

**VENTURA COUNTY MEDICAL CENTER - 050159, 005687**

**PCS RATE SHEET - IND1, NCX3**

		Anthem Proposal (AP06) Effective 06/01/2021 - 05/31/2022			Anthem Use Only			
Services	Method of Reimbursement	Rate 1	Rate 2	Rate 3	Criteria	Priority Score	NST	IRF
COB Percent	Price [ ] % of Secondary Liability				N/A	996	NST010	IRF077
Chargemaster	Average Annual Increase %				Refer to Section 4 of this PCS	995	NSTK01	IRF280
Midnight/24 Hour Rule/48 hour rule	FACILITY EXEMPT FROM MIDNIGHT & 24 HR RULES				N/A	995	NSTNR1	IRF148
IP Implants	If Total EBC for this NST > OR = \$___ Price ___% Up to \$___ Max				Revenue code 0274-0276 OR 0278	894	NSTP81	IRF459
IP Trauma	\$__ Case Rate for the First __ Days, \$__ Per Diem Thereafter.				Revenue Codes: 0681, 0682, (Subject to Article II)	893	NSTU99	IRF416
Pediatrics	Price Lesser of \$ [ ] Per Diem or eligible billed charges				Revenue codes: 0113 or 0123 or 0133 or 0143 or 0153	816	NSTJ82	IRF051
Neonatal Intensive Care Unit [NICU] (Levels III - IV)	Price Lesser of \$ [ ] Per Diem or eligible billed charges				Revenue Code: 0174, subject to Article II of the PCS	815	NST397	IRF051
Intensive Care (ICU)	Price Lesser of \$ [ ] Per Diem or eligible billed charges				Revenue Codes: 0200-0204, 0207-0209	805	NST389	IRF051
Intermediate CC	Price Lesser of \$ [ ] Per Diem or eligible billed charges				Revenue code 0214	800	NSTP98	IRF051
Telemetry	Price Lesser of \$ [ ] Per Diem or eligible billed charges				Revenue code 0206	798	NSTJ83	IRF051
Level II Neonatal Intensive Care Unit (Intermediate Care)	Price Lesser of \$ [ ] Per Diem or eligible billed charges				Revenue Code: 0173, subject to Article II of the PCS	750	NST641	IRF051
Maternity Care (C-Sec)	\$__ Case Rate for the first __ Days, \$__ Per Diem thereafter				ICD-10 codes : 10D00Z0 - 10D00Z2 AND Normal OB or Complicated OB Diagnosis	730	NSTH4X	IRF416
Maternity Care (Normal)	\$__ Case Rate for the first __ Days, \$__ Per Diem thereafter				ICD-10 codes : 0Q820ZZ- 0Q834ZZ, 0W8NXZZ, 10D07Z3 - 10D07Z8, 10E0XZZ, 10J07ZZ, 10S0XZZ-10S07ZZ, 10900ZC, 10903ZC, 10904ZC, 10907ZA, 10907ZC, 10908ZA, 10908ZC, 0UQC0ZZ -0UQC8ZZ, 0UQ90ZZ- 0UQ98ZZ, 0DQP0ZZ - 0DQP8ZZ, 0DQR0ZZ-0DQR4ZZ, 0TQB0ZZ - 0TQB8ZZ, 0TQDXZZ-0TQD8ZZ, 0TQD7ZZ, 0UQGXZZ -0UQG8ZZ, 0UQMXZZ-0UQMOZZ, 0WQNXZZ AND Normal OB or Complicated OB Diagnosis	725	NSTH3X	IRF416
Level I Surveillance [I.E., Special Care Nursery/Continuing Care]	Price Lesser of \$ [ ] Per Diem or eligible billed charges				Revenue Code: 0172, subject to Article II of the PCS	725	NST692	IRF051
General Nursery/Boarder Baby	Price Lesser of \$ [ ] Per Diem or eligible billed charges				Revenue Codes: 0170, 0171, or 0179, subject to Article II of the PCS	700	NSTR61	IRF051
Chemical Dependency Inpatient	Price Lesser of \$ [ ] Per Diem or eligible billed charges				Revenue Codes: 0116, 0126, 0136, 0146, 0156 AND DRG 894-897 OR DRG 894-897	675	NSTJ69	IRF051
Psychiatric Inpatient Care	Price Lesser of \$ [ ] Per Diem or eligible billed charges				Revenue Codes: 0114, 0124, 0134, 0144, 0154 AND DRG 880-887 OR DRG 880-887	670	NSTJ68	IRF051
Crofab	PAY @ ___% OF INVOICE COST				Revenue code: 636 AND HCPCS J7999, J0840 or J0841	586	NSTJ66	IRF426
Hemodialysis IP	Price Lesser of \$ [ ] Per Diem or eligible billed charges				Revenue codes: 800 or 804 or 809	586	NSTJ81	IRF051
General Acute Care (not otherwise specified)	Price Lesser of \$ [ ] Per Diem or eligible billed charges				All Acute IP Services not otherwise specified	585	NST323	IRF051

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OP Implants	If Total EBC for this NST > OR = \$___ Price ___% Up to \$___ Max				Rev Code 0274 - 0276 or 0278	569	NSTL85	IRF459
Maternity ABC	Case Rate \$ [    ] per Admission/Global				Normal or Complicated OB diagnosis AND HCP 59400, 59409-59410, 59412, 59510, 59514-59515, 59610, 59612, 59614, 59618, 59620, 59622	540	NSTH81	IRF003
Crofab	PAY @ ___% OF INVOICE COST				Revenue code: 636 AND HCPCS J7999, J0840 or J0841	539	NSTJ67	IRF426
Outpatient Surgery Group 9 Global Rate	___% BLLD CHGS NOT TO EXCEED \$ ___				Anthem assigned surgical groupings	504	NSTX89	IRF011
Outpatient Surgery Group 8 Global Rate	___% BLLD CHGS NOT TO EXCEED \$ ___				Anthem assigned surgical groupings	502	NSTX88	IRF011
Outpatient Surgery Group 7 Global Rate	___% BLLD CHGS NOT TO EXCEED \$ ___				Anthem assigned surgical groupings	500	NSTX87	IRF011
Outpatient Surgery Group 6 Global Rate	___% BLLD CHGS NOT TO EXCEED \$ ___				Anthem assigned surgical groupings	490	NSTX86	IRF011
Outpatient Surgery Group 5 Global Rate	___% BLLD CHGS NOT TO EXCEED \$ ___				Anthem assigned surgical groupings	480	NSTX85	IRF011
Outpatient Surgery Group 4 Global Rate	___% BLLD CHGS NOT TO EXCEED \$ ___				Anthem assigned surgical groupings	380	NSTX84	IRF011
Outpatient Surgery Group 3 Global Rate	___% BLLD CHGS NOT TO EXCEED \$ ___				Anthem assigned surgical groupings	350	NSTX83	IRF011
Outpatient Surgery Group 2 Global Rate	___% BLLD CHGS NOT TO EXCEED \$ ___				Anthem assigned surgical groupings	324	NSTX82	IRF011
Outpatient Surgery Group 1 Global Rate	___% BLLD CHGS NOT TO EXCEED \$ ___				Anthem assigned surgical groupings	314	NSTX81	IRF011
OP ER Trauma	Case Rate [    ] % of Eligible Billed Charges not to exceed \$ [    ]				Revenue Codes: 0681, 0682 AND Emergency Room Services	337	<b>NSTZZ9</b>	IRF011
Emergency / Urgent Care - Blended	Case Rate [    ] % of Eligible Billed Charges not to exceed \$ [    ]				Revenue Codes: 0450 - 0459, 0516, 0526, 0700 or HCPCS/CPT 99281 - 99285, 99291, G0380 - G0384	322	NSTE04	IRF011
Blood	___% BLLD CHGS NOT TO EXCEED \$ ___				Revenue Code: 0380 - 0399 or CPT-4/HCPC Procedure Codes: P9016 - P9023, P9031 - P9040, P9043 - P9048, P9050 - P9060, P9010 - P9011, <b>P9070-P9071, P9099, P9073</b> OR CPT-4/HCPCS Procedure code: 36430 AND revenue code 0391	300	NSTR15	IRF011
Outpatient Pharmaceuticals	Fee Schedule Lesser of [    ] % of Eligible Billed Charge or [    ] % of FS				Anthem Blue Cross Fee Schedule	281	<b>NSTYW1</b>	IRF096
Outpatient Infusion Therapy Visit	Case Rate \$ [    ] Per Date of Service				Revenue Codes: 0263-0269, 0280-0289 , 0331-0332, 0335 or CPT/HCPCS codes: 0342T, 36430, 36511-36516, 96365- 96376, 96401-96402, 96405-96406, 96409, 96411, 96413, 96415-96417, 96446, 96450, C8957, Q0081, M0239, M0243, M0245	278	<b>NSTY94</b>	IRF336
Outpatient Global Laboratory, Radiology and Diagnostic Services	Fee Schedule Lesser of [    ] % of Eligible Billed Charge or [    ] % of FS				Anthem Blue Cross Fee Schedule	276	NST489	IRF096
Outpatient Laboratory, Radiology and Diagnostic Services	Fee Schedule Lesser of [    ] % of Eligible Billed Charge or [    ] % of FS				Anthem Blue Cross Fee Schedule	275	NST355	IRF096

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Outpatient Physical Therapy	Case Rate \$ [ ] Per Discipline, Per Date of Service				Revenue Codes: PT Rev: 0977, 042X, AND required CPT/HCPCS coding	255	NSTSG5	IRF481
Outpatient Speech Therapy	Case Rate \$ [ ] Per Discipline, Per Date of Service				Revenue Codes: ST Rev: 0979, 044X AND required CPT/HCPCS coding.	254	NSTSG6	IRF481
Outpatient Respiratory Therapy	Case Rate \$ [ ] Per Discipline, Per Date of Service				Revenue Codes: RT: 0976, 041X AND required CPT/HCPCS coding.	253	NSTSG7	IRF481
Outpatient Occupational Therapy	Case Rate \$ [ ] Per Discipline, Per Date of Service				Revenue Codes: OT Rev: 0978, 043X AND required CPT/HCPCS coding.	252	NSTSG8	IRF481
Other Hospital Services	Lesser of [ ] % of PBP1 Fee Schedule OR [ ] % of Eligible Billed Charges				Refer to Section 3 of this PCS	150	NSTP25	IRF411
Other Hospital Services	[ ] % of Eligible Billed Charges				Refer to Section 3 of this PCS	100	NST356	IRF001

(1) Based on the introduction of new codes, the deletion of codes or changes in technology, Anthem reserves the right to update the procedure codes included in this rate.

(2) With respect to the coding criteria, In the event of a conflict between the provider manual and the PCS, the PCS shall govern.