

REVENUE RATE CHANGE REQUEST

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|--------------------------|--|-----------------|-------|----------|
| Hospital name | | Provider number | Date | |
| Address (number, street) | | City | State | ZIP code |

| REVENUE CODE | DESCRIPTION | NEW RATE | EFFECTIVE DATE |
|------------------------------|---|----------|----------------|
| <input type="checkbox"/> 119 | Room and Board, Private (Medical or General), Other | | |
| <input type="checkbox"/> 129 | Room and Board, Semi-Private Two Beds (Medical or General), Other | | |
| <input type="checkbox"/> 139 | Room and Board, Semi-Private Three or Four Beds, Other | | |
| <input type="checkbox"/> 159 | Room and Board, Ward (Medical or General), Other | | |
| <input type="checkbox"/> 170 | Nursery, General Classification | | |
| <input type="checkbox"/> 171 | Nursery, Newborn—Level 1 | | |
| <input type="checkbox"/> 172 | Nursery, Newborn—Level II (When billed with non-OB-delivery-related ICD-9-CM Volume 3 Procedure Code; formerly this was local code 085) | | |
| <input type="checkbox"/> 172 | Nursery, Newborn—Level II (When billed with OB-delivery-related ICD-9-CM Volume 3 Procedure Code; formerly this was local code 095) | | |
| <input type="checkbox"/> 173 | Nursery, Newborn—Level III | | |
| <input type="checkbox"/> 174 | Nursery, Newborn—Level IV | | |
| <input type="checkbox"/> 111 | Room and Board, Private Medical/Surgical/Gynecological | | |
| <input type="checkbox"/> 121 | Room and Board, Semiprivate Two Beds, Medical/Surgical/Gynecological | | |
| <input type="checkbox"/> 131 | Room and Board, Semiprivate Three or Four Beds, Medical/Surgical/Gynecological | | |
| <input type="checkbox"/> 151 | Room and Board, Ward, Medical/General, Medical/Surgical/Gynecological | | |
| <input type="checkbox"/> 117 | Room and Board, Private Oncology | | |
| <input type="checkbox"/> 127 | Room and Board, Semiprivate Two Beds, Oncology | | |
| <input type="checkbox"/> 137 | Room and Board, Semiprivate Three or Four Beds, Oncology | | |
| <input type="checkbox"/> 157 | Room and Board, Ward, Medical/General, Oncology | | |
| <input type="checkbox"/> 112 | Room and Board, Private Obstetric | | |
| <input type="checkbox"/> 122 | Room and Board, Semiprivate Two Beds, Obstetric | | |
| <input type="checkbox"/> 132 | Room and Board, Semiprivate Three or Four Beds, Obstetric | | |
| <input type="checkbox"/> 152 | Room and Board, Ward, Medical/General, Obstetric | | |
| <input type="checkbox"/> 113 | Room and Board, Private Pediatric | | |
| <input type="checkbox"/> 123 | Room and Board, Semiprivate Two Beds, Pediatric | | |
| <input type="checkbox"/> 133 | Room and Board, Semiprivate Three or Four Beds, Pediatric | | |
| <input type="checkbox"/> 153 | Room and Board, Ward, Medical/General, Pediatric | | |
| <input type="checkbox"/> 118 | Room and Board, Private Rehabilitation | | |
| <input type="checkbox"/> 128 | Room and Board, Semiprivate Two Beds, Rehabilitation | | |
| <input type="checkbox"/> 138 | Room and Board, Semiprivate Three or Four Beds, Rehabilitation | | |
| <input type="checkbox"/> 158 | Room and Board, Ward, Medical/General, Rehabilitation | | |
| <input type="checkbox"/> 200 | Intensive Care, General | | |
| <input type="checkbox"/> 201 | Intensive Care, Surgical | | |
| <input type="checkbox"/> 202 | Intensive Care, Medical | | |
| <input type="checkbox"/> 203 | Intensive Care, Pediatric | | |
| <input type="checkbox"/> 206 | Intensive Care, Intermediate ICU | | |
| <input type="checkbox"/> 207 | Intensive Care, Burn Care | | |
| <input type="checkbox"/> 208 | Intensive Care, Trauma | | |
| <input type="checkbox"/> 209 | Intensive Care, Other | | |
| <input type="checkbox"/> 210 | Coronary Care, General | | |
| <input type="checkbox"/> 211 | Coronary Care, Myocardial Infarction | | |
| <input type="checkbox"/> 212 | Coronary/Pulmonary Care | | |
| <input type="checkbox"/> 214 | Coronary Care, Intermediate CCU | | |
| <input type="checkbox"/> 219 | Coronary Care, Other | | |
| <input type="checkbox"/> 790 | Lithotripsy | | |

REVENUE RATE CHANGE REQUEST (continued)

Transplant services rendered to County Medical Services Program (CMSP) and California Children's Services/Genetically Handicapped Persons Program (CCS/GHPP) beneficiaries by inpatient contract hospitals must be billed with appropriate ICD-9-CM Volume 3 procedure code to get reimbursement under their noncontract rates.

| REVENUE CODE | DESCRIPTION | NEW RATE | EFFECTIVE DATE |
|-------------------------------|--|----------|----------------|
| <input type="checkbox"/> 201* | Intensive Care, Lung Transplant (Single or Double) (Old 83) | | |
| <input type="checkbox"/> 201* | Intensive Care, Heart-lung Transplant (Old 84) | | |
| <input type="checkbox"/> 201* | Intensive Care, Heart Transplant (Old 86) | | |
| <input type="checkbox"/> 201* | Intensive Care, Liver Transplant (Old 87) | | |
| <input type="checkbox"/> 201* | Intensive Care, Bone Marrow Transplant (Old 88) | | |
| <input type="checkbox"/> 201* | Intensive Care, Kidney Transplant (Old 89) | | |
| <input type="checkbox"/> 203* | Intensive Care, Pediatric, Lung Transplant (Single or Double) (Old 83) | | |
| <input type="checkbox"/> 203* | Intensive Care, Pediatric, Heart-Lung Transplant (Old 84) | | |
| <input type="checkbox"/> 203* | Intensive Care, Pediatric, Heart Transplant (Old 86) | | |
| <input type="checkbox"/> 203* | Intensive Care, Pediatric, Liver Transplant (Old 87) | | |
| <input type="checkbox"/> 203* | Intensive Care, Pediatric, Bone Marrow Transplant (Old 88) | | |
| <input type="checkbox"/> 203* | Intensive Care, Pediatric, Kidney Transplant (Old 89) | | |

* To be billed in conjunction with appropriate ICD-9-CM Volume 3 Procedure Code

| | | |
|--|--|-------------------------------|
| Name of authorized person (please print or type) | | Title |
| Signature | | Telephone number () |