

Table 2 - Revenue Codes				
General Category	Code Category	Revenue Code	Revenue Code Description	Inpatient Coverage Code
Health Insurance - PPS	002	0022	Skilled Nursing Facility PPS	NC
		0023	Home Health PPS	NC
		0024	Inpatient Rehabilitation Facility PPS	NC
All Inclusive Rate	010	0100	All-inclusive Room and Board Plus Ancillary	C
		0101	All-Inclusive Room and Board	C
Room & Board - Private (Medical or General)	011	0110	General Classification	C
		0111	Medical/Surgical/Gyn	C
		0112	OB	C
		0113	Pediatric	C
		0114	Psychiatric	C
		0115	Hospice	C
		0116	Detoxification	C
		0117	Oncology	C
		0118	Rehabilitation	C
		0119	Other	C
Room & Board - Semi-Private	012	0120	General Classification	C
Two Bed (Medical or General)		0121	Medical/Surgical/Gyn	C
		0122	OB	C
		0123	Pediatric	C
		0124	Psychiatric	C
		0125	Hospice	C
		0126	Detoxification	C
		0127	Oncology	C
		0128	Rehabilitation	C
		0129	Other	C
		Room & Board - Semi-Private - Three and Four Beds	013	0130
0131	Medical/Surgical/Gyn			C
0132	OB			C
0133	Pediatric			C
0134	Psychiatric			C
0135	Hospice			C
0136	Detoxification			C
0137	Oncology			C
0138	Rehabilitation			C
0139	Other			C

**Ohio Bureau of Workers' Compensation
2018 Hospital Inpatient Services
Appendix**

Room & Board - Private (Deluxe)	014	0140	General Classification	NC
		0141	Medical/Surgical/Gyn	NC
		0142	OB	NC
		0143	Pediatric	NC
		0144	Psychiatric	NC
		0145	Hospice	NC
		0146	Detoxification	NC
		0147	Oncology	NC
		0148	Rehabilitation	NC
		0149	Other	NC
Room & Board - Ward (Medical or General)	015	0150	General Classification	C
		0151	Medical/Surgical/Gyn	C
		0152	OB	C
		0153	Pediatric	C
		0154	Psychiatric	C
		0155	Hospice	C
		0156	Detoxification	C
		0157	Oncology	C
		0158	Rehabilitation	C
		0159	Other	C
Room & Board - Other	016	0160	General Classification	C
		0164	Sterile Environment	C
		0167	Self-Care	NC
		0169	Other	C
Nursery	017	0170	General Classification	NC
		0171	Newborn - Level I	NC
		0172	Newborn - Level II	NC
		0173	Newborn - Level III	NC
		0174	Newborn - Level IV	NC
		0179	Other	NC
Leave of Absence	018	0180	General Classification	C
		0182	Patient Convenience	NC
		0183	Therapeutic Leave	C
		0185	Hospitalization	NC
		0189	Other Leave of Absence	C
Subacute Care	019	0190	General Classification	C
		0191	Subacute Care - Level I	C
		0192	Subacute Care - Level II	C
		0193	Subacute Care - Level III	C
		0194	Subacute Care - Level IV	C
		0199	Other Subacute Care	C
Intensive Care	020	0200	General Classification	C
		0201	Surgical	C

**Ohio Bureau of Workers' Compensation
2018 Hospital Inpatient Services
Appendix**

		0202	Medical	C
		0203	Pediatric	C
		0204	Psychiatric	C
		0206	Intermediate ICU	C
		0207	Burn Care	C
		0208	Trauma	C
		0209	Other Intensive Care	C
Coronary Care	021	0210	General Classification	C
		0211	Myocardial Infarction	C
		0212	Pulmonary Care	C
		0213	Heart Transplant	C
		0214	Intermediate ICU	C
		0219	Other Coronary Care	C
Special Charges	022	0220	General Classification	C
		0221	Admission Charge	C
		0222	Technical Support Charge	C
		0223	U.R. Service Charge	C
		0224	Late Discharge, Medically Nec.	C
		0229	Other Special Charges	C
Incremental Nursing Charge Rate	023	0230	General Classification	C
		0231	Nursery	NC
		0232	OB	C
		0233	ICU	C
		0234	CCU	C
		0235	Hospice	C
		0239	Other	C
All Inclusive Ancillary	024	0240	General Classification	C
		0241	Basic	C
		0242	Comprehensive	C
		0243	Specialty	C
		0249	Other All Inclusive Ancillary	C
Pharmacy (Also see 063X, an extension of 025X)	025	0250	General Classification	C
		0251	Generic Drugs	C
		0252	Non-Generic Drugs	C
		0253	Take Home Drugs	C
		0254	Drugs Incident to other Diagnostic services	C
		0255	Drugs Incident to Radiology	C
		0256	Experimental Drugs	NC
		0257	Non-Prescription Drugs	C
		0258	IV Solution	C
		0259	Other Pharmacy	C

**Ohio Bureau of Workers' Compensation
2018 Hospital Inpatient Services
Appendix**

IV Therapy	026	0260	General Classification	C
		0261	Infusion Pump	C
		0262	IV Therapy/Pharmacy	C
		0263	IV Therapy/Drug/Supply/Delivery	C
		0264	IV Therapy/Supplies	C
		0269	Other IV Therapy	C
Medical/Surgical Supplies and Devices (Also see 062X, and extension of 027X)	027	0270	General Classification	C
		0271	Non Sterile Supply	C
		0272	Sterile Supply	C
		0273	Take Home Supplies	C
		0274	Prosthetic/Orthotic Devices	C
		0275	Pacemaker	C
		0276	Intraocular Lens	C
		0277	Oxygen-Take Home	C
		0278	Other Implant	C
		0279	Other Supplies/Devices	C
Oncology	028	0280	General Classification	C
		0289	Other Oncology	C
Durable Medical Equipment (Other than Rental)	029	0290	General Classification	C
		0291	Rental	C
		0292	Purchase of New DME	C
		0293	Purchase of Used DME	C
		0294	Supplies/Drugs for DME Effectiveness (HHA only)	NC
		0299	Other Equipment	C
Laboratory	030	0300	General Classification	C
		0301	Chemistry	C
		0302	Immunology	C
		0303	Renal Patient (home)	C
		0304	Non-routine Dialysis	C
		0305	Hematology	C
		0306	Bacteriology & Microbiology	C
		0307	Urology	C
		0309	Other Laboratory	C
Laboratory Pathological	031	0310	General Classification	C
		0311	Cytology	C
		0312	Histology	C
		0314	Biopsy	C
		0319	Other Laboratory Pathological	C
Radiology - Diagnostic	032	0320	General Classification	C

**Ohio Bureau of Workers' Compensation
2018 Hospital Inpatient Services
Appendix**

		0321	Angiocardiology	C
		0322	Arthrography	C
		0323	Arteriography	C
		0324	Chest X-ray	C
		0329	Other Radiology - Diagnostic	C
Radiology - Therapeutic and/or Chemotherapy Administration	033	0330	General Classification	C
		0331	Chemotherapy Administration - Injected	C
		0332	Chemotherapy Admin. - Oral	C
		0333	Radiation Therapy	C
		0335	Chemotherapy Admin. - IV	C
		0339	Other Radiology - Therapeutic	C
Nuclear Medicine	034	0340	General Classification	C
		0341	Diagnostic Procedures	C
		0342	Therapeutic Procedures	C
		0343	Diagnostic Radiopharmaceutical	C
		0344	Therapeutic Radiopharmaceutical	C
		0349	Other	C
CT Scan	035	0350	General Classification	C
		0351	Head Scan	C
		0352	Body Scan	C
		0359	Other CT Scan	C
Operating Room Services	036	0360	General Classification	C
		0361	Minor Surgery	C
		0362	Organ Transplant-Other Than Kidney	C
		0367	Kidney Transplant	C
		0369	Other Operating Room Services	C
Anesthesia	037	0370	General Classification	C
		0371	Anesthesia Incident to Radiology	C
		0372	Anesthesia Incident to Other Diagnostic Services	C
		0374	Acupuncture	C
		0379	Other Anesthesia	C
Blood	038	0380	General Classification	C
		0381	Packed Blood Cells	C
		0382	Whole Blood	C
		0383	Plasma	C
		0384	Platelets	C
		0385	Leucocytes	C
		0386	Other Components	C
		0387	Other Derivatives (Cryoprecipitate)	C
		0389	Other Blood	C

**Ohio Bureau of Workers' Compensation
2018 Hospital Inpatient Services
Appendix**

Blood and Blood Components	039	0390	General Classification	C
Administration, Processing		0391	Administration (Transfusions)	C
Storage		0392	Processing and Storage	C
		0399	Other Processing and Storage	C
Other Imaging Services	040	0400	General Classification	C
		0401	Diagnostic Mammography	C
		0402	Ultrasound	C
		0403	Screening Mammography	C
		0404	Positron Emission Tomography	C
		0409	Other Imaging Service	C
Respiratory Services	041	0410	General Classification	C
		0412	Inhalation Services	C
		0413	Hyperbaric Oxygen Therapy	C
		0419	Other Respiratory Services	C
Physical Therapy	042	0420	General Classification	C
		0421	Visit Charge	C
		0422	Hourly Charge	C
		0423	Group Rate	C
		0424	Evaluation or Re-evaluation	C
		0429	Other Physical Therapy	C
Occupational Therapy	043	0430	General Classification	C
		0431	Visit Charge	C
		0432	Hourly Charge	C
		0433	Group Rate	C
		0434	Evaluation or Re-evaluation	C
		0439	Other Occupational Therapy	C
Speech-Language Pathology	044	0440	General Classification	C
		0441	Visit Charge	C
		0442	Hourly Charge	C
		0443	Group Rate	C
		0444	Evaluation or Re-evaluation	C
		0449	Other Speech-Language Pathology	C
Emergency Room	045	0450	General Classification	C
		0451	EMTALA Emergency Medical Screening Services	C
		0452	ER Beyond EMTALA Screening Services	C
		0456	Urgent Care	C
		0459	Other Emergency Room	C
Pulmonary Function	046	0460	General Classification	C

**Ohio Bureau of Workers' Compensation
2018 Hospital Inpatient Services
Appendix**

		0469	Other Pulmonary Function	C
Audiology	047	0470	General Classification	C
		0471	Diagnostic	C
		0472	Treatment	C
		0479	Other Audiology	C
Cardiology	048	0480	General Classification	C
		0481	Cardiac Cath Lab	C
		0482	Stress Test	C
		0483	Echocardiography	C
		0489	Other Cardiology	C
Ambulatory Surgical Care	049	0490	General Classification	NC
		0499	Other Ambulatory Surgical Care	NC
Outpatient Services	050	0500	General Classification	NC
		0509	Other Outpatient Service	NC
Clinic	051	0510	General Classification	C
		0511	Chronic Pain Center	C
		0512	Dental Clinic	C
		0513	Psychiatric Clinic	C
		0514	OB-GYN Clinic	C
		0515	Pediatric Clinic	C
		0516	Urgent Care Clinic	C
		0517	Family Practice Clinic	C
		0519	Other Clinic	C
Free-Standing Clinic	052	0520	General Classification	NC
		0521	Rural Health-Clinic	NC
		0522	Rural Health-Home	NC
		0523	Family Practice Clinic	NC
		0524	Visit by RHC/FQHC Practitioner - SNF (Covered by Part A)	NC
		0525	Visit by RHC/FQHC Practitioner - SNF(not a Covered Part A Stay) or NF or ICF MR or Other Residential Facility	NC
		0526	Urgent Care Clinic	NC
		0527	Visiting Nurse Service(s)- in a Home Health Shortage Area	NC
		0528	Visit by RHC/FQHC Practitioner to Other Site	NC
		0529	Other Freestanding Clinic	NC
Osteopathic Services	053	0530	General Classification	C
		0531	Osteopathic Therapy	C
		0539	Other Osteopathic Services	C

**Ohio Bureau of Workers' Compensation
2018 Hospital Inpatient Services
Appendix**

Ambulance	054	0540	General Classification	NC
		0541	Supplies	NC
		0542	Medical Transport	NC
		0543	Heart Mobile	NC
		0544	Oxygen	NC
		0545	Air Ambulance	NC
		0546	Neonatal Ambulance Service	NC
		0547	Pharmacy	NC
		0548	Telephone Transmission EKG	NC
		0549	Other Ambulance	NC
Skilled Nursing	055	0550	General Classification	NC
		0551	Visit Charge	NC
		0552	Hourly Charge	NC
		0559	Other Skilled Nursing	NC
Medical Social Services	056	0560	General Classification	NC
		0561	Visit Charge	NC
		0562	Hourly Charge	NC
		0569	Other Medical Social Services	NC
Home Health - Home Health Aide	057	0570	General Classification	NC
		0571	Visit Charge	NC
		0572	Hourly Charge	NC
		0579	Other Home Health Aide	NC
Home Health - Other Visits	058	0580	General Classification	NC
		0581	Visit Charge	NC
		0582	Hourly Charge	NC
		0583	Assessment	NC
		0589	Other Home Health Visit	NC
Home Health Service	059	0590	General Classification	NC
Home Health - Oxygen	060	0600	General Classification	NC
		0601	Oxygen - State/Equip/Supply/or Cont	NC
		0602	Oxygen - State/Equip/Supply/under 1 LPM	NC
		0603	Oxygen - State/Equip/Over 4 LPM	NC
		0604	Oxygen - Portable Add-on	NC
		0609	Other Oxygen	NC
Magnetic Resonance Technology (MRT)	061	0610	General Classification	C
		0611	MRI - Brain (Including Brainstem)	C
		0612	MRI - Spinal Cord (Incl. Spine)	C
		0614	MRI - Other	C
		0615	MRA - Head and Neck	C

**Ohio Bureau of Workers' Compensation
2018 Hospital Inpatient Services
Appendix**

		0616	MRA - Lower Extremities	C
		0618	MRA - Other	C
		0619	Other MRT	C
Medical/Surgical	062	0621	Supplies Incident to Radiology	C
Supplies Extension		0622	Supplies Incident to Other Diagnostic Services	C
of 027X		0623	Surgical Dressings	C
		0624	FDA Investigational Devices	NC
Pharmacy - Extension of 025X	063	0631	Single Source Drug	C
		0632	Multiple Source Drug	C
		0633	Restrictive Prescription	C
		0634	Erythropoietin (EPO) Less Than 10,000 Units	C
		0635	Erythropoietin (EPO) 10,000 or More Units	C
		0636	Drugs Requiring Detailed Coding	C
		0637	Self-administrable Drugs	C
Home IV Therapy Services	064	0640	General Classification	NC
		0641	Nonroutine Nursing, Central Line	NC
		0642	IV Site Care, Central Line	NC
		0643	IV Start/Change, Peripheral Line	NC
		0644	Nonroutine Nurs., Peripheral line	NC
		0645	Training, Patient/Caregiver, Central Line	NC
		0646	Training, Disabled, Central Line	NC
		0647	Training, Patient/Caregiver, Peripheral Line	NC
		0648	Training, Disabled Patient, Peripheral Line	NC
		0649	Other IV Therapy Services	NC
Hospice Service	065	0650	General Classification	C
		0651	Routine Home Care	NC
		0652	Continuous Home Care	NC
		0655	Inpatient Respite Care	C
		0656	General IP Care (Non-respite)	C
		0657	Physician Services	C
		0658	Hospice Room & Board - Nursing Facility	C
		0659	Other Hospice Service	C
Respite Care	066	0660	General Classification	C
		0661	Hourly Charge/Nursing	C

**Ohio Bureau of Workers' Compensation
2018 Hospital Inpatient Services
Appendix**

		0662	Hourly Charge/Aid/Homemaker/Companion	C
		0663	Daily Respite Charge	C
		0669	Other Respite Charge	C
Outpatient Special Residence Charge	067	0670	General Classification	NC
		0671	Hospital Based	NC
		0672	Contracted	NC
		0679	Other Special Residence Charge	NC
Trauma Response (Charge for Trauma Team Activation)	068	0681	Level I	C
		0682	Level II	C
		0683	Level III	C
		0684	Level IV	C
		0689	Other Trauma Response	C
Pre-Hospice/Palliative Care Services	069	0690	General Classification	C
		0691	Visit Charge	C
		0692	Hourly Charge	C
		0693	Evaluation	C
		0694	Consultation and Education	C
		0695	Inpatient Care	C
		0696	Physician Services	C
		0699	Other Pre-Hospice/Palliative Care Services	C
Cast Room	070	0700	General Classification	C
Recovery Room	071	0710	General Classification	C
Labor Room/Delivery	072	0720	General Classification	C
		0721	Labor	C
		0722	Delivery	C
		0723	Circumcision	NC
		0724	Birthing Center	C
		0729	Other Labor Room/Delivery	C
EKG/ECG (Electrocardiogram)	073	0730	General Classification	C
		0731	Holter Monitor	C
		0732	Telemetry	C
		0739	Other EKG/ECG	C
EEG (Electroencephalogram)	074	0740	General Classification	C

**Ohio Bureau of Workers' Compensation
2018 Hospital Inpatient Services
Appendix**

Gastro-Intestinal Services	075	0750	General Classification	C
Specialty Services	076	0760	Specialty Services - General	C
		0761	Treatment Room	C
		0762	Observation Room Hours	C
		0769	Other Specialty Services	C
Preventive Care Services	077	0770	General Classification	C
		0771	Vaccine Administration	C
Telemedicine	078	0780	General Classification	C
Extra-Corporeal Shock Wave Therapy	079	0790	General Classification	C
Inpatient Renal Dialysis	080	0800	General Classification	C
		0801	Inpatient Hemodialysis	C
		0802	Inpatient Peritoneal (Non-CAPD)	C
		0803	Inpatient Continuous Ambulatory Peritoneal Dialysis (CAPD)	C
		0804	Inpatient Continuous Cycling Peritoneal Dialysis (CCPD)	C
		0809	Other Inpatient Dialysis	C
Acquisition of Body Components	081	0810	General Classification	C
		0811	Living Donor	C
		0812	Cadaver Donor	C
		0813	Unknown Donor	C
			Unsuccessful Organ Search Donor	
		0814	Bank Charges	C
		0815	Stem Cells - Allogeneic	C
		0819	Other Donor	C
Hemodialysis - Outpatient or Home	082	0820	General Classification	NC
		0821	Hemodialysis/Composite or Other Rate	NC
		0822	Home Supplies	NC
		0823	Home Equipment	NC
		0824	Maintenance/100%	NC
		0825	Support Services	NC
		0826	Hemodialysis – Shorter	NC
		0829	Other Outpatient Hemodialysis	NC
Peritoneal Dialysis - Outpatient or Home	083	0830	General Classification	NC
		0831	Peritoneal Dialysis/Composite or Other Rate	NC
		0832	Home Supplies	NC
		0833	Home Equipment	NC
		0834	Maintenance/100%	NC

**Ohio Bureau of Workers' Compensation
2018 Hospital Inpatient Services
Appendix**

		0835	Support Services	NC
		0839	Other OP Peritoneal Dialysis	NC
Continuous Ambulatory Peritoneal Dialysis (CAPD) -	084	0840	General Classification	NC
Outpatient or Home		0841	CAPD/Composite or Other Rate	NC
		0842	Home Supplies	NC
		0843	Home Equipment	NC
		0844	Maintenance 100%	NC
		0845	Support Services	NC
		0849	Other Outpatient CAPD	NC
Continuous Cycling Peritoneal Dialysis (CCPD) -	085	0850	General Classification	NC
Outpatient or Home		0851	CCPD/Composite or Other Rate	NC
		0852	Home Supplies	NC
		0853	Home Equipment	NC
		0854	Maintenance 100%	NC
		0855	Support Services	NC
		0859	Other Outpatient CCPD	NC
Magnetocephalography (MEG)	086	0860	General Classification	C
		0861	MEG	C
Miscellaneous Dialysis	088	0880	General Classification	C
		0881	Ultrafiltration	C
		0882	Home Dialysis Aid Visit	NC
		0889	Other Miscellaneous Dialysis	C
Behavioral Health Treatments/Services (Also see 091X, an extension of 090X)	090	0900	General Classification	C
		0901	Electroshock Treatment	C
		0902	Milieu Therapy	C
		0903	Play Therapy	C
		0904	Activity Therapy	C
		0905	IOP - Psychiatric	NC
		0906	IOP - Chemical Dependency	NC
		0907	Day Treatment	C
Behavioral Health Treatments/Services -Extension of 090X	091	0911	Rehabilitation	C
		0912	Partial Hospitalization - Less Intensive	C
		0913	Partial Hospitalization - Intensive	C
		0914	Individual Therapy	C
		0915	Group Therapy	C
		0916	Family Therapy	C

**Ohio Bureau of Workers' Compensation
2018 Hospital Inpatient Services
Appendix**

		0917	Bio Feedback	C
		0918	Testing	C
		0919	Other Behavioral Health Treatment/Services	C
Other Diagnostic Services	092	0920	General Classification	C
		0921	Peripheral Vascular Lab	C
		0922	Electromyogram	C
		0923	Pap Smear	C
		0924	Allergy Test	C
		0925	Pregnancy Test	C
		0929	Other Diagnostic Services	C
Medical Rehabilitation Day				
	093	0931	Half Day	NC
Program		0932	Full Day	NC
Other Therapeutic Services	094	0940	General Classification	C
(Also see 095X, an extension of 094X)		0941	Recreational Therapy	C
		0942	Education/Training	C
		0943	Cardiac Rehabilitation	C
		0944	Drug Rehabilitation	C
		0945	Alcohol Rehabilitation	C
		0946	Complex Medical Equipment - Routine	C
		0947	Complex Medical Equipment - Ancillary	C
		0948	Pulmonary Rehabilitation	C
		0949	Other Therapeutic Service	C
Other Therapeutic Services - Ext. of 094X	095	0951	Athletic Training	C
		0952	Kinesiotherapy	C
		0953	Chemical Dependency (Drug N and Alcohol)	C
Professional Fees (Also see 097X and 098X)	096	0960	General Classification	NC
		0961	Psychiatric	NC
		0962	Ophthalmology	NC
		0963	Anesthesiologist (MD)	NC
		0964	Anesthetist (CRNA)	NC
		0969	Other Professional Fee	NC
Professional Fees (Extension of 096X)	097	0971	Laboratory	NC
		0972	Radiology - Diagnostic	NC

**Ohio Bureau of Workers' Compensation
2018 Hospital Inpatient Services
Appendix**

		0973	Radiology - Therapeutic	NC
		0974	Radiology - Nuclear Medicine	NC
		0975	Operating Room	NC
		0976	Respiratory Therapy	NC
		0977	Physical Therapy	NC
		0978	Occupational Therapy	NC
		0979	Speech Pathology	NC
Professional Fees (Extension of 096X and 097X)	098	0981	Emergency Room	NC
		0982	Outpatient Services	NC
		0983	Clinic	NC
		0984	Medical Social Services	NC
		0985	EKG	NC
		0986	EEG	NC
		0987	Hospital Visit	NC
		0988	Consultation	NC
		0989	Private Duty Nurse	NC
Patient Convenience Items	099	0990	General Classification	NC
		0991	Cafeteria/Guest Tray	NC
		0992	Private Linen Service	NC
		0993	Telephone/Telegraph	NC
		0994	TV/Radio	NC
		0995	Nonpatient Room Rentals	NC
		0996	Late Discharge Charge	NC
		0997	Admission Kits	NC
		0998	Beauty Shop/Barber	NC
		0999	Other Patient Convenience Item	NC
Behavioral Health Accommodations	100	1000	General Classification	NC
		1001	Res.Treatment - Psychiatric	NC
		1002	Res. Treatment - Chem. Dep.	C
		1003	Supervised Living	NC
		1004	Halfway House	NC
		1005	Group Home	NC
Alternative Therapy Services	210	2100	General Classification	NC
		2101	Acupuncture	NC
		2102	Acupressure	NC
		2103	Massage	NC
		2104	Reflexology	NC
		2105	Biofeedback	NC
		2106	Hypnosis	NC

**Ohio Bureau of Workers' Compensation
2018 Hospital Inpatient Services
Appendix**

		2109	Other Alternative Therapy	NC
Adult Care	310	3101	Adult Day Care, Medical and Social - Hourly	NC
		3102	Adult Day Care, Social - Hourly	NC
		3103	Adult Day Care, Medical and Social, Daily	NC
		3104	Adult Day Care, Social - Daily	NC
		3105	Adult Foster Care - Daily	NC
		3109	Other Adult Care	NC