

5101:3-2-02

APPENDIX A

Page 1 of 13

Revenue Codes and Descriptions

IP - Inpatient

OP - Outpatient

C - Covered service

N - Noncovered service

General Category	1st Three Digits	4th Digit Detail Description	IP	OP
Health Insurance - PPS	002	2 - Skilled Nursing Facility PPS	N	N
		3 - Home Health PPS	N	N
		4 - Inpatient Rehabilitation Facility PPS	N	N
All Inclusive Rate	010	0 - All-inclusive Room and Board Plus Ancillary	C	N
		1 - All-inclusive Room and Board	N	N
Room & Board - Private (Medical or General)	011	0 - General Classification	C	C
		1 - Medical/Surgical/Gyn	C	C
		2 - OB	C	C
		3 - Pediatric	C	C
		4 - Psychiatric	C	C
		5 - Hospice	N	N
		6 - Detoxification	C	C
		7 - Oncology	C	C
		8 - Rehabilitation	C	C
9 - Other	C	C		
Note: See rule 5101:3-2-03 for coverage limitations pertaining to private rooms.				
Room & Board - Semi-private Two Bed (Medical or General)	012	0 - General Classification	C	C
		1 - Medical/Surgical/Gyn	C	C
		2 - OB	C	C
		3 - Pediatric	C	C
		4 - Psychiatric	C	C
		5 - Hospice	N	N
		6 - Detoxification	C	C
		7 - Oncology	C	C
		8 - Rehabilitation	C	C
9 - Other	C	C		
Room & Board - Semi-Private - Three and Four Beds	013	0 - General Classification	C	C
		1 - Medical/Surgical/Gyn	C	C
		2 - OB	C	C
		3 - Pediatric	C	C
		4 - Psychiatric	C	C
		5 - Hospice	N	N
		6 - Detoxification	C	C
		7 - Oncology	C	C
		8 - Rehabilitation	C	C
9 - Other	C	C		
Room & Board - Private (Deluxe)	014	0 - General Classification	N	N
		1 - Medical/Surgical/Gyn	N	N
		2 - OB	N	N
		3 - Pediatric	N	N
		4 - Psychiatric	N	N
		5 - Hospice	N	N
		6 - Detoxification	N	N
		7 - Oncology	N	N
		8 - Rehabilitation	N	N
9 - Other	N	N		

APPENDIX A

Revenue Codes and Descriptions

IP - Inpatient
OP - Outpatient

C - Covered service
N - Noncovered service

General Category	1st Three Digits	4th Digit Detail Description	IP	OP
Room & Board - Ward (Medical or General)	015	0 - General Classification	C	C
		1 - Medical/Surgical/Gyn	C	C
		2 - OB	C	C
		3 - Pediatric	C	C
		4 - Psychiatric	C	C
		5 - Hospice	N	N
		6 - Detoxification	C	C
		7 - Oncology	C	C
		8 - Rehabilitation	C	C
		9 - Other	C	C
Room & Board - Other	016	0 - General Classification	C	C
		4 - Sterile Environment	C	C
		7 - Self Care	N	N
		9 - Other	C	C
Nursery	017	0 - General Classification	C	C
		1 - Newborn - Level I	C	C
		2 - Newborn - Level II	C	N
		3 - Newborn - Level III	C	N
		4 - Newborn - Level IV	C	N
		9 - Other	C	C
Note: Subcategory codes 1 through 4 are defined by the National Uniform Billing Committee. Please note that these definitions are different than those recognized by the Ohio Department of Health.				
Leave of Absence	018	0 - General Classification	N	N
		2 - Patient Convenience	N	N
		3 - Therapeutic Leave	N	N
		5 - Hospitalization	N	N
		9 - Other Leave of Absence	N	N
Subacute Care	019	0 - General Classification	N	N
		1 - Subacute Care - Level I	N	N
		2 - Subacute Care - Level II	N	N
		3 - Subacute Care - Level III	N	N
		4 - Subacute Care - Level IV	N	N
		9 - Other Subacute Care	N	N
Intensive Care	020	0 - General Classification	C	N
		1 - Surgical	C	N
		2 - Medical	C	N
		3 - Pediatric	C	N
		4 - Psychiatric	C	N
		6 - Intermediate ICU	C	N
		7 - Burn Care	C	N
		8 - Trauma	C	N
		9 - Other Intensive Care	C	N
Coronary Care	021	0 - General Classification	C	N
		1 - Myocardial Infarction	C	N
		2 - Pulmonary Care	C	N
		3 - Heart Transplant	C	N
		4 - Intermediate ICU	C	N
		9 - Other Coronary Care	C	N

APPENDIX A
Revenue Codes and Descriptions

IP - Inpatient
OP - Outpatient

C - Covered service
N - Noncovered service

General Category	1st Three Digits	4th Digit Detail Description	IP	OP
Special Charges	022	0 - General Classification	N	N
		1 - Admission Charge	N	N
		2 - Technical Support Charge	N	N
		3 - U.R. Service Charge	N	N
		4 - Late Discharge, Medically Nec.	N	N
		9 - Other Special Charges	N	N
Incremental Nursing Charge Rate	023	0 - General Classification	C	N
		1 - Nursery	C	N
		2 - OB	C	N
		3 - ICU	C	N
		4 - CCU	C	N
		5 - Hospice	N	N
All Inclusive Ancillary	024	0 - General Classification	C	N
		1 - Basic	C	N
		2 - Comprehensive	C	N
		3 - Specialty	C	N
		9 - Other All Inclusive Ancillary	C	N
		Pharmacy (Also see 063X, an extension of 025X)	025	0 - General Classification
1 - Generic Drugs	C			C
2 - Non-Generic Drugs	C			C
3 - Take Home Drugs	N			N
4 - Drugs Incident to Other Diagnostic Services	C			C
5 - Drugs Incident to Radiology	C			C
6 - Experimental Drugs	N			N
7 - Non-Prescription Drugs	C			N
8 - IV Solution	C			C
9 - Other Pharmacy	C			C
IV Therapy	026	0 - General Classification	C	C
		1 - Infusion Pump	C	C
		2 - IV Therapy/Pharmacy	C	C
		3 - IV Therapy/Drug/Supply/Delivery	C	C
		4 - IV Therapy/Supplies	C	C
		9 - Other IV Therapy	C	C
Medical/Surgical Supplies and Devices (Also see 062X, and extension of 027X)	027	0 - General Classification	C	C
		1 - Non Sterile Supply	C	C
		2 - Sterile Supply	C	C
		3 - Take Home Supplies	N	N
		4 - Prosthetic/Orthotic Devices	C	N
		5 - Pacemaker	C	C
		6 - Intraocular Lens	C	C
		7 - Oxygen-Take Home	N	N
		8 - Other Implant	C	C
		9 - Other Supplies/Devices	C	C
Oncology	028	0 - General Classification	C	C
		9 - Other Oncology	C	C

APPENDIX A
Revenue Codes and Descriptions

IP - Inpatient
OP - Outpatient

C - Covered service
N - Noncovered service

General Category	1st Three Digits	4th Digit Detail Description	IP	OP
Durable Medical Equipment (Other than Rental)	029	0 - General Classification	N	N
		1 - Rental	C	N
		2 - Purchase of New DME	N	N
		3 - Purchase of Used DME	N	N
		4 - Supplies/Drugs for DME Effectiveness (HHA only)	N	N
		9 - Other Equipment	N	N
Laboratory	030	0 - General Classification	C	C
		1 - Chemistry	C	C
		2 - Immunology	C	C
		3 - Renal Patient (home)	N	N
		4 - Non-routine Dialysis	C	C
		5 - Hematology	C	C
		6 - Bacteriology & Microbiology	C	C
		7 - Urology	C	C
		9 - Other Laboratory	C	C
Laboratory Pathological	031	0 - General Classification	C	C
		1 - Cytology	C	C
		2 - Histology	C	C
		4 - Biopsy	C	C
		9 - Other Laboratory Pathological	C	C
Radiology - Diagnostic	032	0 - General Classification	C	C
		1 - Angiocardiology	C	C
		2 - Arthrography	C	C
		3 - Arteriography	C	C
		4 - Chest X-ray	C	C
		9 - Other Radiology - Diagnostic	C	C
Radiology - Therapeutic and/or Chemotherapy Administration	033	0 - General Classification	C	C
		1 - Chemotherapy Administration - Injected	C	C
		2 - Chemotherapy Admin. - Oral	C	C
		3 - Radiation Therapy	C	C
		5 - Chemotherapy Admin. - IV	C	C
		9 - Other Radiology - Therapeutic	C	C
Nuclear Medicine	034	0 - General Classification	C	C
		1 - Diagnostic Procedures	C	C
		2 - Therapeutic Procedures	C	C
		3 - Diagnostic Radiopharmaceutical	C	C
		4 - Therapeutic Radiopharmaceutical	C	C
		9 - Other	C	C
CT Scan	035	0 - General Classification	C	C
		1 - Head Scan	C	C
		2 - Body Scan	C	C
		9 - Other CT Scan	C	C
Operating Room Services	036	0 - General Classification	C	C
		1 - Minor Surgery	C	C
		2 - Organ Transplant-Other Than	C	N
		7 - Kidney Transplant	C	N
		9 - Other Operating Room Services	C	C

APPENDIX A
Revenue Codes and Descriptions

IP - Inpatient
OP - Outpatient

C - Covered service
N - Noncovered service

General Category	1st Three Digits	4th Digit Detail Description	IP	OP
Anesthesia	037	0 - General Classification	C	C
		1 - Anesthesia Incident to Radiology	C	C
		2 - Anesthesia Incident to Other Diagnostic Services	C	C
		4 - Acupuncture	N	N
		9 - Other Anesthesia	C	C
Blood	038	0 - General Classification	C	C
		1 - Packed Blood Cells	C	C
		2 - Whole Blood	C	C
		3 - Plasma	C	C
		4 - Platelets	C	C
		5 - Leucocytes	C	C
		6 - Other Components	C	C
		7 - Other Derivatives (Cyroprecipitates)	C	C
		9 - Other Blood	C	C
Blood and Blood Components Administration, Processing & Storage	039	0 - General Classification	C	C
		1 - Administration (Transfusions)	C	C
		9 - Other Processing and Storage	C	C
Other Imaging Services	040	0 - General Classification	C	C
		1 - Diagnostic Mammography	C	C
		2 - Ultrasound	C	C
		3 - Screening Mammography	C	C
		4 - Positron Emission Tomography	C	C
		9 - Other Imaging Service	C	C
Respiratory Services	041	0 - General Classification	C	C
		2 - Inhalation Services	C	C
		3 - Hyperbaric Oxygen Therapy	C	C
		9 - Other Respiratory Services	C	C
Physical Therapy	042	0 - General Classification	C	C
		1 - Visit Charge	C	C
		2 - Hourly Charge	C	C
		3 - Group Rate	C	C
		4 - Evaluation or Re-evaluation	C	C
		9 - Other Physical Therapy	C	C
Occupational Therapy	043	0 - General Classification	C	C
		1 - Visit Charge	C	C
		2 - Hourly Charge	C	C
		3 - Group Rate	C	C
		4 - Evaluation or Re-evaluation	C	C
		9 - Other Occupational Therapy	C	C
Speech-Language Pathology	044	0 - General Classification	C	C
		1 - Visit Charge	C	C
		2 - Hourly Charge	C	C
		3 - Group Rate	C	C
		4 - Evaluation or Re-evaluation	C	C
		9 - Other Speech-Language Pathology	C	C

APPENDIX A
Revenue Codes and Descriptions

IP - Inpatient
OP - Outpatient

C - Covered service
N - Noncovered service

General Category	1st Three Digits	4th Digit Detail Description	IP	OP
Emergency Room	045	0 - General Classification	C	C
		1 - EMTALA Emergency Medical Screening Services	C	C
		2 - ER Beyond EMTALA Screening Services	C	C
		6 - Urgent Care	C	C
		9 - Other Emergency Room	C	C
Pulmonary Function	046	0 - General Classification	C	C
		9 - Other Pulmonary Function	C	C
Audiology	047	0 - General Classification	C	C
		1 - Diagnostic	C	C
		2 - Treatment	C	C
		9 - Other Audiology	C	C
Cardiology	048	0 - General Classification	C	C
		1 - Cardiac Cath Lab	C	C
		2 - Stress Test	C	C
		3 - Echocardiography	C	C
		9 - Other Cardiology	C	C
Ambulatory Surgical Care	049	0 - General Classification	C	C
		9 - Other Ambulatory Surgical Care	C	C
Outpatient Services	050	0 - General Classification	N	N
		9 - Other Outpatient Service	N	N
Clinic	051	0 - General Classification	C	C
		1 - Chronic Pain Center	C	C
		2 - Dental Clinic*	C	C
		3 - Psychiatric Clinic	C	C
		4 - OB-GYN Clinic	C	C
		5 - Pediatric Clinic	C	C
		6 - Urgent Care Clinic	C	C
		7 - Family Practice Clinic	C	C
		9 - Other Clinic	C	C
Free-Standing Clinic	052	0 - General Classification	N	N
		1 - Rural Health-Clinic	N	N
		2 - Rural Health-Home	N	N
		3 - Family Practice Clinic	N	N
		4 - Visit by RHC/FQHC Practitioner - SNF (Covered by Part A)	N	N
		5 - Visit by RHC/FQHC Practitioner - SNF(not a Covered Part A Stay) or NF or ICF MR or Other Residential Facility	N	N
		6 - Urgent Care Clinic	N	N
		7 - Visiting Nurse Service(s)- in a Home Health Shortage Area	N	N
		8 - Visit by RHC/FQHC Practitioner to Other Site	N	N
		9 - Other Freestanding Clinic	N	N

*Note: See rule 5101:3-2-03 for coverage limitations pertaining to dental services provided in a hospital facility.

APPENDIX A
Revenue Codes and Descriptions

IP - Inpatient
OP - Outpatient

C - Covered service
N - Noncovered service

General Category	1st Three Digits	4th Digit Detail Description	IP	OP
Osteopathic Services	053	0 - General Classification	C	C
		1 - Osteopathic Therapy	C	C
		9 - Other Osteopathic Services	C	C

APPENDIX A
Revenue Codes and Descriptions

IP - Inpatient
OP - Outpatient

C - Covered service
N - Noncovered service

General Category	1st Three Digits	4th Digit Detail Description	IP	OP
Ambulance	054	0 - General Classification	N	N
		1 - Supplies	N	N
		2 - Medical Transport	N	N
		3 - Heart Mobile	N	N
		4 - Oxygen	N	N
		5 - Air Ambulance	N	N
		6 - Neonatal Ambulance Service	N	N
		7 - Pharmacy	N	N
		8 - Telephone Transmission EKG	N	N
		9 - Other Ambulance	N	N
Skilled Nursing	055	0 - General Classification	N	N
		1 - Visit Charge	N	N
		2 - Hourly Charge	N	N
		9 - Other Skilled Nursing	N	N
Medical Social Services	056	0 - General Classification	N	N
		1 - Visit Charge	N	N
		2 - Hourly Charge	N	N
		9 - Other Medical Social Services	N	N
Home Health - Home Health Aide	057	0 - General Classification	N	N
		1 - Visit Charge	N	N
		2 - Hourly Charge	N	N
		9 - Other Home Health Aide	N	N
Home Health - Other Visits	058	0 - General Classification	N	N
		1 - Visit Charge	N	N
		2 - Hourly Charge	N	N
		3 - Assessment	N	N
		9 - Other Home Health Visit	N	N
Home Health - Units of Service	059	0 - General Classification	N	N
Home Health - Oxygen	060	0 - General Classification	N	N
		1 - Oxygen - State/Equip/Suppl/ or Cont	N	N
		2 - Oxygen - State/Equip/Suppl/ under 1 LPM	N	N
		3 - Oxygen - State/Equip/ Over 4 LPM	N	N
		4 - Oxygen - Portable Add-on	N	N
		9 - Other Oxygen	N	N
Magnetic Resonance Technology (MRT)	061	0 - General Classification	C	C
		1 - MRI - Brain (Including Brainstem)	C	C
		2 - MRI - Spinal Cord (Incl. Spine)	C	C
		4 - MRI - Other	C	C
		5 - MRA - Head and Neck	C	C
		6 - MRA - Lower Extremities	C	C
		8 - MRA - Other	C	C
		9 - Other MRT	C	C
Medical/Surgical Supplies - Extension of 027X	062	1 - Supplies Incident to Radiology	C	C
		2 - Supplies Incident to Other Diagnostic Services	C	C
		3 - Surgical Dressings	C	C
		4 - FDA Investigational Devices	N	N

APPENDIX A

Revenue Codes and Descriptions

IP - Inpatient
OP - Outpatient

C - Covered service
N - Noncovered service

General Category	1st Three Digits	4th Digit Detail Description	IP	OP
Pharmacy - Extension of 025X	063	1 - Single Source Drug	N	N
		2 - Multiple Source Drug	N	N
		3 - Restrictive Prescription	N	N
		4 - Erythropoietin (EPO) Less Than 10,000 Units	C	C
		5 - Erythropoietin (EPO) 10,000 or More Units	C	C
		6 - Drugs Requiring Detailed Coding	N	C
		7 - Self-administrable Drugs	C	C
Home IV Therapy Services	064	0 - General Classification	N	N
		1 - Nonroutine Nursing, Central Line	N	N
		2 - IV Site Care, Central Line	N	N
		3 - IV Start/Change, Peripheral Line	N	N
		4 - Nonroutine Nurs., Peripheral Line	N	N
		5 - Training, Patient/Caregiver, Central Line	N	N
		6 - Training, Disabled Patient, Central Line	N	N
		7 - Training, Patient/Caregiver, Peripheral Line	N	N
		8 - Training, Disabled Patient, Peripheral Line	N	N
9 - Other IV Therapy Services	N	N		
Hospice Service	065	0 - General Classification	N	N
		1 - Routine Home Care	N	N
		2 - Continuous Home Care	N	N
		5 - Inpatient Respite Care	N	N
		6 - General IP Care (Non-respite)	N	N
		7 - Physician Services	N	N
		8 - Hospice Room & Board - Nursing Facility	N	N
		9 - Other Hospice Service	N	N
		Respite Care	066	0 - General Classification
1 - Hourly Charge/Nursing	N			N
2 - Hourly Charge/Aid/Homemaker/Companion	N			N
3 - Daily Respite Charge	N			N
9 - Other Respite Charge	N			N
Outpatient Special Residence Charge	067	0 - General Classification	N	N
		1 - Hospital Based	N	N
		2 - Contracted	N	N
		9 - Other Special Residence Charge	N	N
Trauma Response (Charge for Trauma Team Activation)	068	1 - Level I	N	N
		2 - Level II	N	N
		3 - Level III	N	N
		4 - Level IV	N	N
		9 - Other Trauma Response	N	N
Cast Room	070	0 - General Classification	C	C

APPENDIX A
Revenue Codes and Descriptions

IP - Inpatient
OP - Outpatient

C - Covered service
N - Noncovered service

General Category	1st Three Digits	4th Digit Detail Description	IP	OP
Recovery Room	071	0 - General Classification	C	C
Labor Room/Delivery	072	0 - General Classification	C	C
		1 - Labor	C	C
		2 - Delivery	C	C
		3 - Circumcision	C	C
		4 - Birthing Center	C	C
		9 - Other Labor Room/Delivery	C	C
EKG/ECG (Electrocardiogram)	073	0 - General Classification	C	C
		1 - Holter Monitor	C	C
		2 - Telemetry	C	C
		9 - Other EKG/ECG	C	C
EEG (Electroencephalogram)	074	0 - General Classification	C	C
Gastro-Intestinal Services	075	0 - General Classification	C	C
Treatment/Observation Room	076	0 - General Classification	C	C
		1 - Treatment Room	C	C
		2 - Observation Room	C	C
		9 - Other Treatment/Obs. Room	C	C
Preventive Care Services	077	0 - General Classification	C	C
		1 - Vaccine Administration	C	C
Note: Use if this revenue code is limited to Medicaid eligible persons from birth through age 20 yrs.				
Telemedicine	078	0 - General Classification	N	N
Extra-Corporeal Shock Wave Therapy	079	0 - General Classification	C	C
Inpatient Renal Dialysis	080	0 - General Classification	C	N
		1 - Inpatient Hemodialysis	C	N
		2 - Inpatient Peritoneal (Non-CAPD)	C	N
		3 - Inpatient Continuous Ambulatory Peritoneal Dialysis (CAPD)	C	N
		4 - Inpatient Continuous Cycling Peritoneal Dialysis (CCPD)	C	N
		9 - Other Inpatient Dialysis	C	N
Acquisition of Body Components	081	0 - General Classification	C	N
		1 - Living Donor	C	N
		2 - Cadaver Donor	C	N
		3 - Unknown Donor	N	N
		4 - Unsuccessful Organ Search Donor Bank Charges	N	N
		9 - Other Donor	C	N

Note: Acquisition charges eligible for cost-related reimbursement, as described in rule 5101:3-2-22, should be reported using revenue code 0810.

APPENDIX A
Revenue Codes and Descriptions

IP - Inpatient
OP - Outpatient

C - Covered service
N - Noncovered service

General Category	1st Three Digits	4th Digit Detail Description	IP	OP
Hemodialysis - Outpatient or Home	082	0 - General Classification	N	C
		1 - Hemodialysis/Composite or Other Rate	N	C
		2 - Home Supplies	N	N
		3 - Home Equipment	N	N
		4 - Maintenance/100%	N	N
		5 - Support Services	N	N
		9 - Other Outpatient Hemodialysis	N	C
Peritoneal Dialysis - Outpatient or Home	083	0 - General Classification	N	C
		1 - Peritoneal Dialysis/Composite or Other Rate	N	C
		2 - Home Supplies	N	N
		3 - Home Equipment	N	N
		4 - Maintenance/100%	N	N
		5 - Support Services	N	N
		9 - Other OP Peritoneal Dialysis	N	C
Continuous Ambulatory Peritoneal Dialysis (CAPD) - Outpatient or Home	084	0 - General Classification	N	C
		1 - CAPD/Composite or Other Rate	N	C
		2 - Home Supplies	N	N
		3 - Home Equipment	N	N
		4 - Maintenance 100%	N	N
		5 - Support Services	N	N
		9 - Other Outpatient CAPD	N	C
Continuous Cycling Peritoneal Dialysis (CCPD) - Outpatient or Home	085	0 - General Classification	N	C
		1 - CCPD/Composite or Other Rate	N	C
		2 - Home Supplies	N	N
		3 - Home Equipment	N	N
		4 - Maintenance 100%	N	N
		5 - Support Services	N	N
		9 - Other Outpatient CCPD	N	C
Miscellaneous Dialysis	088	0 - General Classification	C	C
		1 - Ultrafiltration	C	C
		2 - Home Dialysis Aid Visit	N	N
		9 - Other Miscellaneous Dialysis	C	C
Behavioral Health Treatments/Services (Also see 091X, an extension of 090X)	090	0 - General Classification	C	C
		1 - Electroshock Treatment	N	N
		2 - Milieu Therapy	N	N
		3 - Play Therapy	N	N
		4 - Activity Therapy	N	N
		5 - IOP - Psychiatric	N	N
		6 - IOP - Chemical Dependency	N	N
		7 - Day Treatment	N	N

APPENDIX A
Revenue Codes and Descriptions

IP - Inpatient
OP - Outpatient

C - Covered service
N - Noncovered service

General Category	1st Three Digits	4th Digit Detail Description	IP	OP
Behavioral Health	091	1 - Rehabilitation	N	C
Treatments/Services - Extension of 090X		2 - Partial Hospitalization - Less Intensive	N	N
		3 - Partial Hospitalization - Intensive	N	N
		4 - Individual Therapy	C	C
		5 - Group Therapy	C	C
		6 - Family Therapy	C	C
		7 - Bio Feedback	N	N
		8 - Testing	C	C
		9 - Other Behavioral Health Treatment / Services	C	C
Other Diagnostic Services	092	0 - General Classification	C	C
		1 - Peripheral Vascular Lab	C	C
		2 - Electromyogram	C	C
		3 - Pap Smear	C	C
		4 - Allergy Test	C	C
		5 - Pregnancy Test	C	C
		9 - Other Diagnostic Services	C	C
Medical Rehabilitation Day Program	093	1 - Half Day	N	N
		2 - Full Day	N	N
Other Therapeutic Services (Also see 095X, an extension of 094X)	094	0 - General Classification	C	C
		1 - Recreational Therapy	N	N
		2 - Education/Training	C	C
		3 - Cardiac Rehabilitation	C	C
		4 - Drug Rehabilitation	N	C
		5 - Alcohol Rehabilitation	N	C
		6 - Complex Medical Equipment - Routine	N	N
		7 - Complex Medical Equipment - Ancillary	N	N
		9 - Other Therapeutic Service	C	C
Other Therapeutic Services - Ext. of 094X	095	1 - Athletic Training	N	N
		2 - Kinesiotherapy	C	C
Professional Fees (Also see 097X and 098X)	096	0 - General Classification	N	N
		1 - Psychiatric	N	N
		2 - Ophthalmology	N	N
		3 - Anesthesiologist (MD)	N	N
		4 - Anesthetist (CRNA)	N	N
		9 - Other Professional Fee	N	N
Professional Fees (Extension of 096X)	097	1 - Laboratory	N	N
		2 - Radiology - Diagnostic	N	N
		3 - Radiology - Therapeutic	N	N
		4 - Radiology - Nuclear Medicine	N	N
		5 - Operating Room	N	N
		6 - Respiratory Therapy	N	N
		7 - Physical Therapy	N	N
		8 - Occupational Therapy	N	N
		9 - Speech Pathology	N	N

APPENDIX A
Revenue Codes and Descriptions

IP - Inpatient
OP - Outpatient

C - Covered service
N - Noncovered service

General Category	1st Three Digits	4th Digit Detail Description	IP	OP
Professional Fees (Extension of 096X and 097X)	098	1 - Emergency Room	N	N
		2 - Outpatient Services	N	N
		3 - Clinic	N	N
		4 - Medical Social Services	N	N
		5 - EKG	N	N
		6 - EEG	N	N
		7 - Hospital Visit	N	N
		8 - Consultation	N	N
		9 - Private Duty Nurse	N	N
Patient Convenience Items	099	0 - General Classification	N	N
		1 - Cafeteria/Guest Tray	N	N
		2 - Private Linen Service	N	N
		3 - Telephone/Telegraph	N	N
		4 - TV/Radio	N	N
		5 - Nonpatient Room Rentals	N	N
		6 - Late Discharge Charge	N	N
		7 - Admission Kits	N	N
		8 - Beauty Shop/Barber	N	N
9 - Other Patient Convenience Item	N	N		
Behavioral Health Accommodations	100	0 - General Classification	N	N
		1 - Res. Treatment - Psychiatric	N	N
		2 - Res. Treatment - Chem. Dep.	N	N
		3 - Supervised Living	N	N
		4 - Halfway House	N	N
Alternative Therapy Services	210	5 - Group Home	N	N
		0 - General Classification	N	N
		1 - Acupuncture	N	N
		2 - Acupressure	N	N
		3 - Massage	N	N
		4 - Reflexology	N	N
		5 - Biofeedback	N	N
6 - Hypnosis	N	N		
9 - Other Alternative Therapy	N	N		
Adult Care	310	1 - Adult Day Care, Medical and Social - Hourly	N	N
		2 - Adult Day Care, Social - Hourly	N	N
		3 - Adult Day Care, Medical and Social - Daily	N	N
		4 - Adult Day Care, Social - Daily	N	N
		5 - Adult Foster Care - Daily	N	N
		9 - Other Adult Care	N	N