

Revenue Code	Revenue Code Description	Cost Center Code CMS	Cost Center Description	Comment	Non-Allowed Per Wisconsin ForwardHealth Policy
0001	Tatal Change	2552-10 999	Encluded		
0001 0002	Total Charge RESERVED	999	Excluded Excluded		
	RESERVED	999	Excluded		
	RESERVED	999	Excluded		
	RESERVED	999 999	Excluded		
	HIPPS - SNF PPS IRF PPS	999	Excluded		
	RESERVED	999	Excluded		
0026	RESERVED	999	Excluded		
	RESERVED	999	Excluded		
	RESERVED	999 999	Excluded		
	RESERVED RESERVED	999	Excluded		
	RESERVED	999	Excluded		
	RESERVED	999	Excluded		
	RESERVED	999	Excluded		
	RESERVED	999	Excluded		
	RESERVED RESERVED	999 999	Excluded		
	RESERVED	999	Excluded	<u> </u>	
	RESERVED	999	Excluded		
	RESERVED	999	Excluded		
	RESERVED	999	Excluded		
	Room & Board (Private) Medical/Surgical/Gyn	999 999	Excluded Excluded	l	
	OB	999	Excluded		
	Pediatric	999	Excluded		
	Psychiatric	999	Excluded		
	Hospice	999	Excluded		
	Detoxification Oncology	999 999	Excluded Excluded		
	Rehab	999	Excluded		
0119	Other	999	Excluded		
0120	Room & Board (Semi-Private 2 beds)	999	Excluded		
0121	Medical/Surgical/Gyn	999	Excluded		
0122 0123	OB	999 999	Excluded		
	Pediatric Psychiatric	999	Excluded		
	Hospice	999	Excluded		
	Detoxification	999	Excluded		
0127	Oncology	999	Excluded		
	Rehab	999	Excluded		
0129 0130	Other Room&Board (Semi private 3-4 beds)	999 999	Excluded		
	Medical/Surgical/Gyn	999	Excluded		
0132	OB	999	Excluded		
	Pediatric	999	Excluded		
	Psychiatric	999	Excluded		
	Hospice Rehab	999 999	Excluded		
	Room & Board (Private Deluxe)	999	Excluded		Noncovered revenue codes
	Medical/Surgical/Gyn	999	Excluded		Noncovered revenue codes
	OB	999	Excluded		Noncovered revenue codes
	Pediatric	999	Excluded		Noncovered revenue codes
	Psychiatric Hospice	999 999	Excluded Excluded		Noncovered revenue codes Noncovered revenue codes
	Detoxification	999	Excluded	<u> </u>	Noncovered revenue codes
0147	Oncology	999	Excluded		Noncovered revenue codes
	Rehab	999	Excluded		Noncovered revenue codes
	Other	999	Excluded		Noncovered revenue codes
	Room & Board (Ward) Room & Board (Ward)	999 999	Excluded Excluded		
	OB	999	Excluded		
	Psychiatric	999	Excluded		
	Hospice	999	Excluded		
	Oncology	999	Excluded		
	Room & Board (other)	999	Excluded		
0164 0169	Sterile Environment Room & Board (other)	999 999	Excluded Excluded		
	Nursery	999	Excluded	1	
0171	Newborn-Level I	999	Excluded		
0172	Newborn-Level II	999	Excluded		
0173	Newborn-Level III	999	Excluded		
0174	Newborn-Level IV	999	Excluded	ļ	<u> </u>



0179 Other Narsery. 999 Excluded 0180 Leave of Absence 999 Excluded 0181 RESERVED 999 Excluded 0182 Patient Convenince 999 Excluded 0183 Therapeutic Leave 999 Excluded 0184 RESERVED 999 Excluded 0185 Hospitalization 999 Excluded 0186 RESERVED 999 Excluded 0187 RESERVED 999 Excluded 0188 RESERVED 999 Excluded 0188 RESERVED 999 Excluded 0190 Subsortic Care Level I 999 Excluded 0191 Subsortic Care Level II 999 Excluded 0201 Internstve care 999 Excluded 0202 Medical 999 Excluded 0203 Ipelainic 999 Excluded 0204 hypelainitic 999 Excluded 0202<	n Comment	Non-Allowed Per Wisconsin ForwardHealth Policy
0181 RESERVED 999 Excluded 0182 Patient Convenience 999 Excluded 0183 Therapeutic Leave 999 Excluded 0184 RESERVED 999 Excluded 0185 Hospitalization 999 Excluded 0186 RESERVED 999 Excluded 0187 RESERVED 999 Excluded 0188 RESERVED 999 Excluded 0189 Other leave of absence 999 Excluded 0191 Subscute care 999 Excluded 0193 Subscute care Level II 999 Excluded 0201 Surgical 999 Excluded 0201 Surgical 999 Excluded 0202 Petlatric 999 Excluded 0203 Petlatric 999 Excluded 0204 Itermediate (CU 999 Excluded 0206 Intermediate (CU 999 Excluded 0210 <td></td> <td></td>		
0182Patient Convenience999Excluded0183Therapeutic Leave999Excluded0184RESERVED999Excluded0185Hospitalization999Excluded0186RESERVED999Excluded0187RESERVED999Excluded0188RESERVED999Excluded0189Other leave of absence999Excluded0190Subacute care999Excluded0101Subacute Care Level I999Excluded0202Medical999Excluded0203Intermediate ICU999Excluded0204Pedicial999Excluded0205Horisotic are999Excluded0206Intermediate ICU999Excluded0207Medical999Excluded0208Firumian999Excluded0209Other intensive care999Excluded0201Koronary care999Excluded0202Medical999Excluded0203Polatric999Excluded0204Poyocardia Infraction999Excluded0210Coronary care999Excluded0211Myocardia Infraction999Excluded0212Admission charge999Excluded0213Herr Transplant999Excluded0214Intermediate CU999Excluded0212Admission charge999 <t< td=""><td></td><td>Noncovered revenue codes; nonbillable for bill type 013X</td></t<>		Noncovered revenue codes; nonbillable for bill type 013X
0183 Therapeutic Leave 999 Excluded 0184 RESERVED 999 Excluded 0185 Hospitalization 999 Excluded 0186 RESERVED 999 Excluded 0187 RESERVED 999 Excluded 0188 RESERVED 999 Excluded 0189 Other leave of absence 999 Excluded 0180 Subacute Care Level I 999 Excluded 0191 Subacute Care Level I 999 Excluded 0103 Subacute Care Level II 999 Excluded 0201 Surgical 999 Excluded 0202 Medicial 999 Excluded 0203 Intermodiate ICU 999 Excluded 0204 Psychiatric 999 Excluded 0205 Intermodiate ICU 999 Excluded 0206 Other intensive care 999 Excluded 0210 Coronary care 999 Excluded		Noncovered revenue codes; nonbillable for bill type 013X
Ols4 RESERVED 999 Excluded 0185 Hospitalization 999 Excluded 0186 RESERVED 999 Excluded 0187 RESERVED 999 Excluded 0188 RESERVED 999 Excluded 0180 Other leave of absence 999 Excluded 0180 Other leave of absence 999 Excluded 0191 Subacute Care Level I 999 Excluded 0103 Subacute Care Level I 999 Excluded 0201 Internsive care 999 Excluded 0202 Medical 999 Excluded 0203 Pediatric 999 Excluded 0204 Psychiatric 999 Excluded 0205 Intermediate ICU 999 Excluded 0206 Intermediate ICU 999 Excluded 0207 Barr care 999 Excluded 0208 Truman 999 Excluded <td< td=""><td></td><td>Noncovered revenue codes; nonbillable for bill type 013X</td></td<>		Noncovered revenue codes; nonbillable for bill type 013X
0185 Hospitalization 999 Excluded 0186 RESERVED 999 Excluded 0187 RESERVED 999 Excluded 0188 RESERVED 999 Excluded 0189 Other leave of absence 999 Excluded 0189 Other leave of absence 999 Excluded 0191 Subacute care 999 Excluded 0203 Buscute Care Level I 999 Excluded 0201 Surgical 999 Excluded 0202 Medical 999 Excluded 0203 Pediatric 999 Excluded 0204 Psychiatric 999 Excluded 0205 Intermediate ICU 999 Excluded 0206 Intermediate ICU 999 Excluded 0207 Burn care 999 Excluded 0210 Other intensive care 999 Excluded 0210 Coronary care 999 Excluded		Noncovered revenue codes; nonbillable for bill type 013X
Olise RESERVED 999 Excluded 0187 RESERVED 999 Excluded 0188 RESERVED 999 Excluded 0189 Other leave of absence 999 Excluded 0190 Subacute care 999 Excluded 0191 Subacute Care Level II 999 Excluded 0201 Intensive care 999 Excluded 02021 Surgical 999 Excluded 02021 Burgical 999 Excluded 02022 Medical 999 Excluded 02020 Internsvice care 999 Excluded 02021 Burgical 999 Excluded 02020 Burgical 999 Excluded 02031 Perchided 999 Excluded 0204 Psychiatric 999 Excluded 0205 Bara eare 999 Excluded 0210 Coronary care 999 Excluded 0211		Noncovered revenue codes; nonbillable for bill type 013X
0187 RESERVED 999 Excluded 0188 RESERVED 999 Excluded 0189 Other leave of absence 999 Excluded 0191 Subacute care 999 Excluded 01913 Subacute Care Level I 999 Excluded 0200 Intensive care 999 Excluded 0201 Surgical 999 Excluded 0202 Medical 999 Excluded 0202 Medical 999 Excluded 0202 Medical 999 Excluded 0203 Pechiatric 999 Excluded 0204 Psychiatric 999 Excluded 0205 Other intensive care 999 Excluded 0206 Intermediate ICU 999 Excluded 0210 Opeardial Infraction 999 Excluded 0211 Myocardial Infraction 999 Excluded 0212 Pulmonary Care 999 Excluded		Noncovered revenue codes; nonbillable for bill type 013X
0188 RESERVED 999 Excluded 0189 Other leave of absence 999 Excluded 0190 Subacute care 999 Excluded 0191 Subacute Care Level II 999 Excluded 0200 Intensive care 999 Excluded 0201 Surgical 999 Excluded 0202 Medical 999 Excluded 0203 Pediatric 999 Excluded 0204 Psychiatric 999 Excluded 0205 Intermediate ICU 999 Excluded 0206 Intermediate ICU 999 Excluded 0208 Trauma 999 Excluded 0210 Coronary care 999 Excluded 0211 Mynearcian 999 Excluded 0212 Pulmonary Care 999 Excluded 0213 Heart Transplant 999 Excluded 0214 Intermediate CCU 999 Excluded		Noncovered revenue codes; nonbillable for bill type 013X
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0202Medical999Excluded0203Pediatric999Excluded0204Psychiatric999Excluded0206Intermediate ICU999Excluded0207Burn care999Excluded0208Trauma999Excluded0209Other intensive care999Excluded0210Coronary care999Excluded0211Myocardial Infarction999Excluded0212Pulmonary Care999Excluded0213Heart Transplant999Excluded0214Hutmodate CCU999Excluded0215Other Coronary Care999Excluded0220Special charges76Other Ancillary Services0221Admission charge999Excluded0223U.R. service charge999Excluded0230Incremental nursing charge rate999Excluded0231Nursery999Excluded0232OB999Excluded0233ICU999Excluded0234CCU999Excluded0235Hospice999Excluded0244RESERVED999Excluded0250Pharmacy73Drugs Charged to Patients0251Pharmacy: Generic73Drugs Charged to Patients		Nonbillable for bill type 013X Nonbillable for bill type 013X
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0210Coronary care999Excluded0211Myocardial Infarction999Excluded0212Pulmonary Care999Excluded0213Heart Transplant999Excluded0214Intermediate CCU999Excluded0215Other Coronary Care999Excluded0220Special charges76Other Ancillary Services0221Admission charge999Excluded0223U.R. service charge999Excluded0224Other special charges999Excluded0230Incremental nursing charge rate999Excluded0231Nursery999Excluded0232OB999Excluded0233ICU999Excluded0234CCU999Excluded0235Hospice999Excluded0240All-inclusive Ancillary999Excluded0241Basic196Aggregate Ancillary0242All-inclusive ancillary999Excluded0250Pharmacy73Drugs Charged to Patients0251Pharmacy: Generic73Drugs Charged to Patients		Nonbillable for bill type 013X Nonbillable for bill type 013X
0212Pulmonary Care999Excluded0213Heart Transplant999Excluded0214Intermediate CCU999Excluded0219Other Coronary Care999Excluded0220Special charges76Other Ancillary Services0221Admission charge999Excluded0223U.R. service charge999Excluded0224Other special charges999Excluded0225Other special charges999Excluded0226Other special charges999Excluded0227Other special charges999Excluded0231Nursery999Excluded0232OB999Excluded0233ICU999Excluded0234CCU999Excluded0239Other999Excluded0240All-inclusive Ancillary999Excluded0241Basic196Aggregate Ancillary0242All-inclusive Ancillary999Excluded0244RESERVED999Excluded0250Pharmacy73Drugs Charged to Patients0251Pharmacy: Generic73Drugs Charged to Patients		Nonbillable for bill type 013X
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0214Intermediate CU999Excluded0219Other Coronary Care999Excluded0220Special charges76Other Ancillary Services0221Admission charge999Excluded0223U.R. service charge999Excluded0229Other special charges999Excluded0230Incremental nursing charge rate999Excluded0231Nursery999Excluded0232OB999Excluded0233ICU999Excluded0234CCU999Excluded0235Hospice999Excluded0240All-inclusive Ancillary999Excluded0241Basic196Aggregate Ancillary0242All-inclusive ancillary999Excluded0250Pharmacy73Drugs Charged to Patients0251Pharmacy: Generic73Drugs Charged to Patients		Nonbillable for bill type 013X
0219Other Coronary Care999Excluded0220Special charges76Other Ancillary Services0221Admission charge999Excluded0223U.R. service charge999Excluded0229Other special charges999Excluded0230Incremental nursing charge rate999Excluded0231Nursery999Excluded0232OB999Excluded0233ICU999Excluded0234CCU999Excluded0235Hospice999Excluded0240All-inclusive Ancillary999Excluded0241Basic196Aggregate Ancillary0242All-inclusive ancillary999Excluded0244RESERVED999Excluded0250Pharmacy73Drugs Charged to Patients0251Pharmacy: Generic73Drugs Charged to Patients		Nonbillable for bill type 013X
0220 Special charges 76 Other Ancillary Services 0221 Admission charge 999 Excluded 0223 U.R. service charge 999 Excluded 0229 Other special charges 999 Excluded 0230 Incremental nursing charge rate 999 Excluded 0231 Nursery 999 Excluded 0232 OB 999 Excluded 0233 ICU 999 Excluded 0234 CCU 999 Excluded 0239 Other 999 Excluded 0234 Despice 999 Excluded 0235 Hospice 999 Excluded 0240 All-inclusive Ancillary 999 Excluded 0241 Basic 196 Aggregate Ancillary 0242 RESERVED 999 Excluded 0244 RESERVED 999 Excluded 0250 Pharmacy 73 Drugs Charged to Patients 0251 Pharmacy: Generic 73 Drugs Charged to Patients		Nonbillable for bill type 013X Nonbillable for bill type 013X
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0229Other special charges999Excluded0230Incremental nursing charge rate999Excluded0231Nursery999Excluded0232OB999Excluded0233ICU999Excluded0234CCU999Excluded0235Hospice999Excluded0236Other999Excluded0240All-inclusive Ancillary999Excluded0241Basic196Aggregate Ancillary0242All-inclusive Ancillary999Excluded0244RESERVED999Excluded0249Other all inclusive ancillary999Excluded0250Pharmacy73Drugs Charged to Patients0251Pharmacy: Generic73Drugs Charged to Patients		Nonbillable for bill type 013X
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0233 ICU 999 Excluded 0234 CCU 999 Excluded 0235 Hospice 999 Excluded 0239 Other 999 Excluded 0240 All-inclusive Ancillary 999 Excluded 0241 Basic 196 Aggregate Ancillary 0242 All-inclusive Ancillary 999 Excluded 0244 RESERVED 999 Excluded 0249 Other all inclusive ancillary 999 Excluded 0249 Other all inclusive ancillary 999 Excluded 0250 Pharmacy 73 Drugs Charged to Patients 0251 Pharmacy: Generic 73 Drugs Charged to Patients		Nonbillable for bill type 013X
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0242 All-inclusive Ancillary 999 Excluded 0244 RESERVED 999 Excluded 0249 Other all inclusive ancillary 999 Excluded 0250 Pharmacy 73 Drugs Charged to Patients 0251 Pharmacy: Generic 73 Drugs Charged to Patients		Nonbillable for bill type 013X
0244 RESERVED 999 Excluded 0249 Other all inclusive ancillary 999 Excluded 0250 Pharmacy 73 Drugs Charged to Patients 0251 Pharmacy: Generic 73 Drugs Charged to Patients		ļ
0249 Other all inclusive ancillary 999 Excluded 0250 Pharmacy 73 Drugs Charged to Patients 0251 Pharmacy: Generic 73 Drugs Charged to Patients	<u> </u>	<u> </u>
0250 Pharmacy 73 Drugs Charged to Patients 0251 Pharmacy: Generic 73 Drugs Charged to Patients		Nonbillable for bill type 013X
	Exempt from requirement to have a corresponding CPT/HCPCS code on outpatient claims	
0252 Pharmacy: Nongeneric 73 Drugs Charged to Patients	Exempt from requirement to have a corresponding CPT/HCPCS code on outpatient claims	
	Exempt from requirement to have a corresponding CPT/HCPCS code on outpatient claims	
0253 Take home drugs 73 Drugs Charged to Patients		Nonbillable for bill type 013X
0254 Pharmacy: Incident to other diagnostic services 73 Drugs Charged to Patients		
0255 Pharmacy: Incident to radiology 73 Drugs Charged to Patients 0256 Pharmacy: Experimental drugs 73 Drugs Charged to Patients		



Revenue Code	Revenue Code Description	Cost Center Code CMS 2552-10	Cost Center Description	Comment	Non-Allowed Per Wisconsin ForwardHealth Policy
0257	Pharmacy: Non-prescription	73	Drugs Charged to Patients		
0258	Pharmacy: IV solutions	73	Drugs Charged to Patients	Exempt from requirement to have a corresponding CPT/HCPCS code on outpatient claims	
0259	Pharmacy: Other	999	Excluded		Nonbillable for bill type 013X
0260	IV Therapy	64	Intravenous Therapy		
0261	IV Therapy: Infusion pump	64	Intravenous Therapy		
0262	IV Therapy: IV Therapy, pharm services	64	Intravenous Therapy		
0263	IV Therapy: IV Therapy/drug/supp/delivery	64	Intravenous Therapy		
0264	IV Therapy: supplies	64	Intravenous Therapy		
0269	IV Therapy: Other IV therapy	64	Intravenous Therapy		
0270	Medical/Surgical Supplies	71	Medical Supplies	Exempt from requirement to have a corresponding CPT/HCPCS code on outpatient claims	
0271	Medical/Surgical Supplies: Nonsterile supplies	71	Medical Supplies	Exempt from requirement to have a corresponding CPT/HCPCS code on outpatient claims	
0272	Medical/Surgical Supplies: Sterile supplies	71	Medical Supplies	Exempt from requirement to have a corresponding CPT/HCPCS code on outpatient claims	
0273	Medical/Surgical Supplies: Take home supplies	71	Medical Supplies		
0274	Medical/Surgical Supplies: Prosthetic/Orthotic devices	71	Medical Supplies		
0275	Medical/Surgical Supplies: Pacemaker	71	Impl. Dev. Charged to Patient		
0276	Medical/Surgical Supplies: Intraocular lens	71	Impl. Dev. Charged to Patient	Exempt from requirement to have a corresponding CPT/HCPCS code on outpatient claims	
0277	Oxygen-Take home	71	Impl. Dev. Charged to Patient		
0278	Medical/Surgical Supplies: Other implants	71	Impl. Dev. Charged to Patient	Exempt from requirement to have a corresponding CPT/HCPCS code on outpatient claims	
0279	Medical/Surgical Supplies: Other supplies/devices	999	Excluded		Nonbillable for bill type 013X
0280	Oncology	55	Radiology - Therapeutic		
0290	Durable Medical Equipment	999	Excluded		
0291	DME Rental	999	Excluded		
0292	Durable Medical Equipment: Purchase - new equipment	999	Excluded		
0293	Purchase of used DME	999	Excluded		
0294	Supplies/Drugs for DME effectiveness (HHA only)	999	Excluded		Noncovered revenue codes
0299	Durable Medical Equipment: Other equipment	999	Excluded		Nonbillable for bill type 013X
0300	Laboratory - Clinical Diagnostic	60	Laboratory		
0301	Laboratory - Clinical Diagnostic: Chemistry	60	Laboratory		
0302	Laboratory - Clinical Diagnostic: Immunology	60	Laboratory	_	
0303	Laboratory - Clinical Diagnostic: Renal patient (home)	60	Laboratory		
0304	Laboratory - Clinical Diagnostic: Nonroutine dialysis	60	Laboratory		
0305	Laboratory - Clinical Diagnostic: Hematology	60	Laboratory		
0306	Laboratory - Clinical Diagnostic: Bacteriology/microbiology	60	Laboratory		
0307	Laboratory - Clinical Diagnostic: Urology	60	Laboratory		
0308	RESERVED	999	Excluded		
0309	Laboratory - Clinical Diagnostic: Other laboratory	60	Laboratory		
0310	Laboratory - Pathology	60	Laboratory		
0311	Laboratory - Pathology: Cytology	60	Laboratory		
0312	Laboratory - Pathology: Histology	60	Laboratory		
0314 0319	Laboratory - Pathology: Biopsy Laboratory - Pathology: Other	60 60	Laboratory Laboratory		
0319	Radiology - Diagnostic	54	Radiology - Diagnostic		
0320	Radiology - Diagnostic: Radiology - Diagnostic: Angiocardiography	54	Cardiac Catheterization		
0322	Radiology - Diagnostic: Arthrography Radiology - Diagnostic: Arthrography	54	Radiology - Diagnostic		
0323	Radiology - Diagnostic: Arteriography	54	Radiology - Diagnostic		
0324	Radiology - Diagnostic: Chest X-ray	54	Radiology - Diagnostic		
0329	Radiology - Diagnostic: Other	54	Radiology - Diagnostic		
0330	Radiology - Therapeutic	55	Radiology - Therapeutic		
0331	Radiology - Therapeutic: Chemotherapy - injected	55	Radiology - Therapeutic		
0332	Radiology - Therapeutic: Chemotherapy - oral	55	Radiology - Therapeutic		
0333	Radiology - Therapeutic: Radiation therapy	55	Radiology - Therapeutic		



Revenue Code	Revenue Code Description	Cost Center Code CMS 2552-10	Cost Center Description	Comment	Non-Allowed Per Wisconsin ForwardHealth Policy
	Radiology - Therapeutic: Chemotherapy - IV	55	Radiology - Therapeutic		
	Radiology - Therapeutic: Other	55	Radiology - Therapeutic		
	Nuclear Medicine	55	Radiology - Therapeutic		
	Nuclear Medicine: Diagnostic	54	Radiology - Diagnostic		
	Nuclear Medicine: Therapeutic	55	Radiology - Therapeutic		
	Diagnostic Radiopharms	54 55	Radiology - Diagnostic Radiology - Therapeutic		
	Therapeutic Radiopharms Nuclear Medicine: Other	55			
	CT Scan	54	Radiology - Diagnostic CT Scan		
	CT Scan: Head	54	CT Scan		
	CT Scan: Body	54	CT Scan		
	CT Scan: Other CT scans	54	CT Scan		
	Operating Room Services	50	Operating Room		
	Operating Room Services: Minor surgery	50	Operating Room		
	Operating Room Services: Organ transplant, not kidney	198 999	Aggregate Organ Acquisition Excluded		
	RESERVED				
0367	Operating Room Services: Kidney transplant	999	Excluded		+
0369	Operating Room Services: Other operating room services	50	Operating Room		
	Anesthesia	53	Anesthesiology	Exempt from requirement to have a corresponding CPT/HCPCS code on outpatient claims	
	Anesthesia: Incident to radiology	53	Anesthesiology		
	Anesthesia: Incident to other diag services	53	Anesthesiology		
	Acupuncture	999	Excluded		Noncovered revenue codes
	Anesthesia: Other anesthesia	53	Anesthesiology		
	Blood	62	Whole Blood & Packed Red Blood Cells		
	Blood: Packed red cells	62	Whole Blood & Packed Red Blood Cells		
	Blood: Whole blood	62	Whole Blood & Packed Red Blood Cells		
	Blood: Plasma	62	Whole Blood & Packed Red Blood Cells		
	Blood: Platelets	62	Whole Blood & Packed Red Blood Cells		
	Blood: Leukocytes	62	Whole Blood & Packed Red Blood Cells		
	Blood: Other components Blood: Other derivatives	62 62	Whole Blood & Packed Red Blood Cells Whole Blood & Packed Red Blood Cells		
		62	Whole Blood & Packed Red Blood Cells Whole Blood & Packed Red Blood Cells		
	Blood: Other blood Blood Storage/Processing	63	Blood Storing, Processing, & Trans		
		63	Blood Storing, Processing, & Trans		
	Blood: Administration (e.g. Transfusion) Other blood handling	63	Blood Storing, Processing, & Trans		
	Other Imaging Services	54	Radiology - Diagnostic		
	Other Imaging Services: Diagnostic mammography	54	Radiology - Diagnostic		
	Other Imaging Services: Ultrasound	55	Radiology - Therapeutic		
	Other Imaging Services: Screening mammography	55	Radiology - Diagnostic		
	Other Imaging Services: PET scan	54	Radiology - Diagnostic		
	Other Imaging Services: Other imaging services	54	Radiology - Diagnostic		
	Respiratory Services	65	Respiratory Therapy		
	Respiratory Services: Inhalation services	65	Respiratory Therapy		
	Respiratory Services: Hyperbaric oxygen therapy	76	Other Ancillary Services		
	Respiratory Services: Other respiratory services	65	Respiratory Therapy		
0420	Physical Therapy	999	Excluded		Noncovered revenue codes
	Physical Therapy: Visit charge	999	Excluded		Noncovered revenue codes
	Physical Therapy: Hourly charge	999	Excluded		Noncovered revenue codes
	Physical Therapy: Group rate	999	Excluded		Noncovered revenue codes
	Physical Therapy: Evaluation/re-evaluation	999	Excluded		Noncovered revenue codes
	Physical Therapy: Other physical therapy	999	Excluded	1	Noncovered revenue codes
	Occupational Therapy	999	Excluded	1	Noncovered revenue codes
	Occupational Therapy: Visit charge	999	Excluded		Noncovered revenue codes
	Occupational Therapy: Hourly charge	999	Excluded		Noncovered revenue codes
	Occupational Therapy: Group rate	999	Excluded		Noncovered revenue codes
	Occupational Therapy: Evaluation/re-evaluation	999	Excluded		Noncovered revenue codes
	Occupational Therapy: Other occupational therapy	999	Excluded Excluded		Noncovered revenue codes
	Speech-Language Pathology	999 999	Excluded		Noncovered revenue codes
	Speech-Language Pathology: Visit charge Speech-Language Pathology: Hourly charge	999	Excluded		Noncovered revenue codes
	Speech-Language Pathology: Hourly charge Speech-Language Pathology: Group rate	999	Excluded		Noncovered revenue codes Noncovered revenue codes
	Speech-Language Pathology: Group rate Speech-Language Pathology: Evaluation/ re-evaluation	999	Excluded		Noncovered revenue codes
	Speech-Language Pathology	999	Excluded		Noncovered revenue codes
	Speech-Language Pathology: Other speech language pathology	999	Excluded		Noncovered revenue codes
0450	Emergency Room	91	Emergency Room	Exempt from member copayment except in certain non-emergency scenarios	



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0571 Vi 0572 Ha 0579 Oi 0580 Ha 0581 Vi 0582 Ha 0583 Gradientic State 0584 Vi 0585 Ha 0589 Oi 0590 Ha 0599 RI 0600 Ha 0600 Ha 0600 Co 0602 Oo	Revenue Code Description Home health-Home health aide Visit charge Hourly charge Ourly charge Other home health aide Home health-other visits Visit charge Ourly charge Ourly charge Other home health visit Hourd health visit	Center Code CMS 2552-10 999 999 999 999 999 999 999 999	Cost Center Description Excluded Excluded Excluded Excluded	Comment	Non-Allowed Per Wisconsin ForwardHealth Policy Nonbillable for bill type 013X Nonbillable for bill type 013X
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0599 RI 0600 He 0601 O: 0602 O:		999	Excluded		Nonbillable for bill type 013X
0601 O: 0602 O:	RESERVED	999	Excluded		Noncovered revenue codes "Reserved for Future
0601 O: 0602 O:	T 1 1.1	000	P 1 1 1		Assignment"
0602 O:	Home health-oxygen	999	Excluded		Nonbillable for bill type 013X
	Dxygen-state/equip/suppl/ or cont	999 999	Excluded		Nonbillable for bill type 013X
	Dxygen-state/equip/suppl/ or under 1 LPM	999	Excluded		Nonbillable for bill type 013X
	Dxygen-state/equip/over 4 LPM	999	Excluded		Nonbillable for bill type 013X
	Dxygen-Portable Add-on	999	Excluded		Nonbillable for bill type 013X
	Other oxygen Magnetic Resonance Tech. (MRT)	54	Excluded Magnetic Resonance Imaging (MRI)		Noncovered revenue codes
0611 M	Magnetic Resonance Tech. (MRT): Brain (incl.	54	Magnetic Resonance Imaging (MRI)		
0612 M	Brainstem) Magnetic Resonance Tech. (MRT): Spinal cord (incl.	54	Magnetic Resonance Imaging (MRI)		
sp	pine)	54			
	Magnetic Resonance Tech. (MRT): MRI - Other Magnetic Resonance Tech. (MRT): MRA - Head and	54	Magnetic Resonance Imaging (MRI)		<u> </u>
0615	Naghetic Resonance Tech. (MRT): MRA - Head and Neck	54	Magnetic Resonance Imaging (MRI)		
	Magnetic Resonance Tech. (MRT): MRA - Lower Ext	54	Magnetic Resonance Imaging (MRI)		
	Magnetic Resonance Tech. (MRT): MRA - Other	54	Magnetic Resonance Imaging (MRI)		
0619 M	Magnetic Resonance Tech. (MRT): Other MRT	54	Magnetic Resonance Imaging (MRI)		
0621 M	Med - Surg Supplies Ext. of 270: Incident to radiology	71	Medical Supplies		
0622 M	Med - Surg Supplies Ext. of 270: Incident to other diag.	71	Medical Supplies		
0623 Su	Surgical dressings	71	Medical Supplies		
0624 M	Med - Surg Supplies Ext. of 270: Investigational Device	999	Eveluded		Newseyrend arrange as dea
0624 (II	IDE)	999	Excluded		Noncovered revenue codes
0630 RI	RESERVED	999	Excluded		
0631 Di	Drugs Require Specific ID: Single source drug	73	Drugs Charged to Patients		
0632 Di	Drugs Require Specific ID: Multiple source drug	73	Drugs Charged to Patients		
	Drugs Require Specific ID: Restrictive prescription	73	Drugs Charged to Patients		
0634 Di	Drugs Require Specific ID: EPO under 10,000 units	73	Drugs Charged to Patients		
0635 Di	Drugs Require Specific ID: EPO over 10,000 units	73	Drugs Charged to Patients		
0636 Di	Drugs Require Specific ID: Drugs requiring detail coding	73	Drugs Charged to Patients		
	Drugs Require Specific ID: Self admin drugs (insulin admin in emergency-diabetes coma)	999	Excluded		Noncovered revenue codes
	RESERVED	999	Excluded		
	Home IV Therapy Services	999	Excluded		
	Hospice service	999	Excluded		Nonbillable for bill type 013X
	outine home care	999	Excluded		Nonbillable for bill type 013X
0652 co	continuous home care	999	Excluded		Nonbillable for bill type 013X
0653 RI	RESERVED	999	Excluded		Nonbillable for bill type 013X
0654 RI	RESERVED	999	Excluded		Nonbillable for bill type 013X
	npatient respite care	999	Excluded		Nonbillable for bill type 013X
	general inpatient care (non-respite)	999	Excluded		Nonbillable for bill type 013X
0657 ph	physician services	999	Excluded		Nonbillable for bill type 013X
	Hospice Room & Board - Nursing Facility	999	Excluded		
	Other hospice service	999	Excluded		Nonbillable for bill type 013X
0660 Re	Respite Care	999	Excluded		Noncovered revenue codes
	Hourly Respite Care Charge Nursing	999	Excluded		Noncovered revenue codes
0662	Hourly Respite Care Charge Aide/Homemaker/Companion	999	Excluded		Noncovered revenue codes
	Daily Respite Charge	999	Excluded		Noncovered revenue codes
0664 RI	RESERVED	999	Excluded		Noncovered revenue codes
0665 RI	RESERVED	999	Excluded		Noncovered revenue codes
0666 RI	RESERVED	999	Excluded		Noncovered revenue codes
	RESERVED	999	Excluded		Noncovered revenue codes
	RESERVED	999	Excluded		Noncovered revenue codes
	Other respite care	999	Excluded	1	Noncovered revenue codes
	Dutpatient Special Residence Charges	999	Excluded		Noncovered revenue codes
	Hospital based	999	Excluded		Noncovered revenue codes
	Contracted	999	Excluded		Noncovered revenue codes
	RESERVED	999	Excluded		Noncovered revenue codes
	RESERVED	999	Excluded		Noncovered revenue codes



Revenue Code	Revenue Code Description	Cost Center Code CMS 2552-10 999	Cost Center Description	Comment	Non-Allowed Per Wisconsin ForwardHealth Policy
0675	RESERVED	999	Excluded		Noncovered revenue codes Noncovered revenue codes
0677	RESERVED	999	Excluded		Noncovered revenue codes
0678	RESERVED	999	Excluded		Noncovered revenue codes
0679	Other special residence charge	999	Excluded		Noncovered revenue codes
0681	Trauma Response: Level I	999	Emergency Room		Noncovered revenue codes
0682	Trauma Response: Level II	91	Emergency Room		
0683	Trauma Response: Level III	91	Emergency Room		
0684	Trauma Response: Level IV	91	Emergency Room		
0689	Trauma Response: Other	91	Emergency		
0700	Cast Room	91	Emergency Room		
0710	Recovery Room	51	Recovery Room	Exempt from requirement to have a corresponding CPT/HCPCS code on outpatient claims	
0719	RESERVED	999	Excluded		Noncovered revenue codes "Reserved for Future Assignment"
0720	Labor Room	52	Delivery Room & Labor Room		
0721	Labor Room: Labor	52	Delivery Room & Labor Room		
0722	Labor Room: Delivery	52	Delivery Room & Labor Room		
0723	Labor Room: Circumcision	52	Delivery Room & Labor Room		
0724	Labor Room: Birthing center	52	Delivery Room & Labor Room		
0729	Labor Room: Other labor room/delivery	52	Delivery Room & Labor Room		
0730	EKG/ECG	69	Electro cardiology		
0731	EKG/ECG: Holter monitor	69	Electro cardiology		
0732	EKG/ECG: Telemetry	69	Electro cardiology		
0739	EKG/ECG: Other EKG/ECG	69	Electro cardiology		
0740	EEG	54	Electroencephalography		
0749	RESERVED	999	Excluded		Noncovered revenue codes "Reserved for Future Assignment"
0750	Gastrointestinal	60	Laboratory		
0759	RESERVED	999	Excluded		Noncovered revenue codes "Reserved for Future Assignment"
0760	Treatment/Observation Room	92	Observation Beds		
0761 0762	Treatment/Observation Room: Treatment room	92 92	Observation Beds Observation Beds	Deres is the strength of the	
0762	Treatment/Observation Room: Observation room Treatment/Observation Room: Other treatment room	92	Observation Beds Observation Beds	Revenue code for observation hours	
070	Preventive Care Services	90	Clinic		
0770	Preventive Care Services: Admin. of vaccine	90	Clinic		
0779	RESERVED	999	Excluded		Noncovered revenue codes "Reserved for Future Assignment"
0780	Telemedicine	93	Other Outpatient Services	Revenue code for telehealth services. Bill with HCPCS code Q3014 when submitting claims for telehealth originating site fees.	
0781	RESERVED	999	Excluded		
0782	RESERVED	999	Excluded		
0783	RESERVED	999	Excluded		
0784	RESERVED	999	Excluded		
0785	RESERVED	999	Excluded Excluded		
0786	RESERVED RESERVED	999 999	Excluded		
0787	RESERVED	999	Excluded	+	
0789	RESERVED	999	Excluded		Noncovered revenue codes "Reserved for Future Assignment"
0790	Extra-Corp Shock Wave Therapy	76	Other Ancillary Services		a sosigini felit
0790	Extra-Corp Shock wave Therapy	10	other Allemary Bervices		Noncovered revenue codes "Reserved for Future
0799	RESERVED	999	Excluded		Assignment"
0799 0800	RESERVED Inpatient Dialysis	999 999	Excluded		
0800	Inpatient Dialysis	999	Excluded		
0800 0801	Inpatient Dialysis Inpatient Hemodialysis Inpatient peritoneal dialysis inpatient dialysis CAPD	999 999	Excluded Excluded		
0800 0801 0802	Inpatient Dialysis Inpatient Hemodialysis Inpatient peritoneal dialysis	999 999 999	Excluded Excluded Excluded		
0800 0801 0802 0803	Inpatient Dialysis Inpatient Hemodialysis Inpatient peritoneal dialysis inpatient dialysis CAPD Inpatient dialysis CCPD Other inp dialysis	999 999 999 999	Excluded Excluded Excluded Excluded		
0800 0801 0802 0803 0804	Inpatient Dialysis Inpatient Hemodialysis Inpatient peritoneal dialysis inpatient dialysis CAPD Inpatient dialysis CCPD	999 999 999 999 999 999	Excluded Excluded Excluded Excluded Excluded		
0800 0801 0802 0803 0804 0809	Inpatient Dialysis Inpatient Hemodialysis Inpatient peritoneal dialysis inpatient dialysis CAPD Inpatient dialysis CCPD Other inp dialysis	999 999 999 999 999 999 999	Excluded Excluded Excluded Excluded Excluded Excluded		
0800 0801 0802 0803 0804 0809 0810 0811 0812	Inpatient Dialysis Inpatient Hemodialysis Inpatient peritoneal dialysis inpatient dialysis CAPD Inpatient dialysis CCPD Other inp dialysis Organ Acquisition	999 999 999 999 999 999 999 999 999 99	Excluded Excluded Excluded Excluded Excluded Excluded Excluded Excluded Excluded Excluded		
0800 0801 0802 0803 0804 0809 0810 0811 0812 0813	Inpatient Dialysis Inpatient Hemodialysis Inpatient peritoneal dialysis inpatient dialysis CAPD Inpatient dialysis CCPD Other inp dialysis Organ Acquisition Organ Acquisition: Living donor Organ Acquisition: Cadaver donor Organ Acquisition: Unknown donor	999 999 999 999 999 999 999 999 999 99	Excluded Excluded Excluded Excluded Excluded Excluded Excluded Excluded Excluded Excluded Excluded		
0800 0801 0802 0803 0804 0809 0810 0810 0811 0812 0813 0814	Inpatient Dialysis Inpatient Hemodialysis Inpatient peritoneal dialysis Inpatient dialysis CAPD Inpatient dialysis CCPD Other inp dialysis Organ Acquisition Organ Acquisition: Living donor Organ Acquisition: Cadaver donor Organ Acquisition: Unknown donor Organ Acquisition: Unknown donor Organ Acquisition: Unknown donor	999 999 999 999 999 999 999 999 999 99	Excluded Excluded Excluded Excluded Excluded Excluded Excluded Excluded Excluded Excluded Excluded Excluded		
0800 0801 0802 0803 0804 0809 0810 0811 0811 0812 0813 0814 0815	Inpatient Dialysis Inpatient Hemodialysis Inpatient Hemodialysis Inpatient dialysis CAPD Inpatient dialysis CAPD Other inp dialysis Organ Acquisition Organ Acquisition: Living donor Organ Acquisition: Cadaver donor Organ Acquisition: Unknown donor Organ Acquisition: Unsuccessful Search Organ Acquisition: Cadaver donor	999 999 999 999 999 999 999 999 999 99	Excluded Excluded Excluded Excluded Excluded Excluded Excluded Excluded Excluded Excluded Excluded Excluded Excluded Excluded		
0800 0801 0802 0803 0804 0809 0810 0811 0811 0812 0813 0814	Inpatient Dialysis Inpatient Hemodialysis Inpatient peritoneal dialysis Inpatient dialysis CAPD Inpatient dialysis CCPD Other inp dialysis Organ Acquisition Organ Acquisition: Living donor Organ Acquisition: Cadaver donor Organ Acquisition: Unknown donor Organ Acquisition: Unknown donor Organ Acquisition: Unknown donor	999 999 999 999 999 999 999 999 999 99	Excluded Excluded Excluded Excluded Excluded Excluded Excluded Excluded Excluded Excluded Excluded Excluded	Exempt from member copayment	



Revenue Code	Revenue Code Description	Cost Center Code CMS 2552-10	Cost Center Description	Comment	Non-Allowed Per Wisconsin ForwardHealth Policy
0821	Hemo OPD/Home: Hemodialysis comp or other rate	74	Renal Dialysis	Exempt from member copayment	
0824	Hemo OPD/Home Maintenance 100%	999	Excluded	Exempt from member copayment	
	Hemo OPD/Home: Support Services	74	Renal Dialysis	Exempt from member copayment	
0829 0830	Hemo OPD/Home: Other HEMO outpatient Peritoneal OPD/Home	74 74	Renal Dialysis Renal Dialysis	Exempt from member copayment Exempt from member copayment	
0830	Peritoneal/Composite or Other Rate	74	Renal Dialysis	Exempt from member copayment	
0832	Home supplies	999	Excluded	Exempt from member copayment	
0837	Home IV Therapy Services	999	Excluded	Exempt from member copayment	
0840	Support Services	74	Renal Dialysis	Exempt from member copayment	
0841	Support Services	74	Renal Dialysis	Exempt from member copayment	
0842	Support Services	74 74	Renal Dialysis	Exempt from member copayment	
0845 0850	Support Services Support Services	74	Renal Dialysis Renal Dialysis	Exempt from member copayment Exempt from member copayment	
0851	CCPD/Composite or Other Rate	74	Renal Dialysis	Exempt from member copayment	
0855	Support Services	74	Renal Dialysis	Exempt from member copayment	
0860	Magnetoencephalography (MEG)	69	Electro cardiology		
0861	MEG	69	Electro cardiology		
0880	Miscellaneous Dialysis	999	Excluded	Limited to three emergency dialysis	treatments per member, per year
0881	Miscellaneous Dialysis: Ultrafiltration	74	Renal Dialysis		
0882	Home dialysis aid visit Miscellaneous Dialysis: Other misc dialysis	999 74	Excluded Renal Dialysis		
	RESERVED	999	Excluded		
	Psychiatric/Psychological Trt	76	Other Ancillary Services		
	Psychiatric/Psychological Trt: Electroshock treatment	76	Other Ancillary Services	Exempt from member copayment	
0904	Psychiatric/Psychological Trt: Activity therapy	76	Other Ancillary Services		
0905	Intensive Outpatient Services: Psychiatric	76	Other Ancillary Services		
0906	Psychiatric/Psychological Trt: Intensive out serv - chem dep	76	Other Ancillary Services		
0907	Psychiatric/Psychological Trt: Comm behavioral program	76	Other Ancillary	Exempt from requirement to have a corresponding CPT/HCPCS code on outpatient claims	
0910	RESERVED	999	Excluded		
0911	Psychiatric/Psychological Svcs: Rehabilitation	76	Other Ancillary Services		
0912	Psychiatric/Psychological Svcs: Partial Hosp - less intensive	999	Excluded		Nonbillable for bill type 013X
0913	Psychiatric/Psychological Svcs: Partial Hosp - Intensive	999	Excluded		Nonbillable for bill type 013X
0914	Psychiatric/Psychological Svcs: Individual therapy	76	Other Ancillary Services		
0915 0916	Psychiatric/Psychological Svcs: Group therapy Psychiatric/Psychological Svcs: Family therapy	76	Other Ancillary Services		
	Psychiatric/Psychological Svcs: Family therapy Psychiatric/Psychological Svcs: Biofeedback	76	Other Ancillary Services Other Ancillary Services		
	Psychiatric/Psychological Svcs: Testing	76	Other Ancillary Services	Exempt from member copayment	
0919	Psychiatric/Psychological Svcs: Other behavioral treat/serv	76	Other Ancillary Services		
0920	Other Diagnostic Services	76	Other Ancillary Services		
0921	Other Diagnostic Services: Peripheral vascular lab	76	Other Ancillary Services		
	Other Diagnostic Services: Electromyelogram	76	Other Ancillary Services		
0923	Other Diagnostic Services: Pap smear	76	Other Ancillary Services		
0924 0925	Other Diagnostic Services: Allergy test Other Diagnostic Services: Pregnancy test	76 76	Other Ancillary Services Other Ancillary Services		
0923	Other Diagnostic Services: Pregnancy test Other Diagnostic Services: Other diagnostic services	76	Other Ancillary Services		
0930	Medical Rehabilitation Day Program	76	Other Ancillary Services		
0931	Medical Rehabilitation Half-Day Program	999	Excluded	Exempt from requirement to have a corresponding CPT/HCPCS code on outpatient claims	
0940	Other Therapeutic Serv	76	Other Ancillary Services		Noncovered revenue codes for psychiatric hospitals; noncovered revenue codes for general hospitals billing psychiatric of substance abuse services
0941	Other Therapeutic Serv: Recreation Rx	76	Other Ancillary Services		
0942	Other Therapeutic Serv: Educ/training	76	Other Ancillary Services		
0943	Other Therapeutic Serv: Cardiac rehab	76	Other Ancillary Services		
0944 0945	Other Therapeutic Serv: Drug rehab	76	Other Ancillary Services		
	Other Therapeutic Serv: Alcohol rehab Complex medical equipment-Routine	76	Other Ancillary Services Other Ancillary Services		
0946					



Revenue Code	Revenue Code Description	Cost Center Code CMS 2552-10	Cost Center Description	Comment	Non-Allowed Per Wisconsin ForwardHealth Policy
0948	Pulmonary Rehabilitation	65	Respiratory Therapy	Exempt from requirement to have a corresponding CPT/HCPCS code on outpatient claims	
0949	Other Therapeutic Serv: Additional RX SVS	76	Other Ancillary Services		Noncovered revenue codes for psychiatric hospitals; noncovered revenue codes for general hospitals billing psychiatric of substance abuse services
0951	Other therapeutic services-(940x) Athletic training	76	Other Ancillary Services		
0952 0953	Other therapeutic services-(940x) Kinesiotherapy Other Services	76 76	Other Ancillary Services		
0933	Professional fees	999	Other Ancillary Services Excluded		
0961	Psychiatric	999	Excluded		
0962	Ophthalmology	999	Excluded		
0963	Anesthesiologist (MD)	999	Excluded		
0964	Anesthetist (CRNA)	999	Excluded		
0969 0971	Other professional fee Professional fees (096x) Laboratory	999 999	Excluded Excluded		
0971	Professional fees (096x) Laboratory Professional fees (096x) Radiology-Diagnostic	999	Excluded		
0972	Professional fees (096x) Radiology Diagnostic	999	Excluded		
0974	Professional fees (096x) Radiology-nuclear medicine	999	Excluded		
0975	Professional fees (096x) Operating room	999	Excluded		
0976	Professional fees (096x) Respiratory Therapy	999	Excluded		
0977 0978	Professional fees (096x) Physical therapy Professional fees (096x) Occupational therapy	999 999	Excluded Excluded		
0978	Professional fees (096x) Speech pathology	999	Excluded		
0981	Professional fees (096x) Emergency room	999	Excluded		
0982	Professional fees (096x) Outpatient services	999	Excluded		
0983	Professional fees (096x) clinic	999	Excluded		
0984	Professional fees (096x) medical social services	999	Excluded		
0985 0986	Professional fees (096x) EKG Professional fees (096x) EEK	999 999	Excluded Excluded		
0987	Professional fees (090x) EEK Professional fees (096x) Hospital visit	999	Excluded		
0988	Professional fees (096x) Consultation	999	Excluded		
0989	Private duty nurse	999	Excluded		
0990	Patient convenience items	999	Excluded		Noncovered revenue codes; nonbillable for bill type 013X
0991	Cafeteria/guest tray	999	Excluded		Noncovered revenue codes; nonbillable for bill type 013X
0992	private linen service	999	Excluded		Noncovered revenue codes; nonbillable for bill type 013X Noncovered revenue codes; nonbillable for bill type
0993	telephone/telegraph	999	Excluded		013X Noncovered revenue codes; nonbillable for bill type
0994	TV/radio	999	Excluded		013X Noncovered revenue codes; nonbillable for bill type
0995	Nonpatient room rentals	999	Excluded		013X
0996	Late discharge charge	999	Excluded		Noncovered revenue codes; nonbillable for bill type 013X Noncovered revenue codes; nonbillable for bill type
0997	admission kits	999	Excluded		013X Noncovered revenue codes; nonbillable for bill type
0998	Beauty shop/barber	999	Excluded		013X Noncovered revenue codes; nonbillable for bill type
0999	Other patient convenience item	999	Excluded		013X
1000	Behavioral health accommodations	999	Excluded	Exempt from requirement to have a corresponding CPT/HCPCS code on outpatient claims	
1001	Residential treatment-psychiatric	999	Excluded	Exempt from requirement to have a corresponding CPT/HCPCS code on outpatient claims	
1002	residential treatment-chemical dependency	999	Excluded	Exempt from requirement to have a corresponding CPT/HCPCS code on outpatient claims	
1003	Supervised living	999	Excluded	Exempt from requirement to have a corresponding CPT/HCPCS code on outpatient claims	



State of Wisconsin Department of Health Services Division of Medicaid Services RY 2024 Outpatient Revenue Code Crosswalk To Suggested Cost Centers

Revenue Code	Revenue Code Description	Cost Center Code CMS 2552-10	Cost Center Description	Comment	Non-Allowed Per Wisconsin ForwardHealth Policy
1004	halfway house	999	Excluded	Exempt from requirement to have a corresponding CPT/HCPCS code on outpatient claims	
1005	group home	999	Excluded	Exempt from requirement to have a corresponding CPT/HCPCS code on outpatient claims	
1006	RESERVED	999	Excluded	Exempt from requirement to have a corresponding CPT/HCPCS code on outpatient claims	
1007	RESERVED	999	Excluded	Exempt from requirement to have a corresponding CPT/HCPCS code on outpatient claims	
1008	RESERVED	999	Excluded	Exempt from requirement to have a corresponding CPT/HCPCS code on outpatient claims	
1009	RESERVED	999	Excluded	Exempt from requirement to have a corresponding CPT/HCPCS code on outpatient claims	
2100	Alternative therapy services	999	Excluded		
2101	acupuncture	999	Excluded	Exempt from requirement to have a corresponding CPT/HCPCS code on outpatient claims	
2102	acupressure	999	Excluded	Exempt from requirement to have a corresponding CPT/HCPCS code on outpatient claims	
2103	massage	999	Excluded	Exempt from requirement to have a corresponding CPT/HCPCS code on outpatient claims	
2104	reflexology	999	Excluded	Exempt from requirement to have a corresponding CPT/HCPCS code on outpatient claims	
2105	biofeedback	999	Excluded	Exempt from requirement to have a corresponding CPT/HCPCS code on outpatient claims	
2106	hypnosis	999	Excluded	Exempt from requirement to have a corresponding CPT/HCPCS code on outpatient claims	
2107	RESERVED	999	Excluded	Exempt from requirement to have a corresponding CPT/HCPCS code on outpatient claims	
2108	RESERVED	999	Excluded	Exempt from requirement to have a corresponding CPT/HCPCS code on outpatient claims	
2109	Other alternative therapy services	999	Excluded	Exempt from requirement to have a corresponding CPT/HCPCS code on outpatient claims	
3100	RESERVED	999	Excluded		
3101	Adult day care, Medical and social, hourly	999	Excluded	Exempt from requirement to have a corresponding CPT/HCPCS code on outpatient claims	
3102	Adult day care, social, hourly	999	Excluded	Exempt from requirement to have a corresponding CPT/HCPCS code on outpatient claims	
3103	Adult day care, medical and social, daily	999	Excluded	Exempt from requirement to have a corresponding CPT/HCPCS code on outpatient claims	



State of Wisconsin Department of Health Services Division of Medicaid Services RY 2024 Outpatient Revenue Code Crosswalk To Suggested Cost Centers

Revenue Code	Revenue Code Description	Cost Center Code CMS 2552-10	Cost Center Description	Comment	Non-Allowed Per Wisconsin ForwardHealth Policy
3104	Adult day care, social, daily	999	Excluded	Exempt from requirement to have a corresponding CPT/HCPCS code on outpatient claims	
3105	Adult foster care, daily	999	Excluded	Exempt from requirement to have a corresponding CPT/HCPCS code on outpatient claims	
3106	RESERVED	999	Excluded	Exempt from requirement to have a corresponding CPT/HCPCS code on outpatient claims	
3107	RESERVED	999	Excluded	Exempt from requirement to have a corresponding CPT/HCPCS code on outpatient claims	
3108	RESERVED	999	Excluded	Exempt from requirement to have a corresponding CPT/HCPCS code on outpatient claims	
3109	Other adult care	999	Excluded	Exempt from requirement to have a corresponding CPT/HCPCS code on outpatient claims	