

The four character codes included in the Ohio Bureau of Workers' Compensation (BWC) 2024 Hospital Inpatient Services Fee Schedule (Table 2 of this Appendix) are used to report a specific accommodation or ancillary service.

For the purposes of the BWC 2024 Hospital Inpatient Services Fee Schedule (Table 2 of this Appendix), services and/or supplies must be medically necessary for the treatment of the work related injury. The following definitions apply:

Not Covered (NC) The service is never covered

Covered (C) The service is covered

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Table 1 - Hospital Inpatient Detoxification Services Per Diem

| Service | Revenue Code | Per Diem Rate |
|--------------------------------------------|---------------------|----------------------|
| Acute inpatient detoxification services | 0126 | \$786 |
| Subacute inpatient detoxification services | 1002 | \$597 |

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| 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 |

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| General Category | Code Category | Revenue Code | Revenue Code Description | Inpatient Coverage Code |
| 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 |
| | | 0161 | Hospital at Home | NC |
| | | 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 | Nursing Home (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 |

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| General Category | Code Category | Revenue Code | Revenue Code Description | Inpatient Coverage Code |
| | | 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 |
| | | 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 | 025 | 0250 | General Classification | C |

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| Table 2 - Revenue Codes | | | | |
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| General Category | Code Category | Revenue Code | Revenue Code Description | Inpatient Coverage Code |
| extension of 025X) | | 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 |
| 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 Renal) | 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 |

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|-------------------------------------------------------------------|----------------------|---------------------|----------------------------------------|--------------------------------|
| General Category | Code Category | Revenue Code | Revenue Code Description | Inpatient Coverage Code |
| 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 |
| | | 0321 | Angiocardiography | 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 |

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|-----------------------------------|----------------------|---------------------|--------------------------------------------------|--------------------------------|
| General Category | Code Category | Revenue Code | Revenue Code Description | Inpatient Coverage Code |
| | | 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 |
| 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 |

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|----------------------------------|----------------------|---------------------|---------------------------------------------|--------------------------------|
| General Category | Code Category | Revenue Code | Revenue Code Description | Inpatient Coverage Code |
| | | 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 |
| | | 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 |

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|--------------------------------|----------------------|---------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------|
| General Category | Code Category | Revenue Code | Revenue Code Description | Inpatient Coverage Code |
| | | 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 |
| 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 |

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| General Category | Code Category | Revenue Code | Revenue Code Description | Inpatient Coverage Code |
| | | 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 |
| | | 0616 | MRA - Lower Extremities | C |
| | | 0618 | MRA - Other | C |
| | | 0619 | Other MRT | C |
| Medical/Surgical | 062 | 0621 | Supplies Incident to Radiology | C |

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| General Category | Code Category | Revenue Code | Revenue Code Description | Inpatient Coverage Code |
| Supplies Extension of 027X | | 0622 | Supplies Incident to Other Diagnostic Services | C |
| | | 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 | NC |
| | | 0658 | Hospice Room & Board - Nursing Facility | NC |
| | | 0659 | Other Hospice Service | C |
| Respite Care | 066 | 0660 | General Classification | C |
| | | 0661 | Hourly Charge/Nursing | C |

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| General Category | Code Category | Revenue Code | Revenue Code Description | Inpatient Coverage Code |
| | | 0662 | Hourly Charge/Aid/Homemaker/Companion | NC |
| | | 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 |

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| General Category | Code Category | Revenue Code | Revenue Code Description | Inpatient Coverage Code |
| | | 0732 | Telemetry | C |
| | | 0739 | Other EKG/ECG | C |
| EEG (Electroencephalogram) | 074 | 0740 | General Classification | C |
| 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 |
| | | 0814 | Unsuccessful Organ Search Donor 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 |

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| General Category | Code Category | Revenue Code | Revenue Code Description | Inpatient Coverage Code |
| | | 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 |
| | | 0835 | Support Services | NC |
| | | 0839 | Other OP Peritoneal Dialysis | NC |
| Continuous Ambulatory Peritoneal Dialysis (CAPD) - Outpatient or Home | 084 | 0840 | General Classification | NC |
| | | 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) - Outpatient or Home | 085 | 0850 | General Classification | NC |
| | | 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 |
| Cell/Gene Therapy | 087 | 0870 | General Classification | C |
| | | 0871 | Cell Collection | C |
| | | 0872 | Special Biologic Processing and Storage - Prior to Transport | C |
| | | 0873 | Storage and Processing After Receipt of Cells from the Manufacturer | C |
| | | 0874 | Infusion of Modified Cells | C |

**Ohio Bureau of Workers' Compensation
2024 Hospital Inpatient Services
Appendix**

| Table 2 - Revenue Codes | | | | |
|------------------------------------------------------------------------------------|----------------------|---------------------|---------------------------------------------------|--------------------------------|
| General Category | Code Category | Revenue Code | Revenue Code Description | Inpatient Coverage Code |
| | | 0875 | Injection of Modified Cells | C |
| Miscellaneous Dialysis | 088 | 0880 | General Classification | C |
| | | 0881 | Ultrafiltration | C |
| | | 0882 | Home Dialysis Aid Visit | NC |
| | | 0889 | Other Miscellaneous Dialysis | C |
| | | | | |
| Pharmacy-Extension of 025X and 063X | | 0891 | Special Processed Drugs-FDA-Approved Cell Therapy | 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 |
| | | 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 Program | 093 | 0931 | Half Day | NC |
| | | 0932 | Full Day | NC |

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Appendix**

| Table 2 - Revenue Codes | | | | |
|-------------------------------------------------------|----------------------|---------------------|------------------------------------------|--------------------------------|
| General Category | Code Category | Revenue Code | Revenue Code Description | Inpatient Coverage Code |
| 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 |
| | | 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 |

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| Table 2 - Revenue Codes | | | | |
|-----------------------------------------|----------------------|---------------------|---------------------------------------------|--------------------------------|
| General Category | Code Category | Revenue Code | Revenue Code Description | Inpatient Coverage Code |
| | | 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 |
| | | 1006 | Outdoor/Wilderness Behavioral Healthcare | NC |
| Alternative Therapy Services | 210 | 2100 | General Classification | NC |
| | | 2101 | Acupuncture | C |
| | | 2102 | Acupressure | NC |
| | | 2103 | Massage | NC |
| | | 2104 | Reflexology | NC |
| | | 2105 | Biofeedback | NC |
| | | 2106 | Hypnosis | NC |
| | | 2109 | Other Alternative Therapy | NC |
| Adult Care | 310 | 3101 | Adult Day Care, Medical and Social - Hourly | NC |
| | | 3102 | Adult Day Care, Social - Hourly | NC |

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Appendix**

| Table 2 - Revenue Codes | | | | |
|--------------------------------|----------------------|---------------------|-------------------------------------------|--------------------------------|
| General Category | Code Category | Revenue Code | Revenue Code Description | Inpatient Coverage Code |
| | | 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 |