOME/EQUIP		912	PARTIAL HOSP. "HALFDAY"	
844	CAPD/HOME/100%		917	PSTAY/BIOFEED	
845	CAPD/HOME/SUPSERV				
849	CAPD/HOME/OTHER		920	OTHER DX SVS	0.285
			921	PERI VASCUL LAB	0.191
850	CCPD/OP OR HOME		922	EMG	0.346
851	CCPD/COMPOSITE		923	PAP SMEAR	\$14.76
852	CCPD/HOME/SUPPL		924	ALLERGY TEST	
853	CCPD/HOME/EQUIP		925	PREG TEST	
854	CCPD/HOME/100%		929	ADDITIONAL DX SVS (Sleep Studies)	\$728.00
855	CCPD/HOME/SUPSERV				
859	CCPD/HOME/OTHER		930	NOT ASSIGNED	
860-870 RESERVED FOR DIALYSIS			940	OTHER RX SVS	
880	DIALY/MISC		941	RECREATION RX	
881	DIALY/ULTRAFILT		942	EDUC/TRAINING	
882	HOME DIALYSIS AIDE VISIT		943	CARDIAC REHAB	0.346
889	DIALY/MISC/OTHER		944	DRUG REHAB	
			945	ALCOHOL REHAB	
890	DONOR BANK		949	ADDITIONAL RX SVX	
891	DONOR BANK/BONE		@ 953	CHEMICAL DEPENDENCY	\$30.00
892	DONOR BANK/ORGN				
893	DONOR BANK/SKIN				
899	OTHER DONOR BANK				
<b>RCC 900-919 - SEE NEXT PAGE.</b>					
902	MILIEU THERAPY				

@ RCC 953 - See Provider Bulletins 2014-74 and 2015-37 - RCC 953 is for tobacco cessation counseling groups and must be billed with CPT 99412.

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

JOHNSON MEMORIAL 004024980  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
950	NOT ASSIGNED		ADDITIONAL REVENUE CENTER CODES:		
960	PRO FEE		294	MED EQUIP/SUPPLIES/DRUGS	
961	PRO FEE/PSYCH		761	TREATMENT RM.	
962	PRO FEE/EYE		904	ACTIVITY THERAPY	
963	PRO FEE ANES MD		946	CMLPX MED EQUIP - ROUT	
964	PRO FEE/ANES CRNA		947	CMLPX MED EQUIP - ANC	
969	OTHER PRO FEE		623	SURG DRESSING	
971	PRO FEE LAB		770	PREVENT CARE SVS	
972	PRO FEE/RAD/DX		451	ER/EMTALA	
973	PRO FEE/RAD/RX		452	ER/BEYOND EMTALA	
974	PRO FEE/NUC MED		516	URGENT CLINIC	
975	PRO FEE/OR		517	FAMILY CARE	
976	PRO FEE/RESPIR		<b>BEHAVIORAL HEALTH RATES</b>		
977	PRO FEE/PHYSI		900	PSTAY TREATMENT	\$124.87
978	PRO FEE/OCCUPA		901	ELECTRO SHOCK	\$105.46
979	PRO FEE/SPEECH		905	IOP PSYCH	\$142.94
981	PRO FEE/ER	\$91.07	906	IOP CHEM DEPENDENCY	\$142.94
982	PRO FEE/OUTPT		907	COMMUNITY BEHAVIORAL	\$0.00
983	PRO FEE/CLINIC		913	PARTIAL HOSP. "FULLDAY"	\$222.82
984	PRO FEE/SOC SVS		914	PSTAY/INDIV RX	\$71.19
985	PRO FEE/EKG	0.121	915	PSTAY/GROUP RX	\$34.49
986	PRO FEE/EEG		916	PSTAY/FAMILY RX	\$84.12
987	PRO FEE/HOS VIS		918	PSTAY/TESTING	\$64.60
988	PRO FEE/CONSULT		919	PSTAY/OTHER	\$47.21
989	FEE/PVT NURSE				

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

LAWRENCE & MEMORIAL HOSPITAL  
Provider #: 4024972  
7228689  
7228690

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
092	HEALTHTRACK SCREENING		280	ONCOLOGY	
093	HEALTHTRACK SCREENING REF		289	ONCOLOGY/OTHER	
094	HEALTHTRACK SCREENING TRE				
250	PHARMACY	0.652	290	MED EQUIP/DURAB	
251	DRUGS/GENERIC		291	MED EQUIP/RENT	
252	DRUGS/NONGENERIC		292	MED EQUIP/NEW	
253	DRUGS/TAKEHOME		299	MED EQUIP/OTHER	
254	DRUGS/INCIDENT OTHER DX	0.652	300 ****	LABORATORY	
255	DRUGS/INCIDENT RAD	0.652	301 ****	LAB/CHEMISTRY	
256	DRUGS/EXPERIMT		302 ****	LAB/IMMUNOLOGY	
257	DRUGS/NONPSCRPT		303 ****	LAB/RENAL HOME	
258	IV SOLUTIONS	0.652	304 ****	LAB/NR DIALYSIS	
259	DRUGS/OTHER		305 ****	LAB/HEMOTOLOGY	
260	IV THERAPY	1.000	306 ****	LAB/BACT-MICRO	
261	IV THER/INFSN PUMP		307 ****	LAB/UROLOGY	
262	IV THER/PHARM/SVC		309 ****	LAB/OTHER	
263	IV THER/DRUG/SUPPLY DELV		310	PATHOLOGY LAB	0.209
264	IV THER/SUPPLIES		311	PATHOL/CYTOLOGY	
269	IV THERAPY/OTHER		312	PATHOL/HISTOL	
270	MED-SUR SUPPLIES	0.562	314	PATHOL/BIOPSY	0.209
271	NON-STER SUPPLY	0.562	319	PATHOL/OTHER	
272	STERILE SUPPLY	0.562	320	DX X-RAY	0.475
273	TAKEHOME SUPPLY		321	DX X-RAY/ANGIO	
274	PROSTH/ORTH DEV	0.562	322	DX X-RAY/ARTH	
275	PACEMAKER	0.562	323	DX X-RAY/ARTER	0.475
276	INTROC LENS	0.562	@ 324	DX X-RAY/CHEST	\$28.90
277	O2/TAKEHOME		@ 329	DX X-RAY/OTHER	0.475
278	SUPPLY/IMPLANTS	0.562			
279	SUPPLY/OTHERS		330	RX X-RAY	

\*\*\*\* See Hospital Lab Fee Schedule WWW.CTDSSMAP.COM

@ RCC 324 - See Provider Bulletin 2015-20 - The following CPT codes must be billed only under RCC 324: 71010, 71015, 71020, 70121, 71022, 71030, and 71035.

@ RCC 329 - See Provider Bulletin 2015-20 - The following CPT codes for chest x-ray with fluoroscopy must be billed in conjunction with RCC 329: 71023 and 71034.

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

LAWRENCE & MEMORIAL HOSPITAL  
Provider #: 4024972  
7228689  
7228690

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
331	CHEMOTHER/INJ	0.335	383	BLOOD/PLASMA	
332	CHEMOTHER/ORAL		384	BLOOD/PLATELETS	
333	RADIATION RX	0.335	385	BLOOD/LEUCOCYTES	
335	CHEMOTHERP-IV	0.335	386	BLOOD/COMPONENTS	
339	RX X-RAY/OTHER		387	BLOOD/DERIVATIVES	
			389	BLOOD/OTHER	
340	NUCLEAR MEDICINE	0.290	390	BLOOD/STOR-PROC	0.209
341	NUC MED/DX	0.475	391	BLOOD/ADMIN	0.209
342	NUC MED/RX	0.475	399	BLOOD/OTHER STOR	
343	NUC MED/DX RADIO PHARM	0.475	400	IMAGE SERVICE	
344	NUC MED/RX RADIO PHARM	0.475	401	DIAG MAMMOGRPHY	0.475
349	NUC MED/OTHER		402	ULTRASOUND	\$104.98
350	CT SCAN	\$145.46	@ 403	SCRN MAMMOGRPHY	\$117.91
351	CT SCAN/HEAD	\$145.46	404	PET SCAN	0.475
352	CT SCAN/BODY	\$145.46	409	OTHER IMAG SVS	
359	CT SCAN/OTHER		410	RESPIRATORY SVC	0.517
360	OR SERVICES	0.263 @	412	INHALATION SVC	
361	OR/MINOR	0.260 @	413	HYPERBARIC O2	0.335
362	OR/ORGAN TRANS		419	OTHER RESPIR SVS	
367	OR/KIDNEY TRANS		420	PHYSICAL THERP	\$83.98
369	OR/OTHER		421	PHYS THERP.VISIT	
370	ANESTHESIA	0.405	422	PHYS THERP/HOUR	
371	ANESTHE/INCIDENT RAD		423	PHYS THERP/GROUP	
372	ANESTHE/INCDNT OTHER DX		424	PHYS THERP/EVAL	\$83.98
374	ANESTHE/ACUPUNC		429	OTHER PHYS THERP	
379	ANESTHE/OTHER		430	OCCUPATION THER	\$97.24
380	BLOOD		431	OCCUP THERP/VISIT	
381	BLOOD/PKD RED		432	OCCUP THERP/HOUR	
382	BLOOD/WHOLE				

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

@ RCC 403 - See Provider Bulletin 2015-20 - The following CPT codes must be billed in conjunction with RCC 403: 77052, 77057, and G0202.



LAWRENCE & MEMORIAL HOSPITAL  
Provider #: 4024972  
7228689  
7228690

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
433	OCCUP THERP/GROUP		510	CLINIC	\$57.23
434	OCCUP THERP/EVAL	\$97.24	511	CHRONIC PAIN CL	
439	OTHER OCCUP THERP		513	PSYCH CLINIC	
440	SPEECH PATHOL	\$106.08	514	OB-GYN CLINIC	\$57.23
441	SPEECH PATH/VISIT		515	PEDS CLINIC	\$57.23
442	SPEECH PATH/HOUR		519	OTHER/CLINIC	\$57.23
443	SPEECH PATH/GROUP		530	OSTEOPATH SVS	
444	SPEECH PATH/EVAL	\$262.99	531	OSTEOPATH RX	
449	OTHER SPECH PAT		539	OTHER OSTEOPATH	
450	EMERG ROOM	\$156.82	610	MRI	\$145.46
456	EMERG ROOM/URGENT CARE	\$57.23	611	MRI-BRAIN	\$145.46
460	PULMONARY FUNC	1.000	612	MRI-SPINE	\$145.46
469	OTHER PULMON FUNC		615	MRI-Head and Neck	\$145.46
470	AUDIOLOGY	0.557	618	MRI-Other MRA	\$145.46
471	AUDIOLOGY/DX	0.557	619	MRI-Other MRT	
472	AUDIOLOGY/RX		621	MED/SUR SUPP/INCIDENT RAD	
479	OTHER AUDIOL		622	MED/SUR/INCNDNT ODX	
480	CARDIOLOGY	0.461	631	DRUG/SNGL	
481	CARDIAC CATH LAB	0.461	632	DRUG/MULT	
482	STRESS TEST	0.461	633	DRUG/RSTR	
483	ECHOCARDIOLOGY	0.475	634	DRUG/EPO<=10,000 UNITS	
489	OTHER CARDIOL		635	DRUG/EPO>=10,000 UNITS	
490	AMBL SURG	0.263 @	636	DRUGS/DETAIL CODE	0.652
499	OTHER AMBL SURG	0.263 @	640	NOT ASSIGNED	
500	OUTPATIENT SVS		660-690	NOT ASSIGNED	
509	OUTPATIENT/OTHER		700	CAST ROOM	0.263

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

LAWRENCE & MEMORIAL HOSPITAL  
Provider #: 4024972  
7228689  
7228690

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
710	RECOVERY ROOM	0.294	801	DIALY/INPUT	0.310
720	DELIVROOM/LABOR	0.496	802	DIALY/INPT/PER	
721	LABOR		803	DIALY/INPT/CAPD	
722	DELIVERY ROOM		804	DIALY/INPT/CCPD	
723	CIRCUMCISION		809	DIALY/INPT/OTHER	
724	BIRTHING CENTER		810	ORGAN/ACQUISIT	
729	OTHER/DELIV-LABOR		811	LIVING DONOR	
730	EKG/ECG	\$51.94	812	CADAVER DONOR	
731	HOLTER MONT	\$201.11	813	UNKNOWN DONOR	
732	TELEMETRY	\$45.31	814	UNSUCCESSFUL SEARCH	
739	OTHER EKG/ECG		819	OTHER DONOR	
740	EEG	\$300.56	820	HEMO/OP OR HOME	
750	GASTR-INTS SVS		821	HEMO/COMPOSITE	
760	TREATMENT ROOM	0.263	822	HEMO/HOME/SUPPL	
761	TREATMENT RM.	0.263	823	HEMO/HOME/EQUIP	
762	OBSERVATION RM.	0.546	824	HEMO/HOME/100%	
769	OTHER TREATMENT RM		825	HEMO/HOME/SUPSERV	
771	VACCINE ADMIN	\$2.00	829	HEMO/HOME/OTHER	
790	LITHOTRIPSY		830	PERITONEAL/OP OR HOME	
800	RENAL DIALYSIS	0.310	831	PERTNL/COMPOSITE	
			832	PERTNL/HOME/SUPPL	
			833	PERTNL/HOME/EQUIP	
			834	PERTNL/HOME/100%	
			835	PERTNL/HOME/SUPSERV	
			839	PERTNL/HOME/OTHER	

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

LAWRENCE & MEMORIAL HOSPITAL  
Provider #: 4024972  
7228689  
7228690

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
840	CAPD/OP OR HOME		903	PLAY THERAPY	
841	CAPD/COMPOSITE				
842	CAPD/HOME/SUPPL		911	PSTAY/REHAB	
843	CAPD/HOME/EQUIP		912	PARTIAL HOSP. "HALFDAY"	
844	CAPD/HOME/100%		917	PSTAY/BIOFEED	
845	CAPD/HOME/SUPSERV				
849	CAPD/HOME/OTHER		920	OTHER DX SVS	0.000
			921	PERI VASCUL LAB	0.209
850	CCPD/OP OR HOME		922	EMG	0.414
851	CCPD/COMPOSITE		923	PAP SMEAR	\$14.76
852	CCPD/HOME/SUPPL		924	ALLERGY TEST	
853	CCPD/HOME/EQUIP		925	PREG TEST	
854	CCPD/HOME/100%		929	ADDITIONAL DX SVS (Sleep Studies)	\$728.00
855	CCPD/HOME/SUPSERV				
859	CCPD/HOME/OTHER		930	NOT ASSIGNED	
860-870 RESERVED FOR DIALYSIS					
880	DIALY/MISC		940	OTHER RX SVS	
881	DIALY/ULTRAFILT		941	RECREATION RX	
882	HOME DIALYSIS AIDE VISIT		942	EDUC/TRAINING	
889	DIALY/MISC/OTHER		943	CARDIAC REHAB	0.448
			944	DRUG REHAB	
890	DONOR BANK		945	ALCOHOL REHAB	
891	DONOR BANK/BONE		948	PULMONARY REHAB	0.517
892	DONOR BANK/ORGN		949	ADDITIONAL RX SVX	
893	DONOR BANK/SKIN		@ 953	CHEMICAL DEPENDENCY	\$30.00
899	OTHER DONOR BANK				

**RCC 900-919 - SEE NEXT PAGE.**

902 MILIEU THERAPY

@ RCC 953 - See Provider Bulletins 2014-74 and 2015-37 - RCC 953 is for tobacco cessation counseling groups and must be billed with CPT 99412.

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

LAWRENCE & MEMORIAL HOSPITAL  
Provider #: 4024972  
7228689  
7228690

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
950 NOT ASSIGNED			ADDITIONAL REVENUE CENTER CODES:		
960	PRO FEE		294	MED EQUIP/SUPPLIES/DRUGS	
961	PRO FEE/PSYCH		623	SURG DRESSING	
962	PRO FEE/EYE		770	PREVENT CARE SVS	
963	PRO FEE ANES MD		904	ACTIVITY THERAPY	
964	PRO FEE/ANES CRNA		945	ALCOHOL REHAB	
969	OTHER PRO FEE		946	CMLPX MED EQUIP - ROUT	
971	PRO FEE LAB		947	CMLPX MED EQUIP - ANC	
972	PRO FEE/RAD/DX		451	ER/EMTALA	
973	PRO FEE/RAD/RX		452	ER/BEYOND EMTALA	
974	PRO FEE/NUC MED		516	URGENT CLINIC	
975	PRO FEE/OR	0.263	517	FAMILY CARE	
976	PRO FEE/RESPIR		<b>BEHAVIORAL HEALTH RATES</b>		
977	PRO FEE/PHYSI		900	PSTAY TREATMENT	\$124.87
978	PRO FEE/OCCUPA		901	ELECTRO SHOCK	\$105.46
979	PRO FEE/SPEECH		905	IOP PSYCH	\$142.94
981	PRO FEE/ER	\$91.07	906	IOP CHEM DEPENDENCY	\$142.94
982	PRO FEE/OUTPT		907	COMMUNITY BEHAVIORAL	\$0.00
983	PRO FEE/CLINIC		913	PARTIAL HOSP. "FULLDAY"	\$222.82
984	PRO FEE/SOC SVS		914	PSTAY/INDIV RX	\$71.19
985	PRO FEE/EKG		915	PSTAY/GROUP RX	\$34.49
986	PRO FEE/EEG		916	PSTAY/FAMILY RX	\$84.12
987	PRO FEE/HOS VIS		918	PSTAY/TESTING	\$64.60
988	PRO FEE/CONSULT		919	PSTAY/OTHER	\$47.21
989	FEE/PVT NURSE				

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

MANCHESTER MEM. 4025177  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
092	HEALTHTRACK SCREENING		280	ONCOLOGY	
093	HEALTHTRACK SCREENING REF		289	ONCOLOGY/OTHER	
094	HEALTHTRACK SCREENING TRE				
250	PHARMACY	0.201	290	MED EQUIP/DURAB	
251	DRUGS/GENERIC		291	MED EQUIP/RENT	
252	DRUGS/NONGENERIC		292	MED EQUIP/NEW	
253	DRUGS/TAKEHOME		299	MED EQUIP/OTHER	
254	DRUGS/INCIDENT OTHER DX		300 ****	LABORATORY	
255	DRUGS/INCIDENT RAD	0.363	301 ****	LAB/CHEMISTRY	
256	DRUGS/EXPERIMT		302 ****	LAB/IMMUNOLOGY	
257	DRUGS/NONPSRPT		303 ****	LAB/RENAL HOME	
258	IV SOLUTIONS	0.012	304 ****	LAB/NR DIALYSIS	
259	DRUGS/OTHER		305 ****	LAB/HEMOTOLOGY	
260	IV THERAPY	0.012	306 ****	LAB/BACT-MICRO	
261	IV THER/INFSN PUMP		307 ****	LAB/UROLOGY	
262	IV THER/PHARM/SVC		309 ****	LAB/OTHER	
263	IV THER/DRUG/SUPPLY DELV		310	PATHOLOGY LAB	0.172
264	IV THER/SUPPLIES		311	PATHOL/CYTOLOGY	
269	IV THERAPY/OTHER		312	PATHOL/HISTOL	
270	MED-SUR SUPPLIES	0.999	314	PATHOL/BIOPSY	
271	NON-STER SUPPLY	0.999	319	PATHOL/OTHER	
272	STERILE SUPPLY	0.999	320	DX X-RAY	0.363
273	TAKEHOME SUPPLY	0.999	321	DX X-RAY/ANGIO	
274	PROSTH/ORTH DEV	0.999	322	DX X-RAY/ARTH	
275	PACEMAKER	0.999	323	DX X-RAY/ARTER	
276	INTROC LENS		@ 324	DX X-RAY/CHEST	\$28.90
277	O2/TAKEHOME	0.999	@ 329	DX X-RAY/OTHER	0.363
278	SUPPLY/IMPLANTS	0.999			
279	SUPPLY/OTHERS		330	RX X-RAY	

\*\*\*\* See Hospital Lab Fee Schedule WWW.CTDSSMAP.COM

@ RCC 324 - See Provider Bulletin 2015-20 - The following CPT codes must be billed only under RCC 324: 71010, 71015, 71020, 70121, 71022, 71030, and 71035.

@ RCC 329 - See Provider Bulletin 2015-20 - The following CPT codes for chest x-ray with fluoroscopy must be billed in conjunction with RCC 329: 71023 and 71034.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

MANCHESTER MEM. 4025177  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
331	CHEMOTHER/INJ	0.363	383	BLOOD/PLASMA	
332	CHEMOTHER/ORAL		384	BLOOD/PLATELETS	
333	RADIATION RX	0.185	385	BLOOD/LEUCOCYTES	
335	CHEMOTHERP-IV	0.363	386	BLOOD/COMPONENTS	
339	RX X-RAY/OTHER		387	BLOOD/DERIVATIVES	
			389	BLOOD/OTHER	
340	NUCLEAR MEDICINE	0.351	390	BLOOD/STOR-PROC	
341	NUC MED/DX	0.363	391	BLOOD/ADMIN	0.172
342	NUC MED/RX	0.363	399	BLOOD/OTHER STOR	
343	NUC MED/Diagnostic Radiopharma	0.351			
344	NUC MED/Therapeutic Radiopharm	0.351			
349	NUC MED/OTHER		400	IMAGE SERVICE	
			401	DIAG MAMMOGRPHY	0.363
350	CT SCAN	\$145.46	402	ULTRASOUND	\$104.98
351	CT SCAN/HEAD	\$145.46	@ 403	SCRN MAMMOGRPHY	\$117.91
352	CT SCAN/BODY	\$145.46	404	PET SCAN	0.259
359	CT SCAN/OTHER		409	OTHER IMAG SVS	
360	OR SERVICES	0.407 @	410	RESPIRATORY SVC	0.211
361	OR/MINOR		412	INHALATION SVC	
362	OR/ORGAN TRANS		413	HYPERBARIC O2	0.259
	OR/KIDNEY TRANS		419	OTHER RESPIR SVS	
369	OR/OTHER		420	PHYSICAL THERP	\$83.98
370	ANESTHESIA	0.259	421	PHYS THERP.VISIT	
371	ANESTHE/INCIDENT RAD		422	PHYS THERP/HOUR	
372	ANESTHE/INCDNT OTHER DX		423	PHYS THERP/GROUP	
374	ANESTHE/ACUPUNC		424	PHYS THERP/EVAL	\$83.98
379	ANESTHE/OTHER		429	OTHER PHYS THERP	\$83.98
380	BLOOD		430	OCCUPATION THER	\$97.24
381	BLOOD/PKD RED		431	OCCUP THERP/VISIT	
382	BLOOD/WHOLE		432	OCCUP THERP/HOUR	

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

@ RCC 403 - See Provider Bulletin 2015-20 - The following CPT codes must be billed in conjunction with RCC 403: 77052, 77057, and G0202.

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

MANCHESTER MEM. 4025177  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
433	OCCUP THERP/GROUP		510	CLINIC	\$57.23
434	OCCUP THERP/EVAL		511	CHRONIC PAIN CL	
439	OTHER OCCUP THERP		513	PSYCH CLINIC	
440	SPEECH PATHOL	\$106.08	514	OB-GYN CLINIC	\$57.23
441	SPEECH PATH/VISIT		515	PEDS CLINIC	
442	SPEECH PATH/HOUR		519	OTHER/CLINIC	\$57.23
443	SPEECH PATH/GROUP		530	OSTEOPATH SVS	
444	SPEECH PATH/EVAL		531	OSTEOPATH RX	
449	OTHER SPECH PAT		539	OTHER OSTEOPATH	
450	EMERG ROOM	\$156.82	610	MRI	\$145.46
456	EMERG ROOM/URGENT CARE	\$57.23	611	MRI-BRAIN	\$145.46
460	PULMONARY FUNC	0.211	612	MRI-SPINE	\$145.46
469	OTHER PULMON FUNC		619	MRI-OTHER	
470	AUDIOLOGY		621	MED/SUR SUPP/INCIDENT RAD	
471	AUDIOLOGY/DX		622	MED/SUR/INCDNT ODX	
472	AUDIOLOGY/RX		631	DRUG/SNGL	
479	OTHER AUDIOL		632	DRUG/MULT	
480	CARDIOLOGY	0.145	633	DRUG/RSTR	
481	CARDIAC CATH LAB		634	DRUG/EPO<=10,000 UNITS	
482	STRESS TEST	0.145	635	DRUG/EPO>=10,000 UNITS	
489	OTHER CARDIOL		636	DRUGS/DETAIL CODE	0.201
490	AMBL SURG	1.000 @	640	NOT ASSIGNED	
499	OTHER AMBL SURG	1.000 @	660-690	NOT ASSIGNED	
500	OUTPATIENT SVS		700	CAST ROOM	
509	OUTPATIENT/OTHER				

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

MANCHESTER MEM. 4025177  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
710	RECOVERY ROOM	0.135	801	DIALY/INPUT	
720	DELIVROOM/LABOR		802	DIALY/INPT/PER	
721	LABOR		803	DIALY/INPT/CAPD	
722	DELIVERY ROOM		804	DIALY/INPT/CCPD	
723	CIRCUMCISION		809	DIALY/INPT/OTHER	
724	BIRTHING CENTER		810	ORGAN/ACQUISIT	
729	OTHER/DELIV-LABOR		811	LIVING DONOR	
730	EKG/ECG	\$51.94	812	CADAVER DONOR	
731	HOLTER MONT	\$201.11	813	UNKNOWN DONOR	
732	TELEMETRY		814	UNSUCCESSFUL SEARCH	
739	OTHER EKG/ECG		819	OTHER DONOR	
740	EEG	\$300.56	820	HEMO/OP OR HOME	
750	GASTR-INTS SVS	\$114.92	821	HEMO/COMPOSITE	
760	TREATMENT ROOM		822	HEMO/HOME/SUPPL	
761	TREATMENT RM.	1.000	823	HEMO/HOME/EQUIP	
762	OBSERVATION RM.	0.183	824	HEMO/HOME/100%	
769	OTHER TREATMENT RM		825	HEMO/HOME/SUPSERV	
771	VACCINE ADMIN	\$2.00	829	HEMO/HOME/OTHER	
790	LITHOTRIPSY		830	PERITONEAL/OP OR HOME	
800	RENAL DIALYSIS		831	PERTNL/COMPOSITE	
			832	PERTNL/HOME/SUPPL	
			833	PERTNL/HOME/EQUIP	
			834	PERTNL/HOME/100%	
			835	PERTNL/HOME/SUPSERV	
			839	PERTNL/HOME/OTHER	

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.



Medical Services Policy 150.2  
General Hospital Out-Patient Rates

MANCHESTER MEM. 4025177  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
840	CAPD/OP OR HOME		903	PLAY THERAPY	
841	CAPD/COMPOSITE				
842	CAPD/HOME/SUPPL		911	PSTAY/REHAB	
843	CAPD/HOME/EQUIP		912	PARTIAL HOSP. "HALF-DAY"	
844	CAPD/HOME/100%		917	PSTAY/BIOFEED	
845	CAPD/HOME/SUPSERV				
849	CAPD/HOME/OTHER		920	OTHER DX SVS	0.363
			921	PERI VASCUL LAB	0.172
850	CCPD/OP OR HOME		922	EMG	0.211
851	CCPD/COMPOSITE		923	PAP SMEAR	\$14.76
852	CCPD/HOME/SUPPL		924	ALLERGY TEST	
853	CCPD/HOME/EQUIP		925	PREG TEST	
854	CCPD/HOME/100%		929	ADDITIONAL DX SVS (Sleep Studies)	\$728.00
855	CCPD/HOME/SUPSERV				
859	CCPD/HOME/OTHER		930	NOT ASSIGNED	
860-870 RESERVED FOR DIALYSIS					
880	DIALY/MISC		940	OTHER RX SVS	1.000
881	DIALY/ULTRAFILT		941	RECREATION RX	
882	HOME DIALYSIS AIDE VISIT		942	EDUC/TRAINING	
889	DIALY/MISC/OTHER		943	CARDIAC REHAB	0.546
			944	DRUG REHAB	
890	DONOR BANK		945	ALCOHOL REHAB	
891	DONOR BANK/BONE		949	ADDITIONAL RX SVX	
892	DONOR BANK/ORGN		@ 953	CHEMICAL DEPENDENCY	\$30.00
893	DONOR BANK/SKIN				
899	OTHER DONOR BANK				
<b>RCC 900-919 - SEE NEXT PAGE.</b>					
902	MILIEU THERAPY				

@ RCC 953 - See Provider Bulletins 2014-74 and 2015-37 - RCC 953 is for tobacco cessation counseling groups and must be billed with CPT 99412.

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.



Medical Services Policy 150.2  
General Hospital Out-Patient Rates

MIDSTATE 4025078  
Medical Center

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
092	HEALTHTRACK SCREENING		280	ONCOLOGY	
093	HEALTHTRACK SCREENING REF		289	ONCOLOGY/OTHER	
094	HEALTHTRACK SCREENING TRE				
250	PHARMACY	0.694	290	MED EQUIP/DURAB	
251	DRUGS/GENERIC		291	MED EQUIP/RENT	
252	DRUGS/NONGENERIC		292	MED EQUIP/NEW	
253	DRUGS/TAKEHOME		299	MED EQUIP/OTHER	
254	DRUGS/INCIDENT OTHER DX		300 ****	LABORATORY	
255	DRUGS/INCIDENT RAD	0.535	301 ****	LAB/CHEMISTRY	
256	DRUGS/EXPERIMT		302 ****	LAB/IMMUNOLOGY	
257	DRUGS/NONPSRPT		303 ****	LAB/RENAL HOME	
258	IV SOLUTIONS	0.694	304 ****	LAB/NR DIALYSIS	
259	DRUGS/OTHER		305 ****	LAB/HEMOTOLOGY	
260	IV THERAPY	0.229	306 ****	LAB/BACT-MICRO	
261	IV THER/INFSN PUMP		307 ****	LAB/UROLOGY	
262	IV THER/PHARM/SVC		309 ****	LAB/OTHER	
263	IV THER/DRUG/SUPPLY DELV		310	PATHOLOGY LAB	0.159
264	IV THER/SUPPLIES		311	PATHOL/CYTOLOGY	
269	IV THERAPY/OTHER		312	PATHOL/HISTOL	
270	MED-SUR SUPPLIES	0.262	314	PATHOL/BIOPSY	
271	NON-STER SUPPLY		319	PATHOL/OTHER	
272	STERILE SUPPLY	0.262	320	DX X-RAY	0.535
273	TAKEHOME SUPPLY		321	DX X-RAY/ANGIO	
274	PROSTH/ORTH DEV	0.262	322	DX X-RAY/ARTH	
275	PACEMAKER	0.262	323	DX X-RAY/ARTER	
276	INTROC LENS	0.262	@ 324	DX X-RAY/CHEST	\$28.90
277	O2/TAKEHOME		@ 329	DX X-RAY/OTHER	0.535
278	SUPPLY/IMPLANTS	0.262			
279	SUPPLY/OTHERS		330	RX X-RAY	0.518

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual. \*\*\*\* See Hospital Lab Fee Schedule WWW.CTDSSMAP.COM  
 @ RCC 324 - See Provider Bulletin 2015-20 - The following CPT codes must be billed only under RCC 324: 71010, 71015, 71020, 70121, 71022, 71030, and 71035.  
 @ RCC 329 - See Provider Bulletin 2015-20 - The following CPT codes for chest x-ray with fluoroscopy must be billed in conjunction with RCC 329: 71023 and 71034.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

MIDSTATE 4025078  
Medical Center

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
331	CHEMOTHER/INJ	0.518	383	BLOOD/PLASMA	
332	CHEMOTHER/ORAL		384	BLOOD/PLATELETS	
333	RADIATION RX	0.518	385	BLOOD/LEUCOCYTES	
335	CHEMOTHERP-IV	0.518	386	BLOOD/COMPONENTS	
339	RX X-RAY/OTHER		387	BLOOD/DERIVATIVES	
			389	BLOOD/OTHER	
340	NUCLEAR MEDICINE	0.243			
341	NUC MED/DX	0.535	390	BLOOD/STOR-PROC	0.159
342	NUC MED/RX	0.243	391	BLOOD/ADMIN	0.159
343	NUC MED/RX-Diag Pharmaceutical	0.243	399	BLOOD/OTHER STOR	
344	NUC MED/RX-Thera Pharmaceutic	0.243			
349	NUC MED/OTHER		400	IMAGE SERVICE	
350	CT SCAN	\$145.46	401	DIAG MAMMOGRPHY	0.535
351	CT SCAN/HEAD	\$145.46	402	ULTRASOUND	\$104.98
352	CT SCAN/BODY	\$145.46	@ 403	SCRN MAMMOGRPHY	\$117.91
359	CT SCAN/OTHER		404	PET SCAN	0.366
360	OR SERVICES	0.433 @	409	OTHER IMAG SVS	
361	OR/MINOR	0.320 @			
362	OR/ORGAN TRANS		410	RESPIRATORY SVC	0.275
367	OR/KIDNEY TRANS		412	INHALATION SVC	
369	OR/OTHER	0.535 @	413	HYPERBARIC O2	0.320
			419	OTHER RESPIR SVS	
370	ANESTHESIA	0.143			
371	ANESTHE/INCIDENT RAD		420	PHYSICAL THERP	\$83.98
372	ANESTHE/INCDNT OTHER DX		421	PHYS THERP.VISIT	\$83.98
374	ANESTHE/ACUPUNC		422	PHYS THERP/HOUR	
379	ANESTHE/OTHER		423	PHYS THERP/GROUP	
			424	PHYS THERP/EVAL	\$83.98
380	BLOOD		429	OTHER PHYS THERP	
381	BLOOD/PKD RED				
382	BLOOD/WHOLE		430	OCCUPATION THER	\$97.24
			431	OCCUP THERP/VISIT	\$97.24
			432	OCCUP THERP/HOUR	

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

@ RCC 403 - See Provider Bulletin 2015-20 - The following CPT codes must be billed in conjunction with RCC 403: 77052, 77057, and G0202.

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

MIDSTATE 4025078  
Medical Center

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
433	OCCUP THERP/GROUP		510	CLINIC	\$57.23
434	OCCUP THERP/EVAL	\$97.24	511	CHRONIC PAIN CL	
439	OTHER OCCUP THERP		513	PSYCH CLINIC	
440	SPEECH PATHOL	\$106.08	514	OB-GYN CLINIC	\$57.23
441	SPEECH PATH/VISIT		515	PEDS CLINIC	\$57.23
442	SPEECH PATH/HOUR		516	URGENT CLINIC	\$57.23
443	SPEECH PATH/GROUP		519	OTHER/CLINIC	\$57.23
444	SPEECH PATH/EVAL		530	OSTEOPATH SVS	
449	OTHER SPECH PAT		531	OSTEOPATH RX	
450	EMERG ROOM	\$156.82	539	OTHER OSTEOPATH	
456	EMERG ROOM/URGENT CARE	\$57.23	610	MRI	\$145.46
460	PULMONARY FUNC	0.182	611	MRI-BRAIN	\$145.46
469	OTHER PULMON FUNC		612	MRI-SPINE	\$145.46
470	AUDIOLOGY		615	MRI-SPINE	\$145.46
471	AUDIOLOGY/DX	0.366	616	MRI-SPINE	\$145.46
472	AUDIOLOGY/RX		618	MRI-SPINE	\$145.46
479	OTHER AUDIOL		619	MRI-OTHER	
480	CARDIOLOGY	0.183	621	MED/SUR SUPP/INCIDENT RAD	0.262
481	CARDIAC CATH LAB		622	MED/SUR/INCDNT ODX	0.262
482	STRESS TEST	0.183	623	SURG DRESSING	0.262
489	OTHER CARDIOL		631	DRUG/SNGL	
490	AMBL SURG	0.433 @	632	DRUG/MULT	
499	OTHER AMBL SURG	0.433 @	633	DRUG/RSTR	
500	OUTPATIENT SVS		634	DRUG/EPO<=10,000 UNITS	
509	OUTPATIENT/OTHER		635	DRUG/EPO>=10,000 UNITS	
			636	DRUGS/DETAIL CODE	0.694
			640	NOT ASSIGNED	
			660-690	NOT ASSIGNED	
			700	CAST ROOM	0.320

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 40A, and 61X).

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

MIDSTATE 4025078  
Medical Center

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
710	RECOVERY ROOM	0.519	801	DIALY/INPUT	
720	DELIVROOM/LABOR	0.615	802	DIALY/INPT/PER	
721	LABOR		803	DIALY/INPT/CAPD	
722	DELIVERY ROOM		804	DIALY/INPT/CCPD	
723	CIRCUMCISION		809	DIALY/INPT/OTHER	
724	BIRTHING CENTER		810	ORGAN/ACQUISIT	
729	OTHER/DELIV-LABOR	0.615	811	LIVING DONOR	
730	EKG/ECG	\$51.94	812	CADAVER DONOR	
731	HOLTER MONT	\$201.11	813	UNKNOWN DONOR	
732	TELEMETRY		814	UNSUCCESSFUL SEARCH	
739	OTHER EKG/ECG		819	OTHER DONOR	
740	EEG	\$300.56	820	HEMO/OP OR HOME	0.229
750	GASTR-INTS SVS	\$114.92	821	HEMO/COMPOSITE	
760	TREATMENT ROOM		822	HEMO/HOME/SUPPL	
761	TREATMENT RM.	0.320	823	HEMO/HOME/EQUIP	
762	OBSERVATION RM.	0.366	824	HEMO/HOME/100%	
769	OTHER TREATMENT RM		825	HEMO/HOME/SUPSERV	
771	VACCINE ADMIN	\$2.00	829	HEMO/HOME/OTHER	
790	LITHOTRIPSY	0.366	830	PERITONEAL/OP OR HOME	
800	RENAL DIALYSIS		831	PERTNL/COMPOSITE	
			832	PERTNL/HOME/SUPPL	
			833	PERTNL/HOME/EQUIP	
			834	PERTNL/HOME/100%	
			835	PERTNL/HOME/SUPSERV	
			839	PERTNL/HOME/OTHER	

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2 General Hospital Out-Patient Rates	MIDSTATE 4025078 Medical Center
---	------------------------------------

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
840	CAPD/OP OR HOME		903	PLAY THERAPY	
841	CAPD/COMPOSITE				
842	CAPD/HOME/SUPPL		911	PSTAY/REHAB	
843	CAPD/HOME/EQUIP		912	PARTIAL HOSP. "HALF-DAY"	
844	CAPD/HOME/100%		917	PSTAY/BIOFEED	
845	CAPD/HOME/SUPSERV				
849	CAPD/HOME/OTHER		920	OTHER DX SVS	0.535
			921	PERI VASCUL LAB	0.183
850	CCPD/OP OR HOME		922	EMG	0.183
851	CCPD/COMPOSITE		923	PAP SMEAR	\$14.76
852	CCPD/HOME/SUPPL		924	ALLERGY TEST	
853	CCPD/HOME/EQUIP		925	PREG TEST	
854	CCPD/HOME/100%		929	ADDITIONAL DX SVS (Sleep Studies)	\$728.00
855	CCPD/HOME/SUPSERV				
859	CCPD/HOME/OTHER		930	NOT ASSIGNED	
860-870	RESERVED FOR DIALYSIS		940	OTHER RX SVS	
			941	RECREATION RX	
880	DIALY/MISC		942	EDUC/TRAINING	
881	DIALY/ULTRAFILT		943	CARDIAC REHAB	0.183
882	HOME DIALYSIS AIDE VISIT		944	DRUG REHAB	
889	DIALY/MISC/OTHER		945	ALCOHOL REHAB	
			949	ADDITIONAL RX SVX	
890	DONOR BANK		@ 953	CHEMICAL DEPENDENCY	\$30.00
891	DONOR BANK/BONE				
892	DONOR BANK/ORGN				
893	DONOR BANK/SKIN				
899	OTHER DONOR BANK				
<b>RCC 900-919 - SEE NEXT PAGE.</b>					
902	MILIEU THERAPY				

@ RCC 953 - See Provider Bulletins 2014-74 and 2015-37 - RCC 953 is for tobacco cessation counseling groups and must be billed with CPT 99412.

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

MIDSTATE 4025078  
Medical Center

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
950	NOT ASSIGNED	
960	PRO FEE	
961	PRO FEE/PSYCH	
962	PRO FEE/EYE	
963	PRO FEE ANES MD	
964	PRO FEE/ANES CRNA	
969	OTHER PRO FEE	
971	PRO FEE LAB	0.159
972	PRO FEE/RAD/DX	
973	PRO FEE/RAD/RX	
974	PRO FEE/NUC MED	
975	PRO FEE/OR	0.433
976	PRO FEE/RESPIR	0.275
977	PRO FEE/PHYSI	
978	PRO FEE/OCCUPA	
979	PRO FEE/SPEECH	
981	PRO FEE/ER	\$91.07
982	PRO FEE/OUTPT	
983	PRO FEE/CLINIC	
984	PRO FEE/SOC SVS	
985	PRO FEE/EKG	
986	PRO FEE/EEG	0.183
987	PRO FEE/HOS VIS	
988	PRO FEE/CONSULT	
989	FEE/PVT NURSE	

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
ADDITIONAL REVENUE CENTER CODES:		
294	MED EQUIP/SUPPLIES/DRUGS	
770	PREVENT CARE SVS	
904	ACTIVITY THERAPY	
946	CMLPX MED EQUIP - ROUT	
947	CMLPX MED EQUIP - ANC	
451	ER/EMTALA	
452	ER/BEYOND EMTALA	
517	FAMILY CARE	

**BEHAVIORAL HEALTH RATES**

900	PSTAY TREATMENT	\$124.87
901	ELECTRO SHOCK	\$105.46
905	IOP PSYCH	\$142.94
906	IOP CHEM DEPENDENCY	\$142.94
907	COMMUNITY BEHAVIORAL	\$0.00
913	PARTIAL HOSP. "FULLDAY"	\$222.82
914	PSTAY/INDIV RX	\$71.19
915	PSTAY/GROUP RX	\$34.49
916	PSTAY/FAMILY RX	\$84.12
918	PSTAY/TESTING	\$64.60
919	PSTAY/OTHER	\$47.21

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.



Medical Services Policy 150.2  
General Hospital Out-Patient Rates

MIDDLESEX MEM. 4025102  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
092	HEALTHTRACK SCREENING		280	ONCOLOGY	0.134
093	HEALTHTRACK SCREENING REF		289	ONCOLOGY/OTHER	
094	HEALTHTRACK SCREENING TRE				
250	PHARMACY	0.181	290	MED EQUIP/DURAB	
251	DRUGS/GENERIC		291	MED EQUIP/RENT	
252	DRUGS/NONGENERIC		292	MED EQUIP/NEW	
253	DRUGS/TAKEHOME		299	MED EQUIP/OTHER	
254	DRUGS/INCIDENT OTHER DX	0.181	300 ****	LABORATORY	
255	DRUGS/INCIDENT RAD	0.181	301 ****	LAB/CHEMISTRY	
256	DRUGS/EXPERIMT		302 ****	LAB/IMMUNOLOGY	
257	DRUGS/NONPSCRPT		303 ****	LAB/RENAL HOME	
258	IV SOLUTIONS		304 ****	LAB/NR DIALYSIS	
259	DRUGS/OTHER		305 ****	LAB/HEMOTOLOGY	
260	IV THERAPY	0.251	306 ****	LAB/BACT-MICRO	
261	IV THER/INFSN PUMP		307 ****	LAB/UROLOGY	
262	IV THER/PHARM/SVC		309 ****	LAB/OTHER	
263	IV THER/DRUG/SUPPLY DELV		310	PATHOLOGY LAB	0.263
264	IV THER/SUPPLIES		311	PATHOL/CYTOLOGY	
269	IV THERAPY/OTHER		312	PATHOL/HISTOL	
270	MED-SUR SUPPLIES	0.174	314	PATHOL/BIOPSY	
271	NON-STER SUPPLY		319	PATHOL/OTHER	
272	STERILE SUPPLY		320	DX X-RAY	0.270
273	TAKEHOME SUPPLY		321	DX X-RAY/ANGIO	
274	PROSTH/ORTH DEV	0.174	322	DX X-RAY/ARTH	
275	PACEMAKER	0.174	323	DX X-RAY/ARTER	
276	INTROC LENS	0.174	@ 324	DX X-RAY/CHEST	\$28.90
277	O2/TAKEHOME		@ 329	DX X-RAY/OTHER	0.270
278	SUPPLY/IMPLANTS	0.403			
279	SUPPLY/OTHERS		330	RX X-RAY	0.134

@ RCC 324 - See Provider Bulletin 2015-20 - The following CPT codes must be billed only under RCC 324: 71010, 71015, 71020, 70121, 71022, 71030, and 71035.

@ RCC 329 - See Provider Bulletin 2015-20 - The following CPT codes for chest x-ray with fluoroscopy must be billed in conjunction with RCC 329: 71023 and 71034.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

MIDDLESEX MEM. 4025102  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
331	CHEMOTHER/INJ	0.251	383	BLOOD/PLASMA	
332	CHEMOTHER/ORAL		384	BLOOD/PLATELETS	
333	RADIATION RX	0.134	385	BLOOD/LEUCOCYTES	
335	CHEMOTHERP-IV	0.251	386	BLOOD/COMPONENTS	
339	RX X-RAY/OTHER	0.251	387	BLOOD/DERIVATIVES	
340	NUCLEAR MEDICINE	0.283	389	BLOOD/OTHER	
341	NUC MED/DX	0.283			
342	NUC MED/RX	0.283	390	BLOOD/STOR-PROC	0.263
343	NUC MED/Diagnostic Radiopharmaceuticals	0.283	391	BLOOD/ADMIN	0.263
344	NUC MED/Therapeutic Radiopharmaceuticals	0.283	399	BLOOD/OTHER STOR	
349	NUC MED/OTHER				
350	CT SCAN	\$145.46	400	IMAGE SERVICE	
351	CT SCAN/HEAD	\$145.46	401	DIAG MAMMOGRPHY	0.270
352	CT SCAN/BODY	\$145.46	402	ULTRASOUND	\$104.98
359	CT SCAN/OTHER		@ 403	SCRN MAMMOGRPHY	\$117.91
			404	PET SCAN	0.043
360	OR SERVICES	0.291 @	409	OTHER IMAG SVS	
361	OR/MINOR	0.270 @			
362	OR/ORGAN TRANS		410	RESPIRATORY SVC	0.680
367	OR/KIDNEY TRANS		412	INHALATION SVC	
369	OR/OTHER		413	HYPERBARIC O2	
			419	OTHER RESPIR SVS	
370	ANESTHESIA	0.167			
371	ANESTHE/INCIDENT RAD		420	PHYSICAL THERP	\$83.98
372	ANESTHE/INCDNT OTHER DX		421	PHYS THERP.VISIT	
374	ANESTHE/ACUPUNC		422	PHYS THERP/HOUR	
379	ANESTHE/OTHER		423	PHYS THERP/GROUP	
			424	PHYS THERP/EVAL	\$83.98
380	BLOOD		429	OTHER PHYS THERP	
381	BLOOD/PKD RED				
382	BLOOD/WHOLE		430	OCCUPATION THER	\$97.24
			431	OCCUP THERP/VISIT	
			432	OCCUP THERP/HOUR	

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

@ RCC 403 - See Provider Bulletin 2015-20 - The following CPT codes must be billed in conjunction with RCC 403: 77052, 77057, and G0202.

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

MIDDLESEX MEM. 4025102  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
433	OCCUP THERP/GROUP		510	CLINIC	\$57.23
434	OCCUP THERP/EVAL	\$97.24	511	CHRONIC PAIN CL	
439	OTHER OCCUP THERP		513	PSYCH CLINIC	
440	SPEECH PATHOL	\$106.08	514	OB-GYN CLINIC	
441	SPEECH PATH/VISIT		515	PEDS CLINIC	
442	SPEECH PATH/HOUR		519	OTHER/CLINIC	
443	SPEECH PATH/GROUP		530	OSTEOPATH SVS	
444	SPEECH PATH/EVAL	\$262.99	531	OSTEOPATH RX	
449	OTHER SPECH PAT		539	OTHER OSTEOPATH	
450	EMERG ROOM	\$156.82	610	MRI	\$145.46
456	EMERG ROOM/URGENT CARE	\$57.23	611	MRI-BRAIN	\$145.46
460	PULMONARY FUNC	0.131	612	MRI-SPINE	\$145.46
469	OTHER PULMON FUNC		619	MRI-OTHER	
470	AUDIOLOGY		621	MED/SUR SUPP/INCIDENT RAD	0.174
471	AUDIOLOGY/DX	0.223	622	MED/SUR/INCDNT ODX	0.174
472	AUDIOLOGY/RX		631	DRUG/SNGL	
479	OTHER AUDIOL		632	DRUG/MULT	
480	CARDIOLOGY	0.058	633	DRUG/RSTR	
481	CARDIAC CATH LAB	0.195	634	DRUG/EPO<=10,000 UNITS	0.181
482	STRESS TEST	0.058	635	DRUG/EPO>=10,000 UNITS	0.181
489	OTHER CARDIOL	0.195	636	DRUGS/DETAIL CODE	0.181
490	AMBL SURG	0.440 @	640	NOT ASSIGNED	
499	OTHER AMBL SURG	0.440 @	660-690	NOT ASSIGNED	
500	OUTPATIENT SVS		700	CAST ROOM	
509	OUTPATIENT/OTHER				

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

MIDDLESEX MEM. 4025102  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
710	RECOVERY ROOM	0.333	801	DIALY/INPUT	0.529
720	DELIVROOM/LABOR	0.250	802	DIALY/INPT/PER	0.529
721	LABOR		803	DIALY/INPT/CAPD	0.529
722	DELIVERY ROOM		804	DIALY/INPT/CCPD	
723	CIRCUMCISION		809	DIALY/INPT/OTHER	
724	BIRTHING CENTER		810	KIDNEY/ACQUISIT	
729	OTHER/DELIV-LABOR	0.250	811	KIDNEY/LIVE	
730	EKG/ECG	\$51.94	812	KIDNEY/CADAVER	
731	HOLTER MONT		813	KIDNEY/UNKNOWN	
732	TELEMETRY	\$45.31	814	KIDNEY/OTHER	
739	OTHER EKG/ECG		819	ORGAN/OTHER	
740	EEG	\$300.56	820	HEMO/OP OR HOME	\$228.74
750	GASTR-INTS SVS	\$114.92	821	HEMO/COMPOSITE	\$228.74
760	TREATMENT ROOM		822	HEMO/HOME/SUPPL	
761	TREATMENT RM.	0.399	823	HEMO/HOME/EQUIP	
762	OBSERVATION RM.	0.399	824	HEMO/HOME/100%	
769	OTHER TREATMENT RM		825	HEMO/HOME/SUPSERV	0.529
771	VACCINE ADMIN	\$2.00	829	HEMO/HOME/OTHER	\$228.74
790	LITHOTRIPSY	0.440	830	PERITONEAL/OP OR HOME	0.529
800	RENAL DIALYSIS		831	PERTNL/COMPOSITE	
			832	PERTNL/HOME/SUPPL	
			833	PERTNL/HOME/EQUIP	
			834	PERTNL/HOME/100%	
			835	PERTNL/HOME/SUPSERV	
			839	PERTNL/HOME/OTHER	0.529

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

MIDDLESEX MEM. 4025102  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
840	CAPD/OP OR HOME		903	PLAY THERAPY	
841	CAPD/COMPOSITE	\$98.35	911	PSTAY/REHAB	
842	CAPD/HOME/SUPPL	0.529	912	PARTIAL HOSP. "HALF-DAY"	
843	CAPD/HOME/EQUIP		917	PSTAY/BIOFEED	
844	CAPD/HOME/100%		920	OTHER DX SVS	
845	CAPD/HOME/SUPSERV	0.529	921	PERI VASCUL LAB	0.115
849	CAPD/HOME/OTHER	\$98.35	922	EMG	0.252
850	CCPD/OP OR HOME		923	PAP SMEAR	\$14.76
851	CCPD/COMPOSITE	\$98.35	924	ALLERGY TEST	
852	CCPD/HOME/SUPPL		925	PREG TEST	
853	CCPD/HOME/EQUIP		929	ADDITIONAL DX SVS (Sleep Studies)	\$728.00
854	CCPD/HOME/100%		930	NOT ASSIGNED	
855	CCPD/HOME/SUPSERV		940	OTHER RX SVS	0.000
859	CCPD/HOME/OTHER		941	RECREATION RX	
860-870	RESERVED FOR DIALYSIS		942	EDUC/TRAINING	
880	DIALY/MISC		943	CARDIAC REHAB	0.462
881	DIALY/ULTRAFILT		944	DRUG REHAB	
882	HOME DIALYSIS AIDE VISIT		945	ALCOHOL REHAB	
889	DIALY/MISC/OTHER		948	PULMONARY REHAB	0.255
890	DONOR BANK		949	ADDITIONAL RX SVX	0.462
891	DONOR BANK/BONE		@ 953	CHEMICAL DEPENDENCY	\$30.00
892	DONOR BANK/ORGN				
893	DONOR BANK/SKIN				
899	OTHER DONOR BANK				
<b>RCC 900-919 - SEE NEXT PAGE.</b>					
902	MILIEU THERAPY				

@ RCC 953 - See Provider Bulletins 2014-74 and 2015-37 - RCC 953 is for tobacco cessation counseling groups and must be billed with CPT 99412.

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

MIDDLESEX MEM. 4025102  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
950	NOT ASSIGNED		ADDITIONAL REVENUE CENTER CODES:		
960	PRO FEE		294	MED EQUIP/SUPPLIES/DRUGS	
961	PRO FEE/PSYCH		623	SURG DRESSING	
962	PRO FEE/EYE		770	PREVENT CARE SVS	
963	PRO FEE ANES MD		904	ACTIVITY THERAPY	
964	PRO FEE/ANES CRNA		946	CMLPX MED EQUIP - ROUT	
969	OTHER PRO FEE	0.252	947	CMLPX MED EQUIP - ANC	
971	PRO FEE LAB		451	ER/EMTALA	
972	PRO FEE/RAD/DX		452	ER/BEYOND EMTALA	
973	PRO FEE/RAD/RX		516	URGENT CLINIC	
974	PRO FEE/NUC MED		517	FAMILY CARE	
975	PRO FEE/OR		<b>ECC BEHAVIORAL HEALTH RATES</b>		
976	PRO FEE/RESPIR		900	PSTAY TREATMENT	\$142.41
977	PRO FEE/PHYSI		901	ELECTRO SHOCK	\$105.46
978	PRO FEE/OCCUPA		905	IOP PSYCH	\$142.94
979	PRO FEE/SPEECH		906	IOP CHEM DEPENDENCY	\$142.94
981	PRO FEE/ER	\$91.07	907	COMMUNITY BEHAVIORAL	\$82.02
982	PRO FEE/OUTPT		913	PARTIAL HOSP. "FULLDAY"	\$222.82
983	PRO FEE/CLINIC		914	PSTAY/INDIV RX	\$82.85
984	PRO FEE/SOC SVS		915	PSTAY/GROUP RX	\$34.49
985	PRO FEE/EKG	0.058	916	PSTAY/FAMILY RX	\$99.15
986	PRO FEE/EEG	0.252	918	PSTAY/TESTING	\$64.60
987	PRO FEE/HOS VIS		919	PSTAY/OTHER	\$53.29
988	PRO FEE/CONSULT				
989	FEE/PVT NURSE				

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

MILFORD 4025094  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
092	HEALTHTRACK SCREENING		280	ONCOLOGY	
093	HEALTHTRACK SCREENING REF		289	ONCOLOGY/OTHER	
094	HEALTHTRACK SCREENING TRE				
250	PHARMACY	0.289	290	MED EQUIP/DURAB	
251	DRUGS/GENERIC		291	MED EQUIP/RENT	
252	DRUGS/NONGENERIC		292	MED EQUIP/NEW	
253	DRUGS/TAKEHOME		299	MED EQUIP/OTHER	
254	DRUGS/INCIDENT OTHER DX		300 ****	LABORATORY	
255	DRUGS/INCIDENT RAD	0.289	301 ****	LAB/CHEMISTRY	
256	DRUGS/EXPERIMT		302 ****	LAB/IMMUNOLOGY	
257	DRUGS/NONPSCRPT		303 ****	LAB/RENAL HOME	
258	IV SOLUTIONS	0.697	304 ****	LAB/NR DIALYSIS	
259	DRUGS/OTHER		305 ****	LAB/HEMOTOLOGY	
260	IV THERAPY	0.697	306 ****	LAB/BACT-MICRO	
261	IV THER/INFSN PUMP		307 ****	LAB/UROLOGY	
262	IV THER/PHARM/SVC		309 ****	LAB/OTHER	
263	IV THER/DRUG/SUPPLY DELV		310	PATHOLOGY LAB	0.324
264	IV THER/SUPPLIES	0.697	311	PATHOL/CYTOLOGY	0.324
269	IV THERAPY/OTHER		312	PATHOL/HISTOL	
270	MED-SUR SUPPLIES	0.339	314	PATHOL/BIOPSY	
271	NON-STER SUPPLY	0.339	319	PATHOL/OTHER	
272	STERILE SUPPLY	0.339	320	DX X-RAY	0.391
273	TAKEHOME SUPPLY		321	DX X-RAY/ANGIO	
274	PROSTH/ORTH DEV		322	DX X-RAY/ARTH	
275	PACEMAKER		323	DX X-RAY/ARTER	
276	INTROC LENS	0.339	@ 324	DX X-RAY/CHEST	\$28.90
277	O2/TAKEHOME		@ 329	DX X-RAY/OTHER	0.391
278	SUPPLY/IMPLANTS	0.339			
279	SUPPLY/OTHERS		330	RX X-RAY	0.391

@ RCC 324 - See Provider Bulletin 2015-20 - The following CPT codes must be billed only under RCC 324: 71010, 71015, 71020, 70121, 71022, 71030, and 71035.

@ RCC 329 - See Provider Bulletin 2015-20 - The following CPT codes for chest x-ray with fluoroscopy must be billed in conjunction with RCC 329: 71023 and 71034.

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

\*\*\*\* See Hospital Lab Fee Schedule WWW.CTDSSMAP.COM

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

MILFORD 4025094  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
331	CHEMOTHER/INJ	1.000	383	BLOOD/PLASMA	
332	CHEMOTHER/ORAL		384	BLOOD/PLATELETS	
333	RADIATION RX		385	BLOOD/LEUCOCYTES	
335	CHEMOTHERP-IV	1.000	386	BLOOD/COMPONENTS	
339	RX X-RAY/OTHER		387	BLOOD/DERIVATIVES	
			389	BLOOD/OTHER	
340	NUCLEAR MEDICINE	0.391	390	BLOOD/STOR-PROC	
341	NUC MED/DX		391	BLOOD/ADMIN	0.324
342	NUC MED/RX		399	BLOOD/OTHER STOR	
349	NUC MED/OTHER				
350	CT SCAN	\$145.46	400	IMAGE SERVICE	
351	CT SCAN/HEAD	\$145.46	401	DIAG MAMMOGRPHY	0.391
352	CT SCAN/BODY	\$145.46	402	ULTRASOUND	\$104.98
359	CT SCAN/OTHER		@ 403	SCRN MAMMOGRPHY	\$117.91
			404	PET SCAN	0.612
360	OR SERVICES	0.493 @	409	OTHER IMAG SVS	
361	OR/MINOR		410	RESPIRATORY SVC	0.487
362	OR/ORGAN TRANS		412	INHALATION SVC	
367	OR/KIDNEY TRANS		413	HYPERBARIC O2	0.554
369	OR/OTHER		419	OTHER RESPIR SVS	
370	ANESTHESIA	0.107	420	PHYSICAL THERP	\$83.98
371	ANESTHE/INCIDENT RAD		421	PHYS THERP.VISIT	
372	ANESTHE/INCDNT OTHER DX		422	PHYS THERP/HOUR	
374	ANESTHE/ACUPUNC		423	PHYS THERP/GROUP	
379	ANESTHE/OTHER		424	PHYS THERP/EVAL	\$83.98
			429	OTHER PHYS THERP	
380	BLOOD		430	OCCUPATION THER	
381	BLOOD/PKD RED		431	OCCUP THERP/VISIT	
382	BLOOD/WHOLE		432	OCCUP THERP/HOUR	

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

@ RCC 403 - See Provider Bulletin 2015-20 - The following CPT codes must be billed in conjunction with RCC 403: 77052, 77057, and G0202.

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.



Medical Services Policy 150.2  
General Hospital Out-Patient Rates

MILFORD 4025094  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
433	OCCUP THERP/GROUP		510	CLINIC	
434	OCCUP THERP/EVAL		511	CHRONIC PAIN CL	
439	OTHER OCCUP THERP		513	PSYCH CLINIC	
440	SPEECH PATHOL		514	OB-GYN CLINIC	
441	SPEECH PATH/VISIT		515	PEDS CLINIC	
442	SPEECH PATH/HOUR		519	OTHER/CLINIC	
443	SPEECH PATH/GROUP		530	OSTEOPATH SVS	
444	SPEECH PATH/EVAL		531	OSTEOPATH RX	
449	OTHER SPECH PAT		539	OTHER OSTEOPATH	
450	EMERG ROOM	\$156.82	610	MRI	\$145.46
456	EMERG ROOM/URGENT CARE	\$57.23	611	MRI-BRAIN	\$145.46
460	PULMONARY FUNC	0.122	612	MRI-SPINE	\$145.46
469	OTHER PULMON FUNC		615	MRI-SPINE	\$145.46
470	AUDIOLOGY		619	MRI-OTHER	\$145.46
471	AUDIOLOGY/DX		621	MED/SUR SUPP/INCIDENT RAD	
472	AUDIOLOGY/RX		622	MED/SUR/INCDNT ODX	
479	OTHER AUDIOL		631	DRUG/SNGL	
480	CARDIOLOGY	0.135	632	DRUG/MULT	
481	CARDIAC CATH LAB		633	DRUG/RSTR	
482	STRESS TEST		634	DRUG/EPO<=10,000 UNITS	
489	OTHER CARDIOL		635	DRUG/EPO>=10,000 UNITS	
490	AMBL SURG	1.000 @	636	DRUGS/DETAIL CODE	0.289
499	OTHER AMBL SURG		640	NOT ASSIGNED	
500	OUTPATIENT SVS		660-690	NOT ASSIGNED	
509	OUTPATIENT/OTHER		700	CAST ROOM	

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 40A, and 61X).

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

MILFORD 4025094  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
710	RECOVERY ROOM	0.642	801	DIALY/INPUT	
720	DELIVROOM/LABOR	1.000	802	DIALY/INPT/PER	
721	LABOR		803	DIALY/INPT/CAPD	
722	DELIVERY ROOM	1.000	804	DIALY/INPT/CCPD	
723	CIRCUMCISION		809	DIALY/INPT/OTHER	
724	BIRTHING CENTER		810	ORGAN/ACQUISIT	
729	OTHER/DELIV-LABOR	1.000	811	LIVING DONOR	
730	EKG/ECG	\$51.94	812	CADAVER DONOR	
731	HOLTER MONT	\$201.11	813	UNKNOWN DONOR	
732	TELEMETRY		814	UNSUCCESSFUL SEARCH	
739	OTHER EKG/ECG		819	OTHER DONOR	
740	EEG	\$300.56	820	HEMO/OP OR HOME	
750	GASTR-INTS SVS	\$114.92	821	HEMO/COMPOSITE	
760	TREATMENT ROOM		822	HEMO/HOME/SUPPL	
761	TREATMENT RM.	0.554	823	HEMO/HOME/EQUIP	
762	OBSERVATION RM.	1.000	824	HEMO/HOME/100%	
769	OTHER TREATMENT RM		825	HEMO/HOME/SUPSERV	
771	VACCINE ADMIN	\$2.00	829	HEMO/HOME/OTHER	
790	LITHOTRIPSY		830	PERITONEAL/OP OR HOME	
800	RENAL DIALYSIS	0.000	831	PERTNL/COMPOSITE	
			832	PERTNL/HOME/SUPPL	
			833	PERTNL/HOME/EQUIP	
			834	PERTNL/HOME/100%	
			835	PERTNL/HOME/SUPSERV	
			839	PERTNL/HOME/OTHER	

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

MILFORD 4025094  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
840	CAPD/OP OR HOME		903	PLAY THERAPY	
841	CAPD/COMPOSITE		911	PSTAY/REHAB	
842	CAPD/HOME/SUPPL		912	PARTIAL HOSP.	
843	CAPD/HOME/EQUIP		917	PSTAY/BIOFEED	
844	CAPD/HOME/100%		920	OTHER DX SVS	
845	CAPD/HOME/SUPSERV		921	PERI VASCUL LAB	0.135
849	CAPD/HOME/OTHER		922	EMG	0.493
850	CCPD/OP OR HOME		923	PAP SMEAR	\$14.76
851	CCPD/COMPOSITE		924	ALLERGY TEST	
852	CCPD/HOME/SUPPL		925	PREG TEST	
853	CCPD/HOME/EQUIP		929	ADDITIONAL DX SVS	
854	CCPD/HOME/100%				
855	CCPD/HOME/SUPSERV				
859	CCPD/HOME/OTHER		930	NOT ASSIGNED	
860-870 RESERVED FOR DIALYSIS			940	OTHER RX SVS	
880	DIALY/MISC		941	RECREATION RX	
881	DIALY/ULTRAFILT		942	EDUC/TRAINING	
882	HOME DIALYSIS AIDE VISIT		943	CARDIAC REHAB	
889	DIALY/MISC/OTHER		944	DRUG REHAB	
890	DONOR BANK		945	ALCOHOL REHAB	
891	DONOR BANK/BONE		949	ADDITIONAL RX SVX	
892	DONOR BANK/ORGN		@ 953	CHEMICAL DEPENDENCY	\$30.00
893	DONOR BANK/SKIN				
899	OTHER DONOR BANK				
<b>RCC 900-919 - SEE NEXT PAGE.</b>					
902	MILIEU THERAPY				

@ RCC 953 - See Provider Bulletins 2014-74 and 2015-37 - RCC 953 is for tobacco cessation counseling groups and must be billed with CPT 99412.

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

MILFORD 4025094  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
950	NOT ASSIGNED		ADDITIONAL REVENUE CENTER CODES:		
960	PRO FEE		294	MED EQUIP/SUPPLIES/DRUGS	
961	PRO FEE/PSYCH		404	PET SCAN	
962	PRO FEE/EYE		761	TREATMENT RM.	
963	PRO FEE ANES MD		762	OBSERVATION RM.	
964	PRO FEE/ANES CRNA		623	SURG DRESSING	
969	OTHER PRO FEE		770	PREVENT CARE SVS	
971	PRO FEE LAB		904	ACTIVITY THERAPY	
972	PRO FEE/RAD/DX		946	CMLPX MED EQUIP - ROUT	
973	PRO FEE/RAD/RX		947	CMLPX MED EQUIP - ANC	
974	PRO FEE/NUC MED		451	ER/EMTALA	
975	PRO FEE/OR		452	ER/BEYOND EMTALA	
976	PRO FEE/RESPIR		516	URGENT CLINIC	
977	PRO FEE/PHYSI		517	FAMILY CARE	
978	PRO FEE/OCCUPA		<b>BEHAVIORAL HEALTH RATES</b>		
979	PRO FEE/SPEECH		900	PSTAY TREATMENT	\$124.87
981	PRO FEE/ER	\$91.07	901	ELECTRO SHOCK	\$105.46
982	PRO FEE/OUTPT		905	IOP PSYCH	\$142.94
983	PRO FEE/CLINIC	0.127	906	IOP CHEM DEPENDENCY	\$142.94
984	PRO FEE/SOC SVS		907	COMMUNITY BEHAVIORAL	\$0.00
985	PRO FEE/EKG	0.127	913	PARTIAL HOSP. "FULLDAY"	\$222.82
986	PRO FEE/EEG		914	PSTAY/INDIV RX	\$71.19
987	PRO FEE/HOS VIS		915	PSTAY/GROUP RX	\$34.49
988	PRO FEE/CONSULT		916	PSTAY/FAMILY RX	\$84.12
989	FEE/PVT NURSE		918	PSTAY/TESTING	\$64.60
			919	PSTAY/OTHER	\$47.21

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

NORWALK 4025235  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
092	HEALTHTRACK SCREENING		280	ONCOLOGY	
093	HEALTHTRACK SCREENING REF		289	ONCOLOGY/OTHER	
094	HEALTHTRACK SCREENING TRE				
250	PHARMACY	0.254	290	MED EQUIP/DURAB	0.378
251	DRUGS/GENERIC		291	MED EQUIP/RENT	
252	DRUGS/NONGENERIC		292	MED EQUIP/NEW	
253	DRUGS/TAKEHOME		299	MED EQUIP/OTHER	
254	DRUGS/INCIDENT OTHER DX	0.254	300 ****	LABORATORY	
255	DRUGS/INCIDENT RAD	0.254	301 ****	LAB/CHEMISTRY	
256	DRUGS/EXPERIMT		302 ****	LAB/IMMUNOLOGY	
257	DRUGS/NONPSCRPT		303 ****	LAB/RENAL HOME	
258	IV SOLUTIONS	0.254	304 ****	LAB/NR DIALYSIS	
259	DRUGS/OTHER		305 ****	LAB/HEMOTOLOGY	
260	IV THERAPY	0.422	306 ****	LAB/BACT-MICRO	
261	IV THER/INFSN PUMP		307 ****	LAB/UROLOGY	
262	IV THER/PHARM/SVC		309 ****	LAB/OTHER	
263	IV THER/DRUG/SUPPLY DELV		310	PATHOLOGY LAB	0.269
264	IV THER/SUPPLIES		311	PATHOL/CYTOLOGY	
269	IV THERAPY/OTHER		312	PATHOL/HISTOL	
270	MED-SUR SUPPLIES	0.378	314	PATHOL/BIOPSY	
271	NON-STER SUPPLY		319	PATHOL/OTHER	
272	STERILE SUPPLY	0.336	320	DX X-RAY	0.336
273	TAKEHOME SUPPLY		321	DX X-RAY/ANGIO	0.404
274	PROSTH/ORTH DEV	0.378	322	DX X-RAY/ARTH	
275	PACEMAKER	0.383	323	DX X-RAY/ARTER	
276	INTROC LENS	0.456	@ 324	DX X-RAY/CHEST	\$28.90
277	O2/TAKEHOME		@ 329	DX X-RAY/OTHER	0.336
278	SUPPLY/IMPLANTS	0.383			
279	SUPPLY/OTHERS		330	RX X-RAY	0.200

@ RCC 324 - See Provider Bulletin 2015-20 - The following CPT codes must be billed only under RCC 324: 71010, 71015, 71020, 70121, 71022, 71030, and 71035.

@ RCC 329 - See Provider Bulletin 2015-20 - The following CPT codes for chest x-ray with fluoroscopy must be billed in conjunction with RCC 329: 71023 and 71034.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

NORWALK 4025235  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
331	CHEMOTHER/INJ		383	BLOOD/PLASMA	
332	CHEMOTHER/ORAL		384	BLOOD/PLATELETS	
333	RADIATION RX	0.200	385	BLOOD/LEUCOCYTES	
335	CHEMOTHERP-IV	0.422	386	BLOOD/COMPONENTS	
339	RX X-RAY/OTHER		387	BLOOD/DERIVATIVES	
340	NUCLEAR MEDICINE	0.459	389	BLOOD/OTHER	
341	NUC MED/DX	0.459			
342	NUC MED/RX	0.459	390	BLOOD/STOR-PROC	0.269
343	DIAGNOSTIC RADIOPHARMA	0.459	391	BLOOD/ADMIN	1.000
344	THERAPUETIC RADIOPHARMA	0.459	399	BLOOD/OTHER STOR	
349	NUC MED/OTHER	0.459			
350	CT SCAN		400	IMAGE SERVICE	
351	CT SCAN/HEAD	\$145.46	401	DIAG MAMMOGRPHY	0.336
352	CT SCAN/BODY	\$145.46	402	ULTRASOUND	\$104.98
359	CT SCAN/OTHER		@ 403	SCRN MAMMOGRPHY	\$117.91
			404	PET SCAN	0.336
360	OR SERVICES	0.456 @	409	OTHER IMAG SVS	
361	OR/MINOR	0.323 @			
362	OR/ORGAN TRANS		410	RESPIRATORY SVC	0.393
367	OR/KIDNEY TRANS		412	INHALATION SVC	
369	OR/OTHER		413	HYPERBARIC O2	0.393
			419	OTHER RESPIR SVS	
370	ANESTHESIA	0.378			
371	ANESTHE/INCIDENT RAD		420	PHYSICAL THERP	\$83.98
372	ANESTHE/INCDNT OTHER DX		421	PHYS THERP.VISIT	
374	ANESTHE/ACUPUNC		422	PHYS THERP/HOUR	
379	ANESTHE/OTHER		423	PHYS THERP/GROUP	
			424	PHYS THERP/EVAL	\$83.98
380	BLOOD		429	OTHER PHYS THERP	
381	BLOOD/PKD RED				
382	BLOOD/WHOLE		430	OCCUPATION THER	\$97.24
			431	OCCUP THERP/VISIT	
			432	OCCUP THERP/HOUR	

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

@ RCC 403 - See Provider Bulletin 2015-20 - The following CPT codes must be billed in conjunction with RCC 403: 77052, 77057, and G0202.

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

NORWALK 4025235  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
433	OCCUP THERP/GROUP	0.000	510	CLINIC	\$57.23
434	OCCUP THERP/EVAL	\$97.24	511	CHRONIC PAIN CL	\$57.23
439	OTHER OCCUP THERP		513	PSYCH CLINIC	
440	SPEECH PATHOL	\$106.08	514	OB-GYN CLINIC	\$57.23
441	SPEECH PATH/VISIT		515	PEDS CLINIC	\$57.23
442	SPEECH PATH/HOUR		519	OTHER/CLINIC	
443	SPEECH PATH/GROUP	0.022	530	OSTEOPATH SVS	
444	SPEECH PATH/EVAL	\$262.99	531	OSTEOPATH RX	
449	OTHER SPECH PAT		539	OTHER OSTEOPATH	
450	EMERG ROOM	\$156.82	610	MRI	\$145.46
456	EMERG ROOM/URGENT CARE	\$57.23	611	MRI-BRAIN	
460	PULMONARY FUNC	0.393	612	MRI-SPINE	
469	OTHER PULMON FUNC		619	MRI-OTHER	
470	AUDIOLOGY	0.685	621	MED/SUR SUPP/INCIDENT RAD	0.336
471	AUDIOLOGY/DX	0.685	622	MED/SUR/INCDNT ODX	0.378
472	AUDIOLOGY/RX		631	DRUG/SNGL	
479	OTHER AUDIOL		632	DRUG/MULT	
480	CARDIOLOGY	0.603	633	DRUG/RSTR	
481	CARDIAC CATH LAB	0.603	634	DRUG/EPO<=10,000 UNITS	1.000
482	STRESS TEST	0.603	635	DRUG/EPO>=10,000 UNITS	1.000
489	OTHER CARDIOL	0.387	636	DRUGS/DETAIL CODE	0.254
490	AMBL SURG	0.456 @	637	SELF-ADMISTRABLE DRUGS	0.254
499	OTHER AMBL SURG	0.456 @	640	NOT ASSIGNED	
500	OUTPATIENT SVS		682	Trauma Response	\$156.82
509	OUTPATIENT/OTHER		700	CAST ROOM	0.456

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

NORWALK 4025235  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
710	RECOVERY ROOM	0.385	801	DIALY/INPUT	1.000
720	DELIVROOM/LABOR	0.381	802	DIALY/INPT/PER	1.000
721	LABOR		803	DIALY/INPT/CAPD	
722	DELIVERY ROOM		804	DIALY/INPT/CCPD	
723	CIRCUMCISION	0.381	809	DIALY/INPT/OTHER	
724	BIRTHING CENTER		810	ORGAN/ACQUISIT	
729	OTHER/DELIV-LABOR	0.381	811	LIVING DONOR	
730	EKG/ECG	\$51.94	812	CADAVER DONOR	
731	HOLTER MONT	\$201.11	813	UNKNOWN DONOR	
732	TELEMETRY	\$45.31	814	UNSUCCESSFUL SEARCH	
739	OTHER EKG/ECG		819	OTHER DONOR	
740	EEG	\$300.56	820	HEMO/OP OR HOME	\$228.74
750	GASTR-INTS SVS	\$114.92	821	HEMO/COMPOSITE	\$228.74
760	TREATMENT ROOM		822	HEMO/HOME/SUPPL	
761	TREATMENT RM.	0.713	823	HEMO/HOME/EQUIP	
762	OBSERVATION RM.	0.331	824	HEMO/HOME/100%	
769	OTHER TREATMENT RM		825	HEMO/HOME/SUPSERV	
771	VACCINE ADMIN	\$2.00	829	HEMO/HOME/OTHER	\$228.74
790	LITHOTRIPSY		830	PERITONEAL/OP OR HOME	
800	RENAL DIALYSIS	1.000	831	PERTNL/COMPOSITE	1.000
			832	PERTNL/HOME/SUPPL	
			833	PERTNL/HOME/EQUIP	
			834	PERTNL/HOME/100%	
			835	PERTNL/HOME/SUPSERV	
			839	PERTNL/HOME/OTHER	

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.



Medical Services Policy 150.2  
General Hospital Out-Patient Rates

NORWALK 4025235  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
840	CAPD/OP OR HOME	\$98.35	903	PLAY THERAPY	
841	CAPD/COMPOSITE	\$98.35			
842	CAPD/HOME/SUPPL		911	PSTAY/REHAB	
843	CAPD/HOME/EQUIP		912	PARTIAL HOSP. "HALF-DAY"	
844	CAPD/HOME/100%		917	PSTAY/BIOFEED	
845	CAPD/HOME/SUPSERV				
849	CAPD/HOME/OTHER	\$98.35	920	OTHER DX SVS	0.336
			921	PERI VASCUL LAB	0.603
850	CCPD/OP OR HOME	1.000	922	EMG	0.278
851	CCPD/COMPOSITE	\$98.35	923	PAP SMEAR	\$14.76
852	CCPD/HOME/SUPPL		924	ALLERGY TEST	
853	CCPD/HOME/EQUIP		925	PREG TEST	
854	CCPD/HOME/100%		929	ADDITIONAL DX SVS	
855	CCPD/HOME/SUPSERV				
859	CCPD/HOME/OTHER		930	NOT ASSIGNED	
860-870	RESERVED FOR DIALYSIS				
880	DIALY/MISC		940	OTHER RX SVS	0.422
881	DIALY/ULTRAFILT	1.000	941	RECREATION RX	
882	HOME DIALYSIS AIDE VISIT		942	EDUC/TRAINING	
889	DIALY/MISC/OTHER		943	CARDIAC REHAB	0.603
			944	DRUG REHAB	
890	DONOR BANK		945	ALCOHOL REHAB	
891	DONOR BANK/BONE		949	ADDITIONAL RX SVX	0.603
892	DONOR BANK/ORGN		@ 953	CHEMICAL DEPENDENCY	\$30.00
893	DONOR BANK/SKIN				
899	OTHER DONOR BANK				

**RCC 900-919 - SEE NEXT PAGE.**

902 MILIEU THERAPY

@ RCC 953 - See Provider Bulletins 2014-74 and 2015-37 - RCC 953 is for tobacco cessation counseling groups and must be billed with CPT 99412.

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

NORWALK 4025235  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
950	NOT ASSIGNED	
960	PRO FEE	0.278
961	PRO FEE/PSYCH	1.000
962	PRO FEE/EYE	
963	PRO FEE ANES MD	
964	PRO FEE/ANES CRNA	
969	OTHER PRO FEE	
971	PRO FEE LAB	
972	PRO FEE/RAD/DX	
973	PRO FEE/RAD/RX	
974	PRO FEE/NUC MED	
975	PRO FEE/OR	
976	PRO FEE/RESPIR	
977	PRO FEE/PHYSI	
978	PRO FEE/OCCUPA	
979	PRO FEE/SPEECH	
981	PRO FEE/ER	\$91.07
982	PRO FEE/OUTPT	
983	PRO FEE/CLINIC	
984	PRO FEE/SOC SVS	
985	PRO FEE/EKG	0.603
986	PRO FEE/EEG	0.278
987	PRO FEE/HOS VIS	
988	PRO FEE/CONSULT	0.381
989	FEE/PVT NURSE	

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
ADDITIONAL REVENUE CENTER CODES:		
294	MED EQUIP/SUPPLIES/DRUGS	
623	SURG DRESSING	
770	PREVENT CARE SVS	
904	ACTIVITY THERAPY	
946	CMLPX MED EQUIP - ROUT	
947	CMLPX MED EQUIP - ANC	
451	ER/EMTALA	
452	ER/BEYOND EMTALA	
516	URGENT CLINIC	
517	FAMILY CARE	

**BEHAVIORAL HEALTH RATES**

900	PSTAY TREATMENT	\$124.87
901	ELECTRO SHOCK	\$105.46
905	IOP PSYCH	\$142.94
906	IOP CHEM DEPENDENCY	\$142.94
907	COMMUNITY BEHAVIORAL	\$0.00
913	PARTIAL HOSP. "FULLDAY"	\$222.82
914	PSTAY/INDIV RX	\$71.19
915	PSTAY/GROUP RX	\$34.49
916	PSTAY/FAMILY RX	\$84.12
918	PSTAY/TESTING	\$64.60
919	PSTAY/OTHER	\$47.21

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2 General Hospital Out-Patient Rates	ROCKVILLE GEN. 4025029 Hospital
---	------------------------------------

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
092	HEALTHTRACK SCREENING		280	ONCOLOGY	
093	HEALTHTRACK SCREENING REF		289	ONCOLOGY/OTHER	
094	HEALTHTRACK SCREENING TRE				
250	PHARMACY	0.156	290	MED EQUIP/DURAB	1.000
251	DRUGS/GENERIC		291	MED EQUIP/RENT	1.000
252	DRUGS/NONGENERIC		292	MED EQUIP/NEW	
253	DRUGS/TAKEHOME		299	MED EQUIP/OTHER	
254	DRUGS/INCIDENT OTHER DX		300 ****	LABORATORY	
255	DRUGS/INCIDENT RAD	0.266	301 ****	LAB/CHEMISTRY	
256	DRUGS/EXPERIMT		302 ****	LAB/IMMUNOLOGY	
257	DRUGS/NONPSCRPT		303 ****	LAB/RENAL HOME	
258	IV SOLUTIONS	0.018	304 ****	LAB/NR DIALYSIS	
259	DRUGS/OTHER		305 ****	LAB/HEMOTOLOGY	
260	IV THERAPY	0.018	306 ****	LAB/BACT-MICRO	
261	IV THER/INFSN PUMP		307 ****	LAB/UROLOGY	
262	IV THER/PHARM/SVC		309 ****	LAB/OTHER	
263	IV THER/DRUG/SUPPLY DELV		310	PATHOLOGY LAB	0.267
264	IV THER/SUPPLIES		311	PATHOL/CYTOLOGY	
269	IV THERAPY/OTHER		312	PATHOL/HISTOL	
270	MED-SUR SUPPLIES	1.000	314	PATHOL/BIOPSY	
271	NON-STER SUPPLY	1.000	319	PATHOL/OTHER	
272	STERILE SUPPLY	1.000	320	DX X-RAY	0.266
273	TAKEHOME SUPPLY		321	DX X-RAY/ANGIO	
274	PROSTH/ORTH DEV	1.000	322	DX X-RAY/ARTH	
275	PACEMAKER	1.000	323	DX X-RAY/ARTER	
276	INTROC LENS	0.483	@ 324	DX X-RAY/CHEST	\$28.90
277	O2/TAKEHOME		@ 329	DX X-RAY/OTHER	0.266
278	SUPPLY/IMPLANTS	1.000			
279	SUPPLY/OTHERS		330	RX X-RAY	0.266

@ RCC 324 - See Provider Bulletin 2015-20 - The following CPT codes must be billed only under RCC 324: 71010, 71015, 71020, 70121, 71022, 71030, and 71035.

@ RCC 329 - See Provider Bulletin 2015-20 - The following CPT codes for chest x-ray with fluoroscopy must be billed in conjunction with RCC 329: 71023 and 71034.

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

\*\*\*\* See Hospital Lab Fee Schedule WWW.CTDSSMAP.COM

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

ROCKVILLE GEN. 4025029  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
331	CHEMOTHER/INJ	0.266	383	BLOOD/PLASMA	
332	CHEMOTHER/ORAL		384	BLOOD/PLATELETS	
333	RADIATION RX		385	BLOOD/LEUCOCYTES	
335	CHEMOTHERP-IV	1.000	386	BLOOD/COMPONENTS	0.267
339	RX X-RAY/OTHER		387	BLOOD/DERIVATIVES	
			389	BLOOD/OTHER	
340	NUCLEAR MEDICINE	0.252	390	BLOOD/STOR-PROC	0.267
341	NUC MED/DX	0.266	391	BLOOD/ADMIN	
342	NUC MED/RX	0.266	399	BLOOD/OTHER STOR	0.267
343	NUC MED/Diagnostic Radiopharma	0.252			
344	NUC MED/Therapeutic Radiopharm	0.252	400	IMAGE SERVICE	
349	NUC MED/OTHER		401	DIAG MAMMOGRPHY	0.266
350	CT SCAN	\$145.46	402	ULTRASOUND	\$104.98
351	CT SCAN/HEAD	\$145.46	@ 403	SCRN MAMMOGRPHY	\$117.91
352	CT SCAN/BODY	\$145.46	404	PET SCAN	0.265
359	CT SCAN/OTHER		409	OTHER IMAG SVS	
360	OR SERVICES	0.483 @	410	RESPIRATORY SVC	0.278
361	OR/MINOR	0.483 @	412	INHALATION SVC	
362	OR/ORGAN TRANS		413	HYPERBARIC O2	
367	OR/KIDNEY TRANS		419	OTHER RESPIR SVS	
369	OR/OTHER	0.266 @			
370	ANESTHESIA	0.163	420	PHYSICAL THERP	\$83.98
371	ANESTHE/INCIDENT RAD		421	PHYS THERP.VISIT	
372	ANESTHE/INCIDENT OTHER DX		422	PHYS THERP/HOUR	
374	ANESTHE/ACUPUNC		423	PHYS THERP/GROUP	
379	ANESTHE/OTHER		424	PHYS THERP/EVAL	\$83.98
			429	OTHER PHYS THERP	
380	BLOOD		430	OCCUPATION THER	\$97.24
381	BLOOD/PKD RED		431	OCCUP THERP/VISIT	
382	BLOOD/WHOLE		432	OCCUP THERP/HOUR	

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

@ RCC 403 - See Provider Bulletin 2015-20 - The following CPT codes must be billed in conjunction with RCC 403: 77052, 77057, and G0202.

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

ROCKVILLE GEN. 4025029  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
			510	CLINIC	\$57.23
433	OCCUP THERP/GROUP		511	CHRONIC PAIN CL	
434	OCCUP THERP/EVAL		513	PSYCH CLINIC	
439	OTHER OCCUP THERP		514	OB-GYN CLINIC	\$57.23
			515	PEDS CLINIC	
440	SPEECH PATHOL	\$106.08	519	OTHER/CLINIC	
441	SPEECH PATH/VISIT				
442	SPEECH PATH/HOUR		530	OSTEOPATH SVS	
443	SPEECH PATH/GROUP		531	OSTEOPATH RX	
444	SPEECH PATH/EVAL		539	OTHER OSTEOPATH	
449	OTHER SPECH PAT				
450	EMERG ROOM	\$156.82	610	MRI	\$145.46
456	EMERG ROOM/URGENT CARE	\$57.23	611	MRI-BRAIN	\$145.46
			612	MRI-SPINE	\$145.46
460	PULMONARY FUNC	0.278	619	MRI-OTHER	\$145.46
469	OTHER PULMON FUNC				
			621	MED/SUR SUPP/INCIDENT RAD	
470	AUDIOLOGY		622	MED/SUR/INCDNT ODX	
471	AUDIOLOGY/DX				
472	AUDIOLOGY/RX		631	DRUG/SNGL	
479	OTHER AUDIOL		632	DRUG/MULT	
			633	DRUG/RSTR	
480	CARDIOLOGY	0.265	634	DRUG/EPO<=10,000 UNITS	0.156
481	CARDIAC CATH LAB	0.265	635	DRUG/EPO>=10,000 UNITS	0.156
482	STRESS TEST	0.259	636	DRUGS/DETAIL CODE	0.156
489	OTHER CARDIOL				
			640	NOT ASSIGNED	
490	AMBL SURG	1.000 @			
499	OTHER AMBL SURG	1.000 @	660-690	NOT ASSIGNED	
500	OUTPATIENT SVS		700	CAST ROOM	
509	OUTPATIENT/OTHER				

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

ROCKVILLE GEN. 4025029  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
710	RECOVERY ROOM	0.196	801	DIALY/INPUT	
720	DELIVROOM/LABOR	0.000	802	DIALY/INPT/PER	
721	LABOR		803	DIALY/INPT/CAPD	
722	DELIVERY ROOM		804	DIALY/INPT/CCPD	
723	CIRCUMCISION		809	DIALY/INPT/OTHER	
724	BIRTHING CENTER		810	ORGAN/ACQUISIT	
729	OTHER/DELIV-LABOR	0.000	811	LIVING DONOR	
730	EKG/ECG	\$51.94	812	CADAVER DONOR	
731	HOLTER MONT	\$201.11	813	UNKNOWN DONOR	
732	TELEMETRY		814	UNSUCCESSFUL SEARCH	
739	OTHER EKG/ECG		819	OTHER DONOR	
740	EEG	\$300.56	820	HEMO/OP OR HOME	\$228.74
750	GASTR-INTS SVS	\$114.92	821	HEMO/COMPOSITE	\$228.74
760	TREATMENT ROOM		822	HEMO/HOME/SUPPL	
761	TREATMENT RM.	0.197	823	HEMO/HOME/EQUIP	
762	OBSERVATION RM.	0.197	824	HEMO/HOME/100%	
769	OTHER TREATMENT RM		825	HEMO/HOME/SUPSERV	
771	VACCINE ADMIN	\$2.00	829	HEMO/HOME/OTHER	\$228.74
790	LITHOTRIPSY	0.483	830	PERITONEAL/OP OR HOME	
800	RENAL DIALYSIS		831	PERTNL/COMPOSITE	
			832	PERTNL/HOME/SUPPL	
			833	PERTNL/HOME/EQUIP	
			834	PERTNL/HOME/100%	
			835	PERTNL/HOME/SUPSERV	
			839	PERTNL/HOME/OTHER	0.000

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

ROCKVILLE GEN. 4025029  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
840	CAPD/OP OR HOME	\$98.35	903	PLAY THERAPY	
841	CAPD/COMPOSITE	\$98.35			
842	CAPD/HOME/SUPPL		911	PSTAY/REHAB	
843	CAPD/HOME/EQUIP		912	PARTIAL HOSP.	
844	CAPD/HOME/100%		917	PSTAY/BIOFEED	
845	CAPD/HOME/SUPSERV				
849	CAPD/HOME/OTHER	\$98.35	920	OTHER DX SVS	0.266
			921	PERI VASCUL LAB	0.267
850	CCPD/OP OR HOME	0.000	922	EMG	0.259
851	CCPD/COMPOSITE		923	PAP SMEAR	\$14.76
852	CCPD/HOME/SUPPL		924	ALLERGY TEST	
853	CCPD/HOME/EQUIP		925	PREG TEST	
854	CCPD/HOME/100%		929	ADDITIONAL DX SVS (Sleep Studies)	\$728.00
855	CCPD/HOME/SUPSERV				
859	CCPD/HOME/OTHER	0.000	930	NOT ASSIGNED	
860-870	RESERVED FOR DIALYSIS		940	OTHER RX SVS	1.000
880	DIALY/MISC		941	RECREATION RX	
881	DIALY/ULTRAFILT		942	EDUC/TRAINING	
882	HOME DIALYSIS AIDE VISIT		943	CARDIAC REHAB	0.259
889	DIALY/MISC/OTHER		944	DRUG REHAB	
			945	ALCOHOL REHAB	
890	DONOR BANK		949	ADDITIONAL RX SVX	0.778
891	DONOR BANK/BONE		@ 953	CHEMICAL DEPENDENCY	\$30.00
892	DONOR BANK/ORGN				
893	DONOR BANK/SKIN				
899	OTHER DONOR BANK				
<b>RCC 900-919 - SEE NEXT PAGE.</b>					
902	MILIEU THERAPY				

@ RCC 953 - See Provider Bulletins 2014-74 and 2015-37 - RCC 953 is for tobacco cessation counseling groups and must be billed with CPT 99412.

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

ROCKVILLE GEN. 4025029  
Hospital

UB-04 Revenue			UB-04 Revenue		
<u>Center Code</u>	<u>Description</u>	<u>Ratio of Cost to Charge - R.C. Factor or Fixed Fee</u>	<u>Center Code</u>	<u>Description</u>	<u>Ratio of Cost to Charge - R.C. Factor or Fixed Fee</u>
950 NOT ASSIGNED			ADDITIONAL REVENUE CENTER CODES:		
960	PRO FEE		294	MED EQUIP/SUPPLIES/DRUGS	
961	PRO FEE/PSYCH		623	SURG DRESSING	
962	PRO FEE/EYE		770	PREVENT CARE SVS	
963	PRO FEE ANES MD		904	ACTIVITY THERAPY	
964	PRO FEE/ANES CRNA		946	CMLPX MED EQUIP - ROUT	
969	OTHER PRO FEE		947	CMLPX MED EQUIP - ANC	
			451	ER/EMTALA	
971	PRO FEE LAB		452	ER/BEYOND EMTALA	
972	PRO FEE/RAD/DX		516	URGENT CLINIC	
973	PRO FEE/RAD/RX		517	FAMILY CARE	
974	PRO FEE/NUC MED				
975	PRO FEE/OR				
976	PRO FEE/RESPIR				
977	PRO FEE/PHYSI				
978	PRO FEE/OCCUPA				
979	PRO FEE/SPEECH				
981	PRO FEE/ER	\$91.07			
982	PRO FEE/OUTPT				
983	PRO FEE/CLINIC				
984	PRO FEE/SOC SVS				
985	PRO FEE/EKG				
986	PRO FEE/EEG				
987	PRO FEE/HOS VIS				
988	PRO FEE/CONSULT				
989	FEE/PVT NURSE				

  

BEHAVIORAL HEALTH RATES		
900	PSTAY TREATMENT	\$124.87
901	ELECTRO SHOCK	\$105.46
905	IOP PSYCH	\$142.94
906	IOP CHEM DEPENDENCY	\$142.94
907	COMMUNITY BEHAVIORAL	\$0.00
913	PARTIAL HOSP. "FULLDAY"	\$222.82
914	PSTAY/INDIV RX	\$71.19
915	PSTAY/GROUP RX	\$34.49
916	PSTAY/FAMILY RX	\$84.12
918	PSTAY/TESTING	\$64.60
919	PSTAY/OTHER	\$47.21

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.



Medical Services Policy 150.2  
General Hospital Out-Patient Rates

SHARON 4221818  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
092	HEALTHTRACK SCREENING		280	ONCOLOGY	0.224
093	HEALTHTRACK SCREENING REF		289	ONCOLOGY/OTHER	
094	HEALTHTRACK SCREENING TRE				
250	PHARMACY	0.224	290	MED EQUIP/DURAB	
251	DRUGS/GENERIC		291	MED EQUIP/RENT	
252	DRUGS/NONGENERIC		292	MED EQUIP/NEW	
253	DRUGS/TAKEHOME		299	MED EQUIP/OTHER	
254	DRUGS/INCIDENT OTHER DX		300 ****	LABORATORY	
255	DRUGS/INCIDENT RAD	0.224	301 ****	LAB/CHEMISTRY	
256	DRUGS/EXPERIMT		302 ****	LAB/IMMUNOLOGY	
257	DRUGS/NONPSRPT		303 ****	LAB/RENAL HOME	
258	IV SOLUTIONS	0.224	304 ****	LAB/NR DIALYSIS	
259	DRUGS/OTHER		305 ****	LAB/HEMOTOLOGY	
260	IV THERAPY	0.224	306 ****	LAB/BACT-MICRO	
261	IV THER/INFSN PUMP		307 ****	LAB/UROLOGY	
262	IV THER/PHARM/SVC		309 ****	LAB/OTHER	
263	IV THER/DRUG/SUPPLY DELV		310	PATHOLOGY LAB	0.239
264	IV THER/SUPPLIES	0.224	311	PATHOL/CYTOLOGY	0.239
269	IV THERAPY/OTHER		312	PATHOL/HISTOL	
270	MED-SUR SUPPLIES	0.180	314	PATHOL/BIOPSY	
271	NON-STER SUPPLY	0.180	319	PATHOL/OTHER	
272	STERILE SUPPLY	0.180	320	DX X-RAY	0.420
273	TAKEHOME SUPPLY		321	DX X-RAY/ANGIO	
274	PROSTH/ORTH DEV	0.180	322	DX X-RAY/ARTH	0.420
275	PACEMAKER	0.180	323	DX X-RAY/ARTER	
276	INTROC LENS	0.249	@ 324	DX X-RAY/CHEST	\$28.90
277	O2/TAKEHOME		@ 329	DX X-RAY/OTHER	0.420
278	SUPPLY/IMPLANTS				
279	SUPPLY/OTHERS		330	RX X-RAY	

@ RCC 324 - See Provider Bulletin 2015-20 - The following CPT codes must be billed only under RCC 324: 71010, 71015, 71020, 70121, 71022, 71030, and 71035.

@ RCC 329 - See Provider Bulletin 2015-20 - The following CPT codes for chest x-ray with fluoroscopy must be billed in conjunction with RCC 329: 71023 and 71034.

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

\*\*\*\* See Hospital Lab Fee Schedule WWW.CTDSSMAP.COM

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

SHARON 4221818  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
331	CHEMOTHER/INJ	0.224	383	BLOOD/PLASMA	
332	CHEMOTHER/ORAL	0.000	384	BLOOD/PLATELETS	
333	RADIATION RX	0.224	385	BLOOD/LEUCOCYTES	
335	CHEMOTHERP-IV	0.224	386	BLOOD/COMPONENTS	
339	RX X-RAY/OTHER		387	BLOOD/DERIVATIVES	
			389	BLOOD/OTHER	
340	NUCLEAR MEDICINE	0.146	390	BLOOD/STOR-PROC	
341	NUC MED/DX	0.146	391	BLOOD/ADMIN	0.239
342	NUC MED/RX		399	BLOOD/OTHER STOR	
349	NUC MED/OTHER				
350	CT SCAN	\$145.46	400	IMAGE SERVICE	
351	CT SCAN/HEAD	\$145.46	401	DIAG MAMMOGRPHY	0.239
352	CT SCAN/BODY	\$145.46	402	ULTRASOUND	\$104.98
359	CT SCAN/OTHER		@ 403	SCRN MAMMOGRPHY	\$117.91
			409	OTHER IMAG SVS	
360	OR SERVICES	0.249 @	410	RESPIRATORY SVC	0.533
361	OR/MINOR	0.249 @	412	INHALATION SVC	
362	OR/ORGAN TRANS		413	HYPERBARIC O2	0.271
367	OR/KIDNEY TRANS		419	OTHER RESPIR SVS	
369	OR/OTHER	0.249 @			
370	ANESTHESIA	0.046	420	PHYSICAL THERP	\$83.98
371	ANESTHE/INCIDENT RAD		421	PHYS THERP.VISIT	
372	ANESTHE/INCDNT OTHER DX		422	PHYS THERP/HOUR	
374	ANESTHE/ACUPUNC		423	PHYS THERP/GROUP	
379	ANESTHE/OTHER		424	PHYS THERP/EVAL	\$83.98
			429	OTHER PHYS THERP	
380	BLOOD		430	OCCUPATION THER	\$97.24
381	BLOOD/PKD RED		431	OCCUP THERP/VISIT	
382	BLOOD/WHOLE		432	OCCUP THERP/HOUR	

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

@ RCC 403 - See Provider Bulletin 2015-20 - The following CPT codes must be billed in conjunction with RCC 403: 77052, 77057, and G0202.

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

SHARON 4221818  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
433	OCCUP THERP/GROUP		510	CLINIC	\$57.23
434	OCCUP THERP/EVAL		511	CHRONIC PAIN CL	
439	OTHER OCCUP THERP		513	PSYCH CLINIC	
440	SPEECH PATHOL	\$106.08	514	OB-GYN CLINIC	
441	SPEECH PATH/VISIT		515	PEDS CLINIC	
442	SPEECH PATH/HOUR		519	OTHER/CLINIC	
443	SPEECH PATH/GROUP		530	OSTEOPATH SVS	
444	SPEECH PATH/EVAL		531	OSTEOPATH RX	
449	OTHER SPECH PAT		539	OTHER OSTEOPATH	
450	EMERG ROOM	\$156.82	610	MRI	\$145.46
456	EMERG ROOM/URGENT CARE	\$57.23	611	MRI-BRAIN	\$145.46
460	PULMONARY FUNC	0.533	612	MRI-SPINE	\$145.46
469	OTHER PULMON FUNC		619	MRI-OTHER	
470	AUDIOLOGY		621	MED/SUR SUPP/INCIDENT RAD	0.180
471	AUDIOLOGY/DX		622	MED/SUR/INCDNT ODX	
472	AUDIOLOGY/RX		631	DRUG/SNGL	
479	OTHER AUDIOL		632	DRUG/MULT	
480	CARDIOLOGY	0.420	633	DRUG/RSTR	
481	CARDIAC CATH LAB		634	DRUG/EPO<=10,000 UNITS	
482	STRESS TEST	0.143	635	DRUG/EPO>=10,000 UNITS	
489	OTHER CARDIOL		636	DRUGS/DETAIL CODE	0.224
490	AMBL SURG	0.000 @	640	NOT ASSIGNED	
499	OTHER AMBL SURG	0.000 @	660-690	NOT ASSIGNED	
500	OUTPATIENT SVS		700	CAST ROOM	
509	OUTPATIENT/OTHER				

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

SHARON 4221818  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
710	RECOVERY ROOM	0.176	801	DIALY/INPUT	
720	DELIVROOM/LABOR	1.000	802	DIALY/INPT/PER	
721	LABOR		803	DIALY/INPT/CAPD	
722	DELIVERY ROOM		804	DIALY/INPT/CCPD	
723	CIRCUMCISION		809	DIALY/INPT/OTHER	
724	BIRTHING CENTER		810	ORGAN/ACQUISIT	
729	OTHER/DELIV-LABOR		811	LIVING DONOR	
730	EKG/ECG	\$51.94	812	CADAVER DONOR	
731	HOLTER MONT	\$201.11	813	UNKNOWN DONOR	
732	TELEMETRY	\$45.31	814	UNSUCCESSFUL SEARCH	
739	OTHER EKG/ECG		819	OTHER DONOR	
740	EEG	\$300.56	820	HEMO/OP OR HOME	
750	GASTR-INTS SVS	\$114.92	821	HEMO/COMPOSITE	
760	TREATMENT ROOM		822	HEMO/HOME/SUPPL	
762	OBSERVATION RM.	0.556	823	HEMO/HOME/EQUIP	
769	OTHER TREATMENT RM	0.000	824	HEMO/HOME/100%	
771	VACCINE ADMIN	\$2.00	825	HEMO/HOME/SUPSERV	
790	LITHOTRIPSY		829	HEMO/HOME/OTHER	
800	RENAL DIALYSIS		830	PERITONEAL/OP OR HOME	
			831	PERTNL/COMPOSITE	
			832	PERTNL/HOME/SUPPL	
			833	PERTNL/HOME/EQUIP	
			834	PERTNL/HOME/100%	
			835	PERTNL/HOME/SUPSERV	
			839	PERTNL/HOME/OTHER	

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

SHARON 4221818  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
840	CAPD/OP OR HOME		903	PLAY THERAPY	
841	CAPD/COMPOSITE				
842	CAPD/HOME/SUPPL		911	PSTAY/REHAB	
843	CAPD/HOME/EQUIP		912	PARTIAL HOSP.	
844	CAPD/HOME/100%		917	PSTAY/BIOFEED	
845	CAPD/HOME/SUPSERV				
849	CAPD/HOME/OTHER		920	OTHER DX SVS	1.000
			921	PERI VASCUL LAB	0.420
850	CCPD/OP OR HOME		922	EMG	0.143
851	CCPD/COMPOSITE		923	PAP SMEAR	\$14.76
852	CCPD/HOME/SUPPL		924	ALLERGY TEST	
853	CCPD/HOME/EQUIP		925	PREG TEST	
854	CCPD/HOME/100%		929	ADDITIONAL DX SVS	
855	CCPD/HOME/SUPSERV				
859	CCPD/HOME/OTHER				
860-870	RESERVED FOR DIALYSIS				
			930	NOT ASSIGNED	
880	DIALY/MISC		940	OTHER RX SVS	
881	DIALY/ULTRAFILT		941	RECREATION RX	
882	HOME DIALYSIS AIDE VISIT		942	EDUC/TRAINING	
889	DIALY/MISC/OTHER		943	CARDIAC REHAB	0.143
			944	DRUG REHAB	
890	DONOR BANK		945	ALCOHOL REHAB	
891	DONOR BANK/BONE		948	PULMONARY REHAB	0.533
892	DONOR BANK/ORGN		949	ADDITIONAL RX SVX	
893	DONOR BANK/SKIN		@ 953	CHEMICAL DEPENDENCY	\$30.00
899	OTHER DONOR BANK				

**RCC 900-919 - SEE NEXT PAGE.**

902 MILIEU THERAPY

@ RCC 953 - See Provider Bulletins 2014-74 and 2015-37 - RCC 953 is for tobacco cessation counseling groups and must be billed with CPT 99412.

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

SHARON 4221818  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
950	NOT ASSIGNED		ADDITIONAL REVENUE CENTER CODES:		
960	PRO FEE		294	MED EQUIP/SUPPLIES/DRUGS	
961	PRO FEE/PSYCH		404	PET SCAN	
962	PRO FEE/EYE		761	TREATMENT RM.	
963	PRO FEE ANES MD		623	SURGICAL DRESSING	
964	PRO FEE/ANES CRNA		770	PREVENT CARE SVS	
969	OTHER PRO FEE		904	ACTIVITY THERAPY	
971	PRO FEE LAB		946	CMLPX MED EQUIP - ROUT	
972	PRO FEE/RAD/DX		947	CMLPX MED EQUIP - ANC	
973	PRO FEE/RAD/RX		451	ER/EMTALA	
974	PRO FEE/NUC MED		452	ER/BEYOND EMTALA	
975	PRO FEE/OR		516	URGENT CLINIC	
976	PRO FEE/RESPIR		517	FAMILY CARE	
977	PRO FEE/PHYSI		<b>BEHAVIORAL HEALTH RATES</b>		
978	PRO FEE/OCCUPA		900	PSTAY TREATMENT	\$124.87
979	PRO FEE/SPEECH		901	ELECTRO SHOCK	\$105.46
981	PRO FEE/ER	\$91.07	905	IOP PSYCH	\$142.94
982	PRO FEE/OUTPT		906	IOP CHEM DEPENDENCY	\$142.94
983	PRO FEE/CLINIC		907	COMMUNITY BEHAVIORAL	\$0.00
984	PRO FEE/SOC SVS		913	PARTIAL HOSP. "FULLDAY"	\$222.82
985	PRO FEE/EKG	0.143	914	PSTAY/INDIV RX	\$71.19
986	PRO FEE/EEG		915	PSTAY/GROUP RX	\$34.49
987	PRO FEE/HOS VIS		916	PSTAY/FAMILY RX	\$84.12
988	PRO FEE/CONSULT		918	PSTAY/TESTING	\$64.60
989	FEE/PVT NURSE		919	PSTAY/OTHER	\$47.21

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

STAMFORD 4024964  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
092	HEALTHTRACK SCREENING		280	ONCOLOGY	
093	HEALTHTRACK SCREENING REF		289	ONCOLOGY/OTHER	
094	HEALTHTRACK SCREENING TRE				
250	PHARMACY	0.191	290	MED EQUIP/DURAB	0.487
251	DRUGS/GENERIC		291	MED EQUIP/RENT	
252	DRUGS/NONGENERIC		292	MED EQUIP/NEW	
253	DRUGS/TAKEHOME		299	MED EQUIP/OTHER	
254	DRUGS/INCIDENT OTHER DX	0.278	300 ****	LABORATORY	
255	DRUGS/INCIDENT RAD	0.278	301 ****	LAB/CHEMISTRY	
256	DRUGS/EXPERIMT		302 ****	LAB/IMMUNOLOGY	
257	DRUGS/NONPSCRPT		303 ****	LAB/RENAL HOME	
258	IV SOLUTIONS	0.120	304 ****	LAB/NR DIALYSIS	
259	DRUGS/OTHER		305 ****	LAB/HEMOTOLOGY	
260	IV THERAPY	0.120	306 ****	LAB/BACT-MICRO	
261	IV THER/INFSN PUMP		307 ****	LAB/UROLOGY	
262	IV THER/PHARM/SVC		309 ****	LAB/OTHER	
263	IV THER/DRUG/SUPPLY DELV	0.120	310	PATHOLOGY LAB	0.081
264	IV THER/SUPPLIES		311	PATHOL/CYTOLOGY	0.081
269	IV THERAPY/OTHER		312	PATHOL/HISTOL	0.081
270	MED-SUR SUPPLIES	0.487	314	PATHOL/BIOPSY	
271	NON-STER SUPPLY	0.487	319	PATHOL/OTHER	
272	STERILE SUPPLY	0.487	320	DX X-RAY	0.278
273	TAKEHOME SUPPLY		321	DX X-RAY/ANGIO	0.278
274	PROSTH/ORTH DEV	0.487	322	DX X-RAY/ARTH	0.278
275	PACEMAKER	0.487	323	DX X-RAY/ARTER	0.278
276	INTROC LENS	0.487	@ 324	DX X-RAY/CHEST	\$28.90
277	O2/TAKEHOME		@ 329	DX X-RAY/OTHER	0.278
278	SUPPLY/IMPLANTS	0.283			
279	SUPPLY/OTHERS		330	RX X-RAY	0.205

@ RCC 324 - See Provider Bulletin 2015-20 - The following CPT codes must be billed only under RCC 324: 71010, 71015, 71020, 70121, 71022, 71030, and 71035.

@ RCC 329 - See Provider Bulletin 2015-20 - The following CPT codes for chest x-ray with fluoroscopy must be billed in conjunction with RCC 329: 71023 and 71034.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

STAMFORD 4024964  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
331	CHEMOTHER/INJ	0.173	383	BLOOD/PLASMA	
332	CHEMOTHER/ORAL		384	BLOOD/PLATELETS	
333	RADIATION RX	0.205	385	BLOOD/LEUCOCYTES	
335	CHEMOTHERP-IV	0.173	386	BLOOD/COMPONENTS	
339	RX X-RAY/OTHER		387	BLOOD/DERIVATIVES	
			389	BLOOD/OTHER	
340	NUCLEAR MEDICINE	0.119	390	BLOOD/STOR-PROC	0.081
341	NUC MED/DX	0.119	391	BLOOD/ADMIN	0.081
342	NUC MED/RX	0.119	399	BLOOD/OTHER STOR	0.081
343	NUC MED/RX	0.119			
344	NUC MED/RX-Pharmaceuticals	0.119	400	IMAGE SERVICE	
349	NUC MED/OTHER		401	DIAG MAMMOGRPHY	0.278
350	CT SCAN	\$145.46	402	ULTRASOUND	\$104.98
351	CT SCAN/HEAD	\$145.46	@ 403	SCRN MAMMOGRPHY	\$117.91
352	CT SCAN/BODY	\$145.46	404	PET SCAN	0.173
359	CT SCAN/OTHER		409	OTHER IMAG SVS	
360	OR SERVICES	0.283 @	410	RESPIRATORY SVC	0.302
361	OR/MINOR	0.283 @	412	INHALATION SVC	
362	OR/ORGAN TRANS		413	HYPERBARIC O2	0.263
367	OR/KIDNEY TRANS		419	OTHER RESPIR SVS	
369	OR/OTHER		420	PHYSICAL THERP	\$83.98
370	ANESTHESIA	0.030	421	PHYS THERP.VISIT	
371	ANESTHE/INCIDENT RAD	0.030	422	PHYS THERP/HOUR	
372	ANESTHE/INCDNT OTHER DX		423	PHYS THERP/GROUP	
374	ANESTHE/ACUPUNC		424	PHYS THERP/EVAL	\$83.98
379	ANESTHE/OTHER		429	OTHER PHYS THERP	
380	BLOOD		430	OCCUPATION THER	\$97.24
381	BLOOD/PKD RED		431	OCCUP THERP/VISIT	
382	BLOOD/WHOLE		432	OCCUP THERP/HOUR	

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

@ RCC 403 - See Provider Bulletin 2015-20 - The following CPT codes must be billed in conjunction with RCC 403: 77052, 77057, and G0202.



Medical Services Policy 150.2  
General Hospital Out-Patient Rates

STAMFORD 4024964  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
433	OCCUP THERP/GROUP		510	CLINIC	\$57.23
434	OCCUP THERP/EVAL	\$97.24	511	CHRONIC PAIN CL	
439	OTHER OCCUP THERP		513	PSYCH CLINIC	
440	SPEECH PATHOL	\$106.08	514	OB-GYN CLINIC	\$57.23
441	SPEECH PATH/VISIT		515	PEDS CLINIC	\$57.23
442	SPEECH PATH/HOUR		516	CLINIC-URGENT CARE	
443	SPEECH PATH/GROUP		519	OTHER/CLINIC	\$57.23
444	SPEECH PATH/EVAL	\$262.99	530	OSTEOPATH SVS	
449	OTHER SPECH PAT		531	OSTEOPATH RX	
450	EMERG ROOM	\$156.82	539	OTHER OSTEOPATH	
456	EMERG ROOM/URGENT CARE	\$57.23	610	MRI	\$145.46
460	PULMONARY FUNC	0.201	611	MRI-BRAIN	\$145.46
469	OTHER PULMON FUNC		612	MRI-SPINE	\$145.46
470	AUDIOLOGY	0.455	615	MRA-HEAD&NECK	\$145.46
471	AUDIOLOGY/DX	0.184	618	MRI-OTHER	\$145.46
472	AUDIOLOGY/RX		619	MRT-OTHER	\$145.46
479	OTHER AUDIOL		621	MED/SUR SUPP/INCIDENT RAD	0.173
480	CARDIOLOGY	0.128	622	MED/SUR/INCDNT ODX	
481	CARDIAC CATH LAB	0.278	631	DRUG/SNGL	
482	STRESS TEST	0.128	632	DRUG/MULT	
483	ECHOCARDIOLOGY	0.205	633	DRUG/RSTR	
489	OTHER CARDIOL		634	DRUG/EPO<=10,000 UNITS	0.191
490	AMBL SURG	0.283 @	635	DRUG/EPO>=10,000 UNITS	0.191
499	OTHER AMBL SURG	0.283 @	636	DRUGS/DETAIL CODE	0.191
500	OUTPATIENT SVS		637	SELF-ADMINISTERED DRUGS	0.191
509	OUTPATIENT/OTHER		640	NOT ASSIGNED	
			660-690	NOT ASSIGNED	
			682	TRAUMA RESPONSE	\$156.82
			700	CAST ROOM	

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

STAMFORD 4024964  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
710	RECOVERY ROOM	0.228	801	DIALY/INPUT	
720	DELIVROOM/LABOR	0.222	802	DIALY/INPT/PER	
721	LABOR		803	DIALY/INPT/CAPD	
722	DELIVERY ROOM		804	DIALY/INPT/CCPD	
723	CIRCUMCISION	0.222	809	DIALY/INPT/OTHER	
724	BIRTHING CENTER		810	ORGAN/ACQUISIT	
729	OTHER/DELIV-LABOR	0.222	811	LIVING DONOR	
730	EKG/ECG	\$51.94	812	CADAVER DONOR	
731	HOLTER MONT	\$201.11	813	UNKNOWN DONOR	
732	TELEMETRY		814	UNSUCCESSFUL SEARCH	
739	OTHER EKG/ECG		819	OTHER DONOR	
740	EEG	\$300.56	820	HEMO/OP OR HOME	\$228.74
750	GASTR-INTS SVS	\$114.92	821	HEMO/COMPOSITE	
760	TREATMENT ROOM		822	HEMO/HOME/SUPPL	
761	TREATMENT RM.	0.173	823	HEMO/HOME/EQUIP	
762	OBSERVATION RM.	0.261	824	HEMO/HOME/100%	
769	OTHER TREATMENT RM		825	HEMO/HOME/SUPSERV	
771	VACCINE ADMIN	\$2.00	829	HEMO/HOME/OTHER	
790	LITHOTRIPSY	0.283	830	PERITONEAL/OP OR HOME	
800	RENAL DIALYSIS	0.431	831	PERTNL/COMPOSITE	
			832	PERTNL/HOME/SUPPL	
			833	PERTNL/HOME/EQUIP	
			834	PERTNL/HOME/100%	
			835	PERTNL/HOME/SUPSERV	
			839	PERTNL/HOME/OTHER	

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2 General Hospital Out-Patient Rates	STAMFORD 4024964 Hospital
---	------------------------------

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
840	CAPD/OP OR HOME		903	PLAY THERAPY	
841	CAPD/COMPOSITE				
842	CAPD/HOME/SUPPL		911	PSTAY/REHAB	0.000
843	CAPD/HOME/EQUIP		912	PARTIAL HOSP. "HALF-DAY"	
844	CAPD/HOME/100%		917	PSTAY/BIOFEED	
845	CAPD/HOME/SUPSERV				
849	CAPD/HOME/OTHER		920	OTHER DX SVS	0.184
			921	PERI VASCUL LAB	0.069
850	CCPD/OP OR HOME		922	EMG	0.184
851	CCPD/COMPOSITE		923	PAP SMEAR	\$14.76
852	CCPD/HOME/SUPPL		924	ALLERGY TEST	
853	CCPD/HOME/EQUIP		925	PREG TEST	
854	CCPD/HOME/100%		929	ADDITIONAL DX SVS (Sleep Studies)	\$728.00
855	CCPD/HOME/SUPSERV				
859	CCPD/HOME/OTHER				
860-870	RESERVED FOR DIALYSIS		930	NOT ASSIGNED	
880	DIALY/MISC		940	OTHER RX SVS	
881	DIALY/ULTRAFILT		941	RECREATION RX	
882	HOME DIALYSIS AIDE VISIT		942	EDUC/TRAINING	
889	DIALY/MISC/OTHER		943	CARDIAC REHAB	1.000
			944	DRUG REHAB	
			945	ALCOHOL REHAB	
890	DONOR BANK		948	PULMONARY REHAB	0.201
891	DONOR BANK/BONE		949	ADDITIONAL RX SVX	
892	DONOR BANK/ORGN		@ 953	CHEMICAL DEPENDENCY	\$30.00
893	DONOR BANK/SKIN				
899	OTHER DONOR BANK				

**RCC 900-919 - SEE NEXT PAGE.**

902 MILIEU THERAPY

@ RCC 953 - See Provider Bulletins 2014-74 and 2015-37 - RCC 953 is for tobacco cessation counseling groups and must be billed with CPT 99412.

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

STAMFORD 4024964  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
950	NOT ASSIGNED	
960	PRO FEE	
961	PRO FEE/PSYCH	
962	PRO FEE/EYE	
963	PRO FEE ANES MD	
964	PRO FEE/ANES CRNA	
969	OTHER PRO FEE	
971	PRO FEE LAB	
972	PRO FEE/RAD/DX	
973	PRO FEE/RAD/RX	
974	PRO FEE/NUC MED	
975	PRO FEE/OR	
976	PRO FEE/RESPIR	
977	PRO FEE/PHYSI	
978	PRO FEE/OCCUPA	
979	PRO FEE/SPEECH	
981	PRO FEE/ER	\$91.07
982	PRO FEE/OUTPT	
983	PRO FEE/CLINIC	
984	PRO FEE/SOC SVS	
985	PRO FEE/EKG	
986	PRO FEE/EEG	
987	PRO FEE/HOS VIS	
988	PRO FEE/CONSULT	0.222
989	FEE/PVT NURSE	

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
ADDITIONAL REVENUE CENTER CODES:		
294	MED EQUIP/SUPPLIES/DRUGS	
623	SURG DRESSING	
770	PREVENT CARE SVS	
904	ACTIVITY THERAPY	
946	CMPLX MED EQUIP - ROUT	
947	CMPLX MED EQUIP - ANC	
451	ER/EMTALA	
452	ER/BEYOND EMTALA	
516	URGENT CLINIC	
517	FAMILY CARE	

**BEHAVIORAL HEALTH RATES**

900	PSTAY TREATMENT	\$124.87
901	ELECTRO SHOCK	\$105.46
905	IOP PSYCH	\$142.94
906	IOP CHEM DEPENDENCY	\$142.94
907	COMMUNITY BEHAVIORAL	\$0.00
913	PARTIAL HOSP. "FULLDAY"	\$222.82
914	PSTAY/INDIV RX	\$71.19
915	PSTAY/GROUP RX	\$34.49
916	PSTAY/FAMILY RX	\$84.12
918	PSTAY/TESTING	\$64.60
919	PSTAY/OTHER	\$47.21

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

ST FRANCIS 4024923  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
092	HEALTHTRACK SCREENING		280	ONCOLOGY	0.566
093	HEALTHTRACK SCREENING REF		289	ONCOLOGY/OTHER	
094	HEALTHTRACK SCREENING TRE				
250	PHARMACY	0.376	290	MED EQUIP/DURAB	
251	DRUGS/GENERIC		291	MED EQUIP/RENT	
252	DRUGS/NONGENERIC		292	MED EQUIP/NEW	
253	DRUGS/TAKEHOME		299	MED EQUIP/OTHER	
254	DRUGS/INCIDENT OTHER DX		300 ****	LABORATORY	
255	DRUGS/INCIDENT RAD		301 ****	LAB/CHEMISTRY	
256	DRUGS/EXPERIMT		302 ****	LAB/IMMUNOLOGY	
257	DRUGS/NONPSCRPT		303 ****	LAB/RENAL HOME	
258	IV SOLUTIONS		304 ****	LAB/NR DIALYSIS	
259	DRUGS/OTHER		305 ****	LAB/HEMOTOLOGY	
260	IV THERAPY	0.218	306 ****	LAB/BACT-MICRO	
261	IV THER/INFSN PUMP		307 ****	LAB/UROLOGY	
262	IV THER/PHARM/SVC		309 ****	LAB/OTHER	
263	IV THER/DRUG/SUPPLY DELV		310	PATHOLOGY LAB	0.248
264	IV THER/SUPPLIES		311	PATHOL/CYTOLOGY	
269	IV THERAPY/OTHER		312	PATHOL/HISTOL	
270	MED-SUR SUPPLIES	0.646	314	PATHOL/BIOPSY	
271	NON-STER SUPPLY		319	PATHOL/OTHER	
272	STERILE SUPPLY	0.646	320	DX X-RAY	0.177
273	TAKEHOME SUPPLY		321	DX X-RAY/ANGIO	
274	PROSTH/ORTH DEV		322	DX X-RAY/ARTH	
275	PACEMAKER	0.646	323	DX X-RAY/ARTER	
276	INTROC LENS	0.646	@ 324	DX X-RAY/CHEST	\$28.90
277	O2/TAKEHOME		@ 329	DX X-RAY/OTHER	0.177
278	SUPPLY/IMPLANTS	0.646			
279	SUPPLY/OTHERS		330	RX X-RAY	0.150

@ RCC 324 - See Provider Bulletin 2015-20 - The following CPT codes must be billed only under RCC 324: 71010, 71015, 71020, 70121, 71022, 71030, and 71035.

@ RCC 329 - See Provider Bulletin 2015-20 - The following CPT codes for chest x-ray with fluoroscopy must be billed in conjunction with RCC 329: 71023 and 71034.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

ST FRANCIS 4024923  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
331	CHEMOTHER/INJ	0.566	383	BLOOD/PLASMA	
332	CHEMOTHER/ORAL		384	BLOOD/PLATELETS	
333	RADIATION RX		385	BLOOD/LEUCOCYTES	
335	CHEMOTHERP-IV	0.566	386	BLOOD/COMPONENTS	
339	RX X-RAY/OTHER		387	BLOOD/DERIVATIVES	
			389	BLOOD/OTHER	
340	NUCLEAR MEDICINE	0.109			
341	NUC MED/DX		390	BLOOD/STOR-PROC	0.248
342	NUC MED/RX		391	BLOOD/ADMIN	0.566
343	NUC MED/RX	0.109	399	BLOOD/OTHER STOR	
344	NUC MED/RX-Pharmaceuticals	0.150			
349	NUC MED/OTHER		400	IMAGE SERVICE	
			401	DIAG MAMMOGRPHY	0.177
350	CT SCAN	\$145.46	402	ULTRASOUND	\$104.98
351	CT SCAN/HEAD	\$145.46	@ 403	SCRN MAMMOGRPHY	\$117.91
352	CT SCAN/BODY	\$145.46	404	PET SCAN	0.109
359	CT SCAN/OTHER		409	OTHER IMAG SVS	
360	OR SERVICES	0.304 @	410	RESPIRATORY SVC	0.266
361	OR/MINOR		412	INHALATION SVC	
362	OR/ORGAN TRANS		413	HYPERBARIC O2	0.322
367	OR/KIDNEY TRANS		419	OTHER RESPIR SVS	
369	OR/OTHER				
			420	PHYSICAL THERP	\$83.98
370	ANESTHESIA	0.155	421	PHYS THERP.VISIT	
371	ANESTHE/INCIDENT RAD		422	PHYS THERP/HOUR	
372	ANESTHE/INCDNT OTHER DX		423	PHYS THERP/GROUP	
374	ANESTHE/ACUPUNC		424	PHYS THERP/EVAL	
379	ANESTHE/OTHER		429	OTHER PHYS THERP	
380	BLOOD		430	OCCUPATION THER	\$97.24
381	BLOOD/PKD RED		431	OCCUP THERP/VISIT	
382	BLOOD/WHOLE		432	OCCUP THERP/HOUR	

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

@ RCC 403 - See Provider Bulletin 2015-20 - The following CPT codes must be billed in conjunction with RCC 403: 77052, 77057, and G0202.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

ST FRANCIS 4024923  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
433	OCCUP THERP/GROUP		510	CLINIC	\$57.23
434	OCCUP THERP/EVAL	\$97.24	511	CHRONIC PAIN CL	
439	OTHER OCCUP THERP		513	PSYCH CLINIC	
440	SPEECH PATHOL	\$106.08	514	OB-GYN CLINIC	\$57.23
441	SPEECH PATH/VISIT	\$106.08	515	PEDS CLINIC	\$57.23
442	SPEECH PATH/HOUR		519	OTHER/CLINIC	\$57.23
443	SPEECH PATH/GROUP		530	OSTEOPATH SVS	
444	SPEECH PATH/EVAL	\$262.99	531	OSTEOPATH RX	
449	OTHER SPECH PAT		539	OTHER OSTEOPATH	
450	EMERG ROOM	\$156.82	610	MRI	\$145.46
456	EMERG ROOM/URGENT CARE	\$57.23	611	MRI-BRAIN	
460	PULMONARY FUNC	0.531	612	MRI-SPINE	
469	OTHER PULMON FUNC		619	MRI-OTHER	
470	AUDIOLOGY	0.221	621	MED/SUR SUPP/INCIDENT RAD	
471	AUDIOLOGY/DX	0.221	622	MED/SUR/INCDNT ODX	
472	AUDIOLOGY/RX		631	DRUG/SNGL	
479	OTHER AUDIOL		632	DRUG/MULT	
480	CARDIOLOGY	0.418	633	DRUG/RSTR	
481	CARDIAC CATH LAB		634	DRUG/EPO<=10,000 UNITS	0.376
482	STRESS TEST		635	DRUG/EPO>=10,000 UNITS	0.376
489	OTHER CARDIOL		636	DRUGS/DETAIL CODE	0.376
490	AMBL SURG	0.357 @	640	NOT ASSIGNED	
499	OTHER AMBL SURG	0.357 @	660-690	NOT ASSIGNED	
500	OUTPATIENT SVS		682	TRAUMA RESPONSE	\$156.82
509	OUTPATIENT/OTHER		700	CAST ROOM	0.304

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

ST FRANCIS 4024923  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
710	RECOVERY ROOM	0.199	801	DIALY/INPUT	
720	DELIVROOM/LABOR	0.280	802	DIALY/INPT/PER	
721	LABOR	0.280	803	DIALY/INPT/CAPD	
722	DELIVERY ROOM		804	DIALY/INPT/CCPD	
723	CIRCUMCISION		809	DIALY/INPT/OTHER	
724	BIRTHING CENTER		810	ORGAN/ACQUISIT	
729	OTHER/DELIV-LABOR		811	LIVING DONOR	
730	EKG/ECG	\$51.94	812	CADAVER DONOR	
731	HOLTER MONT		813	UNKNOWN DONOR	
732	TELEMETRY		814	UNSUCCESSFUL SEARCH	
739	OTHER EKG/ECG		819	OTHER DONOR	
740	EEG	\$300.56	820	HEMO/OP OR HOME	\$228.74
750	GASTR-INTS SVS	\$114.92	821	HEMO/COMPOSITE	
760	TREATMENT ROOM	0.068	822	HEMO/HOME/SUPPL	
761	TREATMENT RM.	0.357	823	HEMO/HOME/EQUIP	
762	OBSERVATION RM.	0.293	824	HEMO/HOME/100%	
769	OTHER TREATMENT RM		825	HEMO/HOME/SUPSERV	
771	VACCINE ADMIN	\$2.00	829	HEMO/HOME/OTHER	
790	LITHOTRIPSY		830	PERITONEAL/OP OR HOME	
800	RENAL DIALYSIS	0.241	831	PERTNL/COMPOSITE	
			832	PERTNL/HOME/SUPPL	
			833	PERTNL/HOME/EQUIP	
			834	PERTNL/HOME/100%	
			835	PERTNL/HOME/SUPSERV	
			839	PERTNL/HOME/OTHER	

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.



Medical Services Policy 150.2  
General Hospital Out-Patient Rates

ST FRANCIS 4024923  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
840	CAPD/OP OR HOME	\$98.35	903	PLAY THERAPY	
841	CAPD/COMPOSITE	\$98.35			
842	CAPD/HOME/SUPPL		911	PSTAY/REHAB	
843	CAPD/HOME/EQUIP		912	PARTIAL HOSP."HALF-DAY"	
844	CAPD/HOME/100%		917	PSTAY/BIOFEED	
845	CAPD/HOME/SUPSERV				
849	CAPD/HOME/OTHER		920	OTHER DX SVS	
			921	PERI VASCUL LAB	0.418
850	CCPD/OP OR HOME		922	EMG	0.221
851	CCPD/COMPOSITE	\$98.35	923	PAP SMEAR	\$14.76
852	CCPD/HOME/SUPPL		924	ALLERGY TEST	
853	CCPD/HOME/EQUIP		925	PREG TEST	
854	CCPD/HOME/100%		929	ADDITIONAL DX SVS (Sleep Studies)	\$728.00
855	CCPD/HOME/SUPSERV				
859	CCPD/HOME/OTHER		930	NOT ASSIGNED	
860-870	RESERVED FOR DIALYSIS		940	OTHER RX SVS	
880	DIALY/MISC		941	RECREATION RX	
881	DIALY/ULTRAFILT		942	EDUC/TRAINING	
882	HOME DIALYSIS AIDE VISIT		943	CARDIAC REHAB	
889	DIALY/MISC/OTHER		944	DRUG REHAB	
			945	ALCOHOL REHAB	
890	DONOR BANK		949	ADDITIONAL RX SVX	0.566
891	DONOR BANK/BONE		@ 953	CHEMICAL DEPENDENCY	\$30.00
892	DONOR BANK/ORGN				
893	DONOR BANK/SKIN				
899	OTHER DONOR BANK				
<b>RCC 900-919 - SEE NEXT PAGE.</b>					
902	MILIEU THERAPY				

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

@ RCC 953 - See Provider Bulletins 2014-74 and 2015-37 - RCC 953 is for tobacco cessation counseling groups and must be billed with CPT 99412.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

ST FRANCIS 4024923  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
950 NOT ASSIGNED		
960	PRO FEE	
961	PRO FEE/PSYCH	
962	PRO FEE/EYE	
963	PRO FEE ANES MD	
964	PRO FEE/ANES CRNA	
969	OTHER PRO FEE	
971	PRO FEE LAB	
972	PRO FEE/RAD/DX	
973	PRO FEE/RAD/RX	
974	PRO FEE/NUC MED	
975	PRO FEE/OR	
976	PRO FEE/RESPIR	
977	PRO FEE/PHYSI	
978	PRO FEE/OCCUPA	
979	PRO FEE/SPEECH	
981	PRO FEE/ER	\$91.07
982	PRO FEE/OUTPT	
983	PRO FEE/CLINIC	
984	PRO FEE/SOC SVS	
985	PRO FEE/EKG	0.132
986	PRO FEE/EEG	
987	PRO FEE/HOS VIS	
988	PRO FEE/CONSULT	
989	FEE/PVT NURSE	

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
ADDITIONAL REVENUE CENTER CODES:		
294	MED EQUIP/SUPPLIES/DRUGS	
623	SURG DRESSING	
770	PREVENT CARE SVS	
904	ACTIVITY THERAPY	
946	CMLPX MED EQUIP - ROUT	
947	CMLPX MED EQUIP - ANC	
451	ER/EMTALA	
452	ER/BEYOND EMTALA	
516	URGENT CLINIC	
517	FAMILY CARE	

**BEHAVIORAL HEALTH RATES**

900	PSTAY TREATMENT	\$124.87
901	ELECTRO SHOCK	\$105.46
905	IOP PSYCH	\$142.94
906	IOP CHEM DEPENDENCY	\$142.94
907	COMMUNITY BEHAVIORAL	\$0.00
913	PARTIAL HOSP. "FULLDAY"	\$222.82
914	PSTAY/INDIV RX	\$71.19
915	PSTAY/GROUP RX	\$34.49
916	PSTAY/FAMILY RX	\$84.12
918	PSTAY/TESTING	\$64.60
919	PSTAY/OTHER	\$47.21

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

ST. MARY'S 4025060  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
092	HEALTHTRACK SCREENING		280	ONCOLOGY	0.298
093	HEALTHTRACK SCREENING REF		289	ONCOLOGY/OTHER	
094	HEALTHTRACK SCREENING TRE				
250	PHARMACY	0.284	290	MED EQUIP/DURAB	0.514
251	DRUGS/GENERIC		291	MED EQUIP/RENT	
252	DRUGS/NONGENERIC		292	MED EQUIP/NEW	
253	DRUGS/TAKEHOME		299	MED EQUIP/OTHER	
254	DRUGS/INCIDENT OTHER DX	0.284	300 ****	LABORATORY	
255	DRUGS/INCIDENT RAD	0.284	301 ****	LAB/CHEMISTRY	
256	DRUGS/EXPERIMT		302 ****	LAB/IMMUNOLOGY	
257	DRUGS/NONPSCRPT		303 ****	LAB/RENAL HOME	
258	IV SOLUTIONS	0.284	304 ****	LAB/NR DIALYSIS	
259	DRUGS/OTHER		305 ****	LAB/HEMOTOLOGY	
260	IV THERAPY	0.149	306 ****	LAB/BACT-MICRO	
261	IV THER/INFSN PUMP		307 ****	LAB/UROLOGY	
262	IV THER/PHARM/SVC		309 ****	LAB/OTHER	
263	IV THER/DRUG/SUPPLY DELV		310	PATHOLOGY LAB	0.313
264	IV THER/SUPPLIES	0.149	311	PATHOL/CYTOLOGY	0.313
269	IV THERAPY/OTHER		312	PATHOL/HISTOL	
270	MED-SUR SUPPLIES	0.514	314	PATHOL/BIOPSY	
271	NON-STER SUPPLY	0.514	319	PATHOL/OTHER	
272	STERILE SUPPLY	0.514	320	DX X-RAY	0.160
273	TAKEHOME SUPPLY		321	DX X-RAY/ANGIO	0.160
274	PROSTH/ORTH DEV	0.514	322	DX X-RAY/ARTH	0.160
275	PACEMAKER	0.514	323	DX X-RAY/ARTER	0.160
276	INTROC LENS	0.514	@ 324	DX X-RAY/CHEST	\$28.90
277	O2/TAKEHOME		@ 329	DX X-RAY/OTHER	0.160
278	SUPPLY/IMPLANTS	0.514			
279	SUPPLY/OTHERS		330	RX X-RAY	0.988

@ RCC 324 - See Provider Bulletin 2015-20 - The following CPT codes must be billed only under RCC 324: 71010, 71015, 71020, 70121, 71022, 71030, and 71035.

@ RCC 329 - See Provider Bulletin 2015-20 - The following CPT codes for chest x-ray with fluoroscopy must be billed in conjunction with RCC 329: 71023 and 71034.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

ST. MARY'S 4025060  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
331	CHEMOTHER/INJ	0.298	383	BLOOD/PLASMA	
332	CHEMOTHER/ORAL		384	BLOOD/PLATELETS	
333	RADIATION RX	0.988	385	BLOOD/LEUCOCYTES	
335	CHEMOTHERP-IV	0.298	386	BLOOD/COMPONENTS	
339	RX X-RAY/OTHER		387	BLOOD/DERIVATIVES	
			389	BLOOD/OTHER	
340	NUCLEAR MEDICINE	0.298			
341	NUC MED/DX		390	BLOOD/STOR-PROC	0.313
342	NUC MED/RX		391	BLOOD/ADMIN	0.313
343	NUC MED/RX-Diag Pharmaceutical	0.298			
344	NUC MED/RX-Thera Pharmaceutical	0.298	399	BLOOD/OTHER STOR	
349	NUC MED/OTHER				
350	CT SCAN	\$145.46	400	IMAGE SERVICE	
351	CT SCAN/HEAD	\$145.46	401	DIAG MAMMOGRPHY	0.160
352	CT SCAN/BODY	\$145.46	402	ULTRASOUND	\$104.98
359	CT SCAN/OTHER		@ 403	SCRN MAMMOGRPHY	\$117.91
360	OR SERVICES	0.319 @	409	OTHER IMAG SVS	
361	OR/MINOR	0.319 @			
362	OR/ORGAN TRANS	0.319 @	410	RESPIRATORY SVC	0.221
367	OR/KIDNEY TRANS		412	INHALATION SVC	
369	OR/OTHER	0.319 @	413	HYPERBARIC O2	0.280
			419	OTHER RESPIR SVS	
370	ANESTHESIA	0.341			
371	ANESTHE/INCIDENT RAD	0.341	420	PHYSICAL THERP	\$83.98
372	ANESTHE/INCDNT OTHER DX	0.341	421	PHYS THERP.VISIT	
374	ANESTHE/ACUPUNC		422	PHYS THERP/HOUR	
379	ANESTHE/OTHER		423	PHYS THERP/GROUP	
			424	PHYS THERP/EVAL	
			429	OTHER PHYS THERP	
380	BLOOD				
381	BLOOD/PKD RED		430	OCCUPATION THER	\$97.24
382	BLOOD/WHOLE		431	OCCUP THERP/VISIT	
			432	OCCUP THERP/HOUR	

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

@ RCC 403 - See Provider Bulletin 2015-20 - The following CPT codes must be billed in conjunction with RCC 403: 77052, 77057, and G0202.

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

ST. MARY'S 4025060  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
433	OCCUP THERP/GROUP		510	CLINIC	\$57.23
434	OCCUP THERP/EVAL	\$97.24	511	CHRONIC PAIN CL	
439	OTHER OCCUP THERP		513	PSYCH CLINIC	
440	SPEECH PATHOL	\$106.08	514	OB-GYN CLINIC	\$57.23
441	SPEECH PATH/VISIT		515	PEDS CLINIC	\$0.00
442	SPEECH PATH/HOUR		519	OTHER/CLINIC	
443	SPEECH PATH/GROUP		530	OSTEOPATH SVS	
444	SPEECH PATH/EVAL		531	OSTEOPATH RX	
449	OTHER SPECH PAT		539	OTHER OSTEOPATH	
450	EMERG ROOM	\$156.82	610	MRI	\$145.46
456	EMERG ROOM/URGENT CARE	\$57.23	611	MRI-BRAIN	\$145.46
460	PULMONARY FUNC	0.221	612	MRI-SPINE	\$145.46
469	OTHER PULMON FUNC	0.221	616	MRA-LOWER EXTRM	\$145.46
470	AUDIOLOGY	0.221	619	MRI-OTHER	
471	AUDIOLOGY/DX	0.221	621	MED/SUR SUPP/INCIDENT RAD	0.514
472	AUDIOLOGY/RX		622	MED/SUR/INCDNT ODX	0.514
479	OTHER AUDIOL		631	DRUG/SNGL	
480	CARDIOLOGY	0.434	632	DRUG/MULT	
481	CARDIAC CATH LAB	0.434	633	DRUG/RSTR	
482	STRESS TEST	0.434	634	DRUG/EPO<=10,000 UNITS	0.284
489	OTHER CARDIOL		635	DRUG/EPO>=10,000 UNITS	0.284
490	AMBL SURG	0.710 @	636	DRUGS/DETAIL CODE	0.284
499	OTHER AMBL SURG	0.710 @	640	NOT ASSIGNED	
500	OUTPATIENT SVS		682	TRAUMA RESPONSE	\$156.82
509	OUTPATIENT/OTHER		700	CAST ROOM	

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

Medical Services Policy 150.2 General Hospital Out-Patient Rates	ST. MARY'S 4025060 Hospital
---	--------------------------------

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
710	RECOVERY ROOM	0.218	801	DIALY/INPUT	
720	DELIVROOM/LABOR	0.848	802	DIALY/INPT/PER	
721	LABOR		803	DIALY/INPT/CAPD	
722	DELIVERY ROOM		804	DIALY/INPT/CCPD	
723	CIRCUMCISION	0.848	809	DIALY/INPT/OTHER	
724	BIRTHING CENTER		810	ORGAN/ACQUISIT	
729	OTHER/DELIV-LABOR		811	LIVING DONOR	
730	EKG/ECG	\$51.94	812	CADAVER DONOR	
731	HOLTER MONT	\$201.11	813	UNKNOWN DONOR	
732	TELEMETRY	\$45.31	814	UNSUCCESSFUL SEARCH	
739	OTHER EKG/ECG	0.434	819	OTHER DONOR	
740	EEG	\$300.56	820	HEMO/OP OR HOME	\$228.74
750	GASTR-INTS SVS	\$114.92	821	HEMO/COMPOSITE	\$228.74
760	TREATMENT ROOM		822	HEMO/HOME/SUPPL	
761	TREATMENT RM.	0.280	823	HEMO/HOME/EQUIP	
762	OBSERVATION RM.	0.848	824	HEMO/HOME/100%	
769	OTHER TREATMENT RM	0.710	825	HEMO/HOME/SUPSERV	
771	VACCINE ADMIN	\$2.00	829	HEMO/HOME/OTHER	\$228.74
790	LITHOTRIPSY	0.319	830	PERITONEAL/OP OR HOME	
800	RENAL DIALYSIS		831	PERTNL/COMPOSITE	
			832	PERTNL/HOME/SUPPL	
			833	PERTNL/HOME/EQUIP	
			834	PERTNL/HOME/100%	
			835	PERTNL/HOME/SUPSERV	
			839	PERTNL/HOME/OTHER	1.000

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2 General Hospital Out-Patient Rates	ST. MARY'S 4025060 Hospital
---	--------------------------------

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
840	CAPD/OP OR HOME		903	PLAY THERAPY	
841	CAPD/COMPOSITE	\$98.35	911	PSTAY/REHAB	
842	CAPD/HOME/SUPPL		912	PARTIAL HOSP. "HALF-DAY"	
843	CAPD/HOME/EQUIP		917	PSTAY/BIOFEED	
844	CAPD/HOME/100%		920	OTHER DX SVS	0.160
845	CAPD/HOME/SUPSERV		921	PERI VASCUL LAB	0.160
849	CAPD/HOME/OTHER	\$98.35	922	EMG	0.483
850	CCPD/OP OR HOME		923	PAP SMEAR	\$14.76
851	CCPD/COMPOSITE	\$98.35	924	ALLERGY TEST	
852	CCPD/HOME/SUPPL		925	PREG TEST	
853	CCPD/HOME/EQUIP		929	ADDITIONAL DX SVS (Sleep Studies)	\$728.00
854	CCPD/HOME/100%		930	NOT ASSIGNED	
855	CCPD/HOME/SUPSERV		940	OTHER RX SVS	
859	CCPD/HOME/OTHER		941	RECREATION RX	
860-870	RESERVED FOR DIALYSIS		942	EDUC/TRAINING	
880	DIALY/MISC		943	CARDIAC REHAB	0.434
881	DIALY/ULTRAFILT		944	DRUG REHAB	
882	HOME DIALYSIS AIDE VISIT		945	ALCOHOL REHAB	
889	DIALY/MISC/OTHER		948	PULMONARY REHAB	0.280
890	DONOR BANK		949	ADDITIONAL RX SVX	
891	DONOR BANK/BONE		@ 953	CHEMICAL DEPENDENCY	\$30.00
892	DONOR BANK/ORGAN				
893	DONOR BANK/SKIN				
899	OTHER DONOR BANK				

**RCC 900-919 - SEE NEXT PAGE.**

902 MILIEU THERAPY

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

@ RCC 953 - See Provider Bulletins 2014-74 and 2015-37 - RCC 953 is for tobacco cessation counseling groups and must be billed with CPT 99412.

Medical Services Policy 150.2 General Hospital Out-Patient Rates	ST. MARY'S 4025060 Hospital
---	--------------------------------

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
950	NOT ASSIGNED		ADDITIONAL REVENUE CENTER CODES:		
960	PRO FEE		294	MED EQUIP/SUPPLIES/DRUGS	
961	PRO FEE/PSYCH		404	PET SCAN	
962	PRO FEE/EYE		623	SURG DRESSING	
963	PRO FEE ANES MD		770	PREVENT CARE SVS	
964	PRO FEE/ANES CRNA		904	ACTIVITY THERAPY	
969	OTHER PRO FEE		946	CMLPX MED EQUIP - ROUT	
971	PRO FEE LAB		947	CMLPX MED EQUIP - ANC	
972	PRO FEE/RAD/DX		451	ER/EMTALA	
973	PRO FEE/RAD/RX		452	ER/BEYOND EMTALA	
974	PRO FEE/NUC MED		516	URGENT CLINIC	
975	PRO FEE/OR		517	FAMILY CARE	
976	PRO FEE/RESPIR		<b>BEHAVIORAL HEALTH RATES</b>		
977	PRO FEE/PHYSI		900	PSTAY TREATMENT	\$124.87
978	PRO FEE/OCCUPA		901	ELECTRO SHOCK	\$105.46
979	PRO FEE/SPEECH		905	IOP PSYCH	\$142.94
981	PRO FEE/ER	\$91.07	906	IOP CHEM DEPENDENCY	\$142.94
982	PRO FEE/OUTPT		907	COMMUNITY BEHAVIORAL	\$0.00
983	PRO FEE/CLINIC		913	PARTIAL HOSP. "FULLDAY"	\$222.82
984	PRO FEE/SOC SVS		914	PSTAY/INDIV RX	\$71.19
985	PRO FEE/EKG		915	PSTAY/GROUP RX	\$34.49
986	PRO FEE/EEG		916	PSTAY/FAMILY RX	\$84.12
987	PRO FEE/HOS VIS		918	PSTAY/TESTING	\$64.60
988	PRO FEE/CONSULT		919	PSTAY/OTHER	\$47.21
989	FEE/PVT NURSE				

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.



Medical Services Policy 150.2  
General Hospital Out-Patient Rates

ST. VINCENT'S 4025185  
Medical Center

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
092	HEALTHTRACK SCREENING		280	ONCOLOGY	0.298
093	HEALTHTRACK SCREENING REF		289	ONCOLOGY/OTHER	
094	HEALTHTRACK SCREENING TRE				
250	PHARMACY	0.284	290	MED EQUIP/DURAB	
251	DRUGS/GENERIC		291	MED EQUIP/RENT	
252	DRUGS/NONGENERIC		292	MED EQUIP/NEW	
253	DRUGS/TAKEHOME		299	MED EQUIP/OTHER	
254	DRUGS/INCIDENT OTHER DX	0.284	300 ****	LABORATORY	
255	DRUGS/INCIDENT RAD	0.284	301 ****	LAB/CHEMISTRY	
256	DRUGS/EXPERIMT		302 ****	LAB/IMMUNOLOGY	
257	DRUGS/NONPSCRPT		303 ****	LAB/RENAL HOME	
258	IV SOLUTIONS	0.452	304 ****	LAB/NR DIALYSIS	
259	DRUGS/OTHER		305 ****	LAB/HEMOTOLOGY	
260	IV THERAPY	0.452	306 ****	LAB/BACT-MICRO	
261	IV THER/INFSN PUMP		307 ****	LAB/UROLOGY	
262	IV THER/PHARM/SVC		309 ****	LAB/OTHER	
263	IV THER/DRUG/SUPPLY DELV		310	PATHOLOGY LAB	0.125
264	IV THER/SUPPLIES	0.452	311	PATHOL/CYTOLOGY	0.125
269	IV THERAPY/OTHER		312	PATHOL/HISTOL	0.125
270	MED-SUR SUPPLIES	0.154	314	PATHOL/BIOPSY	
271	NON-STER SUPPLY	0.154	319	PATHOL/OTHER	
272	STERILE SUPPLY	0.298	320	DX X-RAY	0.298
273	TAKEHOME SUPPLY		321	DX X-RAY/ANGIO	
274	PROSTH/ORTH DEV	0.154	322	DX X-RAY/ARTH	0.298
275	PACEMAKER	0.154	323	DX X-RAY/ARTER	
276	INTROC LENS	0.154	@ 324	DX X-RAY/CHEST	\$28.90
277	O2/TAKEHOME		@ 329	DX X-RAY/OTHER	0.298
278	SUPPLY/IMPLANTS	0.873			
279	SUPPLY/OTHERS	0.154	330	RX X-RAY	0.155

@ RCC 324 - See Provider Bulletin 2015-20 - The following CPT codes must be billed only under RCC 324: 71010, 71015, 71020, 70121, 71022, 71030, and 71035.

@ RCC 329 - See Provider Bulletin 2015-20 - The following CPT codes for chest x-ray with fluoroscopy must be billed in conjunction with RCC 329: 71023 and 71034.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

ST. VINCENT'S 4025185  
Medical Center

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
331	CHEMOTHER/INJ	0.452	383	BLOOD/PLASMA	
332	CHEMOTHER/ORAL		384	BLOOD/PLATELETS	
333	RADIATION RX	0.155	385	BLOOD/LEUCOCYTES	
335	CHEMOTHERP-IV	0.452	386	BLOOD/COMPONENTS	0.491
339	RX X-RAY/OTHER		387	BLOOD/DERIVATIVES	
			389	BLOOD/OTHER	
340	NUCLEAR MEDICINE	0.053	390	BLOOD/STOR-PROC	0.125
341	NUC MED/DX	0.053	391	BLOOD/ADMIN	0.125
342	NUC MED/RX	0.053	399	BLOOD/OTHER STOR	0.125
343	DIAGNOSTIC RADIOPHARMACEUTICALS	0.053			
349	NUC MED/OTHER		400	IMAGE SERVICE	
350	CT SCAN	\$145.46	401	DIAG MAMMOGRPHY	0.298
351	CT SCAN/HEAD	\$145.46	402	ULTRASOUND	\$104.98
352	CT SCAN/BODY	\$145.46	@ 403	SCRN MAMMOGRPHY	\$117.91
359	CT SCAN/OTHER		404	PET SCAN	0.298
			409	OTHER IMAG SVS	
360	OR SERVICES	0.873 @	410	RESPIRATORY SVC	0.376
361	OR/MINOR	0.873 @	412	INHALATION SVC	
362	OR/ORGAN TRANS		413	HYPERBARIC O2	1.000
367	OR/KIDNEY TRANS		419	OTHER RESPIR SVS	
369	OR/OTHER		420	PHYSICAL THERP	\$83.98
370	ANESTHESIA	0.490	421	PHYS THERP.VISIT	\$83.98
371	ANESTHE/INCIDENT RAD		422	PHYS THERP/HOUR	
372	ANESTHE/INCDNT OTHER DX		423	PHYS THERP/GROUP	0.279
374	ANESTHE/ACUPUNC		424	PHYS THERP/EVAL	\$83.98
379	ANESTHE/OTHER		429	OTHER PHYS THERP	
380	BLOOD		430	OCCUPATION THER	\$97.24
381	BLOOD/PKD RED		431	OCCUP THERP/VISIT	\$97.24
382	BLOOD/WHOLE		432	OCCUP THERP/HOUR	

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

@ RCC 403 - See Provider Bulletin 2015-20 - The following CPT codes must be billed in conjunction with RCC 403: 77052, 77057, and G0202.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

ST. VINCENT'S 4025185  
Medical Center

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
433	OCCUP THERP/GROUP		510	CLINIC	\$57.23
434	OCCUP THERP/EVAL	\$97.24	511	CHRONIC PAIN CL	
439	OTHER OCCUP THERP		513	PSYCH CLINIC	
440	SPEECH PATHOL	\$106.08	514	OB-GYN CLINIC	\$57.23
441	SPEECH PATH/VISIT		515	PEDS CLINIC	\$57.23
442	SPEECH PATH/HOUR		519	OTHER/CLINIC	\$57.23
443	SPEECH PATH/GROUP	0.238	530	OSTEOPATH SVS	
444	SPEECH PATH/EVAL		531	OSTEOPATH RX	
449	OTHER SPECH PAT		539	OTHER OSTEOPATH	
450	EMERG ROOM	\$156.82	610	MRI	\$145.46
456	EMERG ROOM/URGENT CARE	\$57.23	611	MRI-BRAIN	\$145.46
460	PULMONARY FUNC	1.000	612	MRI-SPINE	\$145.46
469	OTHER PULMON FUNC		615	MRI-HEAD & NECK	\$145.46
470	AUDIOLOGY	0.356	616	MRI-LOWER EXTREMITIES	\$145.46
471	AUDIOLOGY/DX	0.356	618	MRI-OTHER	\$145.46
472	AUDIOLOGY/RX		619	MRI-OTHER	\$145.46
479	OTHER AUDIOL		621	MED/SUR SUPP/INCIDENT RAD	0.298
480	CARDIOLOGY	0.983	622	MED/SUR/INCDNT ODX	
481	CARDIAC CATH LAB	0.375	631	DRUG/SNGL	
482	STRESS TEST	0.375	632	DRUG/MULT	
483	ECHOCARDIOLOGY	0.983	633	DRUG/RSTR	
489	OTHER CARDIOL		634	DRUG/EPO<=10,000 UNITS	0.284
490	AMBL SURG	0.873 @	635	DRUG/EPO>=10,000 UNITS	0.284
499	OTHER AMBL SURG	0.873 @	636	DRUGS/DETAIL CODE	0.284
500	OUTPATIENT SVS		640	NOT ASSIGNED	
509	OUTPATIENT/OTHER		660-681	NOT ASSIGNED	
			682	TRAUMA	\$156.82
			683-690	NOT ASSIGNED	
			700	CAST ROOM	

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

Medical Services Policy 150.2 General Hospital Out-Patient Rates	ST. VINCENT'S 4025185 Medical Center
---	---

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
710	RECOVERY ROOM	0.873	801	DIALY/INPUT	
720	DELIVROOM/LABOR	1.000	802	DIALY/INPT/PER	
721	LABOR		803	DIALY/INPT/CAPD	
722	DELIVERY ROOM	1.000	804	DIALY/INPT/CCPD	
723	CIRCUMCISION	1.000	809	DIALY/INPT/OTHER	
724	BIRTHING CENTER		810	ORGAN/ACQUISIT	
729	OTHER/DELIV-LABOR		811	LIVING DONOR	
730	EKG/ECG	\$51.94	812	CADAVER DONOR	
731	HOLTER MONT	\$201.11	813	UNKNOWN DONOR	
732	TELEMETRY	\$45.31	814	UNSUCCESSFUL SEARCH	
739	OTHER EKG/ECG		819	OTHER DONOR	
740	EEG	\$300.56	820	HEMO/OP OR HOME	
750	GASTR-INTS SVS	\$114.92	821	HEMO/COMPOSITE	\$228.74
760	TREATMENT ROOM	0.714	822	HEMO/HOME/SUPPL	
761	TREATMENT RM.	0.873	823	HEMO/HOME/EQUIP	
762	OBSERVATION RM.	0.467	824	HEMO/HOME/100%	
769	OTHER TREATMENT RM	0.714	825	HEMO/HOME/SUPSERV	
771	VACCINE ADMIN	\$2.00	829	HEMO/HOME/OTHER	
790	LITHOTRIPSY	0.714	830	PERITONEAL/OP OR HOME	
800	RENAL DIALYSIS		831	PERTNL/COMPOSITE	
			832	PERTNL/HOME/SUPPL	
			833	PERTNL/HOME/EQUIP	
			834	PERTNL/HOME/100%	
			835	PERTNL/HOME/SUPSERV	
			839	PERTNL/HOME/OTHER	

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2 General Hospital Out-Patient Rates	ST. VINCENT'S 4025185 Medical Center
---	---

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
840	CAPD/OP OR HOME		903	PLAY THERAPY	
841	CAPD/COMPOSITE				
842	CAPD/HOME/SUPPL		911	PSTAY/REHAB	
843	CAPD/HOME/EQUIP		912	PARTIAL HOSP. "HALF-DAY"	
844	CAPD/HOME/100%		917	PSTAY/BIOFEED	
845	CAPD/HOME/SUPSERV				
849	CAPD/HOME/OTHER		920	OTHER DX SVS	0.376
			921	PERI VASCUL LAB	0.351
850	CCPD/OP OR HOME		922	EMG	
851	CCPD/COMPOSITE		923	PAP SMEAR	\$14.76
852	CCPD/HOME/SUPPL		924	ALLERGY TEST	
853	CCPD/HOME/EQUIP		925	PREG TEST	
854	CCPD/HOME/100%		929	ADDITIONAL DX SVS (Sleep Studies)	\$728.00
855	CCPD/HOME/SUPSERV				
859	CCPD/HOME/OTHER		930	NOT ASSIGNED	
860-870	RESERVED FOR DIALYSIS				
880	DIALY/MISC		940	OTHER RX SVS	
881	DIALY/ULTRAFILT		941	RECREATION RX	
882	HOME DIALYSIS AIDE VISIT		942	EDUC/TRAINING	
889	DIALY/MISC/OTHER		943	CARDIAC REHAB	0.356
			944	DRUG REHAB	
890	DONOR BANK		945	ALCOHOL REHAB	
891	DONOR BANK/BONE		949	ADDITIONAL RX SVX	0.298
892	DONOR BANK/ORGN		@ 953	CHEMICAL DEPENDENCY	\$30.00
893	DONOR BANK/SKIN				
899	OTHER DONOR BANK				
<b>RCC 900-919 - SEE NEXT PAGE.</b>					
902	MILIEU THERAPY				

@ RCC 953 - See Provider Bulletins 2014-74 and 2015-37 - RCC 953 is for tobacco cessation counseling groups and must be billed with CPT 99412.

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2 General Hospital Out-Patient Rates	ST. VINCENT'S 4025185 Medical Center
---	---

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
950	NOT ASSIGNED		ADDITIONAL REVENUE CENTER CODES:		
960	PRO FEE		294	MED EQUIP/SUPPLIES/DRUGS	
961	PRO FEE/PSYCH		623	SURG DRESSING	
962	PRO FEE/EYE		770	PREVENT CARE SVS	
963	PRO FEE ANES MD		904	ACTIVITY THERAPY	
964	PRO FEE/ANES CRNA		946	CMLPX MED EQUIP - ROUT	
969	OTHER PRO FEE		947	CMLPX MED EQUIP - ANC	
971	PRO FEE LAB		451	ER/EMTALA	
972	PRO FEE/RAD/DX		452	ER/BEYOND EMTALA	
973	PRO FEE/RAD/RX		516	URGENT CLINIC	
974	PRO FEE/NUC MED		517	FAMILY CARE	
975	PRO FEE/OR		<b>BEHAVIORAL HEALTH RATES</b>		
976	PRO FEE/RESPIR		900	PSTAY TREATMENT	\$124.87
977	PRO FEE/PHYSI		901	ELECTRO SHOCK	\$105.46
978	PRO FEE/OCCUPA		905	IOP PSYCH	\$142.94
979	PRO FEE/SPEECH		906	IOP CHEM DEPENDENCY	\$142.94
981	PRO FEE/ER	\$91.07	907	COMMUNITY BEHAVIORAL	\$0.00
982	PRO FEE/OUTPT		913	PARTIAL HOSP. "FULLDAY"	\$222.82
983	PRO FEE/CLINIC		914	PSTAY/INDIV RX	\$71.19
984	PRO FEE/SOC SVS		915	PSTAY/GROUP RX	\$34.49
985	PRO FEE/EKG		916	PSTAY/FAMILY RX	\$84.12
986	PRO FEE/EEG		918	PSTAY/TESTING	\$64.60
987	PRO FEE/HOS VIS		919	PSTAY/OTHER	\$47.21
988	PRO FEE/CONSULT				
989	FEE/PVT NURSE				

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

WATERBURY 4024956  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
092	HEALTHTRACK SCREENING		280	ONCOLOGY	0.004
093	HEALTHTRACK SCREENING REF		289	ONCOLOGY/OTHER	
094	HEALTHTRACK SCREENING TRE				
250	PHARMACY	0.241	290	MED EQUIP/DURAB	
251	DRUGS/GENERIC		291	MED EQUIP/RENT	
252	DRUGS/NONGENERIC		292	MED EQUIP/NEW	
253	DRUGS/TAKEHOME		299	MED EQUIP/OTHER	
254	DRUGS/INCIDENT OTHER DX		300 ****	LABORATORY	
255	DRUGS/INCIDENT RAD	0.241	301 ****	LAB/CHEMISTRY	
256	DRUGS/EXPERIMT		302 ****	LAB/IMMUNOLOGY	
257	DRUGS/NONPSCRPT		303 ****	LAB/RENAL HOME	
258	IV SOLUTIONS		304 ****	LAB/NR DIALYSIS	
259	DRUGS/OTHER		305 ****	LAB/HEMOTOLOGY	
260	IV THERAPY	0.241	306 ****	LAB/BACT-MICRO	
261	IV THER/INFSN PUMP		307 ****	LAB/UROLOGY	
262	IV THER/PHARM/SVC		309 ****	LAB/OTHER	
263	IV THER/DRUG/SUPPLY DELV		310	PATHOLOGY LAB	0.183
264	IV THER/SUPPLIES		311	PATHOL/CYTOLOGY	0.183
269	IV THERAPY/OTHER		312	PATHOL/HISTOL	0.183
270	MED-SUR SUPPLIES	0.218	314	PATHOL/BIOPSY	
271	NON-STER SUPPLY		319	PATHOL/OTHER	
272	STERILE SUPPLY	0.218	320	DX X-RAY	0.132
273	TAKEHOME SUPPLY		321	DX X-RAY/ANGIO	
274	PROSTH/ORTH DEV	0.218	322	DX X-RAY/ARTH	
275	PACEMAKER	0.218	323	DX X-RAY/ARTER	
276	INTROC LENS	0.218	@ 324	DX X-RAY/CHEST	\$28.90
277	O2/TAKEHOME		@ 329	DX X-RAY/OTHER	0.132
278	SUPPLY/IMPLANTS	0.218			
279	SUPPLY/OTHERS		330	RX X-RAY	0.004

@ RCC 324 - See Provider Bulletin 2015-20 - The following CPT codes must be billed only under RCC 324: 71010, 71015, 71020, 70121, 71022, 71030, and 71035.

@ RCC 329 - See Provider Bulletin 2015-20 - The following CPT codes for chest x-ray with fluoroscopy must be billed in conjunction with RCC 329: 71023 and 71034.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

WATERBURY 4024956  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
331	CHEMOTHER/INJ		383	BLOOD/PLASMA	
332	CHEMOTHER/ORAL		384	BLOOD/PLATELETS	
333	RADIATION RX	0.004	385	BLOOD/LEUCOCYTES	
335	CHEMOTHERP-IV		386	BLOOD/COMPONENTS	
339	RX X-RAY/OTHER		387	BLOOD/DERIVATIVES	
			389	BLOOD/OTHER	
340	NUCLEAR MEDICINE	0.204	390	BLOOD/STOR-PROC	0.183
341	NUC MED/DX		391	BLOOD/ADMIN	0.183
342	NUC MED/RX		399	BLOOD/OTHER STOR	
343	NUC MED/DX RADIOPHARM	0.241			
349	NUC MED/OTHER		400	IMAGE SERVICE	
350	CT SCAN	\$145.46	401	DIAG MAMMOGRPHY	0.132
351	CT SCAN/HEAD	\$145.46	402	ULTRASOUND	\$104.98
352	CT SCAN/BODY	\$145.46	@ 403	SCRN MAMMOGRPHY	\$117.91
359	CT SCAN/OTHER		409	OTHER IMAG SVS	
360	OR SERVICES	0.196 @	410	RESPIRATORY SVC	0.242
361	OR/MINOR	0.196 @	412	INHALATION SVC	
362	OR/ORGAN TRANS		413	HYPERBARIC O2	
367	OR/KIDNEY TRANS		419	OTHER RESPIR SVS	
369	OR/OTHER				
370	ANESTHESIA	0.196	420	PHYSICAL THERP	\$83.98
371	ANESTHE/INCIDENT RAD		421	PHYS THERP.VISIT	
372	ANESTHE/INCDNT OTHER DX		422	PHYS THERP/HOUR	
374	ANESTHE/ACUPUNC		423	PHYS THERP/GROUP	
379	ANESTHE/OTHER		424	PHYS THERP/EVAL	
			429	OTHER PHYS THERP	
380	BLOOD		430	OCCUPATION THER	\$97.24
381	BLOOD/PKD RED		431	OCCUP THERP/VISIT	
382	BLOOD/WHOLE		432	OCCUP THERP/HOUR	

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

@ RCC 403 - See Provider Bulletin 2015-20 - The following CPT codes must be billed in conjunction with RCC 403: 77052, 77057, and G0202.

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.



Medical Services Policy 150.2  
General Hospital Out-Patient Rates

WATERBURY 4024956  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
433	OCCUP THERP/GROUP		510	CLINIC	\$57.23
434	OCCUP THERP/EVAL		511	CHRONIC PAIN CL	
439	OTHER OCCUP THERP		513	PSYCH CLINIC	
440	SPEECH PATHOL	\$106.08	514	OB-GYN CLINIC	\$57.23
441	SPEECH PATH/VISIT		515	PEDS CLINIC	\$57.23
442	SPEECH PATH/HOUR		519	OTHER/CLINIC	\$57.23
443	SPEECH PATH/GROUP		530	OSTEOPATH SVS	
444	SPEECH PATH/EVAL		531	OSTEOPATH RX	
449	OTHER SPECH PAT		539	OTHER OSTEOPATH	
450	EMERG ROOM	\$156.82	610	MRI	\$145.46
456	EMERG ROOM/URGENT CARE	\$57.23	611	MRI-BRAIN	
460	PULMONARY FUNC	0.242	612	MRI-SPINE	
469	OTHER PULMON FUNC		619	MRI-OTHER	
470	AUDIOLOGY		621	MED/SUR SUPP/INCIDENT RAD	
471	AUDIOLOGY/DX		622	MED/SUR/INCDNT ODX	
472	AUDIOLOGY/RX		631	DRUG/SNGL	
479	OTHER AUDIOL		632	DRUG/MULT	
480	CARDIOLOGY	0.129	633	DRUG/RSTR	
481	CARDIAC CATH LAB	0.129	634	DRUG/EPO<=10,000 UNITS	
482	STRESS TEST	0.129	635	DRUG/EPO>=10,000 UNITS	
489	OTHER CARDIOL	0.129	636	DRUGS/DETAIL CODE	0.241
490	AMBL SURG	0.000 @	640	NOT ASSIGNED	
499	OTHER AMBL SURG	0.000 @	660-690	NOT ASSIGNED	
500	OUTPATIENT SVS		682	TRAUMA RESPONSE - LEVEL II	\$156.82
509	OUTPATIENT/OTHER		700	CAST ROOM	

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

**@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.**

**See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).**

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

WATERBURY 4024956  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
710	RECOVERY ROOM	0.029	801	DIALY/INPUT	
720	DELIVROOM/LABOR	0.427	802	DIALY/INPT/PER	
721	LABOR		803	DIALY/INPT/CAPD	0.306
722	DELIVERY ROOM		804	DIALY/INPT/CCPD	
723	CIRCUMCISION		809	DIALY/INPT/OTHER	
724	BIRTHING CENTER		810	ORGAN/ACQUISIT	
729	OTHER/DELIV-LABOR	0.427	811	LIVING DONOR	
730	EKG/ECG	\$51.94	812	CADAVER DONOR	
731	HOLTER MONT	\$201.11	813	UNKNOWN DONOR	
732	TELEMETRY		814	UNSUCCESSFUL SEARCH	
739	OTHER EKG/ECG		819	OTHER DONOR	
740	EEG	\$300.56	820	HEMO/OP OR HOME	\$228.74
750	GASTR-INTS SVS	\$114.92	821	HEMO/COMPOSITE	\$228.74
760	TREATMENT ROOM	0.369	822	HEMO/HOME/SUPPL	
762	OBSERVATION RM	0.369	823	HEMO/HOME/EQUIP	0.306
769	OTHER TREATMENT RM		824	HEMO/HOME/100%	0.306
771	VACCINE ADMIN	\$2.00	825	HEMO/HOME/SUPSERV	
790	LITHOTRIPSY		829	HEMO/HOME/OTHER	\$228.74
800	RENAL DIALYSIS		830	PERITONEAL/OP OR HOME	0.306
			831	PERTNL/COMPOSITE	
			832	PERTNL/HOME/SUPPL	
			833	PERTNL/HOME/EQUIP	
			834	PERTNL/HOME/100%	
			835	PERTNL/HOME/SUPSERV	
			839	PERTNL/HOME/OTHER	

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

WATERBURY 4024956  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
840	CAPD/OP OR HOME		903	PLAY THERAPY	
841	CAPD/COMPOSITE	\$98.35	911	PSTAY/REHAB	
842	CAPD/HOME/SUPPL		912	PARTIAL HOSP. "HALF-DAY"	
843	CAPD/HOME/EQUIP		917	PSTAY/BIOFEED	
844	CAPD/HOME/100%		920	OTHER DX SVS	0.198
845	CAPD/HOME/SUPSERV		921	PERI VASCUL LAB	0.196
849	CAPD/HOME/OTHER	\$98.35	922	EMG	
850	CCPD/OP OR HOME		923	PAP SMEAR	\$14.76
851	CCPD/COMPOSITE		924	ALLERGY TEST	
852	CCPD/HOME/SUPPL		925	PREG TEST	
853	CCPD/HOME/EQUIP		929	ADDITIONAL DX SVS (Sleep Studies)	\$728.00
854	CCPD/HOME/100%		930	NOT ASSIGNED	
855	CCPD/HOME/SUPSERV		940	OTHER RX SVS	
859	CCPD/HOME/OTHER		941	RECREATION RX	
860-870	RESERVED FOR DIALYSIS		942	EDUC/TRAINING	
880	DIALY/MISC		943	CARDIAC REHAB	0.129
881	DIALY/ULTRAFILT		944	DRUG REHAB	
882	HOME DIALYSIS AIDE VISIT		945	ALCOHOL REHAB	
889	DIALY/MISC/OTHER		949	ADDITIONAL RX SVX	
890	DONOR BANK		@ 953	CHEMICAL DEPENDENCY	\$30.00
891	DONOR BANK/BONE				
892	DONOR BANK/ORGN				
893	DONOR BANK/SKIN				
899	OTHER DONOR BANK				
<b>RCC 900-919 - SEE NEXT PAGE.</b>					
902	MILIEU THERAPY				

@ RCC 953 - See Provider Bulletins 2014-74 and 2015-37 - RCC 953 is for tobacco cessation counseling groups and must be billed with CPT 99412.

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

WATERBURY 4024956  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
950 NOT ASSIGNED			ADDITIONAL REVENUE CENTER CODES:		
960	PRO FEE		294	MED EQUIP/SUPPLIES/DRUGS	
961	PRO FEE/PSYCH		404	PET SCAN	
962	PRO FEE/EYE		761	TREATMENT RM.	
963	PRO FEE ANES MD		762	OBSERVATION RM.	
964	PRO FEE/ANES CRNA		623	SURG DRESSING	
969	OTHER PRO FEE		770	PREVENT CARE SVS	
971	PRO FEE LAB		904	ACTIVITY THERAPY	
972	PRO FEE/RAD/DX		946	CMLPX MED EQUIP - ROUT	
973	PRO FEE/RAD/RX		947	CMLPX MED EQUIP - ANC	
974	PRO FEE/NUC MED		451	ER/EMTALA	
975	PRO FEE/OR		452	ER/BEYOND EMTALA	
976	PRO FEE/RESPIR		516	URGENT CLINIC	
977	PRO FEE/PHYSI		517	FAMILY CARE	
978	PRO FEE/OCCUPA		<b>BEHAVIORAL HEALTH RATES</b>		
979	PRO FEE/SPEECH		900	PSTAY TREATMENT	\$124.87
981	PRO FEE/ER	\$91.07	901	ELECTRO SHOCK	\$105.46
982	PRO FEE/OUTPT		905	IOP PSYCH	\$142.94
983	PRO FEE/CLINIC		906	IOP CHEM DEPENDENCY	\$142.94
984	PRO FEE/SOC SVS		907	COMMUNITY BEHAVIORAL	\$0.00
985	PRO FEE/EKG	0.129	913	PARTIAL HOSP. "FULLDAY"	\$222.82
986	PRO FEE/EEG	0.129	914	PSTAY/INDIV RX	\$71.19
987	PRO FEE/HOS VIS		915	PSTAY/GROUP RX	\$34.49
988	PRO FEE/CONSULT		916	PSTAY/FAMILY RX	\$84.12
989	FEE/PVT NURSE		918	PSTAY/TESTING	\$64.60
			919	PSTAY/OTHER	\$47.21

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

WINDHAM 4025110  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
092	HEALTHTRACK SCREENING		280	ONCOLOGY	
093	HEALTHTRACK SCREENING REF		289	ONCOLOGY/OTHER	
094	HEALTHTRACK SCREENING TRE				
250	PHARMACY	0.372	290	MED EQUIP/DURAB	0.245
251	DRUGS/GENERIC		291	MED EQUIP/RENT	
252	DRUGS/NONGENERIC		292	MED EQUIP/NEW	
253	DRUGS/TAKEHOME		299	MED EQUIP/OTHER	
254	DRUGS/INCIDENT OTHER DX	0.372	300 ****	LABORATORY	
255	DRUGS/INCIDENT RAD	0.372	301 ****	LAB/CHEMISTRY	
256	DRUGS/EXPERIMT		302 ****	LAB/IMMUNOLOGY	
257	DRUGS/NONPSCRPT		303 ****	LAB/RENAL HOME	
258	IV SOLUTIONS	0.372	304 ****	LAB/NR DIALYSIS	
259	DRUGS/OTHER	0.372	305 ****	LAB/HEMOTOLOGY	
260	IV THERAPY	0.245	306 ****	LAB/BACT-MICRO	
261	IV THER/INFSN PUMP		307 ****	LAB/UROLOGY	
262	IV THER/PHARM/SVC		309 ****	LAB/OTHER	
263	IV THER/DRUG/SUPPLY DELV		310	PATHOLOGY LAB	0.303
264	IV THER/SUPPLIES		311	PATHOL/CYTOLOGY	0.303
269	IV THERAPY/OTHER		312	PATHOL/HISTOL	
270	MED-SUR SUPPLIES	0.245	314	PATHOL/BIOPSY	
271	NON-STER SUPPLY	0.245	319	PATHOL/OTHER	
272	STERILE SUPPLY	0.245	320	DX X-RAY	0.239
273	TAKEHOME SUPPLY		321	DX X-RAY/ANGIO	
274	PROSTH/ORTH DEV		322	DX X-RAY/ARTH	0.239
275	PACEMAKER		323	DX X-RAY/ARTER	0.239
276	INTROC LENS	0.245	@ 324	DX X-RAY/CHEST	\$28.90
277	O2/TAKEHOME		@ 329	DX X-RAY/OTHER	0.239
278	SUPPLY/IMPLANTS	0.245			
279	SUPPLY/OTHERS		330	RX X-RAY	0.239

@ RCC 324 - See Provider Bulletin 2015-20 - The following CPT codes must be billed only under RCC 324: 71010, 71015, 71020, 70121, 71022, 71030, and 71035.

@ RCC 329 - See Provider Bulletin 2015-20 - The following CPT codes for chest x-ray with fluoroscopy must be billed in conjunction with RCC 329: 71023 and 71034.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

WINDHAM 4025110  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
331	CHEMOTHER/INJ	0.239	383	BLOOD/PLASMA	
332	CHEMOTHER/ORAL	0.239	384	BLOOD/PLATELETS	
333	RADIATION RX		385	BLOOD/LEUCOCYTES	
335	CHEMOTHERP-IV	0.239	386	BLOOD/COMPONENTS	
339	RX X-RAY/OTHER		387	BLOOD/DERIVATIVES	
			389	BLOOD/OTHER	
340	NUCLEAR MEDICINE	0.166	390	BLOOD/STOR-PROC	0.303
341	NUC MED/DX	0.166	391	BLOOD/ADMIN	0.303
342	NUC MED/RX		399	BLOOD/OTHER STOR	
349	NUC MED/OTHER				
350	CT SCAN	\$145.46	400	IMAGE SERVICE	
351	CT SCAN/HEAD	\$145.46	401	DIAG MAMMOGRPHY	0.239
352	CT SCAN/BODY	\$145.46	402	ULTRASOUND	\$104.98
359	CT SCAN/OTHER		@ 403	SCRN MAMMOGRPHY	\$117.91
			404	PET SCAN	0.166
360	OR SERVICES	0.399 @	409	OTHER IMAG SVS	
361	OR/MINOR	0.239 @			
362	OR/ORGAN TRANS		410	RESPIRATORY SVC	0.848
367	OR/KIDNEY TRANS		412	INHALATION SVC	
369	OR/OTHER	0.239	413	HYPERBARIC O2	
			419	OTHER RESPIR SVS	
370	ANESTHESIA	0.399			
371	ANESTHE/INCIDENT RAD		420	PHYSICAL THERP	\$83.98
372	ANESTHE/INCDNT OTHER DX		421	PHYS THERP.VISIT	
374	ANESTHE/ACUPUNC		422	PHYS THERP/HOUR	
379	ANESTHE/OTHER		423	PHYS THERP/GROUP	
			424	PHYS THERP/EVAL	\$83.98
380	BLOOD		429	OTHER PHYS THERP	
381	BLOOD/PKD RED				
382	BLOOD/WHOLE		430	OCCUPATION THER	\$97.24
			431	OCCUP THERP/VISIT	
			432	OCCUP THERP/HOUR	

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

@ RCC 403 - See Provider Bulletin 2015-20 - The following CPT codes must be billed in conjunction with RCC 403: 77052, 77057, and G0202.

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

WINDHAM 4025110  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
433	OCCUP THERP/GROUP		510	CLINIC	\$57.23
434	OCCUP THERP/EVAL	\$97.24	511	CHRONIC PAIN CL	\$57.23
439	OTHER OCCUP THERP		513	PSYCH CLINIC	
440	SPEECH PATHOL	\$106.08	514	OB-GYN CLINIC	\$57.23
441	SPEECH PATH/VISIT		515	PEDS CLINIC	
442	SPEECH PATH/HOUR		519	OTHER/CLINIC	\$57.23
443	SPEECH PATH/GROUP		530	OSTEOPATH SVS	
444	SPEECH PATH/EVAL		531	OSTEOPATH RX	
449	OTHER SPECH PAT		539	OTHER OSTEOPATH	
450	EMERG ROOM	\$156.82	610	MRI	\$145.46
456	EMERG ROOM/URGENT CARE	\$57.23	611	MRI-BRAIN	\$145.46
460	PULMONARY FUNC	0.848	612	MRI-SPINE	\$145.46
469	OTHER PULMON FUNC		619	MRI-OTHER	\$145.46
470	AUDIOLOGY		621	MED/SUR SUPP/INCIDENT RAD	0.239
471	AUDIOLOGY/DX		622	MED/SUR/INCDNT ODX	
472	AUDIOLOGY/RX		631	DRUG/SNGL	
479	OTHER AUDIOL		632	DRUG/MULT	
480	CARDIOLOGY	0.154	633	DRUG/RSTR	
481	CARDIAC CATH LAB		634	DRUG/EPO<=10,000 UNITS	
482	STRESS TEST	0.154	635	DRUG/EPO>=10,000 UNITS	0.372
489	OTHER CARDIOL		636	DRUGS/DETAIL CODE	0.372
490	AMBL SURG		637	SELF-ADMINISTERED DRUGS	0.372
499	OTHER AMBL SURG	0.399 @	640	NOT ASSIGNED	
500	OUTPATIENT SVS		660-690	NOT ASSIGNED	
509	OUTPATIENT/OTHER		700	CAST ROOM	

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

WINDHAM 4025110  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
710	RECOVERY ROOM	0.657	801	DIALY/INPUT	
720	DELIVROOM/LABOR	1.000	802	DIALY/INPT/PER	
721	LABOR		803	DIALY/INPT/CAPD	
722	DELIVERY ROOM		804	DIALY/INPT/CCPD	
723	CIRCUMCISION		809	DIALY/INPT/OTHER	
724	BIRTHING CENTER		810	ORGAN/ACQUISIT	
729	OTHER/DELIV-LABOR		811	LIVING DONOR	
730	EKG/ECG	\$51.94	812	CADAVER DONOR	
731	HOLTER MONT	\$201.11	813	UNKNOWN DONOR	
732	TELEMETRY	\$45.31	814	UNSUCCESSFUL SEARCH	
739	OTHER EKG/ECG		819	OTHER DONOR	
740	EEG	\$300.56	820	HEMO/OP OR HOME	
750	GASTR-INTS SVS		821	HEMO/COMPOSITE	
760	TREATMENT ROOM	1.000	822	HEMO/HOME/SUPPL	
761	TREATMENT RM.	0.848	823	HEMO/HOME/EQUIP	
762	OBSERVATION RM.	0.361	824	HEMO/HOME/100%	
769	OTHER TREATMENT RM		825	HEMO/HOME/SUPSERV	
771	VACCINE ADMIN	\$2.00	829	HEMO/HOME/OTHER	
790	LITHOTRIPSY	0.399	830	PERITONEAL/OP OR HOME	
800	RENAL DIALYSIS		831	PERTNL/COMPOSITE	
			832	PERTNL/HOME/SUPPL	
			833	PERTNL/HOME/EQUIP	
			834	PERTNL/HOME/100%	
			835	PERTNL/HOME/SUPSERV	
			839	PERTNL/HOME/OTHER	

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.



Medical Services Policy 150.2  
General Hospital Out-Patient Rates

WINDHAM 4025110  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
840	CAPD/OP OR HOME		903	PLAY THERAPY	
841	CAPD/COMPOSITE				
842	CAPD/HOME/SUPPL		911	PSTAY/REHAB	
843	CAPD/HOME/EQUIP		912	PARTIAL HOSP	
844	CAPD/HOME/100%		917	PSTAY/BIOFEED	
845	CAPD/HOME/SUPSERV				
849	CAPD/HOME/OTHER		920	OTHER DX SVS	0.221
			921	PERI VASCUL LAB	0.303
850	CCPD/OP OR HOME		922	EMG	0.500
851	CCPD/COMPOSITE		923	PAP SMEAR	\$14.76
852	CCPD/HOME/SUPPL		924	ALLERGY TEST	
853	CCPD/HOME/EQUIP		925	PREG TEST	
854	CCPD/HOME/100%		929	ADDITIONAL DX SVS (Sleep Studies)	\$728.00
855	CCPD/HOME/SUPSERV				
859	CCPD/HOME/OTHER		930	NOT ASSIGNED	
860-870	RESERVED FOR DIALYSIS				
880	DIALY/MISC		940	OTHER RX SVS	
881	DIALY/ULTRAFILT		941	RECREATION RX	
882	HOME DIALYSIS AIDE VISIT		942	EDUC/TRAINING	
889	DIALY/MISC/OTHER		943	CARDIAC REHAB	0.221
			944	DRUG REHAB	
890	DONOR BANK		945	ALCOHOL REHAB	
891	DONOR BANK/BONE	0.303	949	ADDITIONAL RX SVX	
892	DONOR BANK/ORGN		@ 953	CHEMICAL DEPENDENCY	\$30.00
893	DONOR BANK/SKIN				
899	OTHER DONOR BANK				
<b>RCC 900-919 - SEE NEXT PAGE.</b>					
902	MILIEU THERAPY				

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

@ RCC 953 - See Provider Bulletins 2014-74 and 2015-37 - RCC 953 is for tobacco cessation counseling groups and must be billed with CPT 99412.

Medical Services Policy 150.2  
General Hospital Out-Patient Rates

WINDHAM 4025110  
Hospital

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
950	NOT ASSIGNED		ADDITIONAL REVENUE CENTER CODES:		
960	PRO FEE	0.221	294	MED EQUIP/SUPPLIES/DRUGS	
961	PRO FEE/PSYCH		623	SURG DRESSING	
962	PRO FEE/EYE		770	PREVENT CARE SVS	
963	PRO FEE ANES MD		904	ACTIVITY THERAPY	
964	PRO FEE/ANES CRNA		946	CMLPX MED EQUIP - ROUT	
969	OTHER PRO FEE		947	CMLPX MED EQUIP - ANC	
971	PRO FEE LAB		451	ER/EMTALA	
972	PRO FEE/RAD/DX		452	ER/BEYOND EMTALA	
973	PRO FEE/RAD/RX		516	URGENT CLINIC	
974	PRO FEE/NUC MED		517	FAMILY CARE	
975	PRO FEE/OR		<b>BEHAVIORAL HEALTH RATES</b>		
976	PRO FEE/RESPIR		900	PSTAY TREATMENT	\$124.87
977	PRO FEE/PHYSI		901	ELECTRO SHOCK	\$105.46
978	PRO FEE/OCCUPA		905	IOP PSYCH	\$142.94
979	PRO FEE/SPEECH		906	IOP CHEM DEPENDENCY	\$142.94
981	PRO FEE/ER	\$91.07	907	COMMUNITY BEHAVIORAL	\$0.00
982	PRO FEE/OUTPT		913	PARTIAL HOSP. "FULLDAY"	\$222.82
983	PRO FEE/CLINIC		914	PSTAY/INDIV RX	\$71.19
984	PRO FEE/SOC SVS		915	PSTAY/GROUP RX	\$34.49
985	PRO FEE/EKG		916	PSTAY/FAMILY RX	\$84.12
986	PRO FEE/EEG		918	PSTAY/TESTING	\$64.60
987	PRO FEE/HOS VIS		919	PSTAY/OTHER	\$47.21
988	PRO FEE/CONSULT				
989	FEE/PVT NURSE				

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2 General Hospital Out-Patient Rates	YALE-NEW HAVEN 4025128 Hospital
---	------------------------------------

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
092	HEALTHTRACK SCREENING		280	ONCOLOGY	
093	HEALTHTRACK SCREENING REF		289	ONCOLOGY/OTHER	
094	HEALTHTRACK SCREENING TRE				
250	PHARMACY	0.131	290	MED EQUIP/DURAB	
251	DRUGS/GENERIC		291	MED EQUIP/RENT	
252	DRUGS/NONGENERIC		292	MED EQUIP/NEW	
253	DRUGS/TAKEHOME		299	MED EQUIP/OTHER	
254	DRUGS/INCIDENT OTHER DX		300 ****	LABORATORY	
255	DRUGS/INCIDENT RAD	0.221	301 ****	LAB/CHEMISTRY	
256	DRUGS/EXPERIMT		302 ****	LAB/IMMUNOLOGY	
257	DRUGS/NONPSRCT		303 ****	LAB/RENAL HOME	
258	IV SOLUTIONS	0.224	304 ****	LAB/NR DIALYSIS	
259	DRUGS/OTHER	0.131	305 ****	LAB/HEMOTOLOGY	
260	IV THERAPY	0.166	306 ****	LAB/BACT-MICRO	
261	IV THER/INFSN PUMP		307 ****	LAB/UROLOGY	
262	IV THER/PHARM/SVC		309 ****	LAB/OTHER	
263	IV THER/DRUG/SUPPLY DELV		310	PATHOLOGY LAB	0.251
264	IV THER/SUPPLIES		311	PATHOL/CYTOLOGY	
269	IV THERAPY/OTHER		312	PATHOL/HISTOL	
270	MED-SUR SUPPLIES	0.516	314	PATHOL/BIOPSY	0.251
271	NON-STER SUPPLY		319	PATHOL/OTHER	
272	STERILE SUPPLY		320	DX X-RAY	0.221
273	TAKEHOME SUPPLY		321	DX X-RAY/ANGIO	
274	PROSTH/ORTH DEV	0.672	322	DX X-RAY/ARTH	
275	PACEMAKER		323	DX X-RAY/ARTER	
276	INTROC LENS		@ 324	DX X-RAY/CHEST	\$28.90
277	O2/TAKEHOME		@ 329	DX X-RAY/OTHER	0.221
278	SUPPLY/IMPLANTS	0.516			
279	SUPPLY/OTHERS		330	RX X-RAY	0.185

@ RCC 324 - See Provider Bulletin 2015-20 - The following CPT codes must be billed only under RCC 324: 71010, 71015, 71020, 70121, 71022, 71030, and 71035.

@ RCC 329 - See Provider Bulletin 2015-20 - The following CPT codes for chest x-ray with fluoroscopy must be billed in conjunction with RCC 329: 71023 and 71034.

Medical Services Policy 150.2 General Hospital Out-Patient Rates	YALE-NEW HAVEN 4025128 Hospital
---	------------------------------------

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
331	CHEMOTHER/INJ	0.185	383	BLOOD/PLASMA	
332	CHEMOTHER/ORAL		384	BLOOD/PLATELETS	
333	RADIATION RX	0.185	385	BLOOD/LEUCOCYTES	
335	CHEMOTHERP-IV	0.185	386	BLOOD/COMPONENTS	0.251
339	RX X-RAY/OTHER		387	BLOOD/DERIVATIVES	
340	NUCLEAR MEDICINE	0.125	389	BLOOD/OTHER	
341	NUC MED/DX				
342	NUC MED/RX		390	BLOOD/STOR-PROC	0.251
343	NUC MED/Diagnostic Radiopharm	0.125	391	BLOOD/ADMIN	0.251
344	NUC MED/Therapeutic Radiopharm	0.125	399	BLOOD/OTHER STOR	
349	NUC MED/OTHER				
350	CT SCAN	\$145.46	400	IMAGE SERVICE	
351	CT SCAN/HEAD	\$145.46	401	DIAG MAMMOGRPHY	0.110
352	CT SCAN/BODY	\$145.46	402	ULTRASOUND	\$104.98
359	CT SCAN/OTHER		@ 403	SCRN MAMMOGRPHY	\$117.91
			404	PET SCAN	0.221
360	OR SERVICES	0.276 @	409	OTHER IMAG SVS	
361	OR/MINOR	0.224 @			
362	OR/ORGAN TRANS		410	RESPIRATORY SVC	0.224
367	OR/KIDNEY TRANS		412	INHALATION SVC	
369	OR/OTHER		413	HYPERBARIC O2	
			419	OTHER RESPIR SVS	
370	ANESTHESIA	0.212			
371	ANESTHE/INCIDENT RAD		420	PHYSICAL THERP	\$83.98
372	ANESTHE/INCDNT OTHER DX		421	PHYS THERP.VISIT	
374	ANESTHE/ACUPUNC		422	PHYS THERP/HOUR	
379	ANESTHE/OTHER		423	PHYS THERP/GROUP	
			424	PHYS THERP/EVAL	\$83.98
380	BLOOD		429	OTHER PHYS THERP	
381	BLOOD/PKD RED				
382	BLOOD/WHOLE		430	OCCUPATION THER	\$97.24
			431	OCCUP THERP/VISIT	
			432	OCCUP THERP/HOUR	

See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).

@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.

@ RCC 403 - See Provider Bulletin 2015-20 - The following CPT codes must be billed in conjunction with RCC 403: 77052, 77057, and G0202.

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2 General Hospital Out-Patient Rates	YALE-NEW HAVEN 4025128 Hospital
---	------------------------------------

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
433	OCCUP THERP/GROUP		510	CLINIC	\$57.23
434	OCCUP THERP/EVAL	\$97.24	511	CHRONIC PAIN CL	
439	OTHER OCCUP THERP		513	PSYCH CLINIC	
440	SPEECH PATHOL	\$106.08	514	OB-GYN CLINIC	\$57.23
441	SPEECH PATH/VISIT		515	PEDS CLINIC	\$57.23
442	SPEECH PATH/HOUR		519	OTHER/CLINIC	\$57.23
443	SPEECH PATH/GROUP		530	OSTEOPATH SVS	
444	SPEECH PATH/EVAL	\$262.99	531	OSTEOPATH RX	
449	OTHER SPECH PAT		539	OTHER OSTEOPATH	
450	EMERG ROOM	\$156.82	610	MRI	\$145.46
456	EMER ROOM/URGENT CARE	\$57.23	611	MRI-BRAIN	\$145.46
460	PULMONARY FUNC	0.224	612	MRI-SPINE	\$145.46
469	OTHER PULMON FUNC		619	MRI-OTHER	\$145.46
470	AUDIOLOGY	0.285	621	MED/SUR SUPP/INCIDENT RAD	0.221
471	AUDIOLOGY/DX	0.285	622	MED/SUR/INCDNT ODX	
472	AUDIOLOGY/RX		631	DRUG/SNGL	
479	OTHER AUDIOL		632	DRUG/MULT	
480	CARDIOLOGY	0.221	633	DRUG/RSTR	
481	CARDIAC CATH LAB	0.221	634	DRUG/EPO<=10,000 UNITS	
482	STRESS TEST	0.221	635	DRUG/EPO>=10,000 UNITS	
489	OTHER CARDIOL		636	DRUGS/DETAIL CODE	0.131
490	AMBL SURG	0.276 @	640	NOT ASSIGNED	
499	OTHER AMBL SURG	0.276 @	660-690	NOT ASSIGNED EXCEPT 681	
500	OUTPATIENT SVS		681	TRAUMA RESPONSE	\$156.82
509	OUTPATIENT/OTHER		700	CAST ROOM	0.672

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

**@ RCC 36X and 49X - Reimbursed a ratio for all CPTs except 41899 - See Provider Bulletin 2015-20 - CPT code 41899, unlisted procedure, dental alveolar, is reimbursed at a fixed fee of \$2,000.**

**See Provider Bulletin 2012-18 for prior authorization requirements for radiology services (RCC 34X, 35X, 404, and 61X).**

Medical Services Policy 150.2 General Hospital Out-Patient Rates	YALE-NEW HAVEN 4025128 Hospital
---	------------------------------------

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
710	RECOVERY ROOM	0.296	801	DIALY/INPUT	0.381
720	DELIVROOM/LABOR	0.198	802	DIALY/INPT/PER	0.381
721	LABOR		803	DIALY/INPT/CAPD	
722	DELIVERY ROOM		804	DIALY/INPT/CCPD	
723	CIRCUMCISION	0.198	809	DIALY/INPT/OTHER	
724	BIRTHING CENTER		810	ORGAN/ACQUISIT	0.381
729	OTHER/DELIV-LABOR	0.198	811	LIVING DONOR	
730	EKG/ECG	\$51.94	812	CADAVER DONOR	
731	HOLTER MONT	\$201.11	813	UNKNOWN DONOR	
732	TELEMETRY		814	UNSUCCESSFUL SEARCH	
739	OTHER EKG/ECG		819	OTHER DONOR	0.672
740	EEG	\$300.56	820	HEMO/OP OR HOME	\$228.74
750	GASTR-INTS SVS	\$114.92	821	HEMO/COMPOSITE	\$228.74
760	TREATMENT ROOM		822	HEMO/HOME/SUPPL	
761	TREATMENT RM.	0.221	823	HEMO/HOME/EQUIP	
762	OBSERVATION RM.	0.211	824	HEMO/HOME/100%	
769	OTHER TREATMENT RM		825	HEMO/HOME/SUPSERV	
771	VACCINE ADMIN	\$2.00	829	HEMO/HOME/OTHER	
790	LITHOTRIPSY	0.003	830	PERITONEAL/OP OR HOME	0.381
800	RENAL DIALYSIS		831	PERTNL/COMPOSITE	
			832	PERTNL/HOME/SUPPL	
			833	PERTNL/HOME/EQUIP	
			834	PERTNL/HOME/100%	
			835	PERTNL/HOME/SUPSERV	
			839	PERTNL/HOME/OTHER	

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

Medical Services Policy 150.2 General Hospital Out-Patient Rates	YALE-NEW HAVEN 4025128 Hospital
---	------------------------------------

UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee	UB-04 Revenue Center Code	Description	Ratio of Cost to Charge - R.C. Factor or Fixed Fee
840	CAPD/OP OR HOME		903	PLAY THERAPY	
841	CAPD/COMPOSITE				
842	CAPD/HOME/SUPPL		911	PSTAY/REHAB	
843	CAPD/HOME/EQUIP		912	PARTIAL HOSP. "HALF-DAY"	
844	CAPD/HOME/100%		917	PSTAY/BIOFEED	
845	CAPD/HOME/SUPSERV				
849	CAPD/HOME/OTHER		920	OTHER DX SVS	0.672
			921	PERI VASCUL LAB	0.221
850	CCPD/OP OR HOME		922	EMG	
851	CCPD/COMPOSITE		923	PAP SMEAR	\$14.76
852	CCPD/HOME/SUPPL		924	ALLERGY TEST	\$34.60
853	CCPD/HOME/EQUIP		925	PREG TEST	
854	CCPD/HOME/100%		929	ADDITIONAL DX SVS (Sleep Studies)	\$728.00
855	CCPD/HOME/SUPSERV				
859	CCPD/HOME/OTHER		930	NOT ASSIGNED	
860-870 RESERVED FOR DIALYSIS			940	OTHER RX SVS	0.672
880	DIALY/MISC		941	RECREATION RX	
881	DIALY/ULTRAFILT		942	EDUC/TRAINING	
882	HOME DIALYSIS AIDE VISIT		943	CARDIAC REHAB	0.256
889	DIALY/MISC/OTHER		944	DRUG REHAB	
890	DONOR BANK		945	ALCOHOL REHAB	
891	DONOR BANK/BONE		949	ADDITIONAL RX SVX	0.224
892	DONOR BANK/ORGN		@ 953	CHEMICAL DEPENDENCY	\$30.00
893	DONOR BANK/SKIN				
899	OTHER DONOR BANK				
<b>RCC 900-919 - SEE NEXT PAGE.</b>					
902	MILIEU THERAPY				

@ RCC 953 - See Provider Bulletins 2014-74 and 2015-37 - RCC 953 is for tobacco cessation counseling groups and must be billed with CPT 99412.

Definitions of Revenue Center codes are found in the National Uniform Billing Committee UB-04 Manual.

W-1393  
(Rev. 6/94)

CONNECTICUT DEPARTMENT OF SOCIAL SERVICES  
Health Care Financing - Medicaid

Effective 7/1/15 - 6/30/16

Medical Services Policy 150.2 General Hospital Out-Patient Rates	YALE-NEW HAVEN 4025128 Hospital
---	------------------------------------

<u>UB-04 Revenue</u> <u>Center Code</u>	<u>Description</u>	<u>Ratio of Cost</u> <u>to Charge -</u> <u>R.C. Factor</u> <u>or Fixed Fee</u>	<u>UB-04 Revenue</u> <u>Center Code</u>	<u>Description</u>	<u>Ratio of Cost</u> <u>to Charge -</u> <u>R.C. Factor</u> <u>or Fixed Fee</u>
950 NOT ASSIGNED			ADDITIONAL REVENUE CENTER CODES:		
960	PRO FEE		294	MED EQUIP/SUPPLIES/DRUGS	
961	PRO FEE/PSYCH	0.372	623	SURG DRESSING	
962	PRO FEE/EYE		770	PREVENT CARE SVS	
963	PRO FEE ANES MD		904	ACTIVITY THERAPY	
964	PRO FEE/ANES CRNA		946	CMPLX MED EQUIP - ROUT	
969	OTHER PRO FEE		947	CMPLX MED EQUIP - ANC	
971	PRO FEE LAB		451	ER/EMTALA	
972	PRO FEE/RAD/DX		452	ER/BEYOND EMTALA	
973	PRO FEE/RAD/RX		516	URGENT CLINIC	
974	PRO FEE/NUC MED		517	FAMILY CARE	
975	PRO FEE/OR				
976	PRO FEE/RESPIR				
977	PRO FEE/PHYSI				
978	PRO FEE/OCCUPA				
979	PRO FEE/SPEECH				
981	PRO FEE/ER				
982	PRO FEE/OUTPT				
983	PRO FEE/CLINIC				
984	PRO FEE/SOC SVS				
985	PRO FEE/EKG				
986	PRO FEE/EEG				
987	PRO FEE/HOS VIS				
988	PRO FEE/CONSULT				
989	FEE/PVT NURSE				
			<b>BEHAVIORAL HEALTH RATES</b>		
			900	PSTAY TREATMENT	\$124.87
			901	ELECTRO SHOCK	\$105.46
			905	IOP PSYCH	\$142.94
			906	IOP CHEM DEPENDENCY	\$142.94
			907	COMMUNITY BEHAVIORAL	\$0.00
			913	PARTIAL HOSP. "FULLDAY"	\$222.82
			914	PSTAY/INDIV RX	\$71.19
			915	PSTAY/GROUP RX	\$34.49
			916	PSTAY/FAMILY RX	\$84.12
			918	PSTAY/TESTING	\$64.60
			919	PSTAY/OTHER	\$47.21