



1. Claims:

Outpatient
Outpatient Crossovers

2. APC Providers:

General Outpatient Hospital (specialty 007)
Chronic Disease Outpatient Hospital (specialty 007)
Psychiatric Outpatient Hospital (specialty 008)

3. MMIS Edits include:

Deny payment for Professional Services (RCC 960+)
Assign CT Addendum B Payment Type

4. APC Policy Exclusions include:

Physical Therapy (RCC 42x)
Occupational Therapy (RCC 43x)
Speech Therapy (RCC 44x)
CARES (RCC 769)
Vaccine Administration (RCC 771)
Behavioral Health Treatment/Services (RCC 90x, 91x)
Tobacco Cessation – Group Counseling (RCC 953)

APC Payable:

APC Paid – Line item details are paid based on the APC assigned.

SI = R,S,T,U,V,X

Packaged – Line item details may be zero paid. The payment for these services is often included in an APC payment on the claim for another detail.

SI = J1,N,Q1,Q2,Q3

Not APC Payable:

CT Paid – Line item details are paid based on Connecticut (CT) policy (e.g., other fee schedule payment).

SI = A,B,C,E,F,G,H,K,L,M,P,W,Y

CT Denied – Line item details are denied based on CT policy.

SI = A,B,C,E,F,G,H,K,L,M,P,W,Y,Z