Revenue Code Major Category	Revenue Code Subcategory	Description	Allowed by MAA	Inpt (RCC/DRG)	Outpatient	Limited To:
10X		**All Inclusive Rate**				
	0	Room & Board plus Ancillary	Y	Y	N	Long Term Care
	1	Room & Board	Y	Y	N	PM&R Providers
11X		**R & B Private, medical or general**				
	0	General Class	Y	Y	N	
	1	Medical/Surgical/GYN	Y	Y	N	
	2	OB	Y	Y	N	
	3	Pediatric	Y	Y	N	
	4	Psychiatric	Y	Y	N	
	5	Hospice	N	N	N	
	6	Detoxification	Y	Y	N	Detox Providers
	7	Oncology	Y	Y	N	
	8	Rehabilitation	Y	Y	N	PM&R Providers
	9	Other	N	N	N	
12X		**R & B Semi-Private-2 bed Med or Gen**				
	0	General Class	Y	Y	N	
	1	Medical/Surgical/GYN	Y	Y	N	
	2	OB	Y	Y	N	
	3	Pediatric	Y	Y	N	
	4	Psychiatric	Y	Y	N	
	5	Hospice	N	N	N	
	6	Detoxification	Y	Y	N	Detox Providers
	7	Oncology	Y	Y	N	
	8	Rehabilitation	Y	Y	N	PM&R Providers
	9	Other	N	N	N	
13X		**Semi-Private - 3 and 4 beds**				
	0	General Class	Y	Y	N	
	1	Medical/Surgical/GYN	Y	Y	N	
	2	OB	Y	Y	N	
	3	Pediatric	Y	Y	N	
	4	Psychiatric	Y	Y	N	
	5	Hospice	N	N	N	
	6	Detoxification	Y	Y	N	Detox Providers
	7	Oncology	Y	Y	N	
	8	Rehabilitation	Y	Y	N	PM&R Providers
	9	Other	N	N	N	

Y = Yes N = No

Revenue Code Major Category	Revenue Code Subcategory	Description	Allowed by MAA	Inpt (RCC/DRG)	Outpatient	Limited To:
14X		**Private (Deluxe)**				
	0	General Class	Y	Y	N	
	1	Medical/Surgical/GYN	Y	Y	N	
	2	OB	Y	Y	n	
	3	Pediatric	Y	Y	N	
	4	Psychiatric	Y	Y	N	
	5	Hospice	N	N	N	
	6	Detoxification	Y	Y	N	Detox Providers
	7	Oncology	Y	Y	N	
	8	Rehabilitation	Y	Y	N	PM&R Providers
	9	Other	N	N	N	
15X		**R & B Ward (Medical or General)**				
	0	General Class	Y	Y	N	Military Hosp
	1	Medical/Surgical/GYN	N	N	N	
	2	OB	N	N	N	
	3	Pediatric	N	N	N	
	4	Psychiatric	N	N	N	
	5	Hospice	N	N	N	
	6	Detoxification	N	N	N	
	7	Oncology	N	N	N	
	8	Rehabilitation	N	N	N	
	9	Other	N	N	N	
16X		**Other Room and Board**				
	0	General Class	N	N	N	
	4	Sterile Environment	N	N	N	
	6	Admin Days - State	Y	Y	N	
	7	Self Care	N	N	N	
	8	Chemical Using Pregnant Women	Y	Y	N	CUP Providers
	9	Administrative Day	Y	Y	N	
17X		**Nursery**				
	0	General Class	Y	Y	N	
	1	Newborn - Level I	Y	Y	N	
	2	Newborn - Level II	Y	Y	N	
	3	Newborn - Level III	Y	Y	N	
	4	Newborn - Level IV	Y	Y	N	
	9	Other	Y	Y	N	

Y = Yes N = No

Revenue Code Major Category	Revenue Code Subcategory	Description	Allowed by MAA	Inpt (RCC/DRG)	Outpatient	Limited To:
18X		**Leave of Absence**				
	0	General Class	N	N	N	
	1	Reserved	N	N	N	
	2	Patient Convenience	N	N	N	
	3	Therapeutic Leave	N	N	N	
	4	ICF/MR Any Reason	N	N	N	
	5	Nursing Home (for hospitalization)	N	N	N	
	9	Other Leave of Absence	N	N	N	
19X		**Subacute Care**				
	0	General Class	N	N	N	
	1	Subacute Care - Level I	N	N	N	
	2	Subacute Care - Level II	N	N	N	
	3	Subacute Care - Level III	N	N	N	
	4	Subacute Care - Level IV	N	N	N	
	9	Other Subacute Care	N	N	N	
20X		**Intensive Care**				
	0	General Class	Y	Y	N	
	1	Surgical	Y	Y	N	
	2	Medical	Y	Y	N	
	3	Pediatric	Y	Y	N	
	4	Psychiatric	Y	Y	N	Medicare Certified
	6	Intermediate ICU	N	N	N	
	7	Burn Care	Y	Y	N	
	8	Trauma	Y	Y	N	
	9	Other	N	N	N	
21X		**Coronary Care**				
	0	General Class	Y	Y	N	
	1	Myocardial Infarction	Y	Y	N	
	2	Pulmonary Care	Y	Y	N	
	3	Heart Transplant	Y	Y	N	
	4	Intermediate CCU	N	N	N	
	5	Other Coronary Care	N	N	N	

Y = Yes N = No

Revenue Code Major Category	Revenue Code Subcategory	Description	Allowed by MAA	Inpt (RCC/DRG)	Outpatient	Limited To:
22X		**Special Charges**				
	0	General Class	N	N	N	
	1	Admission Charge	N	N	N	
	2	Technical Support Charge	N	N	N	
	3	U.R. Service Charge	N	N	N	
	9	Other Special Charges	N	N	N	
23X		**Incremental Nursing Charge Rate**				
	0	General Class	N	N	N	
	1	Nursery	N	N	N	
	2	OB	N	N	N	
	3	ICU	N	N	N	
	4	CCU	N	N	N	
	5	Hospice	N	N	N	
	9	Other Coronary Care	N	N	N	
24X		**All Inclusive Ancillary**				
	0	General Class	N	N	N	
	9	Other Inclusive Ancillary	N	N	N	
25X		**Pharmacy**				
	0	General Class	Y	Y	Y	
	1	Generic Drugs	Y	Y	Y	
	2	Non-Generic Drugs	Y	Y	Y	
	3	Take Home Drugs	N	N	N	
	4	Drugs Incident to other Diag Services	Y	Y	Y	
	5	Drugs Incident to Radiology	Y	Y	Y	
	6	Experimental Drugs	N	N	N	
	7	Non-Prescription	Y	Y	Y	OP in facility use only
	8	IV Solutions	Y	Y	Y	
	9	Other Pharmacy	N	N	N	
26X		**IV Therapy**				
	0	General Class	Y	Y	Y	
	1	Infusion Pump	Y	Y	Y	
	2	IV Therapy/Pharmacy Services	Y	Y	Y	
	3	IV Therapy/Drug/Supply Delivery	Y	Y	Y	
	4	IV Therapy/Supplies	Y	Y	Y	
	9	Other IV Therapy	N	N	N	

Y = Yes N = No

Revenue Code Major Category	Revenue Code Subcategory	Description	Allowed by MAA	Inpt (RCC/DRG)	Outpatient	Limited To:
27X		**Medical/Surgical Supplies & Devices**				
	0	General Class	Y	Y	Y	
	1	Non Sterile Supply	Y	Y	Y	
	2	Sterile Supply	Y	Y	Y	
	3	Take Home Drugs	N	N	N	
	4	Prosthetic Devices	Y	Y	Y	
	5	Pace Maker	Y	Y	Y	
	6	Intraocular Lens	Y	Y	Y	
	7	Oxygen-Take Home	N	N	N	
	8	Other Implants	Y	Y	Y	
	9	Other Supplies/Devices	N	N	N	
28X		**Oncology**				
	0	General Class	Y	Y	Y	
	9	Other Oncology	N	N	N	
29X		**Durable Med Equip (other than Renal)**				
	0	General Class	N	N	N	
	1	Rental	N	N	N	
	2	Purchase of new DME	N	N	N	
	3	Purchase of Used DME	N	N	N	
	4	Supplies/Drugs for DME Effectiveness	N	N	N	
	9	Other Equipment	N	N	N	
30X		**Laboratory**				
	0	General Class	Y	Y	N	
	1	Chemistry	Y	Y	N	
	2	Immunology	Y	Y	N	
	3	Renal Patient (home)	N	N	N	
	4	Non-Routine Dialysis	N	N	N	
	5	Hematology	Y	Y	N	
	6	Bacteriology & Microbiology	Y	Y	N	
	7	Urology	Y	Y	N	
	9	Other Laboratory	N	N	N	

Y = Yes N = No

Revenue Code Major Category	Revenue Code Subcategory	Description	Allowed by MAA	Inpt (RCC/DRG)	Outpatient	Limited To:
31X		**Laboratory Pathological**				
	0	General Class	Y	Y	N	
	1	Cytology	Y	Y	N	
	2	Histology	Y	Y	N	
	4	Biopsy	Y	Y	N	
	9	Other	N	N	N	
32X		**Radiology - Diagnostic**				
	0	General Class	Y	Y	N	
	1	Angiocardiography	Y	Y	N	
	2	Arthrography	Y	Y	N	
	3	Arteriography	Y	Y	N	
	4	Chest x-ray	Y	Y	N	
	9	Other	N	N	N	
33X		**Radiology - Therapeutic**				
	0	General Class	Y	Y	N	
	1	Chemotherapy - Injected	Y	Y	N	
	2	Chemotherapy - Oral	Y	Y	N	
	3	Radiation Therapy	Y	Y	N	
	5	Chemotherapy - IV	Y	Y	N	
	9	Other	N	N	N	
340		**Nuclear Medicine**				
	0	General Class	Y	Y	N	
	1	Diagnostic	Y	Y	N	
	2	Therapeutic - Oral	Y	Y	N	
	9	Other	N	N	N	
35X		**CT Scan**				
	0	General Class	Y	Y	N	
	1	Head Scan	Y	Y	N	
	2	Body Scan	Y	Y	N	
	9	Other CT Scans	N	N	N	
36X		**Operating Room Services**				
	0	General Class	Y	Y	Y	
	1	Minor Surgery	Y	Y	Y	
	2	Organ Transplant-Other than Kidney	Y	Y	N	
	7	Kidney Transplant	Y	Y	N	
	9	Other Operating Room Services	N	N	N	

Y = Yes N = No

Revenue Code Major Category	Revenue Code Subcategory	Description	Allowed by MAA	Inpt (RCC/DRG)	Outpatient	Limited To:
37X		**Anesthesia**				
	0	General Class	Y	Y	Y	
	1	Anesthesia Incident to RAD	Y	Y	Y	
	2	Anesthesia Incident to other Diag Serv	Y	Y	Y	
	4	Acupuncture	N	N	N	
	9	Other Anesthesia	N	N	N	
38X		**Blood**				
	0	General Class	N	N	N	
	1	Packed Red Cells	N	N	N	
	2	Whole Blood	N	N	N	
	3	Plasma	N	N	N	
	4	Platelets	N	N	N	
	5	Leucocytes	N	N	N	
	6	Other Components	N	N	N	
	7	Other Derivatives (cryopricipitates)	N	N	N	
	9	Other Blood	N	N	N	
39X		**Blood Storage and Processing**				
	0	General Class	Y	Y	Y	
	1	Blood Administration	Y	Y	Y	
	9	Other Blood Storage & Processing	N	N	N	
40X		**Other Imaging Services**				
	0	General Class	Y	Y	Y	
	1	Mammography	Y	Y	Y	
	2	Ultrasound	Y	Y	Y	
	3	Screening Mammography	Y	Y	Y	
	9	Other Image Services	N	N	N	
41X		**Respiratory Services**				
	0	General Class	Y	Y	Y	
	1	Inhalation Services	Y	Y	Y	
	2	Hyperbaric Oxygen Therapy	Y	Y	Y	
	9	Other Respiratory Services	N	N	N	

Y = Yes N = No

Revenue Code Major Category	Revenue Code Subcategory	Description	Allowed by MAA	Inpt (RCC/DRG)	Outpatient	Limited To:
42X		**Physical Therapy**				
	0	General Class	Y	Y	N	
	1	Visit Charge	Y	Y	N	
	2	Hourly Charge	Y	Y	N	
	3	Group Rate	Y	Y	N	
	4	Evaluation or Re-Eval	Y	Y	N	
	9	Other Physical Therapy	N	N	N	
43X		**Occupational Therapy**				
	0	General Class	Y	Y	N	
	1	Visit Charge	Y	Y	N	
	2	Hourly Charge	Y	Y	N	
	3	Group Rate	Y	Y	N	
	4	Evaluation or Re-Eval	Y	Y	N	
	9	Other Occupational Therapy	N	N	N	
44X		**Speech-Language Therapy**				
	0	General Class	Y	Y	N	
	1	Visit Charge	Y	Y	N	
	2	Hourly Charge	Y	Y	N	
	3	Group Rate	Y	Y	N	
	4	Evaluation or Re-Eval	Y	Y	N	
	9	Other Speech/Lang. Path	N	N	N	
45X		**Emergency Room**				
	0	General Class	Y	Y	Y	
	1	EMTALA Emergency Screening Svs	N	N	N	
	2	ER beyond EMTALA Screening	N	N	N	
	6	Urgent Care	N	N	N	
	9	Other Emergency Room	N	N	N	

Y = Yes N = No

Revenue Code Major Category	Revenue Code Subcategory	Description	Allowed by MAA	Inpt (RCC/DRG)	Outpatient	Limited To:
46X		**Pulmonary Function**				
	0	General Class	Y	Y	Y	
	9	Other Pulmonary Func	N	N	N	
47X		**Audiology**				
	0	General Class	N	N	N	
	1	Diagnostic	N	N	N	
	2	Treatment	N	N	N	
	9	Other Audiology	N	N	N	
48X		**Cardiology**				
	0	General Class	Y	Y	Y	
	1	Cardiac Cath Lab	Y	Y	Y	
	2	Stress Test	Y	Y	Y	
	3	Echocardiology	Y	Y	Y	
	9	Other Cardiology	N	N	N	
49X		**Ambulatory Surgical Care**				
	0	General Class	Y	N	Y	
	9	Other Ambulatory Surgical Care	N	N	N	
50X		**Outpatient Services**				
	0	General Class	Y	N	Y	
	9	Other	N	N	N	
51X		**Clinic**				
	0	General Class	Y	N	Y	Univ & Harborview
	1	Chronic Pain Center	Y	Y	N	St Joes - Tacoma
	2	Dental Clinic	Y	N	Y	Harborview
	3	Psychiatric Clinic	N	N	N	
	4	OB-GYN Clinic	N	N	N	
	5	Pediatric Clinic	N	N	N	
	6	Urgent Care Clinic	N	N	N	
	7	Family Practice Clinic	N	N	N	
	9	Other Clinic	Y	N	Y	Univ & Harborview

Y = Yes N = No

Revenue Code Major Category	Revenue Code Subcategory	Description	Allowed by MAA	Inpt (RCC/DRG)	Outpatient	Limited To:
52X		**Free Standing Clinic**				
	0	General Class	N	N	N	
	1	Rural Health-Clinic	Y	N	Y	Rural Health Providers
	2	Rural Health-Home	N	N	N	
	3	Family Practice	N	N	N	
	6	Urgent Care Clinic	N	N	N	
	9	Other Clinic	N	N	N	
53X		**Osteopathic Services**				
	0	General Class	N	N	N	
	1	Osteopathic Therapy	N	N	N	
	9	Other Osteopathic Services	N	N	N	
54X		**Ambulance**				
	0	General Class	N	N	N	
	1	Supplies	N	N	N	
	2	Medical Transport	N	N	N	
	3	Heart Mobile	N	N	N	
	4	Oxygen	N	N	N	
	5	Air Ambulance	N	N	N	
	6	Neonatal Ambulance Services	Y	Y	N	Childrens Hospital
	7	Pharmacy	N	N	N	
	8	EKG 9Telephonic Transmission)	N	N	N	
	9	Other Ambulance	N	N	N	
55X		**Skilled Nursing**				
	0	General Class	N	N	N	
	1	Visit Charge	N	N	N	
	2	Hourly Charge	N	N	N	
	8	SK NSG/High Risk OB	N	N	N	
	9	Other Skilled Nursing	N	N	N	
56X		**Medical Social Services**				
	0	General Class	N	N	N	
	1	Visit Charge	N	N	N	
	2	Hourly Charge	N	N	N	
	9	Other Med. Social Services	N	N	N	

Y = Yes N = No

Revenue Code Major Category	Revenue Code Subcategory	Description	Allowed by MAA	Inpt (RCC/DRG)	Outpatient	Limited To:
57X		**Home Health Aide (Home Health)**				
	0	General Class	N	N	N	
	1	Visit Charge	N	N	N	
	2	Hourly Charge	N	N	N	
	9	Health Aide	N	N	N	
58X		**Other Visits (Home Health)**				
	0	General Class	N	N	N	
	1	Visit Charge	N	N	N	
	2	Hourly Charge	N	N	N	
	9	Other Home Health Visits	N	N	N	
59X		**Units of Service (Home Health)**				
	0	General Class	N	N	N	
	9	Home Health Other Units	N	N	N	
60X		**Oxygen (Home Health)**				
	0	General Class	N	N	N	
	1	Oxygen-State/Equip/Suppl/ or Cont	N	N	N	
	2	Oxygen-State/Equip/Suppl/ under 1 LPM	N	N	N	
	3	Oxygen-State/Equip/ over 4 LPM	N	N	N	
	4	Oxygen-Portable add-on	N	N	N	
	9	Other Oxygen	N	N	N	
61X		**MRI**				
	0	General Class	Y	Y	N	
	1	MRI-Brain (including Brainstem)	Y	Y	N	
	2	MRI-Spinal Cord (including Spine)	Y	Y	N	
	3	RESERVED	N	N	N	
	4	MRI - Other	Y	Y	N	
	5	MRA - Head and Neck	Y	Y	N	
	6	MRA - Lower Extremities	Y	Y	N	
	7	RESERVED	N	N	N	
	8	MRA - Other	Y	Y	N	
	9	Other MRT	N	N	N	
62X		**Medical/Surgical Supplies and Devices**				
	1	Supplies Incident to Radiology	N	N	N	
	2	Supplies Incident to Other Diag Svs	N	N	N	
	4	FDA Investigational Devices	N	N	N	

Y = Yes N = No

Revenue Code Major Category	Revenue Code Subcategory	Description	Allowed by MAA	Inpt (RCC/DRG)	Outpatient	Limited To:
63X		**Drugs Requiring Specific Identification**				
	0	General Class	N	N	N	
	1	Single Source Drug	N	N	N	
	2	Multiple Source Drug	N	N	N	
	3	Restrictive Prescription	N	N	N	
	4	Erythropoietin (EPO)less than 10,000	Y	Y	Y	
	5	Erythropoietin (EPO) 10,000 +	Y	Y	Y	
	6	Drugs Requiring Detailed Coding	Y	Y	Y	
64X		**Home IV Therapy Services**				
	0	General Class	N	N	N	
	1	Nonroutine Nursing, Central Line	N	N	N	
	2	IV Site Care, Central Line	N	N	N	
	3	IV Start/Change, Peripheral Line	N	N	N	
	4	Nonroutine Nursing, Peripheral Line	N	N	N	
	5	Training Patient/Caregiver Central Line	N	N	N	
	6	Training, Disabled Patient, Central Line	N	N	N	
	7	Training Patient/Caregiver, Peripheral Line	N	N	N	
	8	Training, Disabled Patient, Peripheral Line	N	N	N	
	9	Other IV Therapy Services or more units	N	N	N	
65X		**Hospice Services**				
	0	General Class	Y	N	Y	Hospice Providers
	1	Routine Home Care	Y	N	Y	Hospice Providers
	2	Continuous Home Care	Y	N	Y	Hospice Providers
	3	RESERVED	N	N	N	
	4	RESERVED	N	N	N	
	5	Inpatient Respite Care	Y	N	Y	Hospice Providers
	6	General Inpatient Care (non-respite)	Y	N	Y	Hospice Providers
	7	Physician Services	N	N	N	
	9	Other Hospice	N	N	N	
66X		**Respite Care (HHA Only)**				
	0	General Class	N	N	N	
	1	Hourly Charge/ Skilled Nursing	N	N	N	
	2	Hourly Charge/Home Health Aide/Homemaker	N	N	N	

Y = Yes N = No

Revenue Code Major Category	Revenue Code Subcategory	Description	Allowed by MAA	Inpt (RCC/DRG)	Outpatient	Limited To:
67X		**Outpatient Special Residence Charges**				
	0	General Class	N	N	N	
	1	Hospital Based	N	N	N	
	2	Contracted	N	N	N	
	9	Other Special Residence Charges	N	N	N	
68X		**Not Assigned**				
69X		**Not Assigned**				
70X		**Cast Room**				
	0	General Class	Y	Y	Y	
	2	Other Cast Room	N	N	N	
71X		**Recovery Room**				
	0	General Class	Y	Y	Y	
	2	Other Recovery Room	N	N	N	
72X		**Labor Room/Delivery**				
	0	General Class	Y	Y	Y	
	1	Labor	Y	Y	Y	
	2	Delivery	Y	Y	N	
	3	Circumcision	N	N	N	
	4	Birthing Center	Y	Y	N	
	9	Other Labor Room/Delivery	N	N	N	
73X		**EKG/ECG (Electrocardiogram)**				
	0	General Class	Y	Y	Y	
	1	Holter Monitor	Y	Y	Y	
	2	Telemetry	Y	Y	Y	
	9	Other EKG/ECG	N	N	N	
74X		**EEG (electroencephalogram)**				
	0	General Class	Y	Y	Y	
	9	Other EEG	N	N	N	
75X		**Gastro-Intestinal Services**				
	0	General Class	Y	Y	Y	
	9	Other Gastroenteritises	N	N	N	

Y = Yes N = No

Revenue Code Major Category	Revenue Code Subcategory	Description	Allowed by MAA	Inpt (RCC/DRG)	Outpatient	Limited To:
76X		**Treatment or Observation Room**				
	0	General Class	Y	N	Y	
	1	Treatment Room	Y	N	Y	
	2	Observation Room	Y	N	Y	
	9	Other Treatment Room	N	N	N	
77X		**Preventive Care Services**				
	0	General Class	N	N	N	
	1	Vaccine Administration	N	N	N	
	9	Other	N	N	N	
78X		**Telemedicine**				
	0	General Class	N	N	N	
	9	Other	N	N	N	
79X		**Lithotripsy**				
	0	General Class	Y	Y	Y	
	9	Other Lithotripsy	N	N	N	
80X		**Inpatient Renal Dialysis**				
	0	General Class	Y	Y	Y	
	1	Inpatient Hemodialysis	Y	Y	Y	
	2	Inpatient Peritoneal (Non-CAPD)	Y	Y	Y	
	3	Inpatient Continuous Ambulatory Pert Dial	Y	Y	Y	
	4	Inpatient Continuous Cycling Peritoneal	Y	Y	Y	
	9	Other Inpatient Dialysis	N	N	N	
81X		**Organ Acquisition (also see 89X)**				
	0	General Class	Y	Y	Y	
	1	Living Donor	Y	Y	Y	
	2	Cadaver Donor	Y	Y	Y	
	3	Unknown Donor	N	N	N	
	9	Other Donor	N	N	N	
82X		**Hemodialysis-Outpatient or Home**				
	0	General Class	Y	N	Y	
	1	Hemodialysis/Composite or other rate	Y	N	Y	
	2	Home Supplies	N	N	N	
	3	Home Equipment	N	N	N	
	4	Maintenance/ 100%	N	N	N	
	5	Support Services	Y	N	Y	Kidney Ctr Home Helper
	9	Other Outpatient Hemodialysis	N	N	N	

Y = Yes N = No

Revenue Code Major Category	Revenue Code Subcategory	Description	Allowed by MAA	Inpt (RCC/DRG)	Outpatient	Limited To:
83X		**Peritoneal Dialysis - Outpatient or Home**				
	0	General Class	Y	N	Y	
	1	Peritoneal/Composite or other rate	Y	N	Y	
	2	Home Supplies	N	N	N	
	3	Home Equipment	N	N	N	
	4	Maintenance/ 100%	N	N	N	
	5	Support Services	Y	N	Y	
	9	Other Outpatient Peritoneal Dialysis	N	N	N	
84X		**Continuous Ambulatory Peritoneal Dialysis**				
	0	General Class	Y	N	Y	
	1	CAPD/Composite or other Rate	Y	N	Y	
	2	Home Supplies	N	N	N	
	3	Home Equipment	N	N	N	
	4	Maintenance/ 100%	N	N	N	
	5	Support Services	Y	N	Y	
	9	Other Outpatient CAPD	N	N	N	
85X		**Continuous Cycling Peritoneal Dialysis**				
	0	General Class	Y	N	Y	
	1	CCPD/Composite or other rate	Y	N	Y	
	2	Home Supplies	N	N	N	
	3	Home Equipment	N	N	N	
	4	Maintenance/ 100%	N	N	N	
	5	Support Services	Y	N	Y	
	9	Other Outpatient CAPD	N	N	N	
86X		**RESERVED FOR DIALYSIS (National Assign)**				
87X		**RESERVED FOR DIALYSIS (National Assign)**				
88X		**Miscellaneous Dialysis**				
	0	General Class	Y	N	Y	
	1	Ultrafiltration	Y	N	Y	
	2	Home Dialysis Aid Visit	Y	N	Y	
	9	Misc Dialysis Other	N	N	N	

Y = Yes N = No

Revenue Code Major Category	Revenue Code Subcategory	Description	Allowed by MAA	Inpt (RCC/DRG)	Outpatient	Limited To:
89X		**Other Donor Bank (extension of 81X)**				
	0	General Class	Y	Y	Y	
	1	Bone	Y	Y	Y	
	2	Organ (other than Kidney)	Y	Y	Y	
	3	Skin	Y	Y	Y	
	7	Periph. Blood Stem Cell Transp-Harvesting	Y	Y	Y	Centers of Excellence
	8	Periph. Blood Stem Cell Transp-Reinfusion	Y	Y	Y	Centers of Excellence
	9	Other Donor Bank	N	N	N	
90X		**Psychiatric/Psychological Treatments**				
	0	General Class	N	N	N	
	1	Electroshock Treatment	Y	Y	Y	
	2	Milieu Therapy	N	N	N	
	3	Play Therapy	N	N	N	
	4	Activity Therapy	N	N	N	
	9	Other	N	N	N	
91x		**Psychiatric/Psychological Services**				
	0	General Class	N	N	N	
	1	Rehabilitation	Y	Y	N	PM&R Providers Only
	2	Partial Hospitalization	N	N	N	
	4	Individual Therapy	N	N	N	
	5	Group Therapy	N	N	N	
	6	Family Therapy	N	N	N	
	7	Bio Feedback	N	N	N	
	8	Testing	Y	Y	N	Carondelet
	9	Other	N	N	N	
92X		**Other Diagnostic Services**				
	0	General Class	N	N	N	
	1	Peripheral Vascular Lab	Y	Y	Y	
	2	Electromyelogram	Y	Y	Y	
	3	Pap Smear	N	N	N	
	4	Allergy Test	N	N	N	
	5	Pregnancy Test	N	N	N	
	9	Other Diagnostic Services	N	N	N	
93X		**NOT ASSIGNED**				

Y = Yes N = No

Revenue Code Major Category	Revenue Code Subcategory	Description	Allowed by MAA	Inpt (RCC/DRG)	Outpatient	Limited To:
94X		**Other Therapeutic Services**				
	0	General Class	N	N	N	
	1	Recreational Therapy	N	N	N	
	2	Education/Training	Y	N	Y	Diabetic Education Prov
	3	Cardiac Rehabilitation	N	N	N	
	4	Drug Rehabilitation	N	N	N	
	5	Alcohol Rehabilitation	N	N	N	
	6	Air Fluidize Support Beds	N	N	N	
	8	Weight Loss, Initial Visit (state)	Y	N	Y	Weight Loss Providers
	9	Weight Loss, Follow-up Visit (state)	Y	N	Y	Weight Loss Providers
95X		**NOT ASSIGNED**				
96X		**Professional Fees (also see 97X and 98X)**				
	0	General Class	N	N	N	
	1	Psychiatric	N	N	N	
	2	Opthamology	N	N	N	
	3	Anesthesiologist (MD)	N	N	N	
	4	Anesthetist (CRNA)	N	N	N	
	9	Other Professional Fees	N	N	N	
97X		**Professional Fees (extension of 96X)**				
	1	Laboratory	N	N	N	
	2	Radiology-Diagnostic	N	N	N	
	3	Radiology-Therapeutic	N	N	N	
	4	Radiology-Nuclear Medicine	N	N	N	
	5	Operating Room	N	N	N	
	6	Respiratory Therapy	N	N	N	
	7	Physical Therapy	N	N	N	
	8	Occupational Therapy	N	N	N	
	9	Speech Pathology	N	N	N	

Y = Yes N = No

Revenue Code Major Category	Revenue Code Subcategory	Description	Allowed by MAA	Inpt (RCC/DRG)	Outpatient	Limited To:
98X		**Professional Fees (extension of 96X and 97X)**				
	1	Emergency Room	N	N	N	
	2	Outpatient Services	N	N	N	
	3	Clinic	N	N	N	
	4	Medical Social Services	N	N	N	
	5	EKG	N	N	N	
	6	EEG	N	N	N	
	7	Hospital Visit	N	N	N	
	8	Consultation	N	N	N	
	9	Private Duty Nurse	N	N	N	
99X		**Patient Convenience Items**				
	0	General Class	N	N	N	
	1	Cafeteria/Guest Tray	N	N	N	
	2	Private Linen Service	N	N	N	
	3	Telephone/Telegraph	N	N	N	
	4	TV/Radio	N	N	N	
	5	Nonpatient Room Rentals	N	N	N	
	6	Late Discharge Charge	N	N	N	
	7	Admission Kits	N	N	N	
	8	Beauty Shop/Barber	N	N	N	
	9	Other Patient Convenience Items	N	N	N	

Y = Yes N = No