

Tenet - Uninsured Profile Setup

Reimbursement Section

Service Type Name	Standard IMA/CS Service Type Definition	Reimbursement Type	Reimbursement Effective June 1, 2007
All ER	Rev Code 450	Flat	
All OP	OP not elsewhere identified		50% of billed charges
Bumder Baby	Rev Code 170	Per Diem	\$423.90
DOU/TG	Rev codes 206, 209, or 214	Per Diem	\$2,057.00
ER Level 1	Rev 450 CPT 99281	Rate + imaging fee schedule	\$363.00
ER Level 2	Rev 450 CPT 99282	Rate + imaging fee schedule	\$544.50
ER Level 3	Rev 450 CPT 99283	Rate + imaging fee schedule	\$726.00
ER Level 4	Rev 450 CPT 99284	Rate + imaging fee schedule	\$908.00
ER Level 5	Rev 450 CPT 99285	Rate + imaging fee schedule	\$1,210.00
ER & Admitted			ER Flat Rate + Imaging + Per Diem
ICU	Rev Code 200	Per diem	\$2,541.00
ICU	Rev Code 210	Per Diem	\$3,166.00
Medical	Rev Code 110	Per Diem	\$1,573.00
Surgical	Rev Code 110	Day of Surg rate + serv type diem thereafter	\$2,420.00
Neuro Surg	Rev Code 110	Same as Surg	Same as Surgery
Rehab	Rev Code 118	Per Diem	\$1,028.50
Newborn Level 1	Rev Code 171	Per Diem	\$242.00
Newborn Level 2	Rev Code 172	Per Diem	\$2541.00
Newborn Level 3	Rev Code 173	Per Diem	\$2,541.00
Newborn Level 4	Rev Code 174	Per Diem	\$2,541.00
NICU	Rev Code 172-174	Per Diem	\$2,541.00
Normal Newborn	Rev Code 170-171	Per Diem	\$242.00
OB - Vag Delivery 1Day Stay	Rev Code 110 w/DRG 372, 373	Per Diem	\$2,788.00
Vag Delivery 2Day Stay	same as above	Per Diem + 1st day per diem	\$988.00
Vag additional days	same as above	Per Diem	\$726.00
OB - Csec Delivery 1st Day	Rev Code 110 W/DRG 370, 371	Per Diem	\$3,257.00
Csec 2nd Day	same as above	Per Diem + 1st day per diem	\$988.00
Csec 3rd Day	same as above	Per Diem + 1st & 2nd day diems	\$988.00
Csec additional days	same as above	Per Diem	\$726.00
Observation	Rev 762	Formula (Units in Service Type **	\$786.50 - 1st hr; \$30.80 additional hours
Open Heart	Rev Codes 104-109	Per Diem	\$1,573.00
			Additional days based on applicable serv type
OP Radiology - Per Scans		Flat	\$2,420.00
MRI		Flat	\$1,089.00
Car Scan		Flat	\$726.00
UltraSound		Flat	\$242.00
Mammogram		Flat	\$121.00
Nuclear Medicine		Flat	\$0.00
All Other not listed		Flat	\$151.25
OP Surgery	Rev 360	Medicare APC Fee Schedule	\$0.00
		Group 0	\$726.00
		Group 1	\$1,028.50
		Group 2	\$1,270.50
		Group 3	\$1,391.50
		Group 4	\$1,633.50
		Group 5	\$1,844.70
		Group 6	\$2,178.00
		Group 7	\$2,601.50
		Group 8	\$2,589.40
		Group 9	\$3,324.00
		Unlisted	\$726.00
**Multiple procedures paid at 100% of highest amount & 2nd & subsequent procedures at 50%		**Multiple procedures paid at 100% of highest amount & 2nd & subsequent procedures at 50%	**Multiple procedures paid at 100% of highest amount & 2nd & subsequent procedures at 50%
Psy IP	Rev 114	Per Diem	\$726.00
Behav Hlth Rehab	Rev 118	Per Diem	\$726.00
Dress	Rev 116	Per Diem	\$726.50
Radiation Therapy - OP	Rev Code 330, 333, 339	Per Visit	\$363.00
Chemotherapy - OP	Rev Code 331, 332, 335	Per Visit	\$302.50
PTSD/DT	Rev Code 420-424, 430-434, 440	Per 30 Minutes	\$90.75
EEG - OP	Rev Code 740, 749	Per Visit	\$363.00
EKG/ECG - OP	Rev Code 730, 739	Per Visit	\$90.75
Labstrip	CPT 80900	Case	\$6,090.00
Sleep Study	CPT 95810/95811	Flat	\$1,871.87
		Flat	\$624.36
Cath - OP	CPT 95805	Flat + Implant price	\$4,840.00
Angio - OP		Flat + Implant price	\$6,655.00
Bariatric Surgery	DRG 288	Case	\$20,090.00
Hysterolampogram	CPT 74750	Case	\$665.00

- All inpatient, outpatient and behavioral health rates do not include CRTDs AICD units, heart valves, pacemakers, leads, prosthetics, orthotics or implants (Rev Codes 274, 275, 278). These will be reimbursed at 45% of billed charges in addition to per diems/case rates
- High cost drugs identified w/rev code 636 &/or J codes will be in addition to diem/flat rates/cases at 50% of billed charges
- Observation in addition to ER and/or OP Surgery