

## DATA REQUIREMENTS - REVENUE CODES

CODES	MAJOR/SUB-CATEGORY
0001	Total Charge
001X	RESERVED
002X	Health Insurance - Prospective Payment System (HIPPS)
	Subcategory
	2 Skilled Nursing Facility (SNF-PPS)
	3 Home Health Agency (HHA-PPS)
	4 Inpatient Rehab Facility (REHAB-PPS) (Effective 10/16/2003)
003X TO 006X	RESERVED for National Assignment
007X TO 009X	RESERVED for National Assignment
010X	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
011X	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

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CODES	MAJOR/SUB-CATEGORY (CONTINUED)
<b>012X</b>	<b>Room and Board - Semi-Private Two Bed (Medical or General)</b>
	Routine service charges incurred for accommodations with two 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>013X</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>014X</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

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DATA REQUIREMENTS - REVENUE CODES

CODES	MAJOR/SUB-CATEGORY (CONTINUED)																								
	<table border="1"> <tr> <td data-bbox="457 262 500 296">6</td> <td data-bbox="500 262 1421 296">Detoxification</td> </tr> <tr> <td data-bbox="457 296 500 329">7</td> <td data-bbox="500 296 1421 329">Oncology</td> </tr> <tr> <td data-bbox="457 329 500 363">8</td> <td data-bbox="500 329 1421 363">Rehabilitation</td> </tr> <tr> <td data-bbox="457 363 500 396">9</td> <td data-bbox="500 363 1421 396">Other</td> </tr> </table>	6	Detoxification	7	Oncology	8	Rehabilitation	9	Other																
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<b>015X</b>	<b>Room and Board Ward (Medical or General)</b>																								
	<table border="1"> <tr> <td colspan="2" data-bbox="457 487 1421 529">Routine service charge for accommodations with five or more beds.</td> </tr> <tr> <td colspan="2" data-bbox="457 529 1421 571"><b>Subcategory</b></td> </tr> <tr> <td data-bbox="457 571 500 604">0</td> <td data-bbox="500 571 1421 604">General Classification</td> </tr> <tr> <td data-bbox="457 604 500 638">1</td> <td data-bbox="500 604 1421 638">Medical/Surgical/Gyn</td> </tr> <tr> <td data-bbox="457 638 500 672">2</td> <td data-bbox="500 638 1421 672">OB</td> </tr> <tr> <td data-bbox="457 672 500 705">3</td> <td data-bbox="500 672 1421 705">Pediatric</td> </tr> <tr> <td data-bbox="457 705 500 739">4</td> <td data-bbox="500 705 1421 739">Psychiatric</td> </tr> <tr> <td data-bbox="457 739 500 772">5</td> <td data-bbox="500 739 1421 772">Hospice</td> </tr> <tr> <td data-bbox="457 772 500 806">6</td> <td data-bbox="500 772 1421 806">Detoxification</td> </tr> <tr> <td data-bbox="457 806 500 840">7</td> <td data-bbox="500 806 1421 840">Oncology</td> </tr> <tr> <td data-bbox="457 840 500 873">8</td> <td data-bbox="500 840 1421 873">Rehabilitation</td> </tr> <tr> <td data-bbox="457 873 500 907">9</td> <td data-bbox="500 873 1421 907">Other</td> </tr> </table>	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
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CODES	MAJOR/SUB-CATEGORY (CONTINUED)
018X	<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
	2 Patient Convenience
	3 Therapeutic Leave
	4 RESERVED (Effective 04/01/2004)
	5 Hospitalization
	9 Other Leave of Absence
019X	<b>Subacute Care</b>
	Accommodation charges for subacute care to inpatients in hospitals or skilled nursing facilities.
	<b>Subcategory</b>
	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
020X	<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 Intermediate - ICU
	7 Burn Care
	8 Trauma
	9 Other Intensive Care

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CODES	MAJOR/SUB-CATEGORY (CONTINUED)
<b>021X</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
	3   Heart Transplant
	4   Intermediate - CCU
	9   Other Coronary Care
<b>022X</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>023X</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>024X</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
	1   Basic

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CODES	MAJOR/SUB-CATEGORY (CONTINUED)
	2 Comprehensive
	3 Speciality
	9 Other All Inclusive Ancillary
<b>025X</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 Drugs Incident to Other Diagnostic Services
	5 Drugs Incident to Radiology
	6 Experimental Drugs
	7 Non-Prescription
	8 IV Solutions
	9 Other Pharmacy
<b>026X</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>027X</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
	4 Prosthetic/Orthotic Devices

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CODES	MAJOR/SUB-CATEGORY (CONTINUED)	
	5	Pacemaker
	6	Intraocular Lens
	7	Oxygen - Take Home
	8	Other Implants
	9	Other Supplies/Devices
<b>028X</b>	<b>Oncology</b>	
	Charges for the treatment of tumors and related diseases.	
	<b>Subcategory</b>	
	0	General Classification
	9	Other Oncology
<b>029X</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 (Home Health Agency [HHA] Only)
	9	Other Equipment
<b>030X</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
	9	Other Laboratory

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CODES	MAJOR/SUB-CATEGORY (CONTINUED)
031X	<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>Laboratory Pathological</b>
032X	<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 Angiocardiology
	2 Arthrography
	3 Arteriography
	4 Chest X-Ray
	9 Other <b>Radiology - Diagnostic</b>
033X	<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 <b>Radiology - Therapeutic</b>
034X	<b>Nuclear Medicine</b>
	Charges for procedures, tests, and radiopharmaceuticals provided by a <b>department handling</b> radioactive materials as required for diagnosis and treatment of patients.
	<b>Subcategory</b>
	0 General Classification
	1 Diagnostic <b>Procedures</b>
	2 Therapeutic <b>Procedures</b>

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4	Therapeutic Radiopharmaceuticals (Effective 10/01/2004)										
9	Other Nuclear Medicine										
035X	<b>CT Scan</b>										
	<p>Charges for computed tomographic scans of the head and other parts of the body.</p> <p><b>Subcategory</b></p> <table border="1"> <tr> <td data-bbox="456 562 500 604">0</td> <td data-bbox="500 562 1421 604">General Classification</td> </tr> <tr> <td data-bbox="456 604 500 646">1</td> <td data-bbox="500 604 1421 646">Head Scan</td> </tr> <tr> <td data-bbox="456 646 500 688">2</td> <td data-bbox="500 646 1421 688">Body Scan</td> </tr> <tr> <td data-bbox="456 688 500 737">9</td> <td data-bbox="500 688 1421 737">Other CT Scan</td> </tr> </table>	0	General Classification	1	Head Scan	2	Body Scan	9	Other CT Scan		
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1	Head Scan										
2	Body Scan										
9	Other CT Scan										
036X	<b>Operating Room Services</b>										
	<p>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.</p> <p><b>Subcategory</b></p> <table border="1"> <tr> <td data-bbox="456 982 500 1024">0</td> <td data-bbox="500 982 1421 1024">General Classification</td> </tr> <tr> <td data-bbox="456 1024 500 1066">1</td> <td data-bbox="500 1024 1421 1066">Minor Surgery</td> </tr> <tr> <td data-bbox="456 1066 500 1108">2</td> <td data-bbox="500 1066 1421 1108">Organ Transplant - Other than Kidney</td> </tr> <tr> <td data-bbox="456 1108 500 1150">7</td> <td data-bbox="500 1108 1421 1150">Kidney Transplant</td> </tr> <tr> <td data-bbox="456 1150 500 1199">9</td> <td data-bbox="500 1150 1421 1199">Other Operating Room Services</td> </tr> </table>	0	General Classification	1	Minor Surgery	2	Organ Transplant - Other than Kidney	7	Kidney Transplant	9	Other Operating Room Services
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037X	<b>Anesthesia</b>										
	<p>Charges for anesthesia services in the hospital.</p> <p><b>Subcategory</b></p> <table border="1"> <tr> <td data-bbox="456 1339 500 1381">0</td> <td data-bbox="500 1339 1421 1381">General Classification</td> </tr> <tr> <td data-bbox="456 1381 500 1423">1</td> <td data-bbox="500 1381 1421 1423">Anesthesia Incident to Radiology</td> </tr> <tr> <td data-bbox="456 1423 500 1465">2</td> <td data-bbox="500 1423 1421 1465">Anesthesia Incident to Other Diagnostic Services</td> </tr> <tr> <td data-bbox="456 1465 500 1507">4</td> <td data-bbox="500 1465 1421 1507">Acupuncture</td> </tr> <tr> <td data-bbox="456 1507 500 1556">9</td> <td data-bbox="500 1507 1421 1556">Other Anesthesia</td> </tr> </table>	0	General Classification	1	Anesthesia Incident to Radiology	2	Anesthesia Incident to Other Diagnostic Services	4	Acupuncture	9	Other Anesthesia
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038X	<b>Blood</b>										
	<p>Charges for blood must be separately identified for private payer purposes.</p> <p><b>Subcategory</b></p> <table border="1"> <tr> <td data-bbox="456 1738 500 1780">0</td> <td data-bbox="500 1738 1421 1780">General Classification</td> </tr> <tr> <td data-bbox="456 1780 500 1822">1</td> <td data-bbox="500 1780 1421 1822">Packed Red Cells</td> </tr> <tr> <td data-bbox="456 1822 500 1871">2</td> <td data-bbox="500 1822 1421 1871">Whole Blood</td> </tr> </table>	0	General Classification	1	Packed Red Cells	2	Whole Blood				
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	3	Plasma
	4	Platelets
	5	Leukocytes
	6	Other Components
	7	Other Derivatives (Cryoprecipitates)
	9	Other Blood
<b>039X</b>	<b>Blood and Blood Component Administration, Storage and Processing</b>	
	Charges for the storage and processing of whole blood.	
	<b>Subcategory</b>	
	0	General Classification
	1	Blood Administration (e.g., Transfusions)
	2	Blood Storage
	9	Other Blood Storage and Processing
<b>040X</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>041X</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
	2	Inhalation Services
	3	Hyperbaric Oxygen Therapy
	9	Other Respiratory Services

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CODES	MAJOR/SUB-CATEGORY (CONTINUED)
042X	<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
043X	<b>Occupational Therapy</b>
	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 the use of orthotic and prosthetic devices; adaptation of environments; and application of physical agent modalities.
	<b>Subcategory</b>
	0   General Classification
	1   Visit Charge
	2   Hourly Charge
	3   Group Rate
	4   Evaluation or Re-Evaluation
	9   Other Occupational Therapy
044X	<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
	9   Other Speech - Language Pathology

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CODES	MAJOR/SUB-CATEGORY (CONTINUED)
045X	<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
1	Emergency Medical Treatment & Active Labor Act (EMTALA) Emergency Medical Screening Services
2	ER Beyond EMTALA Screening
6	Urgent Care
9	Other Emergency Room
046X	<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
047X	<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
048X	<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
3	Echocardiology
9	Other Cardiology

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<b>CODES</b>	<b>MAJOR/SUB-CATEGORY (CONTINUED)</b>
<b>049X</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>050X</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.
	<b>Subcategory</b>
0	General Classification
9	Other Outpatient Services
<b>051X</b>	<b>Clinic (to be submitted on Non-Institutional TED)</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
6	Urgent Care Clinic
7	Family Practice Clinic
9	Other Clinic
<b>052X</b>	<b>Free-Standing Clinic (to be submitted on Non-Institutional TED)</b>
	<b>Subcategory</b>
0	General Classification
1	Rural Health Clinic (RHC)/Federally Qualified Health Center (FQHC)
2	RHC/FQHC - Home
3	Family Practice Clinic
4	RHC/FQHC (SNF Stay Covered in Part A)
5	RHC/FQHC (SNF Stay Not Covered in Part A)
6	Urgent Care Clinic
7	RHC/FQHC Visiting Nurse Service - Home
8	RHC/FQHC Visit To Other Site
9	Other Free-Standing Clinic

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CODES	MAJOR/SUB-CATEGORY (CONTINUED)
053X	<b>Osteopathic Services (to be submitted on Non-Institutional TED)</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
054X	<b>Ambulance (to be submitted on Non-Institutional TED)</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
055X	<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, comprehensive outpatient rehabilitation facilities (CORFs), or a service charge for home health billing.
	<b>Subcategory</b>
	0 General Classification
	1 Visit Charge
	2 Hourly Charge
	9 Other Skilled Nursing

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DATA REQUIREMENTS - REVENUE CODES

CODES	MAJOR/SUB-CATEGORY (CONTINUED)
056X	<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
057X	<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
058X	<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
3	Assessment
9	Other Home Health Visit
059X	<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 (Terminated 10/01/2007)

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CODES	MAJOR/SUB-CATEGORY (CONTINUED)
060X	<b>Oxygen (Home Health)</b>
	Charges by a home health agency for oxygen equipment supplies or contents, excluding purchased equipment.
	<b>Subcategory</b>
0	General Classification
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
061X	<b>Magnetic Resonance Technology (MRT)</b>
	Charges for Magnetic Resonance Imaging (MRI) and Magnetic Resonance Angiography (MRA) of the Brain and other parts of the body
	<b>Subcategory</b>
0	General Classification
1	MRI - Brain (including brainstem)
2	MRI - Spinal Cord (including spine)
4	MRI - Other
5	MRA - Head and Neck
6	MRA - Lower Extremities
8	MRA - Other
9	Other MRT
062X	<b>Medical/Surgical Supplies and Devices - Other</b>
	Charges for supply items required for patient care. The category is an extension of 027X 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	FDA Investigational Devices

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CODES	MAJOR/SUB-CATEGORY (CONTINUED)
063X	<b>Pharmacy</b>
	Charges for medication produced, manufactured, package, controlled, assayed, dispensed and distributed under the direction of a licensed pharmacist. The category is an extension of 025X for reporting addition breakdown where needed.
	<b>Subcategory</b>
	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
064X	<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

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CODES	MAJOR/SUB-CATEGORY (CONTINUED)
065X	<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
5	Inpatient Respite Care
6	General Inpatient Care (non-respite)
7	Physician Services
8	Hospice Room & Board Nursing Facility
9	Other Hospice Services
066X	<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
1	Hourly Charge/Nursing
2	Hourly Charge/Home Health Aide/Home Maker/Companion
3	Daily Respite Charge
9	Other Respite Care
067X	<b>Outpatient Special Residence Charges</b>
	Residence arrangements for patients requiring continuous outpatient care.
	<b>Subcategory</b>
0	General Classification
1	Hospital Based
2	Contracted
9	Other Special Residence Charges
068X	<b>Trauma Response</b>
	Charge for a trauma team activation.
	<b>Subcategory</b>
1	Level I
2	Level II
3	Level III
4	Level IV
9	Other Trauma Response

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CODES	MAJOR/SUB-CATEGORY (CONTINUED)
069X	<b>RESERVED</b>
070X	<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 (Terminated 10/01/2007)
071X	<b>Recovery Room</b>
	<b>Subcategory</b>
	0   General Classification
	9   Other Recovery Room (Terminated 10/01/2007)
072X	<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   Other Labor Room/Delivery
073X	<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
	9   Other EKG/ECG

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CODES	MAJOR/SUB-CATEGORY (CONTINUED)
074X	<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 (Terminated 10/01/2007)
075X	<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 (Terminated 10/01/2007)
076X	<b>Treatment or Observation Room</b>
	Charges for the use of a treatment room; or for the room charge associated with outpatient observation services.
	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.
	<b>Subcategory</b>
0	General Classification
1	Treatment Room
2	Observation Room
9	Other Treatment/Observation Room

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CODES	MAJOR/SUB-CATEGORY (CONTINUED)
077X	<b>Preventive Care Services</b>
	Revenue Code used to capture preventive services established by payers.
	<b>Subcategory</b>
0	General Classification
1	Vaccine Administration
9	Other (Terminated 10/01/2007)
078X	<b>Telemedicine</b>
	Facility telemedicine charges related to a three year Medicare demonstration project commencing 10/01/1996.
	<b>Subcategory</b>
0	General Classification
9	Other Telemedicine (Terminated 10/01/2007)
079X	<b>Lithotripsy</b>
	Extra-corporeal Shockwave Therapy (formerly Lithotripsy).
	<b>Subcategory</b>
0	General Classification
9	Other Lithotripsy (Terminated 10/01/2007)
080X	<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

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CODES	MAJOR/SUB-CATEGORY (CONTINUED)
081X	<b>Acquisition of Body Components</b>
	The acquisition and storage costs of body tissue, bone marrow, organs and other components not otherwise identified used for transplantation.
	<b>Subcategory</b>
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
082X	<b>Hemodialysis - Outpatient or Home (To be submitted on Non-Institutional TED)</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
4	Maintenance/100%
5	Support Services
9	Other Outpatient Hemodialysis

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CODES	MAJOR/SUB-CATEGORY (CONTINUED)
083X	<b>Peritoneal Dialysis - Outpatient or Home (to be submitted on Non-Institutional TED)</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
084X	<b>Cont. Ambulatory Peritoneal Dialysis (CAPD) - Outpatient or Home (To be submitted on Non-Institutional TED)</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
085X	<b>Cont. Cycling Peritoneal Dialysis (CCPD) - Outpatient or Home (to be submitted on Non-Institutional TED)</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
	1   CCPD/Composite or Other Rate
	2   Home Supplies
	3   Home Equipment
	4   Maintenance/100%
	5   Support Services
	9   Other Outpatient CCPD

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CODES	MAJOR/SUB-CATEGORY (CONTINUED)
086X	RESERVED for Dialysis (National Assignment)
087X	RESERVED for Dialysis (National Assignment)
088X	Miscellaneous Dialysis
	Charges for dialysis services not identified elsewhere.
	<b>Subcategory</b>
0	General Classification
1	Ultrafiltration
2	Home Dialysis Aid Visit
9	Other Miscellaneous Dialysis
089X	RESERVED (Other Donor Bank was terminated 04/01/1994)
090X	Behavioral Health Treatments/Services
	<b>Subcategory</b>
0	General Classification
1	Electroshock Treatment
2	Milieu Therapy
3	Play Therapy
4	Activity Therapy
5	Intensive Outpatient Services - Psychiatric (Effective 10/16/2003)
6	Intensive Outpatient Services - <b>Chemical</b> Dependency (Effective 10/16/2003)
7	Community Behavioral Health Program (Day Treatment) (Effective 10/16/2003)
8	RESERVED for National Use (Effective 10/16/2003)
9	RESERVED for National Use

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CODES	MAJOR/SUB-CATEGORY (CONTINUED)
<b>091X</b>	<b>Behavioral Health Treatments/Services</b>
	Subcategories 0912 and 0913 are designed as zero-billed revenue codes (i.e., no dollars in the amount field) to be used as vehicle to supply program information as defined in the provider/payer contract.
	<b>Subcategory</b>
	0 RESERVED for National Use
	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 Behavioral Health Treatments/Services
<b>092X</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>093X</b>	<b>Medical Rehabilitation Day Program</b>
	Medical rehabilitation services as contracted with a payer and/or certified by the state. Services may include physical therapy, occupational therapy and speech therapy.
	<b>Subcategory</b>
	1 Half Day
	2 Full Day

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CODES	MAJOR/SUB-CATEGORY (CONTINUED)
094X	<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
	5 Alcohol Rehabilitation
	6 Complex Medical Equipment - Routine
	7 Complex Medical Equipment - Ancillary
	8 Pulmonary Rehabilitation
	9 Other Therapeutic Service
095X	<b>Other Therapeutic Services Extension of 094X</b>
	<b>Subcategory</b>
	0 RESERVED for National Use
	1 Athletic Training
	2 Kinesiotherapy
096X	<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

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CODES	MAJOR/SUB-CATEGORY (CONTINUED)
097X	<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
098X	<b>Professional Fees (cont)</b>
	<b>Subcategory</b>
	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
099X	<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

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CODES	MAJOR/SUB-CATEGORY (CONTINUED)
<b>100X</b>	<b>Behavioral Health Accommodations</b>
	Routine service charges incurred for accommodations at specified behavior health facilities.
	<b>Subcategory</b>
0	General Classification (Effective 10/16/2003)
1	Residential Treatment - Psychiatric (Effective 10/16/2003)
2	Residential Treatment - Chemical Dependency (Effective 10/16/2003)
3	Supervised Living (Effective 10/16/2003)
4	Halfway House (Effective 10/16/2003)
5	Group Home (Effective 10/16/2003)
<b>101X TO 209X</b>	<b>RESERVED for National Assignment</b>
<b>210X</b>	<b>Alternative Therapy Services</b>
	Charges for therapies not elsewhere categorized under other therapeutic service revenue codes (042X, 043X, 044X, 091X, 094X, 095X) or services such as anesthesia or clinic (0374, 0511).
	<b>Subcategory</b>
0	General Classification
1	Acupuncture
2	Acupressure
3	Massage
4	Reflexology
5	Biofeedback
6	Hypnosis
9	Other Alternative Therapy Services
<b>211X TO 309X</b>	<b>RESERVED for National Assignment</b>
<b>310X</b>	<b>Adult Care</b>
	Charges for personal, medical, psycho-social, and/or therapeutic services in a special community setting for adults needing supervision and/or assistance with Activities of Daily Living (ADLs).
	<b>Subcategory</b>
0	Not Used
1	Adult Day Care, Medical and Social - Hourly
2	Adult Day Care, Social - Hourly
3	Adult Day Care, Medical and Social - Daily
4	Adult Day Care, Social - Daily
5	Adult Foster Care - Daily
9	Other Adult Care
<b>311X TO 999X</b>	<b>RESERVED for National Assignment</b>