

REVENUE CODES

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CODES	MAJOR/SUB-CATEGORY																				
<b>001</b>	<b>Total Charge</b>																				
<b>01X TO 09X</b>	<b>Reserved</b>																				
<b>10X</b>	<b>All Inclusive Rate</b>																				
	<p>Flat fee charge incurred on either a daily basis or total stay basis for services rendered. Charge may cover room and board plus ancillary services or room and board only.</p> <p><b>Subcategory</b></p> <table border="1" data-bbox="428 873 1432 978"> <tr> <td data-bbox="428 873 500 924">0</td> <td data-bbox="500 873 1432 924">All-Inclusive Room and Board Plus Ancillary</td> </tr> <tr> <td data-bbox="428 924 500 978">1</td> <td data-bbox="500 924 1432 978">All-Inclusive Room and Board</td> </tr> </table>	0	All-Inclusive Room and Board Plus Ancillary	1	All-Inclusive Room and Board																
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<b>11X</b>	<b>Room and Board - Private Medical or General</b>																				
	<p>Routine service charges for single bed rooms.</p> <p><b>Subcategory</b></p> <table border="1" data-bbox="428 1125 1432 1629"> <tr> <td data-bbox="428 1125 500 1176">0</td> <td data-bbox="500 1125 1432 1176">General Classification</td> </tr> <tr> <td data-bbox="428 1176 500 1226">1</td> <td data-bbox="500 1176 1432 1226">Medical/Surgical/Gyn</td> </tr> <tr> <td data-bbox="428 1226 500 1276">2</td> <td data-bbox="500 1226 1432 1276">OB</td> </tr> <tr> <td data-bbox="428 1276 500 1327">3</td> <td data-bbox="500 1276 1432 1327">Pediatric</td> </tr> <tr> <td data-bbox="428 1327 500 1377">4</td> <td data-bbox="500 1327 1432 1377">Psychiatric</td> </tr> <tr> <td data-bbox="428 1377 500 1428">5</td> <td data-bbox="500 1377 1432 1428">Hospice</td> </tr> <tr> <td data-bbox="428 1428 500 1478">6</td> <td data-bbox="500 1428 1432 1478">Detoxification</td> </tr> <tr> <td data-bbox="428 1478 500 1528">7</td> <td data-bbox="500 1478 1432 1528">Oncology</td> </tr> <tr> <td data-bbox="428 1528 500 1579">8</td> <td data-bbox="500 1528 1432 1579">Rehabilitation</td> </tr> <tr> <td data-bbox="428 1579 500 1629">9</td> <td data-bbox="500 1579 1432 1629">Other</td> </tr> </table>	0	General Classification	1	Medical/Surgical/Gyn	2	OB	3	Pediatric	4	Psychiatric	5	Hospice	6	Detoxification	7	Oncology	8	Rehabilitation	9	Other
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1	Medical/Surgical/Gyn																				
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3	Pediatric																				
4	Psychiatric																				
5	Hospice																				
6	Detoxification																				
7	Oncology																				
8	Rehabilitation																				
9	Other																				
<b>12X</b>	<b>Room and Board - Semi-Private Two Bed (Medical or General)</b>																				
	<p>Routine service charges incurred for accommodations with two beds.</p> <p><b>Subcategory</b></p> <table border="1" data-bbox="428 1776 1432 1879"> <tr> <td data-bbox="428 1776 500 1827">0</td> <td data-bbox="500 1776 1432 1827">General Classification</td> </tr> <tr> <td data-bbox="428 1827 500 1879">1</td> <td data-bbox="500 1827 1432 1879">Medical/Surgical/Gyn</td> </tr> </table>	0	General Classification	1	Medical/Surgical/Gyn																
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CODES	MAJOR/SUB-CATEGORY (CONTINUED)	
	2	OB
	3	Pediatric
	4	Psychiatric
	5	Hospice
	6	Detoxification
	7	Oncology
	8	Rehabilitation
	9	Other
<b>13X</b>	<b>Semi-Private - Three and Four Beds</b>	
	Routine service charges incurred for accommodations with three and four beds.	
	<b>Subcategory</b>	
	0	General Classification
	1	Medical/Surgical/Gyn
	2	OB
	3	Pediatric
	4	Psychiatric
	5	Hospice
	6	Detoxification
	7	Oncology
	8	Rehabilitation
	9	Other
<b>14X</b>	<b>Private (Deluxe)</b>	
	Deluxe rooms are accommodations with amenities substantially in excess of those provided to other patients.	
	<b>Subcategory</b>	
	0	General Classification
	1	Medical/Surgical/Gyn
	2	OB
	3	Pediatric
	4	Psychiatric
	5	Hospice
	6	Detoxification

CODES	MAJOR/SUB-CATEGORY (CONTINUED)	
	7	Oncology
	8	Rehabilitation
	9	Other
<b>15X</b>	<b>Room and Board Ward (Medical or General)</b>	
	Routine service charge for accommodations with five or more beds.	
	<b>Subcategory</b>	
	0	General Classification
	1	Medical/Surgical/Gyn
	2	OB
	3	Pediatric
	4	Psychiatric
	5	Hospice
	6	Detoxification
	7	Oncology
	8	Rehabilitation
	9	Other
<b>16X</b>	<b>Other Room and Board</b>	
	Any routine service charges for accommodations that cannot be included in the more specific revenue center codes.	
	<b>Subcategory</b>	
	0	General Classification
	4	Sterile Environment
	7	Self Care
	9	Other
<b>17X</b>	<b>Nursery</b>	
	Charges for nursing care to newborn and premature infants in nurseries.	
	<b>Subcategory</b>	
	0	General Classification
	1	Newborn
	2	Premature
	5	Neonatal ICU
	9	Other

CODES	MAJOR/SUB-CATEGORY (CONTINUED)
<b>18X</b>	<b>Leave of Absence</b>
	Charges for holding a room while the patient is temporarily away from the provider.
	<b>Subcategory</b>
	0 General Classification
	1 RESERVED
	2 Patient Convenience
	3 Therapeutic Leave
	4 ICF/MR-any reason
	5 Nursing Home (for hospitalization)
	9 Other Leave of Absence
<b>19X</b>	<b>Reserved</b>
<b>20X</b>	<b>Intensive Care</b>
	Routine service charge for medical or surgical care provided to patients who require a more intensive level of care than is rendered in the general medical or surgical unit.
	<b>Subcategory</b>
	0 General Classification
	1 Surgical
	2 Medical
	3 Pediatric
	4 Psychiatric
	6 Post ICU
	7 Burn Care
	8 Trauma
	9 Other Intensive Care
<b>21X</b>	<b>Coronary Care</b>
	Routine service charge for medical care provided to patients with coronary illness who require a more intensive level of care than is rendered in the general medical care unit.
	<b>Subcategory</b>
	0 General Classification
	1 Myocardial Infarction
	2 Pulmonary Care

CODES	MAJOR/SUB-CATEGORY (CONTINUED)	
	3	Heart Transplant
	4	Post - CCU
	9	Other Coronary Care
<b>22X</b>	<b>Special Charges</b>	
	Charges incurred during an inpatient stay or on a daily basis for certain services.	
	<b>Subcategory</b>	
	0	General Classification
	1	Admission Charge
	2	Technical Support Charge
	3	U.R. Service Charge
	4	Late Discharge, Medically Necessary
	9	Other Special Charges
<b>23X</b>	<b>Incremental Nursing Charge Rate</b>	
	Charge for nursing service assessed in addition to room and board.	
	<b>Subcategory</b>	
	0	General Classification
	1	Nursery
	2	OB
	3	ICU
	4	CCU
	5	Hospice
	9	Other
<b>24X</b>	<b>All Inclusive Ancillary</b>	
	A flat rate charge incurred on either a daily basis or total stay basis for ancillary services only.	
	<b>Subcategory</b>	
	0	General Classification
	9	Other Inclusive Ancillary

CODES	MAJOR/SUB-CATEGORY (CONTINUED)
<b>25X</b>	<b>Pharmacy</b>
	Charges for medication produced, manufactured, packaged, controlled, assayed, dispensed and distributed under the direction of licensed pharmacist.
	<b>Subcategory</b>
	0 General classification
	1 Generic Drugs
	2 Non-Generic Drugs
	3 Take Home Drug
	4 Less Than Effective Drugs (Valid Through 03/31/90)
	4 Drugs Incident to Other Diagnostic Services (Effective 04/01/90)
	5 Drugs Incident to Radiology
	6 Unproven Drugs
	7 Non-Prescription
	8 IV Solutions
	9 Other Pharmacy
<b>26X</b>	<b>IV Therapy</b>
	Equipment charge or administration of intravenous solution by specially trained personnel to individuals requiring such treatment. This code should be used only when a discrete service unit exists.
	<b>Subcategory</b>
	0 General Classification
	1 Infusion Pump
	2 IV Therapy/Pharmacy Services
	3 IV Therapy/Drug/Supply Delivery
	4 IV Therapy/Supplies
	9 Other IV Therapy
<b>27X</b>	<b>Medical/Surgical Supplies and Devices</b>
	Charges for supply items required for patient care.
	<b>Subcategory</b>
	0 General Classification
	1 Non-Sterile Supply
	2 Sterile Supply
	3 Take Home Supplies

CODES	MAJOR/SUB-CATEGORY (CONTINUED)	
	4	Prosthetic Devices
	5	Pacemaker
	6	Intraocular Lens
	7	Oxygen - Take Home
	8	Other Implants
	9	Other Supplies/Devices
<b>28X</b>	<b>Oncology</b>	
	Charges for the treatment of tumors and related diseases.	
	<b>Subcategory</b>	
	0	General Classification
	9	Other Oncology
<b>29X</b>	<b>Durable Medical Equipment (other than renal)</b>	
	Charge for medical equipment that can withstand repeated use (excluding renal equipment).	
	<b>Subcategory</b>	
	0	General Classification
	1	Rental
	2	Purchase of New DME
	3	Purchase of Used DME
	4	Supplies/Drugs for DME Effectiveness
9	Other Equipment	
<b>30X</b>	<b>Laboratory</b>	
	Charges for the performance of diagnostic and routine clinical laboratory tests.	
	<b>Subcategory</b>	
	0	General Classification
	1	Chemistry
	2	Immunology
	3	Renal Patient (home)
	4	Non-Routine Dialysis
	5	Hematology
	6	Bacteriology & Microbiology
7	Urology	

CODES	MAJOR/SUB-CATEGORY (CONTINUED)	
	9	Other Laboratory
<b>31X</b>	<b>Laboratory Pathological</b>	
	Charges for diagnostic and routine laboratory tests on tissues and culture.	
	<b>Subcategory</b>	
	0	General Classification
	1	Cytology
	2	Histology
	4	Biopsy
	9	Other
<b>32X</b>	<b>Radiology - Diagnostic</b>	
	Charges for diagnostic radiology services provided for the examination and care of patients. Includes: taking, processing, examining and interpreting radiographs and fluorographs.	
	<b>Subcategory</b>	
	0	General Classification
	1	Angiocardiography
	2	Arthrography
	3	Arteriography
	4	Chest X-Ray
	9	Other
<b>33X</b>	<b>Radiology - Therapeutic</b>	
	Charges for therapeutic radiology services and chemotherapy are required for care and treatment of patients. Includes therapy by injection or ingestion of radioactive substances.	
	<b>Subcategory</b>	
	0	General Classification
	1	Chemotherapy - Injected
	2	Chemotherapy - Oral
	3	Radiation Therapy
	5	Chemotherapy - IV
	9	Other



CODES	MAJOR/SUB-CATEGORY (CONTINUED)
<b>34X</b>	<b>Nuclear Medicine</b>
	Charges for procedures and tests performed by a radioisotope laboratory utilizing radioactive materials as required for diagnosis and treatment of patients.
	<b>Subcategory</b>
	0   General Classification
	1   Diagnostic
	2   Therapeutic
	9   Other
<b>35X</b>	<b>CT Scan</b>
	Charges for computed tomographic scans of the head and other parts of the body.
	<b>Subcategory</b>
	0   General Classification
	1   Head Scan
	2   Body Scan
	9   Other CT Scan
<b>36X</b>	<b>Operating Room Services</b>
	Charges for services provided to patients by specially trained nursing personnel who provide assistance to physicians in the performance of surgical and related procedures during and immediately following surgery.
	<b>Subcategory</b>
	0   General Classification
	1   Minor Surgery
	2   Organ Transplant - Other than Kidney
	7   Kidney Transplant
	9   Other Operating Room Services
<b>37X</b>	<b>Anesthesia</b>
	Charges for anesthesia services in the hospital.
	<b>Subcategory</b>
	0   General Classification
	1   Anesthesia Incident to Radiology
	2   Anesthesia Incident to Other Diagnostic Services
	4   Acupuncture

CODES	MAJOR/SUB-CATEGORY (CONTINUED)	
	9	Other Anesthesia
<b>38X</b>	<b>Blood</b>	
	Charges for blood must be separately identified.	
	<b>Subcategory</b>	
	0	General Classification
	1	Packed Red Cells
	2	Whole Blood
	3	Plasma
	4	Platelets
	5	Leukocytes
	6	Other Components
	7	Other Derivatives (Cryoprecipitates)
	9	Other Blood
<b>39X</b>	<b>Blood Storage and Processing</b>	
	Charges for the storage and processing of whole blood.	
	<b>Subcategory</b>	
	0	General Classification
	1	Blood Administration
	9	Other Blood Storage and Processing
<b>40X</b>	<b>Other Imaging Services</b>	
	<b>Subcategory</b>	
	0	General Classification
	1	Diagnostic Mammography
	2	Ultrasound
	3	Screening Mammography
	4	Positron Emission Tomography
	9	Other Imaging Services
<b>41X</b>	<b>Respiratory Services</b>	
	Charges for administration of oxygen and certain potent drugs through inhalation or positive pressure and other forms of rehabilitative therapy through measurement of inhaled and exhaled gases and analysis of blood and evaluation of the patient's ability to exchange oxygen and other gases.	
	<b>Subcategory</b>	
	0	General Classification

CODES	MAJOR/SUB-CATEGORY (CONTINUED)	
	2	Inhalation Services
	3	Hyperbaric Oxygen Therapy
	9	Other Respiratory Services
<b>42X</b>	<b>Physical Therapy</b>	
	Charges for therapeutic exercises, massage and utilization of effective properties of light, heat, cold, water, electricity, and assistive devices for diagnosis and rehabilitation of patients who have neuromuscular, orthopedic and other disabilities.	
	<b>Subcategory</b>	
	0	General Classification
	1	Visit Charge
	2	Hourly Charge
	3	Group Rate
	4	Evaluation or Re-Evaluation
	9	Other Physical Therapy
<b>43X</b>	<b>Occupational Therapy</b>	
	Charges for teaching manual skills and independence in personal care to stimulate mental and emotional activity on the part of patients.	
	<b>Subcategory</b>	
	0	General Classification
	1	Visit Charge
	2	Hourly Charge
	3	Group Rate
	4	Evaluation or Re-Evaluation
	9	Other Occupational Therapy
<b>44X</b>	<b>Speech - Language Pathology</b>	
	Charges for services provided to persons with impaired functional communication skills.	
	<b>Subcategory</b>	
	0	General Classification
	1	Visit Charge
	2	Hourly Charge
	3	Group Rate
	4	Evaluation or Re-Evaluation

CODES	MAJOR/SUB-CATEGORY (CONTINUED)	
	9	Other Speech - Language Pathology
<b>45X</b>	<b>Emergency Room</b>	
	Charges for emergency treatment to those ill and injured persons who require immediate unscheduled medical or surgical care.	
	<b>Subcategory</b>	
	0	General Classification
	9	Other Emergency Room
<b>46X</b>	<b>Pulmonary Function</b>	
	Charges for tests that measure inhaled and exhaled gases and analysis of blood and for tests that evaluate the patient's ability to exchange oxygen and other gases.	
	<b>Subcategory</b>	
	0	General Classification
	9	Other Pulmonary Function
<b>47X</b>	<b>Audiology</b>	
	Charges for the detection and management of communication handicaps centering in whole or in part on the hearing function.	
	<b>Subcategory</b>	
	0	General Classification
	1	Diagnostic
	2	Treatment
	9	Other Audiology
<b>48X</b>	<b>Cardiology</b>	
	Charges for cardiac procedures rendered in a separate unit within the hospital. Such procedures include, but are not limited to heart catheterization, coronary angiography, Swan-Ganz catheterization, and exercise stress test.	
	<b>Subcategory</b>	
	0	General Classification
	1	Cardiac Cath Lab
	2	Stress Test
	9	Other Cardiology

CODES	MAJOR/SUB-CATEGORY (CONTINUED)
<b>49X</b>	<b>Ambulatory Surgical Care</b>
	Charges for ambulatory surgery which are not covered by other categories.
	<b>Subcategory</b>
	0   General Classification
	9   Other Ambulatory Surgical Care
<b>50X</b>	<b>Outpatient Services</b>
	Outpatient charges for services rendered to an outpatient who is admitted as an inpatient before midnight of the day following the date of service. These charges are incorporated on the inpatient bill.
	<b>Subcategory</b>
	0   General Classification
	9   Other Outpatient Services
<b>51X</b>	<b>Clinic (to be submitted on Non-Institutional HCSR)</b>
	Clinic (non-emergency/scheduled outpatient visit) charges for providing diagnostic, preventive, curative, rehabilitative, and education services on a scheduled basis to ambulatory patients.
	<b>Subcategory</b>
	0   General Classification
	1   Chronic Pain Center
	2   Dental Clinic
	3   Psychiatric Clinic
	4   OB-GYN Clinic
	5   Pediatric Clinic
	9   Other Clinic
<b>52X</b>	<b>Free-Standing Clinic (to be submitted on Non-Institutional HCSR)</b>
	<b>Subcategory</b>
	0   General Classification
	1   Rural Health - Clinic
	2   Rural Health - Home
	3   Family Practice
	9   Other Free-Standing Clinic

CODES	MAJOR/SUB-CATEGORY (CONTINUED)	
<b>53X</b>	<b>Osteopathic Services (to be submitted on Non-Institutional HCSR)</b>	
	Charges for a structural evaluation of the cranium, entire cervical, dorsal and lumbar spine by a doctor of osteopathy.	
	<b>Subcategory</b>	
	0	General Classification
	1	Osteopathic Therapy
	9	Other Osteopathic Services
<b>54X</b>	<b>Ambulance (to be submitted on Non-Institutional HCSR)</b>	
	Charges for ambulance service, usually on an unscheduled basis to the ill and injured who require immediate medical attention.	
	<b>Subcategory</b>	
	0	General Classification
	1	Supplies
	2	Medical Transport
	3	Heart Mobile
	4	Oxygen
	5	Air Ambulance
	6	Neonatal Ambulance Service
	7	Pharmacy
	8	Telephone Transmission EKG
	9	Other Ambulance
<b>55X</b>	<b>Skilled Nursing</b>	
	Charges for nursing services that must be provided under the direct supervision of a licensed nurse to assure the safety of the patient and to achieve the medically desired result. This code may be used for nursing home services, or a service charge for home health billing.	
	<b>Subcategory</b>	
	0	General Classification
	1	Visit Charge
	2	Hourly Charge
	9	Other Skilled Nursing

CODES	MAJOR/SUB-CATEGORY (CONTINUED)
<b>56X</b>	<b>Medical Social Services</b>
	Charges for services such as counseling patients, interviewing patients, and interpreting problems of social situation rendered to patients on any basis.
	<b>Subcategory</b>
0	General Classification
1	Visit Charge
2	Hourly Charge
9	Other Medical Social Services
<b>57X</b>	<b>Home Health Aide (Home Health)</b>
	Charges made by a home health agency for personnel that are primarily responsible for the personal care of the patient.
	<b>Subcategory</b>
0	General Classification
1	Visit Charge
2	Hourly Charge
9	Other Home Health Aide
<b>58X</b>	<b>Other Visits (Home Health)</b>
	Charges by a home health agency for visits other than physical therapy, occupational therapy or speech therapy, which must be specifically identified.
	<b>Subcategory</b>
0	General Classification
1	Visit Charge
2	Hourly Charge
9	Other Home Health Visit
<b>59X</b>	<b>Units of Service (Home Health)</b>
	Revenue code used by a home health agency that bills on the basis of units of service.
	<b>Subcategory</b>
0	General Classification
9	Home Health Other Units
<b>60X</b>	<b>Oxygen (Home Health)</b>
	<b>Subcategory</b>
0	General Classification

CODES	MAJOR/SUB-CATEGORY (CONTINUED)	
	1	Oxygen - Stat. Equip/Supply or Cont.
	2	Oxygen - Stat. Equip/Supply Under 1 LPM
	3	Oxygen - Stat. Equip/Over 4 LPM
	4	Oxygen - Portable Add-On
<b>61X</b>	<b>MRI</b>	
	Charges for Magnetic Resonance Imaging of the Brain and other parts of the body	
	<b>Subcategory</b>	
	0	General Classification
	1	Brain (including brainstem)
	2	Spinal Cord (including spine)
	9	Other MRI
<b>62X</b>	<b>Medical/Surgical Supplies and Devices - Other</b>	
	Charges for supply items required for patient care. The category is an extension of 27X for reporting additional breakdown where needed. Subcode 1 is for providers that cannot bill supplies used for radiology procedures under radiology. Subcode 2 is for providers that cannot bill supplies used for other diagnostic procedures.	
	<b>Subcategory</b>	
	1	Supplies Incident to Radiology
	2	Supplies Incident to Other Diagnostic Service
	3	Surgical Dressings
	4	Investigational Device
<b>63X</b>	<b>Drugs Requiring Specific Identification</b>	
	Charges for drugs requiring specific identification as required by the payer.	
	<b>Subcategory</b>	
	0	General Classification
	1	Single Source Drug
	2	Multiple Source Drug
	3	Restrictive Prescription
	4	Erythropoietin (EPO) Less than 10,000 Units
	5	Erythropoietin (EPO) 10,000 or More Units
	6	Drugs Requiring Detailed Coding (Blood Clotting factor Only)
	NOTE: Detail is not required for TRICARE.	



CODES	MAJOR/SUB-CATEGORY (CONTINUED)
<b>64X</b>	<b>Home IV Therapy Services</b>
	Charge for intravenous drug therapy services which are performed in the patient's residence. For Home IV providers the HCPCS code must be entered for all equipment, and all types of covered therapy.
	<b>Subcategory</b>
0	General Classification
1	Non-Routine Nursing, Central Line
2	IV Site Care, Central Line
3	IV Site/Change, Peripheral Line
4	Non-Routine Nursing, Peripheral Line
5	Training Patient/Caregiver, Central Line
6	Training, Disabled Patient, Central Line
7	Training, Patient/Caregiver Peripheral Line
8	Training, Disabled Patient, Peripheral Line
9	Other IV Therapy Services
<b>65X</b>	<b>Hospice Service</b>
	Charges for hospice care services for a terminally ill patient if he elects these services in lieu of other services for the terminal condition.
	<b>Subcategory</b>
0	General Classification
1	Routine Home Care
2	Continuous Home Care
3	RESERVED
4	RESERVED
5	Inpatient Respite Care
6	General Inpatient Care (non-respite)
7	Physician Services
9	Other Hospice
<b>66X</b>	<b>Respite Care</b>
	Charges for hours of care under the Respite Care Benefit for services of a homemaker or home health aide, personal care services, and nursing care provided by a licensed professional nurse.
	<b>Subcategory</b>
0	General Classification

CODES	MAJOR/SUB-CATEGORY (CONTINUED)	
	1	Hourly Charge/Skilled Nursing
	2	Hourly Charge/Home Health Aide/Home Maker
<b>67X</b>	<b>RESERVED</b>	
<b>68X</b>	<b>RESERVED</b>	
<b>69X</b>	<b>RESERVED</b>	
<b>70X</b>	<b>Cast Room</b>	
	Charges for services related to the application, maintenance and removal of casts.	
	<b>Subcategory</b>	
	0	General Classification
	9	Other Cast Room
<b>71X</b>	<b>Recovery Room</b>	
	<b>Subcategory</b>	
	0	General Classification
	9	Other Recovery Room
<b>72X</b>	<b>Labor Room/Delivery</b>	
	Charges for labor and delivery room services provided by specially trained nursing personnel to patients including prenatal care during labor, assistance during delivery, postnatal care in the recovery room, and minor gynecologic procedures if they are performed in the delivery suite.	
	<b>Subcategory</b>	
	0	General Classification
	1	Labor
	2	Delivery
	3	Circumcision
	4	Birthing Center
	9	Labor Room/Delivery/Recovery/Postpartum (LDRP) room
<b>73X</b>	<b>EKG/ECG (Electrocardiogram)</b>	
	Charges for operation of specialized equipment to record electromotive variations in actions of the heart muscle on an electrocardiography for diagnosis of heart ailments.	
	<b>Subcategory</b>	
	0	General Classification
	1	Holter Monitor
	2	Telemetry

CODES	MAJOR/SUB-CATEGORY (CONTINUED)	
	9	Other EKG/ECG
<b>74X</b>	<b>EEG (Electroencephalogram)</b>	
	Charges for operation of specialized equipment to measure impulse frequencies and differences in electrical potential in various areas of the brain to obtain data for use in diagnosing brain disorders.	
	<b>Subcategory</b>	
	0	General Classification
	9	Other EEG
<b>75X</b>	<b>Gastro Intestinal Services</b>	
	Procedure room charges for endoscopic procedures not performed in the operating room.	
	<b>Subcategory</b>	
	0	General Classification
	9	Other Gastro Intestinal
<b>76X</b>	<b>Treatment or Observation Room</b>	
	Charges for minor procedures performed in the OR or other room.	
	<b>Subcategory</b>	
	0	General Classification
	1	Treatment Room
	2	Observation Room
	9	Other Treatment Room
<b>77X</b>	<b>RESERVED</b>	
<b>78X</b>	<b>RESERVED</b>	
<b>79X</b>	<b>Lithotripsy</b>	
	Charges for the use of Lithotripsy in the treatment of kidney stones.	
	<b>Subcategory</b>	
	0	General Classification
	9	Other Lithotripsy

CODES	MAJOR/SUB-CATEGORY (CONTINUED)
<b>80X</b>	<b>Inpatient Renal Dialysis</b>
	A waste removal process performed in an inpatient setting, that uses an artificial kidney when the body's own kidneys have failed. The waste may be removed directly from the blood (hemodialysis) or indirectly from the blood by flushing a special solution between the abdominal covering and the tissue (peritoneal dialysis).
	<b>Subcategory</b>
	0 General Classification
	1 Inpatient Hemodialysis
	2 Inpatient Peritoneal (non-CAPD)
	3 Inpatient Continuous Ambulatory Peritoneal Dialysis (CAPD)
	4 Inpatient Continuous Cycling Peritoneal Dialysis (CCPD)
	9 Other Inpatient Dialysis
<b>81X</b>	<b>Organ Acquisition</b>
	The acquisition of a kidney, liver or heart for use in transplantation.
	<b>Subcategory</b>
	0 General Classification
	1 Living Donor - Kidney
	2 Cadaver Donor - Kidney
	3 Unknown Donor - Kidney
	4 Other Kidney Acquisition
	5 Cadaver Donor - Heart
	6 Other Heart Acquisition
	7 Donor - Liver
	9 Other Organ Acquisition
<b>82X</b>	<b>Hemodialysis - Outpatient or Home (To be submitted on Non-Institutional HCSR)</b>
	A waste removal process, performed in an outpatient or home setting, necessary when the body's own kidneys have failed. Waste is removed directly from the blood.
	<b>Subcategory</b>
	0 General Classification
	1 Hemodialysis/Composite or Other Rate
	2 Home Supplies
	3 Home Equipment

CODES	MAJOR/SUB-CATEGORY (CONTINUED)	
	4	Maintenance/100%
	5	Support Services
	9	Other Outpatient Hemodialysis
<b>83X</b>	<b>Peritoneal Dialysis - Outpatient or Home (to be submitted on Non-Institutional HCSR)</b>	
	A waste removal process, performed in an outpatient or home setting, necessary when the body's own kidneys have failed. Waste is removed indirectly by flushing a special solution between the abdominal covering and the tissue.	
	<b>Subcategory</b>	
	0	General Classification
	1	Peritoneal/Composite or Other Rate
	2	Home Supplies
	3	Home Equipment
	4	Maintenance/100%
	5	Support Services
	9	Other Outpatient Peritoneal Dialysis
<b>84X</b>	<b>Cont. Ambulatory Peritoneal Dialysis (CAPD) - Outpatient or Home (To be submitted on Non-Institutional HCSR)</b>	
	A continuous dialysis process performed in an outpatient or home setting which uses the patient peritoneal membrane as a dialyzer.	
	<b>Subcategory</b>	
	0	General Classification
	1	CAPD/Composite or Other Rate
	2	Home Supplies
	3	Home Equipment
	4	Maintenance/100%
	5	Support Services
	9	Other Outpatient CAPD
<b>85X</b>	<b>Cont. Cycling Peritoneal Dialysis (CCPD) - Outpatient or Home (to be submitted on Non-Institutional HCSR)</b>	
	A continuous dialysis process performed in an outpatient or home setting which uses a machine to make automatic exchanges at night.	
	<b>Subcategory</b>	
	0	General Classification

CODES	MAJOR/SUB-CATEGORY (CONTINUED)	
	1	CCPD/Composite or Other Rate
	2	Home Supplies
	3	Home Equipment
	4	Maintenance/100%
	5	Support Services
	9	Other Outpatient CCPD
<b>86X</b>	<b>RESERVED</b>	
<b>87X</b>	<b>RESERVED</b>	
<b>88X</b>	<b>Miscellaneous Dialysis</b>	
	Charges for dialysis services not identified elsewhere.	
	<b>Subcategory</b>	
	0	General Classification
	1	Ultrafiltration
	2	Home Dialysis Aid Visit
	9	Other Miscellaneous Dialysis
<b>89X</b>	<b>Other Donor Bank</b>	
	Charges for the acquisition, storage and preservation of all human organs (excluding kidneys).	
	<b>Subcategory</b>	
	0	General Classification
	1	Bone
	2	Organ (other than kidney)
	3	Skin
	9	Other Donor Bank
<b>90X</b>	<b>Psychiatric/Psychological Treatments</b>	
	<b>Subcategory</b>	
	0	General Classification
	1	Electroshock Treatment
	2	Milieu Therapy
	3	Play Therapy
	9	Other

CODES	MAJOR/SUB-CATEGORY (CONTINUED)
<b>91X</b>	<b>Psychiatric/Psychological Services</b>
	Charges for providing nursing care and employee, professional services for emotionally disturbed patients, including patients admitted for diagnosis and those admitted for treatment.
	<b>Subcategory</b>
0	General Classification
1	Rehabilitation
2	Day Care
3	Night Care
4	Individual Therapy
5	Group Therapy
6	Family Therapy
7	Biofeedback
8	Testing
9	Other
<b>92X</b>	<b>Other Diagnostic Services</b>
	<b>Subcategory</b>
0	General Classification
1	Peripheral Vascular Lab
2	Electromyogram
3	Pap Smear
4	Allergy Test
5	Pregnancy Test
9	Other Diagnostic Services
<b>93X</b>	<b>RESERVED</b>
<b>94X</b>	<b>Other Therapeutic Services</b>
	Charges for other therapeutic services not otherwise categorized.
	<b>Subcategory</b>
0	General Classification
1	Recreational Therapy
2	Education/Training
3	Cardiac Rehabilitation
4	Drug Rehabilitation

CODES	MAJOR/SUB-CATEGORY (CONTINUED)	
	5	Alcohol Rehabilitation
	6	Complex Medical Equipment - Routine
	7	Complex Medical Equipment - Ancillary
	9	Other Therapeutic Services
<b>95X</b>	<b>RESERVED</b>	
<b>96X</b>	<b>Professional Fees</b>	
	Charges for medical professionals that the hospitals or third party payers required to be separately identified on the billing form.	
	<b>Subcategory</b>	
	0	General Classification
	1	Psychiatric
	2	Ophthalmology
	3	Anesthesiologist (MD)
	4	Anesthetist (CRNA)
	9	Other Professional Fees
<b>97X</b>	<b>Professional Fees (cont)</b>	
	<b>Subcategory</b>	
	1	Laboratory
	2	Radiology - Diagnostic
	3	Radiology - Therapeutic
	4	Radiology - Nuclear Medicine
	5	Operating Room
	6	Respiratory Therapy
	7	Physical Therapy
	8	Occupational Therapy
	9	Speech Pathology
<b>98X</b>	<b>Professional Fees (cont)</b>	
	<b>Subcategory</b>	
	1	Emergency Room
	2	Outpatient Services
	3	Clinic
	4	Medical Social Services
	5	EKG



CODES	MAJOR/SUB-CATEGORY (CONTINUED)	
	6	EEG
	7	Hospital Visit
	8	Consultation
	9	Private Duty Nursing
<b>99X</b>	<b>Patient Convenience Items</b>	
	Charges for items that are generally considered by the third party payers to be strictly convenience items and, as such, are not covered.	
	<b>Subcategory</b>	
	0	General Classification
	1	Cafeteria/Guest Tray
	2	Private Linen Service
	3	Telephone/Telegraph
	4	TV/Radio
	5	Non-Patient Room Rentals
	6	Late Discharge Charge
	7	Admission Kits
	8	Beauty Shop/Barber
	9	Other Patient Convenience Items

