

**2018 Workers' Compensation Fee Schedule
Table J: Out-of-State RCC**

Provider #	Revenue Code	In-Patient RCC	Out-Patient RCC	Description
		Decimal 6 (percentage of bill charges)		
999994	124	725.00	0.00	PSYCH ROOM & BOARD
999994	128	516.00	0.00	REHAB ROOM & BOARD
999994	250	0.247078	0.231776	PHARMACY
999994	260	0.572536	0.538411	IV THERAPY
999994	270	0.162082	0.151892	MEDICAL/SURGICAL SUPPLIES
999994	300	0.443699	0.415832	LABORATORY
999994	310	0.443699	0.415832	PATHOLOGY
999994	320	0.385371	0.358543	RADIOLOGY-DIAGNOSTIC
999994	330	0.385371	0.358543	RADIOLOGY-THERAPEUTIC
999994	340	0.702075	0.654145	NUCLEAR MEDICINE
999994	350	0.409509	0.380299	CAT SCAN
999994	360	0.521900	0.489053	OPERATING ROOM SERVICES
999994	370	0.243852	0.227742	ANESTHESIA
999994	380	0.476568	0.447296	WHOLE BLOOD
999994	390	0.476568	0.447296	BLOOD STORAGE AND PROCESSING
999994	400	0.373349	0.347059	OTHER IMAGING SERVICES
999994	410	0.170092	0.159419	RESPIRATORY SERVICES
999994	420	0.707859	0.675200	PHYSICAL THERAPY
999994	430	0.707859	0.687844	OCCUPATION THERAPY
999994	440	0.442788	0.415734	SPEECH THERAPY
999994	450	0.707965	0.707965	EMERGENCY ROOM
999994	460	0.170092	0.159419	PULMONARY FUNCTION
999994	470	0.442788	0.415734	AUDIOLOGY
999994	480	0.373715	0.349715	CARDIOLOGY
999994	490	0.521900	0.489053	AMBULATORY SURGICAL CARE
999994	510	0.707965	0.707965	CLINIC
999994	520	0.707965	0.707965	FREE-STANDING CLINIC
999994	530	0.707965	0.707965	OSTEOPATHIC SERVICES
999994	540	0.707965	0.707965	AMBULANCE
999994	610	0.385371	0.358543	MAGNETIC RESONANCE IMAGING (MRI)
999994	620	0.385371	0.358543	MEDICAL/SURGICAL SUPPLIES (RAD)
999994	636	0.247078	0.231776	DRUGS REQUIRING SPECIFIC ID
999994	700	0.521900	0.489053	CAST ROOM
999994	710	0.707859	0.707859	RECOVERY ROOM
999994	730	0.373715	0.349715	EKG/ECG
999994	740	0.373715	0.349715	EEG
999994	750	0.521900	0.489053	GATRO-INTESTINAL SERVICES
999994	760	0.554176	0.554176	TREATMENT OR OBSERVATION ROOM
999994	790	0.242092	0.227815	LITHOTRIPSY
999994	800	0.707965	0.701785	INPATIENT RENAL DIALYSIS
999994	820	0.701785	0.701785	HEMODIALYSIS

**2017 Workers' Compensation Fee Schedule
Table J: Out-of-State RCC**

Provider #	Revenue Code	In-Patient RCC	Out-Patient RCC	Description
		Decimal 6 (percentage of bill charges)		
999994	830	0.701785	0.701785	PERITONEAL DIALYSIS
999994	910	0.454186	0.424381	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
999994	920	0.385371	0.358543	OTHER DIAGNOSTIC SERVICES
999994	940	0.373715	0.349715	OTHER THERAPEUTIC SERVICES