

Department of Health Services Division of Medicaid Services

		Cost Center		
Revenue	Revenue Code Description	Code CMS	Cost Center	
Code	(According to CMS)	2552-10	Group	Cost Center Description
0001	Total Charge	999	N/A	Excluded
0010	RESERVED	999	N/A	Excluded
0012	RESERVED	999	N/A	Excluded
0024	IRF PPS	999	N/A	Excluded
0100	RESERVED	999	N/A	Excluded
0101	RESERVED	999	N/A	Excluded
0110	Room & Board (Private)	30	1	Adults and Pediatrics (Routine Care)
0111	Medical/Surgical/Gyn	30	1	Adults and Pediatrics (Routine Care)
0112	OB	30	1	Adults and Pediatrics (Routine Care)
0113	Pediatric	30	1	Adults and Pediatrics (Routine Care)
0114	Psychiatric	40	21	Subprovider - Psych
0115	Hospice	999	N/A	Excluded
0116	Detoxification	30	1	Adults and Pediatrics (Routine Care)
0117	Oncology	30	1	Adults and Pediatrics (Routine Care)
0118	Rehab	41	22	Subprovider - Rehab
0119	Other	30	1	Adults and Pediatrics (Routine Care)
0120	Room & Board (Semi-Private 2 beds)	30	1	Adults and Pediatrics (Routine Care)
0121	Medical/Surgical/Gyn	30	1	Adults and Pediatrics (Routine Care)
0122	OB	30	1	Adults and Pediatrics (Routine Care)
0123	Pediatric	30	1	Adults and Pediatrics (Routine Care)
0124	Psychiatric	40	21	Subprovider - Psych
0126	Detoxification	30	1	Adults and Pediatrics (Routine Care)
0127	Oncology	30	1	Adults and Pediatrics (Routine Care)
0128	Rehab	41	22	Subprovider - Rehab
0129	Other	30	1	Adults and Pediatrics (Routine Care)
0130	Room&Board (Semi private 3-4 beds)	30	1	Adults and Pediatrics (Routine Care)
0131	Medical/Surgical/Gyn	30	1	Adults and Pediatrics (Routine Care)
0132	OB	30	1	Adults and Pediatrics (Routine Care)
0133	Pediatric	30	1	Adults and Pediatrics (Routine Care)
0134	Psychiatric	40	21	Subprovider - Psych
0135	Hospice	999	N/A	Excluded
0138	Rehab	41	22	Subprovider - Rehab
0140	Room & Board (Private Deluxe)	999	N/A	Excluded
0141	Medical/Surgical/Gyn	999	N/A	Excluded
0142	OB	999	N/A	Excluded
0143	Pediatric	999	N/A	Excluded
0144	Psychiatric	999	N/A	Excluded
0145	Hospice	999	N/A	Excluded
0146	Detoxification	999	N/A	Excluded
0147	Oncology	999	N/A	Excluded
0148	Rehab	999	N/A	Excluded
0149	Other	999	N/A	Excluded
0143	Room & Board (Ward)	30	1	Adults and Pediatrics (Routine Care)
0152	OB	30	1	Adults and Pediatrics (Routine Care)



Department of Health Services Division of Medicaid Services

Revenue Code	Revenue Code Description (According to CMS)	Cost Center Code CMS 2552-10	Cost Center Group	Cost Center Description
0154	Psychiatric	40	21	Subprovider - Psych
0155	Hospice	999	N/A	Excluded
0157	Oncology	30	1	Adults and Pediatrics (Routine Care)
0160	Room & Board (other)	30	1	Adults and Pediatrics (Routine Care)
0164	Sterile Environment	30	1	Adults and Pediatrics (Routine Care)
0170	Nursery	43	23	Nursery
	Newborn-Level I	43	23	Nursery
0172	Newborn-Level II	43	23	Nursery
0173	Newborn-Level III	35	20	Neonate Intensive Care Unit
0174	Newborn-Level IV	35	20	Neonate Intensive Care Unit
0179	Other Nursery	43	23	Nursery
0180	Leave of Absence	999	N/A	Excluded
0181	RESERVED	999	N/A	Excluded
	Patient Convenience	999	N/A	Excluded
0183	Therapeutic Leave	999	N/A	Excluded
0184	RESERVED	999	N/A	Excluded
0185	Hospitalization	999	N/A	Excluded
	RESERVED	999	N/A	Excluded
0187	RESERVED	999	N/A	Excluded
0188	RESERVED	999	N/A	Excluded
0189	Other leave of absence	999	N/A	Excluded
0200	Intensive care	31	2	Intensive Care Unit
0201	Surgical	31	2	Intensive Care Unit
	Medical	31	2	Intensive Care Unit
0203	Pediatric	31	2	Intensive Care Unit
0204	Psychiatric	31	2	Intensive Care Unit
0206	Intermediate ICU	31	2	Intensive Care Unit
0207	Burn care	31	2	Intensive Care Unit
0208	Trauma	31	2	Intensive Care Unit
0209	Other intensive care	31	2	Intensive Care Unit
0210	Coronary care	31	2	Intensive Care Unit
0211	Myocardial Infarction	31	2	Intensive Care Unit
	Pulmonary Care	31	2	Intensive Care Unit
0213	Heart Transplant	31	2	Intensive Care Unit
0214	Intermediate CCU	31	2	Intensive Care Unit
0219	Other Coronary Care	31	2	Intensive Care Unit
0220	Special charges	999	N/A	Excluded
0221	Admission charge	999	N/A	Excluded
0223	U.R. service charge	999	N/A	Excluded
0229	Other special charges	999	N/A	Excluded
0230	Incremental nursing charge rate	999	N/A	Excluded



Department of Health Services Division of Medicaid Services

Revenue Code	Revenue Code Description (According to CMS)	Cost Center Code CMS 2552-10	Cost Center Group	Cost Center Description
0231	Nursery	999	N/A	Excluded
0232	OB	999	N/A	Excluded
0233	ICU	999	N/A	Excluded
0234	CCU	999	N/A	Excluded
0235	Hospice	999	N/A	Excluded
0239	Other	999	N/A	Excluded
0240	All-inclusive Ancillary	999	N/A	Excluded
0242	All-inclusive Ancillary	999	N/A	Excluded
0244	RESERVED	999	N/A	Excluded
0249	Other all inclusive ancillary	999	N/A	Excluded
0250	Pharmacy	73	3	Drugs Charged to Patients
0251	Pharmacy: Generic	73	3	Drugs Charged to Patients
0252	Pharmacy: Nongeneric	73	3	Drugs Charged to Patients
0253	Take home drugs	999	N/A	Drugs Charged to Patients
0254	Pharmacy: Incident to other diagnostic services	73	3	Drugs Charged to Patients
0255	Pharmacy: Incident to radiology	73	3	Drugs Charged to Patients
0256	Pharmacy: Experimental drugs	73	3	Drugs Charged to Patients
0257	Pharmacy: Non-prescription	73	3	Drugs Charged to Patients
0258	Pharmacy: IV solutions	73	3	Drugs Charged to Patients
0259	Pharmacy: Other	999	N/A	Drugs Charged to Patients
0260	IV Therapy	64	3	Intravenous Therapy
0261	IV Therapy: Infusion pump	64	3	Intravenous Therapy
0262	IV Therapy: IV Therapy, pharm services	64	3	Intravenous Therapy
0263	IV Therapy: IV Therapy/drug/supp/delivery	64	3	Intravenous Therapy
0264	IV Therapy: supplies	64	3	Intravenous Therapy
0269	IV Therapy: Other IV therapy	64	3	Intravenous Therapy
0270	Medical/Surgical Supplies	71	4	Medical Supplies
0271	Medical/Surgical Supplies: Nonsterile supplies	71	4	Medical Supplies
0272	Medical/Surgical Supplies: Sterile supplies	71	4	Medical Supplies
0273	Medical/Surgical Supplies: Take home supplies	71	4	Medical Supplies
0274	Medical/Surgical Supplies: Prosthetic/Orthotic devices	71	4	Medical Supplies
0275	Medical/Surgical Supplies: Pacemaker	71	4	Impl. Dev. Charged to Patient
0276	Medical/Surgical Supplies: Intraocular lens	71	4	Impl. Dev. Charged to Patient
0277	Oxygen-Take home	71	4	Impl. Dev. Charged to Patient
0278	Medical/Surgical Supplies: Other implants	71	4	Impl. Dev. Charged to Patient
0279	Medical/Surgical Supplies: Other supplies/devices	999	N/A	Medical Supplies
0280	Oncology	55	14	Radiology - Therapeutic
0285	RESERVED	55	14	Radiology - Therapeutic
0290	Durable Medical Equipment	999	N/A	Durable Medical Equip-Rented
0291	DME Rental	999	N/A	Durable Medical Equip-Rented
0292	Durable Medical Equipment: Purchase - new equipment	999	N/A	Durable Medical Equip-Rented



Department of Health Services Division of Medicaid Services

Revenue Code	Revenue Code Description (According to CMS)	Cost Center Code CMS 2552-10	Cost Center Group	Cost Center Description
0293	Purchase of used DME	999	N/A	Excluded
0294	Supplies/Drugs for DME effectiveness (HHA only)	999	N/A	Durable Medical Equip-Rented
0299	Durable Medical Equipment: Other equipment	999	N/A	Durable Medical Equip-Rented
0300	Laboratory - Clinical Diagnostic	60	13	Laboratory
0301	Laboratory - Clinical Diagnostic: Chemistry	60	13	Laboratory
0302	Laboratory - Clinical Diagnostic: Immunology	60	13	Laboratory
0303	Laboratory - Clinical Diagnostic: Renal patient (home)	60	13	Laboratory
0304	Laboratory - Clinical Diagnostic: Nonroutine dialysis	60	13	Laboratory
0305	Laboratory - Clinical Diagnostic: Hematology	60	13	Laboratory
0306	Laboratory - Clinical Diagnostic: Bacteriology/microbiology	60	13	Laboratory
0307	Laboratory - Clinical Diagnostic: Urology	60	13	Laboratory
0308	RESERVED	60	13	Laboratory
0309	Laboratory - Clinical Diagnostic: Other laboratory	60	13	Laboratory
0310	Laboratory - Pathology	60	13	Laboratory
0311	Laboratory - Pathology: Cytology	60	13	Laboratory
0312	Laboratory - Pathology: Histology	60	13	Laboratory
0314	Laboratory - Pathology: Biopsy	60	13	Laboratory
0319	Laboratory - Pathology: Other	60	13	Laboratory
0320	Radiology - Diagnostic	54	14	Radiology - Diagnostic
0321	Radiology - Diagnostic: Angiocardiography	54	14	Cardiac Catheterization
0322	Radiology - Diagnostic: Arthrography	54	14	Radiology - Diagnostic
0323	Radiology - Diagnostic: Arteriography	54	14	Radiology - Diagnostic
0324	Radiology - Diagnostic: Chest X-ray	54	14	Radiology - Diagnostic
0329	Radiology - Diagnostic: Other	54	14	Radiology - Diagnostic
0330	Radiology - Therapeutic	55	14	Radiology - Therapeutic
0331	Radiology - Therapeutic: Chemotherapy - injected	55	14	Radiology - Therapeutic
0333	Radiology - Therapeutic: Radiation therapy	55	14	Radiology - Therapeutic
0335	Radiology - Therapeutic: Chemotherapy - IV	55	14	Radiology - Therapeutic
0340	Nuclear Medicine	55	14	Radiology - Therapeutic
0341	Nuclear Medicine: Diagnostic	54	14	Radiology - Diagnostic
0342	Nuclear Medicine: Therapeutic	55	14	Radiology - Therapeutic
0343	Diagnostic Radiopharms	54	14	Radiology - Diagnostic
0344	Therapeutic Radiopharms	55	14	Radiology - Therapeutic
0349	Nuclear Medicine: Other	54	14	Radiology - Diagnostic
0350	CT Scan	54	14	CT Scan
0351	CT Scan: Head	54	14	CT Scan
0352	CT Scan: Body	54	14	CT Scan
0359	CT Scan: Other CT scans	54	14	CT Scan
0360	Operating Room Services	50	8	Operating Room
0361	Operating Room Services: Minor surgery	50	8	Operating Room
0362	Operating Room Services: Organ trnsplnt, not kidney	198	24	Aggregate Organ Acquisition



Department of Health Services Division of Medicaid Services

Revenue Code	Revenue Code Description (According to CMS)	Cost Center Code CMS 2552-10	Cost Center Group	Cost Center Description
0367	Operating Room Services: Kidney transplant	198	24	Aggregate Organ Acquisition
0369	Operating Room Services: Other operating room services	50	8	Operating Room
0370	Anesthesia	53	10	Anesthesiology
0371	Anesthesia: Incident to radiology	53	10	Anesthesiology
0372	Anesthesia: Incident to other diag services	53	10	Anesthesiology
0374	Acupuncture	999	N/A	Excluded
0379	Anesthesia: Other anesthesia	53	10	Anesthesiology
0380	Blood	62	18	Whole Blood & Packed Red Blood Cells
0381	Blood: Packed red cells	62	18	Whole Blood & Packed Red Blood Cells
0382	Blood: Whole blood	62	18	Whole Blood & Packed Red Blood Cells
0383	Blood: Plasma	62	18	Whole Blood & Packed Red Blood Cells
0384	Blood: Platelets	62	18	Whole Blood & Packed Red Blood Cells
0385	Blood: Leukocytes	62	18	Whole Blood & Packed Red Blood Cells
0386	Blood: Other components	62	18	Whole Blood & Packed Red Blood Cells
0387	Blood: Other derivatives	62	18	Whole Blood & Packed Red Blood Cells
0389	Blood: Other blood	62	18	Whole Blood & Packed Red Blood Cells
0390	Blood Storage/Processing	63	18	Blood Storing, Processing, & Trans
0391	Blood: Administration (e.g. Transfusion)	63	18	Blood Storing, Processing, & Trans
0399	Other blood handling	63	18	Blood Storing, Processing, & Trans
0400	Other Imaging Services	54	14	Radiology - Diagnostic
0401	Other Imaging Services: Diagnostic mammography	55	14	Radiology - Therapeutic
0402	Other Imaging Services: Ultrasound	55	14	Radiology - Therapeutic
0403	Other Imaging Services: Screening mammography	54	14	Radiology - Diagnostic
0404	Other Imaging Services: PET scan	54	14	Radiology - Diagnostic
0409	Other Imaging Services: Other imaging services	54	14	Radiology - Diagnostic
0410	Respiratory Services	65	7	Respiratory Therapy
0411	RESERVED	65	7	Respiratory Therapy
0412	Respiratory Services: Inhalation services	65	7	Respiratory Therapy
0413	Respiratory Services: Hyberbaric oxygen therapy	76	19	Other Ancillary Services
0419	Respiratory Services: Other respiratory services	65	7	Respiratory Therapy
0420	Physical Therapy	66	6	Physical Therapy
0421	Physical Therapy: Visit charge	66	6	Physical Therapy
0422	Physical Therapy: Hourly charge	66	6	Physical Therapy
0423	Physical Therapy: Group rate	66	6	Physical Therapy
0424	Physical Therapy: Evaluation/re-evaluation	66	6	Physical Therapy
0429	Physical Therapy: Other physical therapy	66	6	Physical Therapy
0430	Occupational Therapy	67	6	Occupational Therapy
0431	Occupational Therapy: Visit charge	67	6	Occupational Therapy
0432	Occupational Therapy: Hourly charge	67	6	Occupational Therapy
0433	Occupational Therapy: Group rate	67	6	Occupational Therapy
0434	Occupational Therapy: Evaluation/re-evaluation	67	6	Occupational Therapy



Department of Health Services Division of Medicaid Services

Revenue Code	Revenue Code Description (According to CMS)	Cost Center Code CMS 2552-10	Cost Center Group	Cost Center Description
0439	Occupational Therapy: Other occupational therapy	67	6	Occupational Therapy
0440	Speech-Language Pathology	68	6	Speech Pathology
0441	Speech-Language Pathology: Visit charge	68	6	Speech Pathology
0442	Speech-Language Pathology: Hourly charge	68	6	Speech Pathology
0443	Speech-Language Pathology: Group rate	68	6	Speech Pathology
0444	Speech-Language Pathology: Evaluation/ re-evaluation	68	6	Speech Pathology
0448	Speech-Language Pathology	68	6	Speech Pathology
0449	Speech-Language Pathology: Other speech language pathology	68	6	Speech Pathology
0450	Emergency Room	91	17	Emergency Room
0451	Emergency Room: EM/EMTALA	91	17	Emergency Room
0452	Emergency Room: ER/ Beyond EMTALA	91	17	Emergency Room
0456	Emergency Room: Urgent care	91	17	Emergency Room
0459	Emergency Room: Other emergency room	91	17	Emergency Room
0460	Pulmonary Function	65	7	Respiratory Therapy
0469	Pulmonary Function: Other	65	7	Respiratory Therapy
0470	Audiology	76	19	Other Ancillary Services
0471	Audiology: Diagnostic	76	19	Other Ancillary Services
0479	Audiology: Other audiology	999	N/A	Other Ancillary Services
0480	Cardiology	69	11	Electro cardiology
0481	Cardiology: Cardiac catheter lab	69	11	Cardiac Catheterization
0482	Cardiology: Stress test	69	11	Electro cardiology
0483	Cardiology: Echocardiology	69	11	Electro cardiology
0489	Cardiology: Other cardiology	69	11	Electro cardiology
0490	Ambulatory Surgery	75	19	ASC (Distinct Unit)
0500	Outpatient services	90	19	Clinic
0510	Clinic	90	19	Clinic
0511	Clinic: Chronic pain center	90	19	Clinic
0512	Clinic: Dental clinic	90	19	Clinic
0513	Clinic: Psychiatric clinic	90	19	Clinic
0514	Clinic: OB/GYN clinic	90	19	Clinic
0515	Clinic: Pediatric clinic	90	19	Clinic
0516	Clinic: Urgent care clinic	90	19	Clinic
0517	Clinic: Family Practice	90	19	Clinic
0519	Clinic: Other clinic	90	19	Clinic
0520	Free-Standing Clinic	90	19	Clinic
0521	Rural health-clinic	999	N/A	Rural Health Clinic
0528	RHC/FQHC visit to other non RHC/FQHC site	999	N/A	Rural Health Clinic
0529	Free-Standing Clinic: Other	90	19	Clinic
0530	Osteopathic Services	999	N/A	Excluded
0531	Osteopathic Services: Osteopathic therapy	999	N/A	Excluded



Department of Health Services Division of Medicaid Services

Revenue	Revenue Code Description	Cost Center Code CMS 2552-10	Cost Center	Cost Conter Description
Code 0539	(According to CMS) Osteopathic Services: Other osteopathic services	999	Group N/A	Cost Center Description
0540	Ambulance	999	N/A	Ambulance
0540	Supplies	999	N/A	Excluded
0542	Medical Transport	999	N/A	Ambulance
	Heart Mobile	999	N/A N/A	Excluded
0543		999	N/A N/A	Excluded
0544	Oxygen Air ambulance	999	N/A N/A	
0545	Air ambulance Neonatal ambulance services		N/A N/A	Ambulance
		999		Ambulance
	Pharmacy	999	N/A	Excluded
0548	Telephone Transmission EKG	999	N/A	Excluded
0549	Other ambulance	999	N/A	Ambulance
0550	Skilled nursing	999	N/A	Excluded
0551	Visit charge	999	N/A	Excluded
0552	Hourly charge	999	N/A	Excluded
0559	Other skilled nursing	999	N/A	Excluded
0560	Home Health (HH) Medical Social Services	76	19	Other Ancillary Services
0569	Home Health (HH) Medical Social Services: Other Medical Social Services	76	19	Other Ancillary Services
0570	Home health-Home health aide	999	N/A	Excluded
0571	Visit charge	999	N/A	Excluded
0572	Hourly charge	999	N/A	Excluded
0579	Other home health aide	999	N/A	Excluded
0580	Home health-other visits	999	N/A	Excluded
0581	Visit charge	999	N/A	Excluded
0582	Hourly charge	999	N/A	Excluded
0589	Other home health visit	999	N/A	Excluded
0590	Home health-units of service	999	N/A	Excluded
0599	RESERVED	999	N/A	Excluded
	Home health-oxygen	999	N/A	Excluded
0601	Oxygen-state/equip/suppl/ or cont	999	N/A	Excluded
0602	Oxygen-state/equip/suppl/ or under 1 LPM	999	N/A	Excluded
0603	Oxygen-state/equip/over 4 LPM	999	N/A	Excluded
0604	Oxygen-Portable Add-on	999	N/A	Excluded
0609	Other oxygen	999	N/A	Excluded
0610	Magnetic Resonance Tech. (MRT)	54	14	Magnetic Resonance Imaging (MRI)
0611	Magnetic Resonance Tech. (MRT): Brain (incl. Brainstem)	54	14	Magnetic Resonance Imaging (MRI)
0612	Magnetic Resonance Tech. (MRT): Spinal cord (incl. spine)	54	14	Magnetic Resonance Imaging (MRI)
0612	Magnetic Resonance Tech. (MRT): MRI - Other	54	14	Magnetic Resonance Imaging (MRI)
0614	Magnetic Resonance Tech. (MRT): MRA - Head and Neck	54	14	
				Magnetic Resonance Imaging (MRI)
0616	Magnetic Resonance Tech. (MRT): MRA - Lower Ext	54	14	Magnetic Resonance Imaging (MRI)
0618	Magnetic Resonance Tech. (MRT): MRA - Other	54	14	Magnetic Resonance Imaging (MRI)



Department of Health Services Division of Medicaid Services

Revenue Code	Revenue Code Description (According to CMS)	Cost Center Code CMS 2552-10	Cost Center Group	Cost Center Description
0619	Magnetic Resonance Tech. (MRT): Other MRT	54	14	Magnetic Resonance Imaging (MRI)
0621	Med - Surg Supplies Ext. of 270: Incident to radiology	71	4	Medical Supplies
0622	Med - Surg Supplies Ext. of 270: Incident to other diag.	71	4	Medical Supplies
0623	Surgical dressings	71	4	Medical Supplies
0624	Med - Surg Supplies Ext. of 270: Investigational Device (IDE)	999	N/A	Excluded
0630	RESERVED	73	3	Drugs Charged to Patients
0631	Drugs Require Specific ID: Single source drug	73	3	Drugs Charged to Patients
0632	Drugs Require Specific ID: Multiple source drug	73	3	Drugs Charged to Patients
0634	Drugs Require Specific ID: EPO under 10,000 units	73	3	Drugs Charged to Patients
0635	Drugs Require Specific ID: EPO over 10,000 units	73	3	Drugs Charged to Patients
0636	Drugs Require Specific ID: Drugs requiring detail coding	73	3	Drugs Charged to Patients
0637	Drugs Require Specific ID: Self admin drugs (insulin admin in emergency-diabetes coma)	999	N/A	Drugs Charged to Patients
0650	Hospice service	999	N/A	Excluded
0651	routine home care	999	N/A	Excluded
0652	continuous home care	999	N/A	Excluded
0653	RESERVED	999	N/A	Excluded
0654	RESERVED	999	N/A	Excluded
0655	inpatient respite care	999	N/A	Excluded
0656	general inpatient care (non-respite)	999	N/A	Excluded
0657	physician services	999	N/A	Excluded
0659	Other hospice service	999	N/A	Excluded
0660	Respite Care	999	N/A	Excluded
0661	Hourly Repite Care Charge Nursing	999	N/A	Excluded
0662	Hourly Respite Care Charge Aide/Homemaker/Companion	999	N/A	Excluded
0663	Daily Respite Charge	999	N/A	Excluded
0664	RESERVED	999	N/A	Excluded
0665	RESERVED	999	N/A	Excluded
0666	RESERVED	999	N/A	Excluded
0667	RESERVED	999	N/A	Excluded
0668	RESERVED	999	N/A	Excluded
0669	Other respite care	999	N/A	Excluded
0670	Outpatient Special Residence Charges	999	N/A	Excluded
0671	Hospital based	999	N/A	Excluded
0672	Contracted	999	N/A	Excluded
0673	RESERVED	999	N/A	Excluded
0674	RESERVED	999	N/A	Excluded
0675	RESERVED	999	N/A	Excluded
0676	RESERVED	999	N/A	Excluded
0677	RESERVED	999	N/A	Excluded
0678	RESERVED	999	N/A	Excluded



Department of Health Services Division of Medicaid Services

Revenue Code	Revenue Code Description (According to CMS)	Cost Center Code CMS 2552-10	Cost Center Group	Cost Center Description
0679	Other special residence charge	999	N/A	Excluded
0681	Trauma Response: Level I	91	17	Emergency Room
0682	Trauma Response: Level II	91	17	Emergency Room
0683	Trauma Response: Level III	91	17	Emergency Room
0684	Trauma Response: Level IV	91	17	Emergency Room
0700	Cast Room	91	17	Emergency Room
0709	RESERVED	999	N/A	Excluded
0710	Recovery Room	51	8	Recovery Room
0719	RESERVED	999	N/A	Recovery Room
0720	Labor Room	52	9	Delivery Room & Labor Room
0721	Labor Room: Labor	52	9	Delivery Room & Labor Room
0722	Labor Room: Delivery	52	9	Delivery Room & Labor Room
0723	Labor Room: Circumcision	52	9	Delivery Room & Labor Room
0724	Labor Room: Birthing center	52	9	Delivery Room & Labor Room
0729	Labor Room: Other labor room/delivery	52	9	Delivery Room & Labor Room
0730	EKG/ECG	69	11	Electro cardiology
0731	EKG/ECG: Holter monitor	69	11	Electro cardiology
0732	EKG/ECG: Telemetry	69	11	Electro cardiology
0739	EKG/ECG: Other EKG/ECG	69	11	Electro cardiology
0740	EEG	70	13	Electroencephalography
0749	RESERVED	999	N/A	Excluded
0750	Gastrointestinal	60	13	Laboratory
0759	RESERVED	999	N/A	Excluded
0760	Treatment/Observation Room	92	19	Observation Beds
0761	Treatment/Observation Room: Treatment room	92	19	Observation Beds
0762	Treatment/Observation Room: Observation room	92	19	Observation Beds
0769	Treatment/Observation Room: Other treatment room	92	19	Observation Beds
0770	Preventive Care Services	90	19	Clinic
0771	Preventive Care Services: Admin. of vaccine	90	19	Clinic
0779	RESERVED	999	N/A	Excluded
0780	Telemedicine	999	N/A	Excluded
0781	RESERVED	999	N/A	Excluded
0782	RESERVED	999	N/A	Excluded
0783	RESERVED	999	N/A	Excluded
0784	RESERVED	999	N/A	Excluded
0785	RESERVED	999	N/A	Excluded
0786	RESERVED	999	N/A	Excluded
0787	RESERVED	999	N/A	Excluded
0788	RESERVED	999	N/A	Excluded
0789	RESERVED	999	N/A	Excluded
0790	Extra-Corp Shock Wave Therapy	76	19	Other Ancillary Services



Department of Health Services Division of Medicaid Services

Revenue Code	Revenue Code Description (According to CMS)	Cost Center Code CMS 2552-10	Cost Center Group	Cost Center Description
0799	RESERVED	999	N/A	Excluded
0800	Inpatient Dialysis	74	19	Renal Dialysis
0801	Inpatient Hemodialysis	74	19	Renal Dialysis
0802	Inpatient peritoneal dialysis	74	19	Renal Dialysis
0803	Inpatient dialysis CAPD	74	19	Renal Dialysis
0804	Inpatient dialysis CCPD	74	19	Renal Dialysis
0809	Other inp dialysis	74	19	Renal Dialysis
0810	Organ Acquisition	198	24	Aggregate Organ Acquisition
0811	Organ Acquisition: Living donor	198	24	Aggregate Organ Acquisition
0812	Organ Acquisition: Cadaver donor	198	24	Aggregate Organ Acquisition
0813	Organ Acquisition: Unknown donor	198	24	Aggregate Organ Acquisition
0819	Organ Acquisition: Other donor	198	24	Aggregate Organ Acquisition
0820	Hemo OPD/Home	74	19	Renal Dialysis
0821	Hemo OPD/Home: Hemodialysis comp or other rate	74	19	Renal Dialysis
0829	Hemo OPD/Home: Other HEMO outpatient	74	19	Renal Dialysis
0830	Peritoneal OPD/Home	74	19	Renal Dialysis
0831	Peritoneal/Composite or Other Rate	74	19	Renal Dialysis
0845	Support Services	74	19	Renal Dialysis
0851	CCPD/Composite or Other Rate	74	19	Renal Dialysis
0880	Miscellaneous Dialysis	999	N/A	Excluded
0881	Miscellaneous Dialysis: Ultrafiltration	74	19	Renal Dialysis
0889	Miscellaneous Dialysis: Other misc dialysis	74	19	Renal Dialysis
0900	Psychiatric/Psychological Trt	76	19	Other Ancillary Services
0901	Psychiatric/Psychological Trt: Electroshock treatment	76	19	Other Ancillary Services
0904	Psychiatric/Psychological Trt: Activity therapy	76	19	Other Ancillary Services
0905	Intensive Outpatient Services: Psychiatric	76	19	Other Ancillary Services
0906	Psychiatric/Psychological Trt: Intensive out serv - chem dep	76	19	Other Ancillary Services
0910	RESERVED	76	19	Other Ancillary Services
0911	Psychiatric/Psychological Svcs: Rehabilitation	76	19	Other Ancillary Services
0912	Psychiatric/Psychological Svcs: Partial Hosp - less intensive	999	N/A	Excluded
0913	Psychiatric/Psychological Svcs: Partial Hosp - Intensive	999	N/A	Excluded
0914	Psychiatric/Psychological Svcs: Individual therapy	76	19	Other Ancillary Services
0915	Psychiatric/Psychological Svcs: Group therapy	76	19	Other Ancillary Services
0916	Psychiatric/Psychological Svcs: Family therapy	76	19	Other Ancillary Services
0917	Psychiatric/Psychological Svcs: Biofeedback	76	19	Other Ancillary Services
0918	Psychiatric/Psychological Svcs: Testing	76	19	Other Ancillary Services
0919	Psychiatric/Psychological Svcs: Other behavioral treat/serv	76	19	Other Ancillary Services
0920	Other Diagnostic Services	76	19	Other Ancillary Services
0921	Other Diagnostic Services: Peripheral vascular lab	76	19	Other Ancillary Services
0922	Other Diagnostic Services: Electromyelogram	76	19	Other Ancillary Services
0923	Other Diagnostic Services: Pap smear	76	19	Other Ancillary Services



Department of Health Services Division of Medicaid Services

Revenue Code	Revenue Code Description (According to CMS)	Cost Center Code CMS 2552-10	Cost Center Group	Cost Center Description
0924	Other Diagnostic Services: Allergy test	76	19	Other Ancillary Services
0925	Other Diagnostic Services: Pregnancy test	76	19	Other Ancillary Services
0929	Other Diagnostic Services: Other diagnostic services	76	19	Other Ancillary Services
0930	Medical Rehabilitation Day Program	76	19	Other Ancillary Services
0940	Other Therapeutic Serv	76	19	Other Ancillary Services
0941	Other Therapeutic Serv: Recreation Rx	76	19	Other Ancillary Services
0942	Other Therapeutic Serv: Educ/training	76	19	Other Ancillary Services
0943	Other Therapeutic Serv: Cardiac rehab	76	19	Other Ancillary Services
0944	Other Therapeutic Serv: Drug rehab	76	19	Other Ancillary Services
0945	Other Therapeutic Serv: Alcohol rehab	76	19	Other Ancillary Services
0946	Complex medical equipment-Routine	76	19	Other Ancillary Services
0947	Complex medical equipment-Ancillary	76	19	Other Ancillary Services
0948	Pulmonary Rehabilitation	76	19	Other Ancillary Services
0949	Other Therapeutic Serv: Additional RX SVS	76	19	Other Ancillary Services
0960	Professional fees	999	N/A	Excluded
0961	Psychiatric	999	N/A	Excluded
0962	Ophthalmology	999	N/A	Excluded
0963	Anesthesiologist (MD)	999	N/A	Excluded
0964	Anesthetist (CRNA)	999	N/A	Excluded
0969	Other professional fee	999	N/A	Excluded
0971	Professional fees (096x) Laboratory	999	N/A	Excluded
0972	Professional fees (096x) Radiology-Diagnostic	999	N/A	Excluded
0973	Professional fees (096x) Radiology-Therapeutic	999	N/A	Excluded
0974	Professional fees (096x) Radiology-nuclear medicine	999	N/A	Excluded
0975	Professional fees (096x) Operating room	999	N/A	Excluded
0976	Professional fees (096x) Respiratory Therapy	999	N/A	Excluded
0977	Professional fees (096x) Physical therapy	999	N/A	Excluded
0978	Professional fees (096x) Occupational therapy	999	N/A	Excluded
0979	Professional fees (096x) Speech pathology	999	N/A	Excluded
0981	Professional fees (096x) Emergency room	999	N/A	Excluded
0982	Professional fees (096x) Outpatient services	999	N/A	Excluded
0983	Professional fees (096x) clinic	999	N/A	Excluded
	Professional fees (096x) medical social services	999	N/A	Excluded
0985	Professional fees (096x) EKG	999	N/A	Excluded
0987	Professional fees (096x) Hospital visit	999	N/A	Excluded
0988	Professional fees (096x) Consultation	999	N/A	Excluded
0989	Private duty nurse	999	N/A	Excluded
0990	Patient convenience items	999	N/A	Excluded
0991	Cafeteria/guest tray	999	N/A	Excluded
0992	private linen service	999	N/A	Excluded
0993	telephone/telegraph	999	N/A	Excluded



Department of Health Services Division of Medicaid Services

Revenue Code	Revenue Code Description (According to CMS)	Cost Center Code CMS 2552-10	Cost Center Group	Cost Center Description
0994	TV/radio	999	N/A	Excluded
0995	Nonpatient room rentals	999	N/A	Excluded
0996	Late discharge charge	999	N/A	Excluded
0997	admission kits	999	N/A	Excluded
0998	Beauty shop/barber	999	N/A	Excluded
0999	Other patient convenience item	999	N/A	Excluded