Revenue Code	Revenue Code Description	Cost Center Code	Cost Center Description	Comment	Non-Allowed Per Wisconsin ForwardHealth Policy
		CMS 2552-10			•
0001	Total Charge	999	Excluded		
	RESERVED	999	Excluded		
	RESERVED RESERVED	999 999	Excluded Excluded		
	RESERVED	999	Excluded		
	HIPPS - SNF PPS	999	Excluded		
	IRF PPS	999	Excluded		
	RESERVED RESERVED	999 999	Excluded Excluded		
	RESERVED	999	Excluded		
	RESERVED	999	Excluded		
	RESERVED	999	Excluded		
	RESERVED RESERVED	999 999	Excluded Excluded		
	RESERVED	999	Excluded		
	RESERVED	999	Excluded		
	RESERVED	999	Excluded		
	RESERVED RESERVED	999 999	Excluded Excluded		
	RESERVED	999	Excluded		
0082	RESERVED	999	Excluded		
	RESERVED	999	Excluded		
	RESERVED	999 999	Excluded Excluded		
	Room & Board (Private) Medical/Surgical/Gyn	999	Excluded		
	OB	999	Excluded		
	Pediatric	999	Excluded		
	Psychiatric	999	Excluded		
	Hospice Detoxification	999 999	Excluded Excluded		
	Oncology	999	Excluded		
	Rehab	999	Excluded		
	Other	999	Excluded		
	Room & Board (Semi-Private 2 beds) Medical/Surgical/Gyn	999 999	Excluded Excluded		
	OB	999	Excluded		
	Pediatric	999	Excluded		
	Psychiatric	999	Excluded		
	Hospice	999 999	Excluded		
	Detoxification Oncology	999	Excluded Excluded		
	Rehab	999	Excluded		
	Other	999	Excluded		
	Room&Board (Semi private 3-4 beds)	999	Excluded		
	Medical/Surgical/Gyn OB	999 999	Excluded Excluded		
	Pediatric Pediatric	999	Excluded		
0134	Psychiatric	999	Excluded		
	Hospice	999	Excluded		
	Rehab Room & Board (Private Deluxe)	999 999	Excluded Excluded		Noncovered revenue codes
	Medical/Surgical/Gyn	999	Excluded		Noncovered revenue codes
0142	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 Detoxification	999	Excluded		Noncovered revenue codes Noncovered revenue codes
	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		
0154	Psychiatric	999	Excluded		
	Hospice	999	Excluded		
	Oncology Room & Board (other)	999 999	Excluded Excluded		
	Sterile Environment	999	Excluded		
	Room & Board (other)	999	Excluded		

Revenue Code	Revenue Code Description	Cost Center Code CMS 2552-10	Cost Center Description	Comment	Non-Allowed Per Wisconsin ForwardHealth Policy
0170	Nursery	999	Excluded		
0171	Newborn-Level I	999	Excluded		
0172	Newborn-Level II	999	Excluded		
0173	Newborn-Level III	999	Excluded		
0174	Newborn-Level IV	999	Excluded		
0179	Other Nursery	999	Excluded		N
0180	Leave of Absence	999	Excluded		Noncovered revenue codes; nonbillable for bill type 013X
0181	RESERVED	999	Excluded		Noncovered revenue codes; nonbillable for bill type 013X
0182	Patient Convenience	999	Excluded		Noncovered revenue codes; nonbillable for bill type 013X
0183	Therapeutic Leave	999	Excluded		Noncovered revenue codes; nonbillable for bill type 013X
0184	RESERVED	999	Excluded		Noncovered revenue codes; nonbillable for bill type 013X
0185	Hospitalization	999	Excluded		Noncovered revenue codes; nonbillable for bill type 013X
0186	RESERVED	999	Excluded		Noncovered revenue codes; nonbillable for bill type 013X
0187	RESERVED	999	Excluded		Noncovered revenue codes; nonbillable for bill type 013X
0188	RESERVED	999	Excluded		Noncovered revenue codes; nonbillable for bill type 013X
0189	Other leave of absence	999	Excluded		Noncovered revenue codes; nonbillable for bill type 013X
0190	Subacute care	999	Excluded		Nonbillable for bill type 013X
0191	Subacute Care Level I	999	Excluded		Nonbillable for bill type 013X
0193	Subacute Care Level III	999	Excluded		Nonbillable for bill type 013X
0200	Intensive care	999	Excluded		Nonbillable for bill type 013X
0201 0202	Surgical Medical	999 999	Excluded Excluded		Nonbillable for bill type 013X Nonbillable for bill type 013X
0202	Pediatric Pediatric	999	Excluded		Nonbillable for bill type 013X
0204	Psychiatric	999	Excluded		Nonbillable for bill type 013X
0206	Intermediate ICU	999	Excluded		Nonbillable for bill type 013X
0207	Burn care	999	Excluded		Nonbillable for bill type 013X
0208	Trauma	999	Excluded		Nonbillable for bill type 013X
0209	Other intensive care	999	Excluded		Nonbillable for bill type 013X
0210 0211	Coronary care	999 999	Excluded Excluded		Nonbillable for bill type 013X Nonbillable for bill type 013X
0211	Myocardial Infarction Pulmonary Care	999	Excluded		Nonbillable for bill type 013X Nonbillable for bill type 013X
0212	Heart Transplant	999	Excluded		Nonbillable for bill type 013X
0214	Intermediate CCU	999	Excluded		Nonbillable for bill type 013X
0219	Other Coronary Care	999	Excluded		Nonbillable for bill type 013X
0220	Special charges	76	Other Ancillary Services	Limited to HCPCS code T1013 for intepreter services	
0221	Admission charge	999	Excluded		Noncovered revenue codes; nonbillable for bill type 013X
0223	U.R. service charge	999	Excluded		Nonbillable for bill type 013X
0229	Other special charges	999	Excluded		Noncovered revenue codes; nonbillable for bill type 013X
0230	Incremental nursing charge rate	999	Excluded		Nonbillable for bill type 013X
	Nursery	999	Excluded		Nonbillable for bill type 013X
0232	OB	999	Excluded		Nonbillable for bill type 013X
	ICU	999 999	Excluded		Nonbillable for bill type 013X
0234 0235	CCU Hospice	999	Excluded Excluded		Nonbillable for bill type 013X Nonbillable for bill type 013X
0239	Other	999	Excluded		Nonbillable for bill type 013X
0240	All-inclusive Ancillary	999	Excluded		Nonbillable for bill type 013X
	Basic Basic	196	Aggregate Ancillary		
0242	All-inclusive Ancillary	999	Excluded		
	RESERVED	999	Excluded		
0249	Other all inclusive ancillary	999	Excluded		Nonbillable for bill type 013X
0250	Pharmacy	73	Drugs Charged to Patients	Exempt from requirement to have a corresponding CPT/HCPCS code on outpatient claims	

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Revenue Code	Revenue Code Description	Cost Center Code CMS 2552-10	Cost Center Description	Comment	Non-Allowed Per Wisconsin ForwardHealth Policy
0251	Pharmacy: Generic	73	Drugs Charged to Patients	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	
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		
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 IV Therapy: supplies	64	Intravenous Therapy		
0264 0269	IV Therapy: Supplies IV Therapy: Other IV therapy	64 64	Intravenous Therapy 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 Laboratory - Clinical Diagnostic: Chemistry	60	Laboratory		
0301	Laboratory - Clinical Diagnostic: Chemistry Laboratory - Clinical Diagnostic: Immunology	60	Laboratory Laboratory	+	
0302	Laboratory - Clinical Diagnostic: Immunology Laboratory - Clinical Diagnostic: Renal patient (home)	60	Laboratory		
0304	Laboratory - Clinical Diagnostic: Nonroutine dialysis	60	Laboratory		
0305	Laboratory - Clinical Diagnostic: Hematology	60	Laboratory	1	
	Laboratory - Clinical Diagnostic:				
0306	Bacteriology/microbiology	60	Laboratory		
0307	Laboratory - Clinical Diagnostic: Urology	60	Laboratory		

Revenue Code	Revenue Code Description	Cost Center Code CMS 2552-10	Cost Center Description	Comment	Non-Allowed Per Wisconsin ForwardHealth Policy
	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		Laboratory		
0314	Laboratory - Pathology: Biopsy Laboratory - Pathology: Other	60	Laboratory Laboratory		
	Radiology - Diagnostic	54	Radiology - Diagnostic		
0320	Radiology - Diagnostic: Angiocardiography	54	Cardiac Catheterization		
	Radiology - Diagnostic: Arthrography	54	Radiology - Diagnostic		
	Radiology - Diagnostic: Arteriography Radiology - Diagnostic: Arteriography	54	Radiology - Diagnostic		
0323	Radiology - Diagnostic: Arteriography Radiology - Diagnostic: Chest X-ray	54	Radiology - Diagnostic		
	Radiology - Diagnostic: Chest X-ray Radiology - Diagnostic: Other	54	Radiology - Diagnostic		
	Radiology - Diagnostic: Other Radiology - Therapeutic	55	Radiology - Diagnostic Radiology - Therapeutic		
0331	Radiology - Therapeutic: Chemotherapy - injected	55	Radiology - Therapeutic		
	Radiology - Therapeutic: Chemotherapy - oral	55	Radiology - Therapeutic		
	Radiology - Therapeutic: Radiation therapy	55	Radiology - Therapeutic		
	Radiology - Therapeutic: Chemotherapy - IV	55	Radiology - Therapeutic		
0339	Radiology - Therapeutic: Other	55	Radiology - Therapeutic		
0340	Nuclear Medicine	55	Radiology - Therapeutic		
0341	Nuclear Medicine: Diagnostic	54	Radiology - Diagnostic		
0342	Nuclear Medicine: Therapeutic	55	Radiology - Therapeutic		
0343	Diagnostic Radiopharms	54	Radiology - Diagnostic		
0344	Therapeutic Radiopharms	55	Radiology - Therapeutic		
0349	Nuclear Medicine: Other	54	Radiology - Diagnostic		
0350	CT Scan	54	CT Scan		
0351	CT Scan: Head	54	CT Scan		
0352	CT Scan: Body	54	CT Scan		
0359	CT Scan: Other CT scans	54	CT Scan		
0360	Operating Room Services	50	Operating Room		
0361	Operating Room Services: Minor surgery	50	Operating Room		
0362	Operating Room Services: Organ transplant, not kidney	198	Aggregate Organ Acquisition		
	RESERVED	999	Excluded		
0367	Operating Room Services: Kidney transplant	999	Excluded		
0369	Operating Room Services: Other operating room services	50	Operating Room		
0370	Anesthesia	53	Anesthesiology	Exempt from requirement to have a corresponding CPT/HCPCS code on outpatient claims	
0371	Anesthesia: Incident to radiology	53	Anesthesiology		
0372	Anesthesia: Incident to other diag services	53	Anesthesiology		
0374	Acupuncture	999	Excluded		Noncovered revenue codes
0379	Anesthesia: Other anesthesia	53	Anesthesiology		
	Blood	62	Whole Blood & Packed Red Blood Cells		
	Blood: Packed red cells	62	Whole Blood & Packed Red Blood Cells	1	
	Blood: Whole blood	62	Whole Blood & Packed Red Blood Cells		
	Blood: Plasma	62	Whole Blood & Packed Red Blood Cells	<u> </u>	
	Blood: Platelets	62	Whole Blood & Packed Red Blood Cells	<u> </u>	
	Blood: Leukocytes	62	Whole Blood & Packed Red Blood Cells		
	Blood: Other components	62	Whole Blood & Packed Red Blood Cells	<u> </u>	
	Blood: Other derivatives	62 62	Whole Blood & Packed Red Blood Cells Whole Blood & Packed Red Blood Cells		
	Blood: Other blood Blood Storage/Processing	63	Blood Storing, Processing, & Trans		
	Blood Storage/Processing Blood: Administration (e.g. Transfusion)	63	Blood Storing, Processing, & Trans Blood Storing, Processing, & Trans	+	
	Other blood handling	63	Blood Storing, Processing, & Trans		
	Other Imaging Services	54	Radiology - Diagnostic		
0400	Other Imaging Services: Diagnostic mammography	54	Radiology - Diagnostic	1	
0401	Other Imaging Services: Ultrasound	55	Radiology - Diagnostic Radiology - Therapeutic	1	
	Other Imaging Services: Screening mammography	54	Radiology - Diagnostic	1	
0403	Other Imaging Services: Screening maninography Other Imaging Services: PET scan	54	Radiology - Diagnostic	1	
	Other Imaging Services: Other imaging services	54	Radiology - Diagnostic		
	Respiratory Services	65	Respiratory Therapy	1	
	Respiratory Services: Inhalation services	65	Respiratory Therapy	<u>†</u>	
	Respiratory Services: Inmatation services Respiratory Services: Hyperbaric oxygen therapy	76	Other Ancillary Services		
	Respiratory Services: Other respiratory services	65	Respiratory Therapy		
	Physical Therapy	999	Excluded		Noncovered revenue codes
0420				<u> </u>	

Revenue Code	Revenue Code Description	Cost Center Code CMS 2552-10	Cost Center Description	Comment	Non-Allowed Per Wisconsin ForwardHealth Policy
0422	Physical Therapy: Hourly charge	999	Excluded		Noncovered revenue codes
0423	Physical Therapy: Group rate	999	Excluded		Noncovered revenue codes
0424	Physical Therapy: Evaluation/re-evaluation	999	Excluded		Noncovered revenue codes
0429	Physical Therapy: Other physical therapy	999	Excluded		Noncovered revenue codes
0430	Occupational Therapy	999	Excluded		Noncovered revenue codes
0431	Occupational Therapy: Visit charge	999	Excluded		Noncovered revenue codes
0432	Occupational Therapy: Hourly charge	999	Excluded		Noncovered revenue codes
0433	Occupational Therapy: Group rate	999	Excluded		Noncovered revenue codes
0434	Occupational Therapy: Evaluation/re-evaluation	999 999	Excluded		Noncovered revenue codes
0439	Occupational Therapy: Other occupational therapy Speech-Language Pathology	999	Excluded		Noncovered revenue codes
0440 0441	1 0 0 0	999	Excluded Excluded		Noncovered revenue codes
0441	Speech-Language Pathology: Visit charge	999	Excluded		Noncovered revenue codes
0442	Speech-Language Pathology: Hourly charge	999	Excluded		Noncovered revenue codes Noncovered revenue codes
0443	Speech-Language Pathology: Group rate Speech-Language Pathology: Evaluation/re-evaluation	999	Excluded		Noncovered revenue codes Noncovered revenue codes
0.140	C 17 P 4 1	000	F 1 1 1		NY 1
0448	Speech-Language Pathology Speech-Language Pathology: Other speech language	999	Excluded		Noncovered revenue codes
0449	pathology	999	Excluded		Noncovered revenue codes
	Emergency Room	91	Emergency Room	Exempt from member copayment except in certain non-emergency scenarios	
0451	Emergency Room: EM/EMTALA	91	Emergency Room		
0452	Emergency Room: ER/ Beyond EMTALA	91	Emergency Room		
0456	Emergency Room: Urgent care	91	Emergency Room		
0459	Emergency Room: Other emergency room	91	Emergency Room		
0460	Pulmonary Function	65	Respiratory Therapy		
0469	Pulmonary Function: Other	65	Respiratory Therapy		
0470	Audiology	76	Other Ancillary Services		
0471	Audiology: Diagnostic	76	Other Ancillary Services		
0472	Audiology: Treatment	76 76	Other Ancillary Services		
0479	Audiology: Other audiology		Other Ancillary Services		
0480 0481	Cardiology Cardiology: Cardiac catheter lab	69 69	Electro cardiology		
0481	Cardiology: Cardiac catheter lab Cardiology: Stress test	69	Cardiac Catheterization Electro cardiology		
0483	Cardiology: Stress test Cardiology: Echocardiology	69	Electro cardiology		
0489	Cardiology: Other cardiology	69	Electro cardiology		
0490	Ambulatory Surgery	75	ASC (Distinct Unit)		
0500	Outpatient services	90	Clinic	Exempt from requirement to have a corresponding CPT/HCPCS code on outpatient claims	
0510	Clinic	90	Clinic	Revenue code for medication check	s
0511	Clinic: Chronic pain center	90	Clinic		
0512	Clinic: Dental clinic	90	Clinic		
0513	Clinic: Psychiatric clinic	90	Clinic		
0514	Clinic: OB/GYN clinic	90	Clinic		
0515	Clinic: Pediatric clinic	90	Clinic		
0516	Clinic: Urgent care clinic	90	Clinic	1	
0517	Clinic: Family Practice	90	Clinic		
0519	Clinic: Other clinic Free-Standing Clinic	90	Clinic		Noncovered revenue codes for psychiatric hospitals; noncovered revenue codes for general hospitals billing psychiatric of substance abuse services
0521	Rural health-clinic	999	Excluded	Exempt from requirement to have a corresponding CPT/HCPCS code on outpatient claims	
0523	Family Practice Clinic	90	Clinic		
0524	RHC/FQHC visit in Part A covered SNF	999	Excluded	Exempt from requirement to have a corresponding CPT/HCPCS code on outpatient claims	
0525	RHC/FQHC visit in noncovered SNF, NF, ICFMR or other	999	Excluded	Exempt from requirement to have a corresponding CPT/HCPCS code on outpatient claims	

Revenue Code	Revenue Code Description	Cost Center Code CMS	Cost Center Description	Comment	Non-Allowed Per Wisconsin ForwardHealth Policy
0529	Free-Standing Clinic: Other	2552-10 90	Clinic		Noncovered revenue codes for psychiatric hospitals; noncovered revenue codes for general hospitals billing psychiatric of substance abuse
					services
0530 0531	Osteopathic Services	999 999	Excluded Excluded		
0539	Osteopathic Services: Osteopathic therapy Osteopathic Services: Other osteopathic services	999	Excluded		
0540	Ambulance	999	Excluded		Nonbillable for bill type 013X
0541	Supplies	999	Excluded		Nonbillable for bill type 013X
0542	Medical Transport	999	Excluded		Nonbillable for bill type 013X
0543	Heart Mobile	999 999	Excluded		Nonbillable for bill type 013X
0544 0545	Oxygen Air ambulance	999	Excluded Excluded		Nonbillable for bill type 013X Nonbillable for bill type 013X
0546	Neonatal ambulance services	999	Excluded		Nonbillable for bill type 013X
0547	Pharmacy	999	Excluded		Noncovered revenue codes
0548	Telephone Transmission EKG	999	Excluded		Noncovered revenue codes
0549	Other ambulance	999	Excluded		Nonbillable for bill type 013X
0550	Skilled nursing	999	Excluded		Noncovered revenue codes; nonbillable for bill type 013X
0551	Visit charge	999	Excluded		Nonbillable for bill type 013X
0552	Hourly charge	999	Excluded		Nonbillable for bill type 013X
0559 0560	Other skilled nursing Home Health (HH) Medical Social Services	999 76	Excluded Other Ancillary Services		Nonbillable for bill type 013X
0561	Home Health (HH) Medical Social Services	76	Other Ancillary Services		
0562	Home Health (HH) Medical Social Services Hourly Charge	76	Other Ancillary Services		
0569	Home Health (HH) Medical Social Services: Other Medical Social Services	76	Other Ancillary Services		
0570	Home health-Home health aide	999	Excluded		Nonbillable for bill type 013X
0571	Visit charge	999	Excluded		Nonbillable for bill type 013X
0572 0579	Hourly charge Other home health aide	999 999	Excluded Excluded		Nonbillable for bill type 013X Nonbillable for bill type 013X
0580	Home health-other visits	999	Excluded		Nonbillable for bill type 013X
0581	Visit charge	999	Excluded		Nonbillable for bill type 013X
0582	Hourly charge	999	Excluded		Nonbillable for bill type 013X
0589	Other home health visit	999	Excluded		Nonbillable for bill type 013X
0590	Home health-units of service	999	Excluded		Nonbillable for bill type 013X
0599	RESERVED	999	Excluded		Noncovered revenue codes "Reserved for Future Assignment"
0600	Home health-oxygen	999	Excluded		Nonbillable for bill type 013X
0601 0602	Oxygen-state/equip/suppl/ or cont	999 999	Excluded		Nonbillable for bill type 013X
0602	Oxygen-state/equip/suppl/ or under 1 LPM Oxygen-state/equip/over 4 LPM	999	Excluded Excluded		Nonbillable for bill type 013X Nonbillable for bill type 013X
0604	Oxygen-Portable Add-on	999	Excluded		Nonbillable for bill type 013X
0609	Other oxygen	999	Excluded		Noncovered revenue codes
0610	Magnetic Resonance Tech. (MRT) Magnetic Resonance Tech. (MRT): Brain (incl.	54	Magnetic Resonance Imaging (MRI)		
0611	Brainstem) Magnetic Resonance Tech. (MRT): Spinal cord (incl.	54	Magnetic Resonance Imaging (MRI)		
0612	spine) Magnetic Resonance Tech. (MRT): MRI - Other	54 54	Magnetic Resonance Imaging (MRI) Magnetic Resonance Imaging (MRI)		
0615	Magnetic Resonance Tech. (MRT): MRA - Head and Neck	54	Magnetic Resonance Imaging (MRI)		
0616	Magnetic Resonance Tech. (MRT): MRA - Lower Ext	54	Magnetic Resonance Imaging (MRI)		
0618	Magnetic Resonance Tech. (MRT): MRA - Other	54	Magnetic Resonance Imaging (MRI)		
0619	Magnetic Resonance Tech. (MRT): Other MRT	54	Magnetic Resonance Imaging (MRI)		
0621	Med - Surg Supplies Ext. of 270: Incident to radiology	71	Medical Supplies		
0622	Med - Surg Supplies Ext. of 270: Incident to other diag.	71	Medical Supplies		
0623	Surgical dressings	71	Medical Supplies		
0624	Med - Surg Supplies Ext. of 270: Investigational Device (IDE)	999	Excluded		Noncovered revenue codes
0630	RESERVED	999	Excluded Drugs Charged to Patients		
0631 0632	Drugs Require Specific ID: Single source drug Drugs Require Specific ID: Multiple source drug	73 73	Drugs Charged to Patients Drugs Charged to Patients		+
0633	Drugs Require Specific ID: Nutriple source drug Drugs Require Specific ID: Restrictive prescription	73	Drugs Charged to Patients Drugs Charged to Patients		
0634	Drugs Require Specific ID: EPO under 10,000 units	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
0635	Drugs Require Specific ID: EPO over 10,000 units	73	Drugs Charged to Patients		
0636	Drugs Require Specific ID: Drugs requiring detail coding	73	Drugs Charged to Patients		
0637	Drugs Require Specific ID: Self admin drugs (insulin admin in emergency-diabetes coma)	999	Excluded		Noncovered revenue codes
0638	RESERVED	999	Excluded		
0640	Home IV Therapy Services	999	Excluded		
0650	Hospice service	999	Excluded		Nonbillable for bill type 013X
0651	routine home care	999	Excluded		Nonbillable for bill type 013X
0652	continuous home care	999	Excluded		Nonbillable for bill type 013X
0653	RESERVED	999	Excluded		Nonbillable for bill type 013X
0654	RESERVED	999	Excluded		Nonbillable for bill type 013X
0655	inpatient respite care	999	Excluded		Nonbillable for bill type 013X
0656	general inpatient care (non-respite)	999	Excluded		Nonbillable for bill type 013X
0657 0658	physician services Hospice Room & Board - Nursing Facility	999 999	Excluded Excluded		Nonbillable for bill type 013X
0659	Other hospice service	999	Excluded		Nonbillable for bill type 013X
0660	Respite Care	999	Excluded		Noncovered revenue codes
0661	Hourly Respite Care Charge Nursing	999	Excluded		Noncovered revenue codes
	Hourly Respite Care Charge				
0662	Aide/Homemaker/Companion Daily Respite Charge	999	Excluded Excluded		Noncovered revenue codes Noncovered revenue codes
	RESERVED	999	Excluded		Noncovered revenue codes
	RESERVED	999	Excluded		Noncovered revenue codes
	RESERVED	999	Excluded		Noncovered revenue codes
	RESERVED	999	Excluded		Noncovered revenue codes
	RESERVED	999	Excluded		Noncovered revenue codes
0669	Other respite care	999	Excluded		Noncovered revenue codes
0670	Outpatient Special Residence Charges	999	Excluded		Noncovered revenue codes
0671	Hospital based	999	Excluded		Noncovered revenue codes
0672	Contracted	999	Excluded		Noncovered revenue codes
	RESERVED	999	Excluded		Noncovered revenue codes
	RESERVED RESERVED	999 999	Excluded Excluded		Noncovered revenue codes Noncovered revenue codes
	RESERVED	999	Excluded		Noncovered revenue codes
0677	RESERVED	999	Excluded		Noncovered revenue codes
	RESERVED	999	Excluded		Noncovered revenue codes
0679	Other special residence charge	999	Excluded		Noncovered revenue codes
0681	Trauma Response: Level I	91	Emergency Room		
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		
	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		
	Labor Room: Other labor room/delivery EKG/ECG	52	Delivery Room & Labor Room Electro cardiology		
	EKG/ECG: Holter monitor	69 69	Electro cardiology Electro cardiology	1	
	EKG/ECG: Holler monitor EKG/ECG: Telemetry	69	Electro cardiology		
	EKG/ECG: Telemeny EKG/ECG: Other EKG/ECG	69	Electro cardiology	1	
0740	EEG	54	Electroencephalography		
	RESERVED	999	Excluded		Noncovered revenue codes "Reserved for Future Assignment"
0750	Gastrointestinal	60	Laboratory		roorganient
0759	RESERVED	999	Excluded		Noncovered revenue codes "Reserved for Future Assignment"
0760	Treatment/Observation Room	92	Observation Beds		
0761	Treatment/Observation Room: Treatment room	92	Observation Beds		
0762	Treatment/Observation Room: Observation room	92	Observation Beds	Revenue code for observation hours	S

Revenue Code	Revenue Code Description	Cost Center Code CMS 2552-10	Cost Center Description	Comment	Non-Allowed Per Wisconsin ForwardHealth Policy
0769	Treatment/Observation Room: Other treatment room	92	Observation Beds		
0770	Preventive Care Services	90	Clinic		
0771	Preventive Care Services: Admin. of vaccine	90	Clinic		N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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		
	RESERVED	999	Excluded		
	RESERVED	999	Excluded		
0784	RESERVED	999	Excluded		
	RESERVED RESERVED	999	Excluded		
0786 0787	RESERVED	999	Excluded Excluded		
	RESERVED	999	Excluded		
	RESERVED	999	Excluded		Noncovered revenue codes "Reserved for Future
0790	Extra-Corp Shock Wave Therapy	76	Other Ancillary Services		Assignment"
	RESERVED	999	Excluded		Noncovered revenue codes "Reserved for Future Assignment"
0800	Inpatient Dialysis	999	Excluded		rissignment
	Inpatient Hemodialysis	999	Excluded		
0802	Inpatient peritoneal dialysis	999	Excluded		
0803	inpatient dialysis CAPD	999	Excluded		
0804	Inpatient dialysis CCPD	999	Excluded		
0809	Other inp dialysis	999	Excluded		
0810	Organ Acquisition	999	Excluded		
0811	Organ Acquisition: Living donor	999	Excluded		
0812	Organ Acquisition: Cadaver donor	999	Excluded		
0813 0814	Organ Acquisition: Unknown donor Organ Acquisition: Unsuccessful Search	999 999	Excluded Excluded		
0814	Organ Acquisition: Onsuccessful Search Organ Acquisition: Cadaver donor	999	Excluded		
0819	Organ Acquisition: Other donor	999	Excluded		
	Hemo OPD/Home	74	Renal Dialysis	Exempt from member copayment	
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	
0825	Hemo OPD/Home: Support Services	74	Renal Dialysis	Exempt from member copayment	
0829	Hemo OPD/Home: Other HEMO outpatient	74	Renal Dialysis	Exempt from member copayment	
0830	Peritoneal OPD/Home	74	Renal Dialysis	Exempt from member copayment	
0831	Peritoneal/Composite or Other Rate	74	Renal Dialysis	Exempt from member copayment	
0832	Home supplies	999	Excluded	Exempt from member copayment	
0837 0840	Home IV Therapy Services Support Services	999 74	Excluded Penal Dialysis	Exempt from member copayment	
-	Support Services Support Services	74	Renal Dialysis Renal Dialysis	Exempt from member copayment Exempt from member copayment	
0842	Support Services Support Services	74	Renal Dialysis	Exempt from member copayment	
0845	Support Services	74	Renal Dialysis	Exempt from member copayment	
0850	Support Services	74	Renal Dialysis	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	X	
0880	Miscellaneous Dialysis	999	Excluded	Limited to three emergency dialysis	treatments per member, per year
0881	Miscellaneous Dialysis: Ultrafiltration	74 999	Renal Dialysis		
0882 0889	Home dialysis aid visit Miscellaneous Dialysis: Other misc dialysis	999 74	Excluded Renal Dialysis		
0890	RESERVED	999	Excluded	1	
0900	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		
	Psychiatric/Psychological Trt: Intensive out serv - chem dep	76	Other Ancillary Services		

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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 76	Other Ancillary Services Other Ancillary Services		
0917	Psychiatric/Psychological Svcs: Painty therapy Psychiatric/Psychological Svcs: Biofeedback	76	Other Ancillary Services		
0918	Psychiatric/Psychological Svcs: Biorecuback Psychiatric/Psychological Svcs: Testing	76	Other Ancillary Services	Exempt from member copayment	
0919	Psychiatric/Psychological Svcs: Other behavioral treat/serv	76	Other Ancillary Services	Exempt from memoer copayment	
0920	Other Diagnostic Services	76	Other Ancillary Services		
0921	Other Diagnostic Services: Peripheral vascular lab	76	Other Ancillary Services		
0922	Other Diagnostic Services: Electromyelogram	76	Other Ancillary Services		
0923	Other Diagnostic Services: Pap smear	76	Other Ancillary Services		
0924	Other Diagnostic Services: Allergy test	76	Other Ancillary Services		
0925	Other Diagnostic Services: Pregnancy test	76	Other Ancillary Services		
0929	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	Other Therapeutic Serv: Drug rehab	76	Other Ancillary Services		
0945	Other Therapeutic Serv: Alcohol rehab	76	Other Ancillary Services		
0946	Complex medical equipment-Routine	76	Other Ancillary Services		
0947	Complex medical equipment-Ancillary	76	Other Ancillary Services		
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	Other therapeutic services-(940x) Kinesiotherapy	76	Other Ancillary Services		
0953	Other Services	76	Other Ancillary Services		
0960	Professional fees	999	Excluded		
0961	Psychiatric	999	Excluded		
0962	Ophthalmology	999	Excluded		
0963	Anesthesiologist (MD)	999	Excluded		
0964	Anesthetist (CRNA)	999	Excluded		
0969	Other professional fee	999	Excluded		
0971	Professional fees (096x) Laboratory	999	Excluded		
0972	Professional fees (096x) Radiology-Diagnostic	999	Excluded		
0973	Professional fees (096x) Radiology-Therapeutic	999	Excluded		
		999	Excluded		
0974	Professional fees (096x) Radiology-nuclear medicine				
	. ,	999	Excluded		
0974 0975 0976	Professional fees (096x) Operating room	999 999	Excluded Excluded		
0975	Professional fees (096x) Operating room Professional fees (096x) Respiratory Therapy		Excluded Excluded Excluded		
0975 0976	Professional fees (096x) Operating room	999	Excluded		

Revenue Code	Revenue Code Description	Cost Center Code CMS 2552-10	Cost Center Description	Comment	Non-Allowed Per Wisconsin ForwardHealth Policy
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	Professional fees (096x) EKG	999	Excluded		
0986	Professional fees (096x) EEK	999	Excluded		
0987	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
0993	telephone/telegraph	999	Excluded		Noncovered revenue codes; nonbillable for bill type 013X
0994	TV/radio	999	Excluded		Noncovered revenue codes; nonbillable for bill type 013X
0995	Nonpatient room rentals	999	Excluded		Noncovered revenue codes; nonbillable for bill type 013X
0996	Late discharge charge	999	Excluded		Noncovered revenue codes; nonbillable for bill type 013X
0997	admission kits	999	Excluded		Noncovered revenue codes; nonbillable for bill type 013X
0998	Beauty shop/barber	999	Excluded		Noncovered revenue codes; nonbillable for bill type 013X
0999	Other patient convenience item	999	Excluded		Noncovered revenue codes; nonbillable for bill type 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	
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	

Revenue Code	Revenue Code Description	Cost Center Code CMS 2552-10	Cost Center Description	Comment	Non-Allowed Per Wisconsin ForwardHealth Policy
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	
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	



Revenue Code	Revenue Code Description	Cost Center Code CMS 2552-10	Cost Center Description	Comment	Non-Allowed Per Wisconsin ForwardHealth Policy
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	