MEDICAID REVENUE CODE REQUIREMENTS AND BILLING INSTRUCTIONS

The Utah Medicaid program has three plans; Traditional Medicaid, Non Traditional Medicaid and Primary Care Plan. On the following pages is lists of revenue codes with information indicating which revenue codes are accepted by each plan covered by Medicaid. Billing instructions follow the revenue code list.

KEY:

Units	**I**	**= IP Units Required for Inpatient**
	O	**= OP Units Required for Outpatient**
	E	**= Units Required for ESRD**
	Blank	**= No Units Necessary**
Medicaid Allowed	**Y**	**= Yes**
	N	**= No**
IP OP ESRD	**X**	**= Allowable for Service Indicated**
	C	**= CPT Procedure Code Required** Enter revenue code in Form Locator 42 and enter CPT code in Form Locator 51.

Code	Description	Units	Allowed	IP	OP	ESRD	Comments
0001	Total Charge						Not used for processing
0100	All Incl R&B/Anc	I	Y	X			IP Brth.Fac.chgs.only
0101	All Incl R&B		N				
0110	Room-Board/Pvt	I	Y	X			
0111	Med-Sur-Gy/Pvt	I	Y	X			
0112	OB/Pvt	I	Y	X			
0113	Peds/Pvt	I	Y	X			
0114	Psych/Pvt	I	Y	X			
0115	Hospice/Pvt		N				
0116	DETOX/Pvt	I	Y	X			
0117	Oncology/Pvt	I	Y	X			
0119	Other/Pvt	I	Y	X			
0120	Room-Board/Semi	I	Y	X			
0121	Med-Sur-Gy/2Bed	I	Y	X			
0122	OB/2Bed	I	Y	X			
0123	Peds/2Bed	I	Y	X			
0124	PStay/2Bed	I	Y	X			
0125	Hospice/2Bed		N				
0126	DETOX/2Bed	I	Y	X			
0127	Oncology/2Bed	I	Y	X			
0128	Other/2Bed		N				
0130	Room-Board/3&4Bed	I	Y	X			
0131	Med-Sur-Gy/3&4	I	Y	X			
0132	OB/3&4Bed	I	Y	X			
0133	PEDs/3&4Bed	I	Y	X			
0134	Psych/3&4Bed	I	Y	X			
0135	Hospice/3&4Bed		N				
0136	DETOX/3&4Bed	I	Y	X			
0137	Oncology/3&4Bed	I	Y	X			
0139	Other/3&4Bed	I	Y	X			
0140	Room-Board/Pvt/DLX	I	Y	X			
0141	Med-Sur-Gy/DLX	I	Y	X			
0142	OB/DLX	I	Y	X			
0143	PEDs/DLX	I	Y	X			
0144	Psych/DLX	I	Y	X			
0145	Hospice/DLX		N				
0146	DETOX/DLX	I	Y	X			
0147	Oncology/DLX	I	Y	X			
0149	Other/DLX	I	Y	X			
0150	Room-Board/Ward	I	Y	X			
0151	Med-Sur-Gy/Ward	I	Y	X			
0152	OB/Ward	I	Y	X			
0153	PEDs/Ward	I	Y	X			
0154	Psych/Ward	I	Y	X			
0155	Hospice/Ward		N				
0156	DETOX/Ward	I	Y	X			
0157	Oncology/Ward	I	Y	X			
0160	R&B	I	Y	X			
0164	R&B/Sterile	I	Y	X			
0167	R&B/Self	I	Y	X			

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Medicaid Allowed Y =Yes
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Code	Description	Units	Allowed	IP	OP	ESRD	Comments
0169	R&B/Other	I	Y	X			
0170	Nursery	I	Y	X			
0171	Nursery/Newborn Level I	I	Y	X			
0172	Nursery/Premie Level II	I	Y	X			
0173	Nursery/Newborn Level III	I	Y	X			
0174	Nursery/Newborn Level IV	I	Y	X			
0175	Nursery/ICU		N				
0179	Nursery/Other		N				
0180	LOA		N				
0181	Reserved		N				
0182	LOA/PT Conv		N				
0183	LOA/Therapeutic		N				
0184	LOA/ICF/MR		N				
0185	LOA/Nurs Home		N				
0189	LOA/Other		N				
0190	Subacute Care/Gen		N				
0191	Subacute Care/Level I		N				
0192	Subacute Care/Level II		N				
0193	Subacute Care/Level III		N				
0194	Subacute Care/Level IV		N				
0199	Subacute Care/Other		N				
0200	ICU	I	Y	X			
0201	ICU/Surgical	I	Y	X			
0202	ICU/Medical	I	Y	X			
0203	ICU/PEDs	I	Y	X			
0204	ICU/PStay	I	Y	X			
0206	ICU/Intermediate	I	Y	X			
0207	ICU/Burn Care	I	Y	X			
0208	ICU/Trauma	I	Y	X			
0209	ICU/Other	I	Y	X			
0210	CCU	I	Y	X			
0211	CCU/MYO Infarc	I	Y	X			
0212	CCU/Pulmonary	I	Y	X			
0213	CCU/Transplant		N				
0214	CCU/Intermediate	I	Y	X			
0219	CCU/Other	I	Y	X			
0220	Special Charges		N				
0222	Tech Support Chg		N				
0223	UR Charge		N				
0224	Late Dischg/Med Nec		N				
0229	Other Spec Chg		N				
0230	Nursing/Increm		N				
0231	Nur Incr/Nursery		N				
0232	Nur Incr/OB		N				
0233	Nur Incr/ICU		N				
0234	Nur Incr/CCU		N				
0235	Nur Incr/Hospice		N				
0239	Nur Incr/Other		N				
0240	All Incl/Ancil		N				
0249	All Incl/Ancil/Other		N				
0250	Pharmacy		Y	X	X		

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Code	Description	Units	Allowed	IP	OP	ESRD	Comments
0251	Drugs/Generic		Y	X	X		
0252	Drugs/Nongeneric		Y	X	X		
0253	Drugs/TakeHome		N				
0254	Drugs/Incidnt Other Dx		N				
0255	Drugs/Incident Rad		N				
0256	Drugs/Experimt		N				
0257	Drugs/Nonscrpt		Y	X	X		
0258	IV Solutions		Y	X	X		
0259	Drugs/Other		Y	X	X		
0260	IV Therapy		Y	X	X		
0261	IV Ther/Infsn Pump		Y	X	X		
0262	IV Ther/Pharm/Svc		N				
0263	IV Ther/Drug/Supply Delv		N				
0264	IV Ther/Supplies		N				
0269	IV Therapy/Other		Y	X	X		
0270	Med-Sur Supplies		Y	X	X		
0271	Non-Ster-Supply		Y	X			
0272	Sterile Supply		Y	X	X		
0273	TakeHome Supply		N				
0274	Prosth/Orth Dev		Y	X			
0275	Pace maker		Y	X	X		
0276	Intra OC Lens		Y	X	X		
0277	O2/TakeHome		N				
0278	Supply/Implants		Y	X	X		
0279	Supply/Other		Y	X	X		
0280	Oncology/Other		Y	X	X		
0289	Oncology/Other		Y	X	X		
0290	Med Equip/Durab		N				
0291	Med Equip/Rent		N				
0292	Med Equip/New		N				
0293	Med Equip/Used		N				
0294	Med Equip/Supplies/Drugs for DME effectiveness		N				
0299	Med Equip/Other		N				
0300	Lab	O	Y	X	C		
0301	Lab/Chemistry	O	Y	X	C		
0302	Lab/Immunology	O	Y	X	C		
0303	Lab/Renal/Home	O	Y		C		
0304	Lab/NR Dialysis	O	Y	X	C		
0305	Lab/Hematology	O	Y	X	C		
0306	Lab/Bact-Micro	O	Y	X	C		
0307	Lab/Urology	O	Y	X	C		
0309	Lab/Other	O	Y	X	C		
0310	Path Lab	O	Y	X	C		
0311	Pathol/Cytology	O	Y	X	C		
0312	Pathol/Hystol	O	Y	X	C		
0314	Pathol/Biopsy	O	Y	X	C		
0319	Pathol/Other	O	Y	X	C		
0320	Dx X-ray	O	Y	X	C		
0321	Dx X-Ray/Angio	O	Y	X	C		
0322	Dx X-Ray/Arthrography	O	Y	X	C		

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Code	Description	Units	Allowed	IP	OP	ESRD	Comments
0323	Dx X-Ray/Arteriography	O	Y	X	C		
0324	Dx X-Ray/Chest	O	Y	X	C		
0329	Dx X-Ray/Other	O	Y	X	C		
0330	Rx X-Ray	O	Y	X	C		
0331	Chemother/Inj	O	Y	X	C		
0332	Chemother/Oral	O	Y	X	C		
0333	Radiation Rx	O	Y	X	C		
0335	Chemotherp/IV	O	Y	X	X		
0339	Rx X-Ray/Other	O	Y	X	C		
0340	Nuc Med	O	Y	X	C		
0341	Nuc Med/Dx	O	Y	X	C		
0342	Muc Med/Dx	O	Y	X	C		
0349	Nuc Med/Other	O	Y	X	C		
0350	CT Scan	I, O	Y	X	C		
0351	CT Scan/Head	I, O	Y	X	C		
0352	CT Scan/Body	I, O	Y	X	C		
0359	CT Scan/Other	I, O	Y	X	C		
0360	OR Services		Y	X	X		
0361	OR/Minor		Y	X	X		
0362	OR/Organ Trans other than Kidney		Y	X			
0367	OR/Kidney Trans		Y	X			
0369	OR/Other		Y	X	X		
0370	Anesthesia		Y	X	X		
0371	Anesthe/Incident Rad		Y	X	X		
0372	Anesthe/Incident to other diagnostic services		Y	X	X		
0374	Anesthe/Acupunc		N				
0379	Anesthe/Other		Y	X	X		
0380	Blood		N				
0381	Blood/PKD Red		N				
0382	Blood Whole		N				
0383	Blood/Plasma		Y	X	X		
0384	Blood/Platelets		Y	X	X		
0385	Blood/Leucocytes		Y	X	X		
0386	Blood/Components		Y	X	X		
0387	Blood/Derivatives		Y	X	X		
0389	Blood/Other		Y	X	X		
0390	Blood/Stor-Proc		Y	X	X		
0391	Blood/Admin		N				
0399	Blood/Other Stor		N				
0400	Image Service	O	Y	X	C		
0401	Diag Mammography	O	Y	X	C		
0402	Ultrasound	O	Y	X	C		
0403	Scrn Mammography	O	Y	X	C		
0404	PET Scan		N				
0409	Other Imag Svs	O	Y	X	C		
0410	Respiratory Svs		Y	X	X		
0412	Inhalation Svc		Y	X	X		

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Code	Description	Units	Allowed	IP	OP	ESRD	Comments
0413	Hyperbaric 02		Y	X	X[1]		See Note 1 below
0419	Other Respir Svs		Y	X	X		
0420	Physical Therapy		Y	X			0420-0429: Bill outpatient professional charges on HCFA -1500 using Therapist's provider number.
0421	Phys Therp/Visit		Y	X			
0422	Phys Therp/Hour		Y	X			
0423	Phys Therp/Group		Y	X			
0424	Phys Therp/Eval		Y	X			
0429	Other Phys Therp		Y	X			
0430	Occupational Ther		N				
0431	Occup Therp/Visit		N				
0432	Occup Therp/Hour		N				
0433	Occup Therp/Group		N				
0434	Occup Therp/Eval		N				
0439	Other Occup Ther		N				
0440	Speech Pathol		Y	X			440-449: Bill outpatient professional charges on HCFA-1500 using Therapists provider number.
0441	Speech Path/Visit		Y	X			
0442	Speech Path/Hour		Y	X			
0443	Speech Path/Group		Y	X			
0444	Speech Path/Eval		Y	X			
0449	Other Speech Path		Y	X			
0450	Emerg Room	O	Y	X	X		
0458	Emergency Room		Y		X		(Triage fee)
0459	Emergency Room/ Other	O	Y	X	X		
0460	Pulmonary Func		Y	X	X		
0469	Other Pulmon Function		Y	X	X		
0470	Audiology		Y	X			470-479: Bill outpatient professional charges on HCFA -1500 using Therapist's provider number.
0471	Audiology/Dx		Y	X			
0472	Audiology/Rx		Y	X			
0479	Other Audiol		Y	X			
0480	Cardiology		Y	X	X		
0481	Cardiac Cath Lab		Y	X	X		
0482	Stress Test (Cardiac)		Y	X	X		
0489	Other Cardiol		Y	X	X		
0490	Ambul Surg		Y		X		
0499	Other Ambl Surg		N				
0500	Outpatient Svs		N				
0509	Outpatient/Other		N				
0510	Clinic		N				
0511	Chronic Pain Cl		N				
0512	Dental Clinic		N				
0513	Psychiatric Clinic		N				
0514	OB-GYN Clinic		N				
0515	Pediatric Clinic		N				
0516	Urgent Health Clinic		N				
0517	Family Practice Clinic		N				
0519	Other Clinic		N				

[1] Outpatient services only payable to hospitals with an approved Hyperbaric Oxygen Chamber.

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Code	Description	Units	Allowed	IP	OP	ESRD	Comments
0520	Freestand Clinic		N				
0521	Rural/Clinic		N				
0522	Rural/Home		N				
0523	Family Practice		N				
0526	Urgent Care Clinic		N				
0529	Other FR/STD Clinic		N				
0530	Osteopath Svs		N				
0531	Osteopath Rx		N				
0539	Other Osteopath		N				
0540	Ambulance		N				
0541	Ambul/Supply		N				
0542	Ambul/Med Trans		N				
0543	Ambul/Heartmobl		N				
0544	Ambul/Oxy		N				
0545	Air Ambulance		N				
0546	Ambulance Svs/Neonatal		N				
0547	Ambulance /Pharmacy		N				
0548	Ambulance /Telephone Transmission EKG		N				
0549	Other Ambulance		N				
0550	Skilled Nursing		N				
0551	Skilled Nurs/Visit		N				
0552	Skilled Nurs/Hour		N				
0559	Skilled Nurs/Other		N				
0560	Med Social Svs		N				
0561	Med Soc Servs/Visit		N				
0562	Med Soc Serv/Hour		N				
0569	Med Soc Serv/Oth		N				
0570	Aide/Home Health		N				
0571	Aide/Home Hlth/Visit		N				
0572	Aide/Home Hlth/Hour		N				
0579	Aide/Home Hlth/Other		N				
0580	Visit/Home Health		N				
0581	Visit/Home Hlth/Visit		N				
0582	Visit/Home Hlth/Hour		N				
0589	Visit/Home Hlth/Other		N				
0590	Unit/Home Health		N				
0599	Unit/Home Hlth/Other		N				
0600	Oxygen/Home Hlth/Gen Cass		N				
0601	Oxy/State/Equip/Supply/OR Cont		N				
0602	Oxy/State/Equip/Sup/under 1LPM		N				
0603	Oxygen/State/Equip/over 4 LPM		N				
0604	Oxygen/Portable add on		N				
0610	MRI		N				
0611	MRI-Brain	O	Y	X	C		Codes: 70551, 70552 or 70553 ONLY.
0612	MRI-Spinal Cord	O	Y	X	C		Codes: 72141, 72142, 72146, 72147or 72148, 72149, 72156, 72157, 72158 or 72159 ONLY.

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Code	Description	Units	Allowed	IP	OP	ESRD	Comments
0619	MRI-Other	O	Y	X	C		ONLY: Pelvis - 72195, 72196 or 72197 Abdomen - 74181, 74182 or 74193 Thigh (lower extremity except joint) - 73720 The following are limited to children under 21: 70336, 70540, 71550, 73220, 73221, 73721, 75552, 75554, 75555, or 75556 ONLY.
0621	Med-Sur Supp/Incdnt Rad		N				
0622	Med-Sur Supp/Incdnt to diag svcs		N				
0623	Surgical Dressings		N				
0624	FDA Investigational Devices		N				
0630	Drugs/General Classification		N				
0631	Drugs/Single Source		N				
0632	Drugs/Multiple Source		N				
0634	Drug/EPO<10,000 Units	O	Y		X	X	In conjunction with
0635	Drug/EPO 10,000 Units or more	O	Y		X	X	dialysis only.
0636	All vaccines		N				
0640	Home IV Therapy/General Class		N				
0641	Home IV Therapy/Non RT Nursing/Central		N				
0642	Home IV Therapy/IV Site Care/Central		N				
0643	Home IV Therapy/IV Strt/Chng/Periphal		N				
0644	Home IV Therapy/Non rt Nursing/Periphal		N				
0645	Home IV Therapy/Trng Pt/Caregvr/Central		N				
0646	Home IV Therapy/Trng DsblPt/Cntl		N				
0647	Home IV Therapy/Trng Pt/Caregvr/Periphal		N				
0648	Home IV Therapy/Trng DsblPt/Periphal		N				
0649	Home IV Therapy/Other IV Therapy Svcs		N				
0650	Hospice		N				
0651	Hospice/Rtn Home		N				
0652	Hospice/Ctns Home		N				
0655	Hospice/IP Respite		N				
0656	Hospice/IP Non-Respite		N				
0657	Hospice/Physician		N				
0659	Hospice/Other		N				
0660	Respite Care/Gen Classification		N				
0661	Respite/Hrly Chrg/Skilled Nursing		N				

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Code	Description	Units	Allowed	IP	OP	ESRD	Comments
0662	Respite/Hrly Chrg/Home Aide, HomeMkr		N				
0670	Outpt Spec Resid Chg/Gen Class		N				
0671	Outpt Spec Resid Chg/Hosp based		N				
0672	Outpt Spec Resid Chg/Contracted		N				
0679	Outpt Spec Resid Chg/Other		N				
0700	Cast Room		Y	X	X		
0709	Other Cast Room		Y	X	X		
0710	Recovery Room		Y	X	X		
0719	Other Recov Room		Y	X	X		
0720	Deliveroom/Labor		Y	X	X		
0721	Labor		Y	X	X		
0722	Delivery Room		Y	X	X		
0723	Circumcision		Y	X	X		
0724	Birthing Center		Y		X		For inpat. Birthing Fac. use rev code 100.
0729	Other Deliv-Labor		Y		X		
0730	EKG/ECG		Y	X	X		0730-0749: Physician services for interpretation must be billed on HCFA 1500.
0731	Holter Mont	O	Y	X	C		
0732	Telemetry		Y	X			
0739	Other EKG-ECG		Y	X	X		
0740	EEG		Y	X	X		
0749	Other EEG		Y	X	X		
0750	Gastr-Inst Svs		Y	X	X		
0759	Other Gastro-Ints		Y	X	X		
0760	Treat/Observation Rm/General		Y		X		Only when medically necessary. Codes 760, 761, 762, and 769 for outpatient use only.
0761	Treatment Room		Y		X		
0762	Observation Room		Y		X		
0769	Other Treat/Observ Rm		Y	X	X		
0770	Preventive Care Svs/Gen Class		N				
0771	Vaccine Administration		N				
0779	Preventive Care Svs/Other		N				
0780	Telemedicine/Gen Clasifciation		N				
0789	Telemedicine/Other		N				
0790	Lithotripsy	0	Y	X	C		
0799	Lithotripsy/Other		N				
0800	Renal Dialysis		Y	X			
0801	Dialy/Inpt	I	Y	X			
0802	Dialy/Inpt/Per	I	Y	X			
0803	Dialy/Inpt CAPD	I	Y	X			
0804	Dialy/Inpt/CCPD	I	Y	X			
0809	Dialy/Inpt/Other		N				
0810	Organ Acquisit		N				
0811	Organ Donor/Live Donor		N				
0812	Organ Acquisi/Cadaver Donation		N				
0813	Organ Acquisi/Unknown Donor		N				
0814	Organ Acquisi/Unsucessful search		N				
0815	Heart/Cadaver		N				

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0816	Heart/Other		N				
0817	Liver Acquisition		N				
0819	Organ Acquisition/Other Donor		N				
0820	HEMO/OP or Home		N				
0821	HEMO/Composite	E	Y			X	
0822	HEMO/Home/Suppl		N				
0823	HEMO/Home Equip		N				
0824	HEMO/Home/100%		N				
0825	HEMO/Home/SupServ		N				
0829	HEMO/Home/Other		N				
0830	Peritoneal/OP or Home		N				
0831	Pertnl/Composite	E	Y			X	
0832	Pertnl/Home/Suppl		N				
0833	Pertnl/Home/Equip		N				
0834	Pertnl/Home/100%		N				
0835	Pertnl/Home/SupServ		N				
0839	Pertnl/Home/Other		N				
0840	CAPD/OP or Home		N				
0841	CAPD/Composite	E	Y			X	
0842	CAPD/Home/Suppl		N				
0843	CAPD/Home/Equip		N				
0844	CAPD/Home/100%		N				
0845	CAPD/Home/SupServ		N				
0849	CAPD/Home/Other		N				
0850	CCPD/OP or Home		N				
0851	CCPD/Composite	E	Y			X	
0852	CCPD/Home/Suppl		N				
0853	CCPD/Home/Equip		N				
0854	CCPD/Home/100%		N				
0855	CCPD/Home/SupServ		N				
0859	CCPD/Home/Other		N				
0880	Dialy/Misc		N				
0881	Dialy/Ultrafilt		N				
0882	Home Dialysis Aid Visit		N				
0889	Dialy/Misc/Other		N				
0890	Donor Bank		Y	X			
0891	Donor Bank/Bone		Y	X			
0892	Donor Bank/Organ		Y	X			
0893	Donor Bank/Skin		Y	X			
0899	Other Donor Bank		Y	X			
0900	Psych Treatment		N				
0901	Electro Shock		Y	X	X		
0902	Milieu Therapy		N				
0903	Play Therapy		N				
0904	Activity Therapy		N				
0909	Other Psych Rx		N				
0910	Psych Services		N				
0911	Psych/Rehab		N				
0912	Psych/Daycare	O	Y		C		
0913	Psych/Nightcare		N				
0914	Psych/Indiv Rx		N				

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Medicaid Allowed Y =Yes
N = No

I P/ OP/ ESRD X= Allowable
C= CPT Rqd

Code	Description	Units	Allowed	IP	OP	ESRD	Comments
0915	Psych/Group Rx		N				
0916	Psych/Family Rx		N				
0917	Psych/Biofeed		N				
0918	Psych/Testing		N				
0919	Psych/Other		N				
0920	Other Dx Svs	I, O	Y	X	C		
0921	Peri Vascul Lab		Y	X	X		
0922	EMG		Y	X	X		
0923	Pap Smear	I, O	Y	X	C		
0924	Allergy Test		N				
0925	Preg Test	I, O	Y	X	C		
0929	Additional Dx Svs	I, O	Y	X	C		
0940	Other Therapeutic Svs	O	Y		C		
0941	Recreation Rx		N				
0942	Educ/Training		N				
0943	Cardiac Rehab		Y	X			
0944	Drug Rehab		N				
0945	Alcohol Rehab		N				
0946	Cmplx Med Equip-Rout		Y	X			
0947	Cmplx Med Equip-Ancillary		Y	X			
0949	Additional Rx Svs	O	Y		X		
0960	Pro Fee		N				
0961	Pro Fee/Psych		N				
0962	Pro/Fee/Eye		N				
0963	Pro/Fee/Anes MD		N				
0964	Pro/Fee/Anes CRNA		N				
0969	Other Pro Fee		N				
0971	Pro Fee/Lab		N				
0972	Pro Fee/Rad Dx		N				
0973	Pro Fee/Rad Rx		N				
0974	Pro Fee/Nuc Med		N				
0975	Pro Fee/OR		N				
0976	Pro Fee/Respir		N				
0977	Pro Fee/Physi		N				
0978	Pro Fee/Occupa		N				
0979	Pro Fee/Speech		N				
0981	Pro Fee/ER		N				
0982	Pro Fee/Outpt		N				
0983	Pro Fee/Clinic		N				
0984	Pro Fee/Soc Svc		N				
0985	Pro Fee/EKG		N				
0986	Pro Fee/EEG		N				
0987	Pro Fee/Hos Vis		N				
0988	Pro Fee/Consult		N				
0989	Fee/Pvt Nurse		N				
0990	PT Convenience		N				
0991	Cafeteria		N				
0992	Linen		N				
0993	Telephone		N				
0994	TV/Radio		N				
0995	NonPt Room Rent		N				

Units I = I P Units Required for Inpatient
O = OP Units Required for Outpatient
E = Units Required for ESRD
Blank = No Units Necessary

Medicaid Allowed Y =Yes
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I P/ OP/ ESRD X= Allowable
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Code	Description	Units	Allowed	IP	OP	ESRD	Comments
0996	Late Discharge		N				
0997	Admit Kits		N				
0998	Barber/Beauty		N				
0999	Pt/Convence/Oth		N				

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Medicaid Allowed Y =Yes
N = No

I P/ OP/ ESRD X= Allowable
C= CPT Rqd