Outpatient Fee Schedule Project "Live" Claims Scenarios

Example: #	1					
BILL TYPE:	*131*	**HOSPITAL:**	706707 - Phoenix Childrens Hosp.	**PRODUCTION CRN:** 042016002889		
LINE #	**REV. CODE**	**DESCRIPTION**	**HCPC/CPT CODE**	**DESCRIPTION**	**UNITS BILLED**	**BILLED CHARGE**
01	740	EEG			1	$683.50
02	001	Total Charges				$683.50
Example: #	2					
BILL TYPE:	*131*	**HOSPITAL:**	706707 - Phoenix Childrens Hosp.	**PRODUCTION CRN:** 042016002890		
LINE #	**REV. CODE**	**DESCRIPTION**	**HCPC/CPT CODE**	**DESCRIPTION**	**UNIT BILLED**	**BILLED CHARGE**
01	450	Emergency Room	99283	Emergency Dept. Visit for E/M	1	$425.10
02	001	Total Charges				$425.10
Example: #	3					
BILL TYPE:	*131*	**HOSPITAL:**	706707 - Phoenix Childrens Hosp.	**PRODUCTION CRN:** 042016002898		
LINE #	**REV. CODE**	**DESCRIPTION**	**HCPC/CPT CODE**	**DESCRIPTION**	**UNIT BILLED**	**BILLED CHARGE**
01	252	Drugs/Non-Generic			1	$4.62
02	255	Drugs/Incident Rad.			1	$138.95
03	258	IV Solutions			1	$28.06
04	371	Anesthesia/Incident Rad.			1	$249.00
05	610	MRI			1	$2,093.00
06	710	Recovery Room			1	$1,655.00
07	001					$4,168.63

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LINE #	REV. CODE	DESCRIPTION	HCPC/CPT CODE	DESCRIPTION	UNIT BILLED	BILLED CHARGE
BILL TYPE:		HOSPITAL:		PRODUCTION CRN:		
LINE #	REV. CODE	DESCRIPTION	HCPC/CPT CODE	DESCRIPTION	UNIT BILLED	BILLED CHARGE