

REVENUE CODES

CODES	MAJOR/SUB-CATEGORY
001	Total Charge
01X	Reserved
02X	Health Insurance - Prospective Payment System (HIPPS)
	Subcategory
2	Skilled Nursing Facility (SNF PPS)
3	RESERVED Home Health (HH-PPS)
4	RESERVED Inpatient Rehab Facility (REHAB-PPS)
03X TO 09X	Reserved
10X	All Inclusive Rate
	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.
	Subcategory
0	All-Inclusive Room and Board Plus Ancillary
1	All-Inclusive Room and Board
11X	Room and Board - Private Medical or General
	Routine service charges for single bed rooms.
	Subcategory
0	General Classification
1	Medical/Surgical/Gyn
2	OB
3	Pediatric
4	Psychiatric
5	Hospice
6	Detoxification
7	Oncology
8	Rehabilitation
9	Other



CODES	MAJOR/SUB-CATEGORY (CONTINUED)	
12X	Room and Board - Semi-Private Two Bed (Medical or General)	
	Routine service charges incurred for accommodations with two beds.	
	Subcategory	
	0	General Classification
	1	Medical/Surgical/Gyn
	2	OB
	3	Pediatric
	4	Psychiatric
	5	Hospice
	6	Detoxification
	7	Oncology
	8	Rehabilitation
	9	Other
13X	Semi-Private - Three and Four Beds	
	Routine service charges incurred for accommodations with three and four beds.	
	Subcategory	
	0	General Classification
	1	Medical/Surgical/Gyn
	2	OB
	3	Pediatric
	4	Psychiatric
	5	Hospice
	6	Detoxification
	7	Oncology
	8	Rehabilitation
	9	Other
14X	Private (Deluxe)	
	Deluxe rooms are accommodations with amenities substantially in excess of those provided to other patients.	
	Subcategory	
	0	General Classification
	1	Medical/Surgical/Gyn
	2	OB
	3	Pediatric

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

CODES	MAJOR/SUB-CATEGORY (CONTINUED)	
	4	Neonatal ICU - Level IV
	9	Other
18X	Leave of Absence	
	Charges for holding a room while the patient is temporarily away from the provider.	
	Subcategory	
	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
19X	Subacute Care	
	Accommodation charges for subacute care to inpatients in hospital	
	Subcategory	
	0	General Classification
	1	Subacute Care - Level I (Skilled Care)
	2	Subacute Care - Level II (Comprehensive Care)
	3	Subacute Care - Level III (Complex Care)
	4	Subacute Care - Level IV (Intensive Care)
	9	Other Subacute Care
20X	Intensive Care	
	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.	
	Subcategory	
	0	General Classification
	1	Surgical
	2	Medical
	3	Pediatric
	4	Psychiatric
	6	Intermediate ICU
	7	Burn Care
	8	Trauma

CODES	MAJOR/SUB-CATEGORY (CONTINUED)	
	9	Other Intensive Care
21X	Coronary Care	
	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.	
	Subcategory	
	0	General Classification
	1	Myocardial Infarction
	2	Pulmonary Care
	3	Heart Transplant
	4	Intermediate - CCU
	9	Other Coronary Care
22X	Special Charges	
	Charges incurred during an inpatient stay or on a daily basis for certain services.	
	Subcategory	
	0	General Classification
	1	Admission Charge
	2	Technical Support Charge
	3	U.R. Service Charge
	4	Late Discharge, Medically Necessary
	9	Other Special Charges
23X	Incremental Nursing Charge Rate	
	Charge for nursing service assessed in addition to room and board.	
	Subcategory	
	0	General Classification
	1	Nursery
	2	OB
	3	ICU
	4	CCU
	5	Hospice
	9	Other

CODES	MAJOR/SUB-CATEGORY (CONTINUED)
24X	All Inclusive Ancillary
	A flat rate charge incurred on either a daily basis or total stay basis for ancillary services only.
	Subcategory
0	General Classification
1	Basic
2	Comprehensive
3	Speciality
9	Other All Inclusive Ancillary
25X	Pharmacy
	Charges for medication produced, manufactured, packaged, controlled, assayed, dispensed and distributed under the direction of licensed pharmacist.
	Subcategory
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	Experimental Drugs
7	Non-Prescription
8	IV Solutions
9	Other Pharmacy
26X	IV Therapy
	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.
	Subcategory
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

CODES	MAJOR/SUB-CATEGORY (CONTINUED)
27X	Medical/Surgical Supplies and Devices
	Charges for supply items required for patient care. Subcategory 0 General Classification 1 Non-Sterile Supply 2 Sterile Supply 3 Take Home Supplies 4 Prosthetic/ Orthotic Devices 5 Pacemaker 6 Intraocular Lens 7 Oxygen - Take Home 8 Other Implants 9 Other Supplies/Devices
28X	Oncology
	Charges for the treatment of tumors and related diseases. Subcategory 0 General Classification 9 Other Oncology
29X	Durable Medical Equipment (other than renal)
	Charge for medical equipment that can withstand repeated use (excluding renal equipment). Subcategory 0 General Classification 1 Rental 2 Purchase of New DME 3 Purchase of Used DME 4 Supplies/Drugs for DME Effectiveness (Home Health Agency Only) 9 Other Equipment
30X	Laboratory
	Charges for the performance of diagnostic and routine clinical laboratory tests. Subcategory 0 General Classification 1 Chemistry 2 Immunology

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

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

CODES	MAJOR/SUB-CATEGORY (CONTINUED)
38X	Blood
	Charges for blood must be separately identified.
	Subcategory
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
39X	Blood Storage and Processing
	Charges for the storage and processing of whole blood.
	Subcategory
0	General Classification
1	Blood Administration
9	Other Blood Storage and Processing
40X	Other Imaging Services
	Subcategory
0	General Classification
1	Diagnostic Mammography
2	Ultrasound
3	Screening Mammography
4	Positron Emission Tomography
9	Other Imaging Services
41X	Respiratory Services
	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.
	Subcategory
0	General Classification
2	Inhalation Services
3	Hyperbaric Oxygen Therapy

CODES	MAJOR/SUB-CATEGORY (CONTINUED)	
	9	Other Respiratory Services
42X	Physical Therapy	
	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.	
	Subcategory	
	0	General Classification
	1	Visit Charge
	2	Hourly Charge
	3	Group Rate
	4	Evaluation or Re-Evaluation
	9	Other Physical Therapy
43X	Occupational Therapy	
	Services provided by a qualified occupational therapy practitioner for therapeutic interventions to improve, sustain or restore an individual's level of function in performance of activities of daily living and work, including: therapeutic activities; therapeutic exercises; sensorimotor processing; psychosocial skills training; cognitive retraining; fabrication and application of orthotic devices; and training in use of orthotic and prosthetic devices; adaptation of environments; and application of physical modalities.	
	Subcategory	
	0	General Classification
	1	Visit Charge
	2	Hourly Charge
	3	Group Rate
	4	Evaluation or Re-Evaluation
	9	Other Occupational Therapy
44X	Speech - Language Pathology	
	Charges for services provided to persons with impaired functional communication skills.	
	Subcategory	
	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
45X	Emergency Room	
	Charges for emergency treatment to those ill and injured persons who require immediate unscheduled medical or surgical care.	
	Subcategory	
	0	General Classification
	1	Emergency Medical Treatment & Active Labor Act (EMTALA) Emergency Medical Screening Services
	2	ER Beyond EMTALA Screening
	6	Urgent Care
	9	Other Emergency Room
46X	Pulmonary Function	
	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.	
	Subcategory	
	0	General Classification
	9	Other Pulmonary Function
47X	Audiology	
	Charges for the detection and management of communication handicaps centering in whole or in part on the hearing function.	
	Subcategory	
	0	General Classification
	1	Diagnostic
	2	Treatment
	9	Other Audiology
48X	Cardiology	
	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.	
	Subcategory	
	0	General Classification
	1	Cardiac Cath Lab
	2	Stress Test
	3	Echocardiology
	9	Other Cardiology

CODES	MAJOR/SUB-CATEGORY (CONTINUED)
49X	Ambulatory Surgical Care
	Charges for ambulatory surgery which are not covered by other categories.
	Subcategory
0	General Classification
9	Other Ambulatory Surgical Care
50X	Outpatient Services
	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.
	Subcategory
0	General Classification
9	Other Outpatient Services
51X	Clinic (to be submitted on Non-Institutional HCSR)
	Clinic (non-emergency /scheduled outpatient visit) charges for providing diagnostic, preventive, curative, rehabilitative, and education services on a scheduled basis to ambulatory patients.
	Subcategory
0	General Classification
1	Chronic Pain Center
2	Dental Clinic
3	Psychiatric Clinic
4	OB-GYN Clinic
5	Pediatric Clinic
6	Urgent Care Clinic
7	Family Practice Clinic
9	Other Clinic
52X	Free-Standing Clinic (to be submitted on Non-Institutional HCSR)
	Subcategory
0	General Classification
1	Rural Health - Clinic
2	Rural Health - Home
3	Family Practice Clinic
6	Urgent Care Clinic
9	Other Free-Standing Clinic

CODES	MAJOR/SUB-CATEGORY (CONTINUED)
53X	Osteopathic Services (to be submitted on Non-Institutional HCSR)
	Charges for a structural evaluation of the cranium, entire cervical, dorsal and lumbar spine by a doctor of osteopathy.
	Subcategory
0	General Classification
1	Osteopathic Therapy
9	Other Osteopathic Services
54X	Ambulance (to be submitted on Non-Institutional HCSR)
	Charges for ambulance service, usually on an unscheduled basis to the ill and injured who require immediate medical attention.
	Subcategory
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
55X	Skilled Nursing
	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, comprehensive outpatient rehabilitation facilities (CORFs) , or a service charge for home health billing.
	Subcategory
0	General Classification
1	Visit Charge
2	Hourly Charge
9	Other Skilled Nursing

CODES	MAJOR/SUB-CATEGORY (CONTINUED)
56X	Medical Social Services
	Charges for services such as counseling patients, interviewing patients, and interpreting problems of social situation rendered to patients on any basis.
	Subcategory
	0 General Classification
	1 Visit Charge
	2 Hourly Charge
	9 Other Medical Social Services
57X	Home Health Aide (Home Health)
	Charges made by a home health agency for personnel that are primarily responsible for the personal care of the patient.
	Subcategory
	0 General Classification
	1 Visit Charge
	2 Hourly Charge
	9 Other Home Health Aide
58X	Other Visits (Home Health)
	Charges by a home health agency for visits other than physical therapy, occupational therapy or speech therapy, which must be specifically identified.
	Subcategory
	0 General Classification
	1 Visit Charge
	2 Hourly Charge
	9 Other Home Health Visit
59X	Units of Service (Home Health)
	Revenue code used by a home health agency that bills on the basis of units of service.
	Subcategory
	0 General Classification
	9 Home Health Other Units
60X	Oxygen (Home Health)
	Charges by a home health agency for oxygen equipment supplies or contents, excluding purchased equipment.
	Subcategory
	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
	9	Other Oxygen
61X	Magnetic Resonance Technology (MRT)	
	Charges for Magnetic Resonance Imaging (MRI) and Magnetic Resonance Angiography (MRA) of the Brain and other parts of the body.	
	Subcategory	
	0	General Classification
	1	MRI - Brain (including brainstem)
	2	MRI - Spinal Cord (including spine)
	3	RESERVED
	4	MRI - Other
	5	MRA - Head and Neck
	6	MRA - Lower Extremities
	7	RESERVED
	8	MRA - Other
	9	Other MRI
62X	Medical/Surgical Supplies and Devices - Other	
	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.	
	Subcategory	
	1	Supplies Incident to Radiology
	2	Supplies Incident to Other Diagnostic Service
	3	Surgical Dressings
	4	FDA Investigational Device
63X	Pharmacy	
	Charges for medication produced, manufactured, package, controlled, assayed, dispensed and distributed under the direction of a licensed pharmacist. The category is an extension of 25X for reporting addition breakdown where needed.	
	Subcategory	
	0	RESERVED (Effective 01/01/1998)

CODES	MAJOR/SUB-CATEGORY (CONTINUED)	
	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.
	7	Self-administrable Drugs (Effective 10/01/1997)
64X	Home IV Therapy Services	
	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.	
	Subcategory	
	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
65X	Hospice Service	
	Charges for hospice care services for a terminally ill patient if he elects these services in lieu of other services for the terminal condition.	
	Subcategory	
	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

CODES	MAJOR/SUB-CATEGORY (CONTINUED)
66X	Respite Care
	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.
	Subcategory
	0 General Classification
	1 Hourly Charge/Skilled Nursing
	2 Hourly Charge/Home Health Aide/Home Maker
67X	Outpatient Special Residence Charges
	Residence arrangements for patients requiring continuous outpatient care.
	Subcategory
	0 General Classification
	1 Hospital Based
	2 Contracted
	9 Other Special Residence Charges
68X	RESERVED
69X	RESERVED
70X	Cast Room
	Charges for services related to the application, maintenance and removal of casts.
	Subcategory
	0 General Classification
	9 Other Cast Room
71X	Recovery Room
	Subcategory
	0 General Classification
	9 Other Recovery Room
72X	Labor Room/Delivery
	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.
	Subcategory
	0 General Classification
	1 Labor
	2 Delivery

CODES	MAJOR/SUB-CATEGORY (CONTINUED)	
	3	Circumcision
	4	Birthing Center
	9	Other Labor Room/Delivery
73X	EKG/ECG (Electrocardiogram)	
	Charges for operation of specialized equipment to record electromotive variations in actions of the heart muscle on an electrocardiography for diagnosis of heart ailments.	
	Subcategory	
	0	General Classification
	1	Holter Monitor
	2	Telemetry
	9	Other EKG/ECG
74X	EEG (Electroencephalogram)	
	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.	
	Subcategory	
	0	General Classification
	9	Other EEG
75X	Gastro Intestinal Services	
	Procedure room charges for endoscopic procedures not performed in the operating room.	
	Subcategory	
	0	General Classification
	9	Other Gastro Intestinal
76X	Treatment or Observation Room	
	<p>Charges for the use of a treatment room; or for the room charge associated with outpatient observation services.</p> <p>Observation services are those services furnished by a hospital on the hospital's premises, including use of a bed and periodic monitoring by a hospital's nursing or other staff, which are reasonable and necessary to evaluate an outpatient's condition or determine the need for a possible admission to the hospital as an inpatient. Such services are covered only when provided by the order of a physician or another individual authorized by State licensure law and hospital staff bylaws to admit patients to the hospital or order outpatient tests. The reason for observation must be stated in the orders for observation. Payers should establish written guidelines which identify coverage of observation.</p>	

CODES	MAJOR/SUB-CATEGORY (CONTINUED)	
	Subcategory	
	0	General Classification
	1	Treatment Room
	2	Observation Room
	9	Other Treatment/ Observation Room
77X	Preventive Care Services	
	Revenue Code used to capture preventive services established by payers.	
	Subcategory	
	0	General Classification
	1	Vaccine Administration
	9	Other
78X	Telemedicine	
	Facility telemedicine charges related to a three year Medicare demonstration project commencing October 1, 1996.	
	Subcategory	
	0	General Classification
	9	Other Telemedicine
79X	Lithotripsy	
	Charges for the use of Lithotripsy in the treatment of kidney stones.	
	Subcategory	
	0	General Classification
	9	Other Lithotripsy
80X	Inpatient Renal Dialysis	
	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).	
	Subcategory	
	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

CODES	MAJOR/SUB-CATEGORY (CONTINUED)																		
81X	Acquisition of Body Components																		
	<p>The acquisition and storage costs of body tissue, bone marrow, organs and other components not otherwise identified used for transplantation.</p> <p>Subcategory</p> <table border="1"> <tr> <td data-bbox="428 415 500 462">0</td> <td data-bbox="500 415 1427 462">General Classification</td> </tr> <tr> <td data-bbox="428 462 500 508">1</td> <td data-bbox="500 462 1427 508">Living Donor</td> </tr> <tr> <td data-bbox="428 508 500 554">2</td> <td data-bbox="500 508 1427 554">Cadaver Donor</td> </tr> <tr> <td data-bbox="428 554 500 600">3</td> <td data-bbox="500 554 1427 600">Unknown Donor</td> </tr> <tr> <td data-bbox="428 600 500 646">4</td> <td data-bbox="500 600 1427 646">Unsuccessful Organ Search - Donor Bank Charges</td> </tr> <tr> <td data-bbox="428 646 500 693">5</td> <td data-bbox="500 646 1427 693">Cadaver Donor - Heart (Terminated 10/01/2000)</td> </tr> <tr> <td data-bbox="428 693 500 739">6</td> <td data-bbox="500 693 1427 739">Other Heart Acquisition (Terminated 10/01/2000)</td> </tr> <tr> <td data-bbox="428 739 500 785">7</td> <td data-bbox="500 739 1427 785">Donor - Liver (Terminated 10/01/2000)</td> </tr> <tr> <td data-bbox="428 785 500 831">9</td> <td data-bbox="500 785 1427 831">Other Donor</td> </tr> </table>	0	General Classification	1	Living Donor	2	Cadaver Donor	3	Unknown Donor	4	Unsuccessful Organ Search - Donor Bank Charges	5	Cadaver Donor - Heart (Terminated 10/01/2000)	6	Other Heart Acquisition (Terminated 10/01/2000)	7	Donor - Liver (Terminated 10/01/2000)	9	Other Donor
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82X	Hemodialysis - Outpatient or Home (To be submitted on Non-Institutional HCSR)																		
	<p>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.</p> <p>Subcategory</p> <table border="1"> <tr> <td data-bbox="428 1094 500 1140">0</td> <td data-bbox="500 1094 1427 1140">General Classification</td> </tr> <tr> <td data-bbox="428 1140 500 1186">1</td> <td data-bbox="500 1140 1427 1186">Hemodialysis/Composite or Other Rate</td> </tr> <tr> <td data-bbox="428 1186 500 1232">2</td> <td data-bbox="500 1186 1427 1232">Home Supplies</td> </tr> <tr> <td data-bbox="428 1232 500 1278">3</td> <td data-bbox="500 1232 1427 1278">Home Equipment</td> </tr> <tr> <td data-bbox="428 1278 500 1325">4</td> <td data-bbox="500 1278 1427 1325">Maintenance/100%</td> </tr> <tr> <td data-bbox="428 1325 500 1371">5</td> <td data-bbox="500 1325 1427 1371">Support Services</td> </tr> <tr> <td data-bbox="428 1371 500 1417">9</td> <td data-bbox="500 1371 1427 1417">Other Outpatient Hemodialysis</td> </tr> </table>	0	General Classification	1	Hemodialysis/Composite or Other Rate	2	Home Supplies	3	Home Equipment	4	Maintenance/100%	5	Support Services	9	Other Outpatient Hemodialysis				
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9	Other Outpatient Hemodialysis																		
83X	Peritoneal Dialysis - Outpatient or Home (to be submitted on Non-Institutional HCSR)																		
	<p>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.</p> <p>Subcategory</p> <table border="1"> <tr> <td data-bbox="428 1707 500 1753">0</td> <td data-bbox="500 1707 1427 1753">General Classification</td> </tr> <tr> <td data-bbox="428 1753 500 1799">1</td> <td data-bbox="500 1753 1427 1799">Peritoneal/Composite or Other Rate</td> </tr> <tr> <td data-bbox="428 1799 500 1845">2</td> <td data-bbox="500 1799 1427 1845">Home Supplies</td> </tr> <tr> <td data-bbox="428 1845 500 1892">3</td> <td data-bbox="500 1845 1427 1892">Home Equipment</td> </tr> </table>	0	General Classification	1	Peritoneal/Composite or Other Rate	2	Home Supplies	3	Home Equipment										
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CODES	MAJOR/SUB-CATEGORY (CONTINUED)	
	4	Maintenance/100%
	5	Support Services
	9	Other Outpatient Peritoneal Dialysis
84X	Cont. Ambulatory Peritoneal Dialysis (CAPD) - Outpatient or Home (To be submitted on Non-Institutional HCSR)	
	A continuous dialysis process performed in an outpatient or home setting which uses the patient peritoneal membrane as a dialyzer.	
	Subcategory	
	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
85X	Cont. Cycling Peritoneal Dialysis (CCPD) - Outpatient or Home (to be submitted on Non-Institutional HCSR)	
	A continuous dialysis process performed in an outpatient or home setting which uses a machine to make automatic exchanges at night.	
	Subcategory	
	0	General Classification
	1	CCPD/Composite or Other Rate
	2	Home Supplies
	3	Home Equipment
	4	Maintenance/100%
	5	Support Services
	9	Other Outpatient CCPD
86X	RESERVED	
87X	RESERVED	
88X	Miscellaneous Dialysis	
	Charges for dialysis services not identified elsewhere.	
	Subcategory	
	0	General Classification
	1	Ultrafiltration
	2	Home Dialysis Aid Visit
	9	Other Miscellaneous Dialysis

CODES	MAJOR/SUB-CATEGORY (CONTINUED)	
89X	RESERVED (Other Donor Bank was terminated 04/01/1994)	
90X	Psychiatric/Psychological Treatments	
	Subcategory	
	0	General Classification
	1	Electroshock Treatment
	2	Milieu Therapy
	3	Play Therapy
	4	Activity Therapy
	9	Other
91X	Psychiatric/Psychological Services	
	Charges for providing nursing care and employee, professional services for emotionally disturbed patients, including patients admitted for diagnosis and those admitted for treatment.	
	Subcategory	
	0	General Classification
	1	Rehabilitation
	2	Partial Hospitalization - Less Intensive
	3	Partial Hospitalization - Intensive
	4	Individual Therapy
	5	Group Therapy
	6	Family Therapy
	7	Biofeedback
	8	Testing
	9	Other
92X	Other Diagnostic Services	
	Subcategory	
	0	General Classification
	1	Peripheral Vascular Lab
	2	Electromyogram
	3	Pap Smear
	4	Allergy Test
	5	Pregnancy Test
	9	Other Diagnostic Services

CODES	MAJOR/SUB-CATEGORY (CONTINUED)
93X	Medical Rehabilitation Day Program
	Medical rehabilitation services as contracted with a payer and/or certified by the state. Services may include physical therapy, occupational therapy and speech therapy.
	Subcategory
1	Half Day
2	Full Day
94X	Other Therapeutic Services
	Charges for other therapeutic services not otherwise categorized.
	Subcategory
0	General Classification
1	Recreational Therapy
2	Education/Training
3	Cardiac Rehabilitation
4	Drug Rehabilitation
5	Alcohol Rehabilitation
6	Complex Medical Equipment - Routine
7	Complex Medical Equipment - Ancillary
9	Other Therapeutic Services
95X	Other Therapeutic Service (continued)
	Charges for other therapeutic services not otherwise categorized.
	Subcategory
0	RESERVED
1	Athletic Training
2	Kinesiotherapy
96X	Professional Fees
	Charges for medical professionals that the hospitals or third party payers required to be separately identified on the billing form.
	Subcategory
0	General Classification
1	Psychiatric
2	Ophthalmology
3	Anesthesiologist (MD)
4	Anesthetist (CRNA)
9	Other Professional Fees

CODES	MAJOR/SUB-CATEGORY (CONTINUED)	
97X	Professional Fees (cont)	
	Subcategory	
	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
98X	Professional Fees (cont)	
	Subcategory	
	1	Emergency Room
	2	Outpatient Services
	3	Clinic
	4	Medical Social Services
	5	EKG
	6	EEG
	7	Hospital Visit
	8	Consultation
	9	Private Duty Nursing
99X	Patient Convenience Items	
	Charges for items that are generally considered by the third party payers to be strictly convenience items and, as such, are not covered.	
	Subcategory	
	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

CODES	MAJOR/SUB-CATEGORY (CONTINUED)	
	9	Other Patient Convenience Items