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11X ROOM AND BOARD — PRIVATE (MEDICAL OR GENERAL)	
110#	General Classification
111#	Medical/Surgical/Gyn
112#	OB
113#	Pediatric
114#	Psychiatric
115	Hospice (Not Covered)
116#	Detoxification
117#	Oncology
118#	Rehab/Private
119#	Other
12X ROOM AND BOARD — SEMI-PRIVATE (MEDICAL OR GENERAL)	
120#	General Classification
121#	Medical/Surgical/Gyn
122#	OB
123#	Pediatric
124#	Psychiatric
125	Hospice (Not Covered)
126#	Detoxification
127#	Oncology
128#	Rehabilitation
129#	Other
13X SEMI-PRIVATE — THREE AND FOUR BEDS	
130#	General Classification
131#	Medical/Surgical/Gyn
132#	OB
133#	Pediatric
134#	Psychiatric
135	Hospice (Not Covered)
136#	Detoxification
137#	Oncology
138#	Rehabilitation
139#	Other
14X	PRIVATE (DELUXE)
140#	General Classification
141#	Medical/Surgical/Gyn
142#	OB
143#	Pediatric
144#	Psychiatric
145	Hospice (Not Covered)
146#	Detoxification
147#	Oncology
148#	Rehab/Deluxe
149#	Other

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15X	ROOM AND BOARD WARD (MEDICAL OR GENERAL)
150#	General Classification
151#	Medical/Surgical/Gyn
152#	OB
153#	Pediatric
154#	Psychiatric
155	Hospice (Not Covered)
156#	Detoxification
157#	Oncology
158#	Rehabilitation
159#	Other
16X	OTHER ROOM AND BOARD
160#	General Classification
164#	Sterile Environment
167#	Self Care
169#	Other
17X	NURSERY
170#	General Classification (Nursery)
171#	Newborn – Level I
172#	Newborn – Level II
173#	Newborn – Level III
174#	Newborn – Level IV
179#	Other
18X	LEAVE OF ABSENCE - Bill hard-copy.
180#	General Classification
181	RESERVED (Not Covered)
182	Patient Convenience (Not Covered)
183#	Therapeutic Leave
184	RESERVED (Not Covered)
185	Nursing Home (for hospitalization) (Not Covered)
189	Other Leave of Absence (Not Covered)
19X	SUBACUTE CARE (NOT COVERED)
190	General Classification (Not Covered)
191	Subacute Care Level I (Not Covered)
192	Subacute Care Level II (Not Covered)
193	Subacute Care Level III (Not Covered)
194	Subacute Care Level IV (Not Covered)
199	Other Subacute Care (Not Covered)
20X	INTENSIVE CARE
200#	General Classification
201#	Surgical
202#	Medical
203#	Pediatric
204#	Psychiatric
206#	Intermediate ICU
207#	Burn Care

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208#	Trauma
209#	Other Intensive Care
21X	CORONARY CARE
210#	General Classification
211#	Myocardial Infarction
212#	Pulmonary Care
213#	Heart Transplant
214#	Intermediate CCU
219#	Other Coronary Care
22X	SPECIAL CHARGES
220	General Classification (Not Covered)
221	Admission Charge (Not Covered)
222	Technical Support Charge (Not Covered)
223	U.R. Service Charge (Not Covered)
224	Late Discharge, Medically appropriate (Not Covered)
229	Other Special Charges - *This Revenue Center Code is authorized only for Administrative Reports requested by branch office staff.*
23X	INCREMENTAL NURSING CHARGE RATE
230	General Classification
231	Nursery
232	OB
233	ICU
234	CCU
235	Hospice (Not Covered)
239	Other
24X	ALL INCLUSIVE ANCILLARY (NOT COVERED)
240	General Classification (Not Covered)
241	Basic (Not Covered)
242	Comprehensive (Not Covered)
243	Specialty (Not Covered)
249	Other Inclusive Ancillary (Not Covered)
25X	PHARMACY
National Drug Code reporting is required for all services in this category (25X).	
250	General Classification
251*♦	Generic Drugs
252*♦	Non-Generic Drugs
253*♦	Take Home Drugs
254*♦	Drugs Incident to Diagnostic Services
255*♦	Drugs Incident to Radiology
256*♦	Experimental Drugs (Not Covered)
257*♦	Non-prescription
258*♦	IV Solutions
259*♦	Other Pharmacy

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26X	IV THERAPY
260	General Classification*
261	Infusion Pump*
262	IV Therapy/Pharmacy Services
263	IV Therapy/Drug/Supply Delivery
264	IV Therapy/Supplies
269	Other IV Therapy*
27X	MEDICAL/SURGICAL SUPPLIES AND DEVICES
270	General Classification
271	Nonsterile Supplies
272	Sterile Supply
273	Take Home Supplies
274	Prosthetic/Orthotic Devices*
275*	Pacemaker
276	Intraocular Lens*
277	Oxygen — Take Home
278*	Other Implants
279	Other Supplies/Devices*
28X	ONCOLOGY*
280	General Classification
289	Other Oncology
29X	DURABLE MEDICAL EQUIPMENT (OTHER THAN RENAL)*
Prior authorization of services is required for all outpatient services in this category (29X).	
290	General Classification
291	Rental
292	Purchase of new durable medical equipment
293	Purchase of used durable medical equipment
294	Supplies/Drugs for DME effectiveness (Not Covered)
299	Other Equipment
30X *	LABORATORY
300	General Classification
301	Chemistry
302	Immunology
303	Renal Patient (Home)
304	Non-Routine Dialysis
305	Hematology
306	Bacteriology & Microbiology
307	Urology
309	Other Laboratory
31X	LABORATORY — PATHOLOGICAL
310*	General Classification
311*	Cytology
312*	Histology
314*	Biopsy
319	Other

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32X	RADIOLOGY — DIAGNOSTIC
320	General Classification*
321	Angiocardiography*
322*	Arthrography
323	Arteriography*
324	Chest X-Ray*
329	Other*
33X	RADIOLOGY — THERAPEUTIC*
330	General
331	Chemotherapy — Injected
332	Chemotherapy — Oral
333	Radiation Therapy
335	Chemotherapy — IV
339	Other
34X	NUCLEAR MEDICINE (RADIOISOTOPES)*
340	General classification
341	Diagnostic – Procedures
342	Therapeutic – procedures
343	Diagnostic – Radiopharmaceuticals
344	Therapeutic – Radiopharmaceuticals
349	Other
35X	CT SCAN*
350	General classification
351	Head Scan
352	Body Scan
359	Other CT Scans
36X *	OPERATING ROOM SERVICES
360	General Classification
361	Minor Surgery
362	Organ Transplant — other than kidney
367	Kidney Transplant
369	Other Operating Room Services
37X	ANESTHESIA
370	General Classification
371	Anesthesia Incident to Radiology
372	Incident to Diagnostic Services
374	Acupuncture — *Covered only when procedure performed by a physician or physician's employee acupuncturist under a physician's supervision.*
379	Other Anesthesia
38X	BLOOD
380*	General Classification
381*	Packed Red Cells
382*	Whole Blood (Not Covered)
383*	Plasma
384*	Platelets
385*	Leukocytes

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386*	Other Components
387*	Other Derivatives (Cyroprecipitates)
389*	Other Blood
39X	BLOOD STORAGE AND PROCESSING
390	General Classification
391	Blood Administration (e.g., Transfusions)
399	Other Blood Storage & Processing
40X	OTHER IMAGING SERVICES*
400	General Classification
401	Diagnostic Mammography
402	Ultrasound
403	Screening Mammography
404	Positron Emission Tomography
409	Other Imaging Services
41X	RESPIRATORY SERVICES
410	General Classification*
412*	Inhalation Services
413*	Hyperbaric Oxygen Therapy
419	Other Respiratory Services
42X	PHYSICAL THERAPY*
Prior authorization of services is required for outpatient physical therapy services, unless Medicare Part B is the primary payer. Evaluations do not require prior authorization.	
420	General Classification
421	Visit Charge
422	Hourly Charge
423	Group Rate
424	Evaluation or Reevaluation
429	Other Physical Therapy
43X	OCCUPATIONAL THERAPY*
Prior authorization of services is required for outpatient occupational therapy services, unless Medicare Part B is the primary payer. Evaluations do not require prior	
430	General Classification
431	Visit Charge
432	Hourly Charge
432	Group Rate
434	Evaluation or Reevaluation
439	Other Occupational Therapy
44X	SPEECH-LANGUAGE PATHOLOGY*
Prior authorization of services is required for outpatient speech-language services, unless Medicare Part B is the primary payer. Evaluations do not require prior authorization.	
440	General Classification
441	Visit Charge
442	Hourly Charge
443	Group Rate
444	Evaluation or Reevaluation
449	Other Speech-Language Pathology

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45X	EMERGENCY ROOM
450	General Classification*
451	EMTALA Emergency Medical Screening Services
452	ER Beyond EMTALA Screening
456*	Urgent Care
459	Other Emergency Room*
46X	PULMONARY FUNCTION*
460	General Classification
469	Other Pulmonary Function
47X	AUDIOLOGY*
Prior authorization of services is required for outpatient audiology services, unless Medicare Part B is the primary payer. Evaluations (471) do not require prior authorization.	
470	General Classification
471	Diagnostic
472	Treatment
479	Other Audiology
48X	CARDIOLOGY
480	General Classification*
481	Cardiac Cath Lab*
482	Stress Test*
483*	Echocardiology
489	Other Cardiology*
49X	AMBULATORY SURGICAL CARE*
490	General Classification
499	Other Ambulatory Surgical Care
50X	OUTPATIENT SERVICES
500	General Classification
509	Other Outpatient Services
51X	CLINIC
510	General Classification*
511	Chronic Pain Center (Not Covered)
512	Dental Clinic - *Prior authorization required for hospital non-emergency services.*
513	Psychiatric Clinic (Not Covered)
514	OB/GYN Clinic
515	Pediatric Clinic
516	Urgent Care Clinic
517	Family Practice Clinic
519*	Other Clinic
52X	FREE-STANDING CLINIC
520	General Classification (Not Covered)
521	Rural Health — Clinic
522	Rural Health — Home (Not Covered)
523	Family Practice
526	Urgent Care Clinic
529	Other Freestanding Clinic — (Not Covered)

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53X	OSTEOPATHIC SERVICES
530	General Classification
531	Osteopathic Therapy
539	Other Osteopathic Services
54X	AMBULANCE
540	General Classification (Not Covered)
541	Supplies (Not Covered)
542	Medical Transport*This Revenue Center Code must be used to bill for medical transportation*
543	Heart Mobile (Not Covered)
544	Oxygen (Not Covered)
545	Air Ambulance (Not Covered)
546	Neonatal Ambulance Service (Not Covered)
547	Ambulance Pharmacy (Not Covered)
548	Telephonic EKG (Not Covered)
549	Other Ambulance (Not Covered)
55X	SKILLED NURSING (NOT COVERED)
550	General Classification (Not Covered)
551	Visit Charge (Not Covered)
552	Hourly Charge (Not Covered)
559	Other Skilled Nursing (Not Covered)
56X	MEDICAL SOCIAL SERVICES
560	General Classification (Not covered in outpatient setting)
561	Visit Charge (Not covered in outpatient setting)
562	Hourly Charge (Not covered in outpatient setting)
569	Other Medical Social Services* - *Covered in outpatient setting for Maternity Case*
57X	HOME HEALTH AIDE (HOME HEALTH) (NOT COVERED)
570	General Classification (Not Covered)
571	Visit Charge (Not Covered)
572	Hourly Charge (Not Covered)
579	Other Home Health Aide (Not Covered)
58X	OTHER VISITS (HOME HEALTH) (NOT COVERED)
580	General Classification (Not Covered)
581	Visit Charge (Not Covered)
582	Hourly Charge (Not Covered)
583	Assessment (Not Covered)
589	Other Home Health Visits (Not Covered)
59X	UNITS OF SERVICE (HOME HEALTH) (NOT COVERED)
590	General Classification (Not Covered)
599	Home Health Other Units (Not Covered)
60X	OXYGEN — HOME HEALTH (NOT COVERED)
600	General Classification (Not Covered)
601	Oxygen-State/Equip/Supply or contents (Not Covered)
602	Oxygen-State/Equip/Supply Under 1 LPM (Not Covered)
603	Oxygen-State/Equip/Supply Over 4 LPM (Not Covered)
604	Oxygen – Portable Add-On (Not Covered)

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61X	MAGNETIC RESONANCE IMAGING (MRI)*
610	General Classification
611	Brain (including brain stem)
612	Spinal Cord (including spine)
614	MRI - Other
615	MRA - Head and Neck
616	MRA - Lower Extremities
617	RESERVED (Not Covered)
618	MRA - Other
619	MRI - Other
62X	MEDICAL/SURGICAL SUPPLIES — EXTENSION OF 27X
621	Supplies Incident to Radiology
622	Supplies Incident to Other Diagnostic Services
623	Surgical Dressing
624	Investigational Device (Not Covered)
63X	DRUGS REQUIRING SPECIFIC IDENTIFICATION
630	General Classification (Not Covered)
631	Single source drug
632	Multiple source drug
633	Restrictive prescription
634*♦	Epoetin, under 10,000 units per administration
635*♦	Epoetin, 10,000 units or more per administration
636*♦	Drugs requiring detail coding*
637	Self-administrable Drugs
64X	HOME IV THERAPY SERVICES (NOT COVERED)
640	General Classification (Not Covered)
641	Nonroutine Nursing (Not Covered)
642	IV Site Care, Central Line (Not Covered)
643	IV StartChange Peripheral Line (Not Covered)
644	Nonroutine Nursing, Peripheral Line (Not Covered)
645	Training Patient/Caregiver, Central Line (Not Covered)
646	Training Disabled Patient, Central Line (Not Covered)
647	Training Patient/Caregiver, Peripheral Line (Not Covered)
648	Training Disabled Patient, Peripheral Line (Not Covered)
649	Other IV Therapy Services (Not Covered)
65X	HOSPICE SERVICES (NOT COVERED)
650	General Classification (Not Covered)
651	Routine Home Care (Not Covered)
652	Continuous Home Care (Not Covered)
653	Reserved (Not Covered)
654	Reserved (Not Covered)
655	Inpatient Respite Care (Not Covered)
656	General Inpatient Care (Non-Respite) (Not Covered)
657	Physician Services (Not Covered)
658	Hospice Room and Board - Nursing Facility (Not Covered)
659	Other Hospice (Not Covered)

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66X	RESPITE CARE (HOME HEALTH) (NOT COVERED)
660	General (Not Covered)
661	Hourly Charge/Skilled Nursing (Not Covered)
662	Hourly Charge/Home Health (Not Covered)
663	Daily Respite Charge (Not Covered)
669	Other Respite Care (Not Covered)
67X	OUTPATIENT SPECIAL RESIDENCE CHARGES (NOT COVERED)
670	General (Not Covered)
671	Hospital-Based (Not Covered)
672	Contracted (Not Covered)
679	Other (Not Covered)
68X	TRAUMA RESPONSE (NOT COVERED)
680	Not Used
681	Trauma Level I (Not Covered)
682	Trauma Level II (Not Covered)
683	Trauma Level III (Not Covered)
684	Trauma Level IV (Not Covered)
689	Other Trauma Response (Not Covered)
69X	NOT ASSIGNED (NOT COVERED)
70X	CAST ROOM*
700	General Classification
709	Other Cast Room
71X	RECOVERY ROOM
710	General Classification
719	Other Recovery Room
72X	LABOR ROOM/DELIVERY
720	General Classification
721	Labor
722	Delivery
723	Circumcision
724#	Birthing Center
729	Other Labor Room/Delivery
73X	EKG/ECG (ELECTROCARDIOGRAM)*
730	General Classification
731	Holter Monitor
732	Telemetry
739	Other EKG/ECG
74X	EEG (ELECTROENCEPHALOGRAM)*
740	General Classification
749	Other EEG
75X	GASTROINTESTINAL SERVICES*
750	0 General Classification
759	9 Other Gastrointestinal

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76X	TREATMENT OR OBSERVATION ROOM*
760	General Classification
761	Treatment Room
762	Observation Room
769	Other Treatment Room
77X	PREVENTIVE CARE SERVICES
770	General
771	Vaccine Care Services*
779	Other
78X	TELEMEDICINE*
780	General Classification
789	Other Telemedicine
79X	LITHOTRIPSY*
790	General Classification
799	Other
80X	INPATIENT RENAL DIALYSIS
800	General Classification
801	Inpatient Hemodialysis
802	Inpatient Peritoneal (non-CAPD)
803	Inpatient Continuous Ambulatory Peritoneal Dialysis (CAPD)
804	Inpatient Continuous Cycling Peritoneal Dialysis (CCPD)
809	Other Inpatient Dialysis
81X	ORGAN ACQUISITION*
810	General Classification
811	Living Donor
812	Cadaver Donor
813	Unknown Donor
814	Unsuccessful Organ Bank Donor Search Charge
819	Other Organ Acquisition
82X	HEMODIALYSIS — OUTPATIENT OR HOME
820	General Classification
821	Hemodialysis/Composite or Other Rate
822	Home Supplies
823	Home Equipment
824	Maintenance/100%
825	Support Services
829	Other Outpatient Hemodialysis
83X	PERITONEAL DIALYSIS — OUTPATIENT OR HOME
830	General Classification
831	Peritoneal/Composite or Other Rate
832	Home Supplies
833	Home Equipment
834	Maintenance/100%
835	Support Services
839	Other Outpatient Peritoneal Dialysis

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84X	CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD) - OUTPATIENT OR
840	General Classification
841	CAPD/Composite or Other Rate
842	Home Supplies
843	Home Equipment
844	Maintenance/100%
845	Support Services
849	Other Outpatient CAPD
85X	CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD) — OUTPATIENT OR HOME
850	General Classification
851	CCPD/Composite or Other Rate
852	Home Supplies
853	Home Equipment
854	Maintenance/100%
855	Support Services
859	Other Outpatient CCPD
86X	RESERVED FOR DIALYSIS (NATIONAL ASSIGNMENT)
87X	RESERVED FOR DIALYSIS (NATIONAL ASSIGNMENT)
88X	MISCELLANEOUS DIALYSIS
880	General Classification
881	Ultrafiltration
882	Home Dialysis Aid Visit (Not Covered)
889	Misc. Dialysis Other
89X	OTHER DONOR BANK (RESERVED FOR NATIONAL ASSIGNMENT)*
90X	PSYCHIATRIC/PSYCHOLOGICAL TREATMENTS
900	General Classification (Not Covered)
901	Electroconvulsive Therapy
902	Milieu Therapy (Not Covered)
903	Play Therapy (Not Covered)
904	Activity Therapy (Not Covered)
905	Intensive Outpatient Services - Psychiatric (Not Covered)
906	Intensive Outpatient Services - Chemical Dependency (Not Covered)
907	Community Behavioral Health Program - Day Treatment (Not Covered)
908	Reserved For National Assignment
909	Other* - *Somatotherapy services and psychiatric or psychological evaluations are the only services billable under this Revenue Center Code.*

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91X	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
Somatotherapy services and psychiatric or psychological evaluations are the only services billable under Revenue Center Codes 919 and 961.	
910	Reserved For National Assignment
911	Rehabilitation (Not Covered)
912	Partial Hospitalization Less Intensive (Not Covered)
913	Partial Hospitalization Intensive (Not Covered)
914	Individual Therapy (Not Covered)
915	Group Therapy (Not Covered)
916	Family Therapy (Not Covered)
917	Biofeedback (Not Covered)
918	Testing*
919	Other*Other Behavior Health Treatments/Services
92X	OTHER DIAGNOSTIC SERVICES*
920	General Classification
921	Peripheral Vascular Lab
922	Electromyelogram
923	Pap Smear
924	Allergy Test
925	Pregnancy Test
929	Other Diagnostic Services
93X	MEDICAL REHABILITATION DAY PROGRAM (NOT COVERED)
931	Half Day (Not Covered)
932	Full Day (Not Covered)
94X	OTHER THERAPEUTIC SERVICES
940	General Classification*
941	Recreational Therapy (Not Covered)
942	Education/Training*
943	Cardiac Rehabilitation*
944	Drug Rehabilitation (Not Covered)
945	Alcohol Rehabilitation (Not Covered)
946	Routine Complex Equipment
947	Ancillary Complex Equipment*
949	Other Therapeutic Services*
95X	OTHER THERAPEUTIC SERVICES - Extension of 94X (NOT COVERED)
950	Reserved For National Assignment
951	Athletic Training (Not Covered)
952	Kinesiotherapy (Not Covered)
96X	PROFESSIONAL FEES*
960	General Classification
961	Psychiatric
962	Ophthalmology
963	Anesthesiologist (MD)
964	Anesthetist (CRNA)
969	Other Professional Fees

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97X	PROFESSIONAL FEES* - Continued
971	Laboratory*
972	Radiology — Diagnostic*
973	Radiology — Therapeutic*
974	Radiology — Nuclear Medicine*
975	Operating Room
976	Respiratory Therapy
977	Physical Therapy (Outpatient services require prior authorization)
978	Occupational therapy (Outpatient services require prior authorization)
979	Speech Pathology (Outpatient services require prior authorization)
98X	PROFESSIONAL FEES*- Extension of 96X & 97X
981	Emergency Room
982	Outpatient Services
983	Clinic
984	Medical Social Services (Covered in inpatient setting only)
985	EKG
986	EEG
987	Hospital Visit
988	Consultation
989	Private Duty Nurse (Not Covered)
99X	PATIENT CONVENIENCE ITEMS (Not Covered)
990	General Classification (Not Covered)
991	Cafeteria/Guest Tray (Not Covered)
992	Private Linen Service (Not Covered)
993	Telephone/Telegraph (Not Covered)
994	TV/Radio (Not Covered)
995	Nonpatient Room Rentals (Not Covered)
996	Late Discharge Charge (Not Covered)
997	Admissions Kits (Covered)
998	Beauty Shop/Barber (Not Covered)
999	Other Patient Convenience Items (Not Covered)