

<b>GROUP 1.</b>	<b>SURGICAL</b>	<b>RATE</b>
	a. Surgical – Intensive	\$1,794.00
	b. Surgical – Moderate	\$1,049.00
	c. Surgical – Low	\$752.00
	d. Surgical - Very Low	\$287.00
<b>GROUP 2.</b>	<b>DIAGNOSTIC AND THERAPEUTIC</b>	
	a. Complex Diagnostic and Therapeutic	\$941.00
	b. High-tech Diagnostic	\$304.00
	c. Other Diagnostic	\$176.00
	d. Therapeutic Procedures	\$136.00
<b>GROUP 3.</b>	<b>EMERGENCY ROOM PROCEDURES</b>	
	a. Emergency Level I	\$181.00
	b. Emergency Level II	\$67.00
	c. Non-emergency/Screening	\$26.00
<b>GROUP 4.</b>	<b>OBSERVATION SERVICES</b>	
	a. 1 hour through 6 hours, 30 minutes	\$74.00
	b. 6 hours, 31 minutes through 12 hours 30 minutes	\$222.00
	c. 12 hours, 31 minutes or more	\$443.00
<b>GROUP 5.</b>	<b>PSYCHIATRIC SERVICES</b>	
	a. Type A	\$68.00
	<b>Children’s hospitals as defined in 89 Illinois Administrative Code 149.50(c)(3)(A)</b>	<b>\$102.00</b>
	b. Type B	\$101.00
	<b>Children’s hospitals as defined in 89 Illinois Administrative Code 149.50(c)(3)(A)</b>	<b>\$102.00</b>

**GROUP 6. REHABILITATION SERVICES**

a. Enrolled and billing for Category of Service 29  
(Rehabilitation Outpatient Services) \$130.00

**Children's hospitals as defined in 89 Illinois  
Administrative Code 149.50(c)(3)(A) \$130.00**

b. Enrolled and billing for Category of Service 24  
(General Outpatient Services) \$115.00

**Children's hospitals as defined in 89 Illinois  
Administrative Code 149.50(c)(3)(A) \$130.00**