

UnitedHealthcare All Payor Index:

SERVICE CATEGORY	PAYMENT METHOD	CONTRACT RATE
Medical/Surgical/ICU/CCU/PICU/ICU-Intermediate/CCU-Intermediate ^ (see note ^ below) Includes the following Revenue Codes Revenue Codes 0100-0101, 0110-0113, 0117, 0119-0123, 0127, 0129-0133, 0137, 0139-0143, 0147, 0149-0153, 0157, 0159-0160, 0164, 0169, 0170-0174, 0179, 0200-0203, 0206-0212, 0214, 0219	Per Diem	\$975.00
Hospice ~ ^ (see notes ~ and ^ below) Revenue Codes 0115, 0125, 0135, 0145, 0155, 0655-0656	Per Diem	\$550.00
Rehabilitation ~ ^ (see notes ~ and ^ below) Revenue Codes 0118, 0128, 0138, 0148, 0158	Per Diem	\$600.00
Hospital Sub-Acute Revenue Codes 0190-0194, 0199 However, this service category does not apply where one of these revenue codes is billed in connection with Covered Services included in any Per Case Payment Method service category or any service category defined by Bill Types on this Inpatient Service Category Table or Section 3.6 _____	Per Diem	\$425.00
Inpatient Skilled Nursing Services ~ (see note ~ below) Bill Types 211-219	Per Diem	\$425.00
Stereotactic Radiosurgery, Multisource or Linear based completed in one session (Revenue Code 0333 with CPT Code 61796-61800, 63620-63621, 77371, 77372)	Per Case	\$0.00
Observation (Revenue Code: 0762)	Per Case	\$499.00

Emergency (Revenue Codes 0450-0452, 0459 with CPT/HCPCS Codes 99281, 99282, 99283, 99284, 99285, 99291, G0380, G0381, G0382, G0383 or G0384) (1)		
Level 1: CPT/HCPCS Codes: 99281, G0380		\$190.00
Level 2: CPT/HCPCS Codes: 99282, G0381		\$275.00
Level 3: CPT/HCPCS Codes: 99283, G0382	Per Case By Level	\$400.00
Level 4: CPT/HCPCS Codes: 99284, G0383		\$600.00
Level 5: CPT/HCPCS Codes: 99285, G0384		\$700.00
Critical Care: CPT Code: 99291		\$950.00
Note: In the event Facility does not specify one of the CPT codes listed above, the contract rate will default to the Level 1 rate above.		

Urgent Care (Revenue Code: 0456)	Per Case	\$90.00
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IV Therapy (Revenue Codes 0260, 0269)	Per Visit	\$125.00
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Laboratory (Revenue Codes: 0300-0307, 0309, 0923, 0925) (See Facility Lab Fee Schedule Notes below and lab Fee Schedule Exhibit)	Per Unit via UHC Facility Lab Fee Schedule # 13515	42% of the "Source Fee" as described in the UHC Facility Lab Fee Schedule Exhibit
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Pathology (Revenue Codes: 0310-0312, 0314, 0319) (See Facility Lab Fee Schedule Notes below and lab Fee Schedule Exhibit)	Per Unit Via UHC Facility Lab Fee Schedule # 13515	42% of the "Source Fee" as described in the UHC Facility Lab Fee Schedule Exhibit
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Other Diagnostic Radiology (Revenue Codes: 0320-0324, 0329)	Per Visit	\$100.00
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Stereotactic Radiosurgery, fractionated, entire course not to exceed 5 fractions (Revenue Code 0333 with CPT Code 77373)	Per Visit	\$0.00
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Radiation Therapy (Revenue Codes 0330, 0333, 0339 without CPT Codes 61796-61800, 63620-63621, 77371, 77372, 77373)	Per Visit	\$125.00
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Chemotherapy Administration (Revenue Codes: 0331-0332, 0335)	Per Visit	\$150.00
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Nuclear Medicine (Revenue Code: 0340-0342, 0349)	Per Visit	\$200.00
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Computerized Tomography (CT) Scan (Revenue Code: 0350-0352, 0359)	Per Visit	\$360.00
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Blood and Blood Related Services (Revenue Code 0380-0389, 0390-0392, 0399)	Per Visit	\$125.00
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Imaging Services (Revenue Codes: 0400, 0409)	Per Visit	\$100.00
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Diagnostic and Screening Mammography (Revenue Codes: 0401, 0403)	Per Visit	\$100.00
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Ultrasound Imaging (Revenue Code: 0402)	Per Visit	\$100.00
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Positron Emission Tomography (Revenue Code: 0404)	Per Visit	\$1,350.00
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Respiratory Services (Revenue Codes: 0410, 0412, 0419)	Per Visit	\$75.00
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Hyperbaric (Revenue Code: 0413)	Per Visit	\$75.00
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Physical Therapy (Revenue Codes: 0420-0424, 0429)	Per Visit	\$75.00
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Occupational Therapy (Revenue Codes: 0430-0434, 0439)	Per Visit	\$75.00
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Speech Therapy (Revenue Codes: 0440-0444, 0449)	Per Visit	\$75.00
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Pulmonary Function (Revenue Codes: 0460, 0469)	Per Visit	\$75.00
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Audiology (Revenue Codes: 0470-0472, 0479)	Per Visit	\$75.00
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Cardiology (Revenue Code 0480, 0489)	Per Visit	\$400.00
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Cardiac Stress Test (Revenue Code: 0482)	Per Visit	\$500.00
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Echocardiology (Revenue Code: 0483)	Per Visit	\$200.00
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Ambulance - Land (Revenue Codes: 0540, 0542-0543, 0546-0549)	Per Visit	\$0.00
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Ambulance - Air (Revenue Code: 0545)	Per Visit	\$0.00
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Magnetic Resonance Imaging (Revenue Codes 0610-0612, 0614-0616, 0618-0619)	Per Visit	\$ 700.00
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Labor Room/Delivery Services (Revenue Codes 0720-0722, 0724, 0729)	Per Visit	\$500.00
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EKG and ECG (Revenue Codes: 0730, 0739)	Per Visit	\$70.00
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Holter Monitor/Telemetry (Revenue Codes: 0731-0732)	Per Visit	\$250.00
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EEG (Revenue Codes 0740, without CPT Codes 95782-95783, 95800-95801, 95805-95811, G0398-G0400)	Per Visit	\$150.00
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Vaccine Administration (Revenue Code 0771)	Per Visit	\$20.00
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Hemodialysis (Revenue Codes 0820-0825, 0829)	Per Visit	\$150.00
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Peritoneal Dialysis, CAPD and CCPD (Continuous Ambulatory Peritoneal Dialysis and Continuous Cycling Peritoneal Dialysis) (Revenue Codes 0830-0835, 0839-0845, 0849-0855, 0859)	Per Visit	\$150.00
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MEG (Revenue Codes 0860-0861)	Per Visit	\$150.00
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Neuropsychological Testing and Biofeedback for NON-PSYCHIATRIC disorders only (Revenue Codes 0900, 0917-0918)	Per Visit	\$200.00
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Other Diagnostic Services (Revenue Codes 0920, 0929 without CPT Codes 95782-95783, 95800-95801, 95805-95811, G0398-G0400)	Per Visit	\$100.00
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Sleep Studies - Unattended (Revenue Codes 0740, 0920, 0929 with CPT Codes 95800-95801, 95806, G0398-G0400)	Per Visit	\$267.00
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Sleep Studies - Attended (Revenue Codes 0740, 0920, 0929 with CPT Codes 95782-95783, 95805, 95807-95811)	Per Visit	\$375.00
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Peripheral Vascular Lab (Revenue Code: 0921)	Per Visit	\$150.00
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EMG (Revenue Code: 0922)	Per Visit	\$200.00
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Allergy Testing (Revenue Code: 0924)	Per Visit	\$75.00
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Other Therapeutic Services (Revenue Codes: 0940, 0949)	Per Visit	\$100.00
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Education and Training (Revenue Code: 0942)	Per Visit	\$100.00
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Cardiac Rehabilitation Therapy (Revenue Code: 0943)	Per Visit	\$100.00
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Pulmonary Rehabilitation (Revenue Code:0948)	Per Visit	\$100.00
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