Effective 01/01/11

Rates for Ambulatory Procedures Listing (APL) Reimbursement for ASTCs Made at 75% of the Applicable Group Rate

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

## 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