



- 1. Claims:**
Outpatient
Outpatient Crossovers
- 2. APC Providers:**
General Outpatient Hospital (specialty 007)
Chronic Disease Outpatient Hospital (specialty 007)
Psychiatric Outpatient Hospital (specialty 008)
- 3. MMIS Edits include:**
Deny payment for Professional Services (RCC 960+)
- 4. APC Policy Exclusions include:**
Physical Therapy (RCC 42x)
Occupational Therapy (RCC 43x)
Speech Therapy (RCC 44x)
Vaccine Administration (RCC 771)
Intensive Outpatient Program (RCC 905, 906)
Extended Day (RCC 907)
Partial Hospitalization (RCC 913)

APC Payable:
 APC Paid – Line item details are paid based on the APC assigned.
Status Indicators – G,H,R,S,T,U,V,X

Packaged – Line item details may be zero paid. The payment for these services is often included in an APC payment on the claim for another detail.
Status Indicators – J1,K,N,Q1,Q2,Q3

Not APC Payable:
 CT Paid – Line item details are paid based on Connecticut (CT) policy (e.g., other fee schedule payment).
Status Indicators – A,B,C,E,F,K,L,M,P,W,Y,Z

CT Denied – Line item details are denied based on CT policy.
Status Indicators – A,B,C,E,F,K,L,M,P,W,Y,Z