

5101:3-2-02

General provisions: hospital services.

(A) The Ohio medicaid program provides payment for medically necessary covered inpatient and outpatient services provided to eligible medicaid recipients by an eligible hospital provider as defined in rule 5101:3-2-01 of the Administrative Code, subject to the provisions of this chapter and Chapter 5101:3-1 of the Administrative Code (relating to general provisions).

(B) The following words and terms, when used in this chapter have the following meanings, unless the context clearly indicates otherwise:

- (1) "Inpatient" - A patient who is admitted to a hospital on recommendation of a physician or dentist and whose inpatient stay continues beyond midnight of the day of admission.
- (2) "Inpatient services" - Services which are ordinarily furnished in a hospital as defined in rule 5101:3-2-01 of the Administrative Code for the care and treatment of inpatients. Inpatient services include all covered services provided to patients during the course of their inpatient stay, whether furnished directly by the hospital or under arrangement, except for direct-care services provided by physicians, podiatrists, and dentists. Inpatient hospital services exclude direct-care physician services except as provided in rule 5101:3-4-01 of the Administrative Code. Emergency room services are covered as an inpatient service when a patient is admitted from the emergency room.
- (3) "Outpatient" - A patient who is not an inpatient as defined in paragraph (B)(1) of this rule and who receives outpatient services at a hospital or at a hospital's off-site unit which has been extended accreditation by the "Joint Commission of Accreditation of Health Care Organizations," the "American Osteopathic Association" and/or is certified under medicare. Outpatient includes a patient admitted as an inpatient whose inpatient stay does not extend beyond midnight of the day of admission except in instances when, on the day of admission, a patient dies or is transferred to another inpatient unit within the hospital, to another hospital, or to a state psychiatric facility.
- (4) "Outpatient services" - Diagnostic, therapeutic, rehabilitative, or palliative treatment or services furnished by or under the direction of a physician or dentist which are furnished to an outpatient by a hospital as defined in rule 5101:3-2-01 of the Administrative Code. Outpatient services do not include direct-care services provided by physicians, podiatrists and dentists. Outpatient services exclude direct-care physician services except as provided in rule 5101:3-4-01 of the Administrative Code.

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- (5) "Diagnostic related groups (DRGs)" - DRGs are a patient classification system that reflects clinically cohesive groupings of services that consume similar amounts of hospital resources. The grouping logic used to develop relative weights is described in rule 5101:3-2-07.3 of the Administrative Code. The groupings used to assign cases to a DRG for claims payment are identified in rule 5101:3-2-07.11 of the Administrative Code.
- (6) "Average" is the arithmetic mean obtained by dividing a sum by the number of its observations.
- (7) "Geometric mean" is the n th root of the product of n factors.
- (8) "Psychiatric unit distinct part" is a distinct part recognized by medicare.
- (9) "Level I nursery" is a nursery unit within a hospital which is registered with and recognized by the Ohio department of health as a level I nursery.
- (10) "Level II nursery" is a nursery unit within a hospital which is registered with and recognized by the Ohio department of health as a level II nursery.
- (11) "Level III nursery" is a nursery unit within a hospital that is registered with and recognized by the Ohio department of health as a level III nursery.
- (12) "Standard deviation" is the square root of the arithmetic mean of the squares of the deviations from the arithmetic mean.
- (13) "Principal diagnosis" is the diagnosis established after study to be chiefly responsible for causing the patient's admission to the hospital.
- (14) "Medically necessary services" are services which are necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part or significant pain and discomfort. A medically necessary service must:
- (a) Meet accepted standards of medical practice;
 - (b) Be appropriate to the illness or injury for which it is performed as to type of service and expected outcome;

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- (c) Be appropriate to the intensity of service and level of setting;
- (d) Provide unique, essential, and appropriate information when used for diagnostic purposes.

(15) Transfer.

~~A hospital inpatient is "transferred" when the patient has been moved from a hospital which receives payment under the department's prospective payment system to any other hospital, including state psychiatric facilities. A patient is said to be "transferred" when he or she:~~

- (a) Is moved from one eligible hospital, as described in rule 5101:3-2-01 of the Administrative Code, to another eligible hospital, including state psychiatric facilities.
- (b) Is moved from an eligible hospital to the same hospital's psychiatric unit distinct part.
- (c) Is moved to an eligible hospital from the same hospital's psychiatric unit distinct part.

(16) Readmissions.

For hospitals paid under the department's prospective payment system, a "readmission" is an admission to the same institution within thirty days of discharge.

(17) Discharges.

A patient is said to be "discharged" when he or she:

- (a) Is formally released from a hospital;
- (b) Dies while hospitalized;
- (c) Is discharged, within the same hospital, from an acute care bed and admitted to a bed in a psychiatric unit distinct part as described in paragraph (B)(8) of this rule or is discharged within the same hospital, from a bed in a psychiatric unit distinct part to an acute care bed. Rule 5101:3-2-07.11 of the Administrative Code explains the payment methodology for this type of a discharge; or

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(d) Signs self out against medical advice (AMA).

(18) "Observation services" are those services furnished on a 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 possible admission to the hospital as an inpatient.

(C) Billing: All inpatient and outpatient hospital services must be billed in accordance with national uniform billing requirements for hospital facilities (available on <http://www.nubc.org/>). Appendix A of this rule describes revenue codes that are covered under the medicaid hospital benefit.

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Effective:

R.C. 119.032 review dates: 07/15/2005

Certification

Date

Promulgated Under:	119.03
Statutory Authority:	5111.02
Rule Amplifies:	5111.01, 5111.02
Prior Effective Dates:	4/7/77, 12/21/77, 12/30/77, 1/8/79, 2/1/80, 10/1/83 (Emer), 12/29/83, 10/1/84, 11/9/84 (Emer), 2/4/85, 7/29/85, 7/3/86, 10/19/87, 4/23/88, 7/1/89, 12/1/89, 7/1/90, 9/3/91 (Emer), 11/10/91, 7/1/92, 7/1/93, 1/20/95, 12/29/95 (Emer), 3/16/96, 8/1/02, 10/1/03, 6/1/04

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Appendix
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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
Total Charge	000	1 - Total charge for claim	C	C
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

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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 that 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

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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

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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		

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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 (Cyropricipitates)	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

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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
*Note: See rule 5101:3-2-03 for coverage limitations pertaining to dental services provided in a hospital facility.				
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
		6 - Urgent Care Clinic	N	N
		9 - Other Freestanding Clinic	N	N
Osteopathic Services	053	0 - General Classification	C	C
		1 - Osteopathic Therapy	C	C
		9 - Other Osteopathic Services	C	C

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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
Home Health - Units of Service	059	0 - General Classification	N	N
		9 - Home Health Other Units	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

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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	N
		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
		9 - Other Cast Room	C	C

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General Category	1st Three Digits	4th Digit Detail Description	IP	OP
Recovery Room	071	0 - General Classification	C	C
		9 - Other Recovery Room	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
		9 - Other EEG	C	C
Gastro-Intestinal Services	075	0 - General Classification	C	C
		9 - Other Gastro-Intestinal	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
		9 - Other Preventive Care Services	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
		9 - Other Telemedicine	N	N
Extra-Corporeal Shock Wave Therapy	079	0 - General Classification	C	C
		9 - Other ESWT	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.

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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		

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General Category	1st Three Digits	4th Digit Detail Description	IP	OP		
Behavioral Health Treatments/Services - Extension of 090X	091	1 - Rehabilitation	N	C		
		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		
Medical Rehabilitation Day Program	093	9 - Other Diagnostic Services	C	C		
		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		
Professional Fees (Extension of 096X)	097	9 - Other Professional Fee	N	N		
		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				

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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		

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