

To ensure proper payment under OPPS a CPT/HCPCS code must be reported in field 44 HCPCS/Rates of the UB claim form. Consult the Uniform Billing Editor, The Ultimate Guide to Accurate Facility Claim Submission, for revenue code billing instructions.

The OCE identifies packaged services by first considering the CPT/HCPCS code and related status indicator. If no CPT/HCPCS code is present, the OCE then considers the revenue codes. Line item revenue codes indicated as "packaged" will be reimbursed at \$0.00 if no CPT/HCPCS code is present. If a CPT/HCPCS code is present with these "packaged" revenue codes, the line item will be reimbursed according to the CPT/HCPCS code and related status indicator.

Some revenue codes require a CPT/HCPCS code. Line item revenue codes indicated as "CPT/HCPCS required" will be denied if a CPT/HCPCS code is not present. Consult the Uniform Billing Editor, The Ultimate Guide to Accurate Facility Claim Submission, for complete revenue code billing instructions.

Updated 12/28/2007

Revenue Code	Revenue Code Description	Comments
0001	TOTAL CHARGE	Not Allowed
0024	INPATIENT REHABILITATION FACILITY PROSPECTIVE PAYMENT SYSTEM	Not Allowed
0250	PHARMACY - GENERAL CLASSIFICATION	Packaged
0251	PHARMACY - GENERIC DRUGS	Packaged
0252	PHARMACY - NON-GENERIC DRUGS	Packaged
0253	PHARMACY - TAKE HOME DRUGS	CPT/HCPCS required
0254	DRUGS INCIDENT TO OTHER DIAGNOSTIC SERVICES	Packaged
0255	PHARMACY - DRUGS INCIDENT TO RADIOLOGY	Packaged
0256	EXPERIMENTAL DRUGS	Not Allowed
0257	PHARMACY - NON-PRESCRIPTION	Packaged
0258	PHARMACY - IV SOLUTIONS	Packaged
0259	ENCOUNTER FOR PHARMACY-OTHER	Packaged
0260	IV THERAPY - GENERAL CLASSIFICATION PER UNIT	Packaged & CPT/HCPCS required
0261	IV THERAPY - INFUSION PUMP	CPT/HCPCS required
0262	IV THERAPY/PHARMACY SERVICES	Packaged & CPT/HCPCS required
0263	IV THERAPY/SUPPLY/DRUGS	Packaged & CPT/HCPCS required
0264	IV THERAPY/SUPPLIES	Packaged & CPT/HCPCS required
0269	IV THERAPY - OTHER	Packaged & CPT/HCPCS required
0270	MEDICAL/SURGICAL SUPPLIES AND DEVICES (ALSO SEE 62X, AN EXTENSION OF 27X) -	Packaged
0271	MEDICAL/SURGICAL SUPPLIES AND DEVICES (ALSO SEE 62X, AN EXTENSION OF 27X) -	Packaged
0272	MEDICAL/SURGICAL SUPPLIES AND DEVICES (ALSO SEE 67X, AN EXTENSION OF 27X) -	Packaged
0273	MEDICAL/SURGICAL SUPPLIES AND DEVICES (ALSO SEE 62X, AN EXTENSION OF 27X) -	
0274	MEDICAL/SURGICAL SUPPLIES AND DEVICES (ALSO SEE 62X, AN EXTENSION OF 27X) -	Packaged & CPT/HCPCS required
0275	MEDICAL/SURGICAL SUPPLIES AND DEVICES (ALSO SEE 62X, AN EXTENSION OF 27X) -	Packaged
0276	MEDICAL/SURGICAL SUPPLIES & DEVICES INTRAOCULAR LENS.	Packaged
0277	MEDICAL/SURGICAL SUPPLIES AND DEVICES - OXYGEN/TAKE-HOME	Not Allowed
0278	MEDICAL/SURGICAL SUPPLIES AND DEVICES (ALSO SEE 62X, AN EXTENSION OF 27X) -	Packaged
0279	MEDICAL/SURGICAL SUPPLIES AND DEVICES (ALSO SEE 62X, AN EXTENSION OF 27X) -	Packaged
0280	ONCOLOGY - GENERAL CLASSIFICATION	Packaged
0289	ONCOLOGY - OTHER	Packaged
0290	DURABLE MEDICAL EQUIPMENT (OTHER THAN RENAL) - GENERAL CLASSIFICATION	Packaged
0291	DURABLE MEDICAL EQUIPMENT (OTHER THAN RENAL) - RENTAL	
0292	DURABLE MEDICAL EQUIPMENT (OTHER THAN RENAL) - PURCHASE OF NEW DME	
0293	DURABLE MEDICAL EQUIPMENT (OTHER THAN RENAL) - PURCHASE OF USED DME	
0294	SUPPLIES/DRUGS FOR DME EFFECTIVENESS (HHAS ONLY)	Not Allowed
0299	DURABLE MEDICAL EQUIPMENT (OTHER THAN RENAL) - OTHER	
0300	LABORATORY - GENERAL CLASSIFICATION	CPT/HCPCS required
0301	LABORATORY - CHEMISTRY	CPT/HCPCS required
0302	LABORATORY - IMMUNOLOGY	CPT/HCPCS required
0303	LABORATORY - RENAL PATIENT (HOME)	CPT/HCPCS required

Wyoming Department of Health
Office of Health Care Financing
OPPS Revenue Code List
Effective 1/1/2007

Updated 12/28/2007

Revenue Code	Revenue Code Description	Comments
0304	LABORATORY - NON-ROUTINE DIALYSIS	CPT/HCPCS required
0305	LABORATORY - HEMATOLOGY	CPT/HCPCS required
0306	LABORATORY - BACTERIOLOGY AND MICROBIOLOGY	CPT/HCPCS required
0307	LABORATORY - UROLOGY	CPT/HCPCS required
0309	LABORATORY - OTHER	CPT/HCPCS required
0310	LABORATORY PATHOLOGICAL - GENERAL CLASSIFICATION	CPT/HCPCS required
0311	LABORATORY PATHOLOGICAL - CYTOLOGY	CPT/HCPCS required
0312	LABORATORY PATHOLOGICAL - HISTOLOGY	CPT/HCPCS required
0314	LABORATORY PATHOLOGICAL - BIOPSY	CPT/HCPCS required
0319	LABORATORY PATHOLOGICAL - OTHER	CPT/HCPCS required
0320	RADIOLOGY/DIAGNOSTIC - GENERAL CLASSIFICATION	CPT/HCPCS required
0321	RADIOLOGY/DIAGNOSTIC - ANGIOCARDIOGRAPHY	CPT/HCPCS required
0322	RADIOLOGY/DIAGNOSTIC - ARTHROGRAPHY	CPT/HCPCS required
0323	RADIOLOGY/DIAGNOSTIC - ARTERIOGRAPHY	CPT/HCPCS required
0324	RADIOLOGY/DIAGNOSTIC - CHEST X-RAY	CPT/HCPCS required
0329	RADIOLOGY/DIAGNOSTIC - OTHER	CPT/HCPCS required
0330	RADIOLOGY/THERAPEUTIC - GENERAL CLASSIFICATION	CPT/HCPCS required
0331	RADIOLOGY/THERAPEUTIC - CHEMOTHERAPY/INJECTED	CPT/HCPCS required
0332	RADIOLOGY/THERAPEUTIC - CHEMOTHERAPY/ORAL	CPT/HCPCS required
0333	RADIOLOGY/THERAPEUTIC - RADIATION THERAPY	CPT/HCPCS required
0335	RADIOLOGY/THERAPEUTIC - CHEMOTHERAPY/IV	CPT/HCPCS required
0339	RADIOLOGY/THERAPEUTIC - OTHER	CPT/HCPCS required
0340	NUCLEAR MEDICINE - GENERAL CLASSIFICATION	CPT/HCPCS required
0341	NUCLEAR MEDICINE - DIAGNOSTIC	CPT/HCPCS required
0342	NUCLEAR MEDICINE - THERAPEUTIC	CPT/HCPCS required
0343	DIAGNOSTIC RADIOPHARMACUTICALS	Packaged & CPT/HCPCS required
0344	THERAPEUTIC RADIOPHARMACEUTICALS	Packaged & CPT/HCPCS required
0349	NUCLEAR MEDICINE - OTHER	CPT/HCPCS required
0350	CT SCAN - GENERAL CLASSIFICATION	CPT/HCPCS required
0351	CT SCAN - HEAD	CPT/HCPCS required
0352	CT SCAN - BODY	CPT/HCPCS required
0359	CT SCAN - OTHER CT SCANS	CPT/HCPCS required
0360	OPERATING ROOM SERVICES - GENERAL CLASSIFICATION	CPT/HCPCS required
0361	OPERATING ROOM SERVICES - MINOR SURGERY	CPT/HCPCS required
0362	ORGAN TRANSPLANT, (USED FOR OP BONE MARROW/STEM CELL TRANSPLANTS)	CPT/HCPCS required
0367	KIDNEY TRANSPLANT	Not Allowed
0369	OPERATING ROOM SERVICES - OTHER	CPT/HCPCS required
0370	ANESTHESIA - GENERAL CLASSIFICATION	Packaged
0371	ANESTHESIA - INCIDENT TO RADIOLOGY	Packaged
0372	ANESTHESIA - INCIDENT OTHER DIAGNOSIS	Packaged
0374	ANESTHESIA - ACUPUNCTURE	Not Allowed
0379	ANESTHESIA - OTHER	Packaged
0380	BLOOD - GENERAL CLASSIFICATION	CPT/HCPCS required
0381	BLOOD - PACKED RED CELLS	CPT/HCPCS required
0382	BLOOD - WHOLE	CPT/HCPCS required
0383	BLOOD - PLASMA	CPT/HCPCS required
0384	BLOOD - PLATELETS	CPT/HCPCS required
0385	BLOOD - LEUCOCYTES	CPT/HCPCS required
0386	BLOOD - OTHER COMPONENTS	CPT/HCPCS required
0387	BLOOD - OTHER DERIVATIVES (CRYOPRICIPITATES)	CPT/HCPCS required
0389	BLOOD - OTHER	CPT/HCPCS required
0390	BLOOD STORAGE AND PROCESSING - GENERAL CLASSIFICATION	CPT/HCPCS required
0391	BLOOD STORAGE AND PROCESSING - BLOOD ADMINISTRATION	CPT/HCPCS required
0399	BLOOD STORAGE AND PROCESSING - OTHER	CPT/HCPCS required
0400	OTHER IMAGING SERVICES - GENERAL CLASSIFICATION	CPT/HCPCS required
0401	OTHER IMAGING SERVICES - DIAGNOSTIC MAMMOGRAPHY	CPT/HCPCS required
0402	OTHER IMAGING SERVICES - ULTRASOUND	CPT/HCPCS required
0403	OTHER IMAGING SERVICES - SCREENING MAMMOGRAPHY	CPT/HCPCS required
0404	OTHER IMAGING SVCS - POSITRON EMISSION TOMOGRAPHY	CPT/HCPCS required
0409	OTHER IMAGING SERVICES	CPT/HCPCS required
0410	RESPIRATORY SERVICES - GENERAL CLASSIFICATION	CPT/HCPCS required

Wyoming Department of Health
Office of Health Care Financing
OPPS Revenue Code List
Effective 1/1/2007

Updated 12/28/2007

Revenue Code	Revenue Code Description	Comments
0412	RESPIRATORY SERVICES - INHALATION SERVICES	CPT/HCPCS required
0413	RESPIRATORY SERVICES - HYPERBARIC OXYGEN THERAPY	CPT/HCPCS required
0419	RESPIRATORY SERVICES - OTHER	CPT/HCPCS required
0420	PHYSICAL THERAPY - GENERAL CLASSIFICATION	CPT/HCPCS required
0421	PHYSICAL THERAPY - VISIT CHARGE	CPT/HCPCS required
0422	PHYSICAL THERAPY - HOURLY CHARGE	CPT/HCPCS required
0423	PHYSICAL THERAPY - GROUP RATE	Not Allowed
0424	PHYSICAL THERAPY - EVALUATION OR RE-EVALUATION	CPT/HCPCS required
0429	PHYSICAL THERAPY - OTHER	CPT/HCPCS required
0430	OCCUPATIONAL THERAPY - GENERAL CLASSIFICATION	CPT/HCPCS required
0431	OCCUPATIONAL THERAPY - VISIT CHARGE	CPT/HCPCS required
0432	OCCUPATIONAL THERAPY - HOURLY CHARGE	CPT/HCPCS required
0433	OCCUPATIONAL THERAPY - GROUP RATE	Not Allowed
0434	OCCUPATIONAL THERAPY - EVALUATION OR RE-EVALUATION	CPT/HCPCS required
0439	OCCUPATIONAL THERAPY - OTHER	CPT/HCPCS required
0440	SPEECH-LANGUAGE PATHOLOGY - GENERAL CLASSIFICATION	CPT/HCPCS required
0441	SPEECH-LANGUAGE PATHOLOGY - VISIT CHARGE	CPT/HCPCS required
0442	SPEECH-LANGUAGE PATHOLOGY - PER HOUR	CPT/HCPCS required
0443	SPEECH-LANGUAGE THERAPY - GROUP RATE	Not Allowed
0444	SPEECH-LANGUAGE PATHOLOGY - EVALUATION OR RE-EVALUATION	CPT/HCPCS required
0449	SPEECH-LANGUAGE PATHOLOGY - OTHER	CPT/HCPCS required
0450	EMERGENCY ROOM - GENERAL CLASSIFICATION	CPT/HCPCS required
0451	EMTALA EMERGENCY MEDICAL SCREENING SERVICES	CPT/HCPCS required
0452	ER BEYOND EMTALA SCREENING	Not Allowed
0456	URGENT CARE - EMERGENCY ROOM	CPT/HCPCS required
0459	EMERGENCY ROOM - OTHER	CPT/HCPCS required
0460	PULMONARY FUNCTION - GENERAL CLASSIFICATION	CPT/HCPCS required
0469	PULMONARY FUNCTION - OTHER	CPT/HCPCS required
0470	AUDIOLOGY - GENERAL CLASSIFICATION	CPT/HCPCS required
0471	AUDIOLOGY - DIAGNOSTIC	CPT/HCPCS required
0472	AUDIOLOGY - TREATMENT	CPT/HCPCS required
0479	AUDIOLOGY - OTHER	CPT/HCPCS required
0480	CARDIOLOGY - GENERAL CLASSIFICATION	CPT/HCPCS required
0481	CARDIOLOGY - CARDIAC CATH LAB	CPT/HCPCS required
0482	CARDIOLOGY - STRESS TEST	CPT/HCPCS required
0483	ECHOCARDIOLOGY	CPT/HCPCS required
0489	CARDIOLOGY - OTHER	CPT/HCPCS required
0490	AMBULATORY SURGICAL CARE - GENERAL CLASSIFICATION	CPT/HCPCS required
0499	AMBULATORY SURGICAL CARE - OTHER	CPT/HCPCS required
0500	ENCOUNTER FOR OUTPATIENT SERVICES-GENERAL CLASS	Not Allowed
0509	OUTPATIENT SERVICES - OTHER	Not Allowed
0510	CLINIC - GENERAL CLASSIFICATION	CPT/HCPCS required
0511	CLINIC - CHRONIC PAIN CENTER	CPT/HCPCS required
0512	ENCOUNTER FOR CLINIC-DENTAL	CPT/HCPCS required
0513	CLINIC - PSYCHIATRIC CLINIC	CPT/HCPCS required
0514	CLINIC - OB-GYN CLINIC	CPT/HCPCS required
0515	PEDIATRIC CLINIC	CPT/HCPCS required
0516	URGENT CARE - CLINIC	CPT/HCPCS required
0517	FAMILY PRACTICE CLINIC	CPT/HCPCS required
0519	ENCOUNTER FOR CLINIC-OTHER	CPT/HCPCS required
0520	FREE-STANDING CLINIC - GENERAL CLASSIFICATION	Not Allowed
0521	FREE-STANDING CLINIC - RURAL HEALTH/CLINIC	Not Allowed
0522	FREE-STANDING CLINIC - RURAL HEALTH/HOME	Not Allowed
0523	FREE-STANDING CLINIC - FAMILY PRACTICE	Not Allowed
0526	URGENT CARE CLINIC	Not Allowed
0529	FREE-STANDING CLINIC - OTHER	Not Allowed
0530	OSTEOPATHIC SERVICES - GENERAL CLASSIFICATION	CPT/HCPCS required

Wyoming Department of Health
Office of Health Care Financing
OPPS Revenue Code List
Effective 1/1/2007

Updated 12/28/2007

Revenue Code	Revenue Code Description	Comments
0531	OSTEOPATHIC SERVICES - OSTEOPATHIC THERAPY	Not Allowed
0539	OSTEOPATHIC SERVICES - OTHER	Not Allowed
0540	AMBULANCE - GENERAL CLASSIFICATION	Not Allowed
0541	AMBULANCE - SUPPLIES	Not Allowed
0542	AMBULANCE - MEDICAL TRANSPORT	Not Allowed
0543	AMBULANCE - HEART MOBILE	Not Allowed
0544	AMBULANCE - OXYGEN	Not Allowed
0545	AMBULANCE - AIR AMBULANCE	Not Allowed
0546	AMBULANCE - NEONATAL AMBULANCE SERVICES (SUPPORT CREWS)	Not Allowed
0547	AMBULANCE - PHARMACY	Not Allowed
0548	AMBULANCE - EKG	Not Allowed
0549	AMBULANCE - OTHER	Not Allowed
0550	GENERAL, (TO REPORT SPLINTS, CASTS & ANTIGENS TO PAY UNDER OPPS)	Not Allowed
0551	VISIT CHARGE	Not Allowed
0552	HOURLY CHARGE, GENERAL	Not Allowed
0559	OTHER SKILLED NURSING, GENERAL	Not Allowed
0560	MEDICAL SOCIAL SERVICES - GENERAL CLASSIFICATION	Packaged
0561	MEDICAL SOCIAL SERVICES - VISIT CHARGE	CPT/HCPCS required
0562	MEDICAL SOCIAL SERVICES - HOURLY CHARGE	CPT/HCPCS required
0569	MEDICAL SOCIAL SERVICES - OTHER	Packaged
0570	HOME HEALTH AIDE (HOME HEALTH) - GENERAL CLASSIFICATION	Not Allowed
0571	HOME HEALTH-VISIT CHARGE	Not Allowed
0572	HOME HEALTH AIDE (HOME HEALTH) - HOURLY CHARGE	Not Allowed
0583	HOME HEALTH-OTHER VISITS-ASSESSMENT	Not Allowed
599	HOME HEALTH-OTHER UNITS	Not Allowed
0610	MRI - GENERAL CLASSIFICATION	CPT/HCPCS required
0611	MRI - BRAIN (INCLUDING BRAINSTEM)	CPT/HCPCS required
0612	MRI - SPINAL CORD (INCLUDING SPINE)	CPT/HCPCS required
0613	DIAGNOSTIC SERVICES-RESERVED	Not Allowed
0614	MRI-OTHER DIAGNOSTIC SERVICES	Not Allowed
0615	MRA- HEAD AND NECK	Not Allowed
0616	MRA- LOWER EXTREMITIES	Not Allowed
0617	RESERVED FOR OTHER MRI & MRA SERVICES	Not Allowed
0618	MRA- OTHER SERVICES	Not Allowed
0619	MRI - OTHER	CPT/HCPCS required
0621	MEDICAL/SURGICAL SUPPLIES (EXTENSION OF 27X) - SUPPLIES INCIDENT TO	Packaged
0622	MEDICAL/SURGICAL SUPPLIES (EXTENSION OF 27X) - SUPPLIES INCIDENT TO OTHER	Packaged
0623	SURGICAL DRESSINGS, SENT HOME FOR WOUND CARE	CPT/HCPCS required
0624	FDA INVESTIGATIONAL DEVICES	Packaged
0630	DRUGS REQUIRING SPECIFIC ID AS REQUIRED BY THE PAYOR	Packaged & CPT/HCPCS required
0631	SINGLE SOURCE DRUG	Packaged & CPT/HCPCS required
0632	MULTIPLE SOURCE DRUG	Packaged & CPT/HCPCS required
0633	RESTRICTIVE PRESCRIPTION	Packaged & CPT/HCPCS required
0634	DRUGS REQUIRING SPECIFIC IDENTIFICATION - ERYTHROPOIETIN (EPO) LESS THAN	CPT/HCPCS required
0635	DRUGS REQUIRING SPECIFIC IDENTIFICATION - ERYTHROPOIETIN (EPO) 10,000 OR	CPT/HCPCS required
0636	DRUGS REQUIRING DETAILED CODING	CPT/HCPCS required
0637	SELF-ADMINISTRABLE DRUGS NOT REQUIRING	CPT/HCPCS required
0640	HOME IV THERAPY SERVICES	CPT/HCPCS required
0641	NONROUTINE NURSING, CENTRAL LINE-IV THERAPY	Not Allowed
0642	IV SITE CARE, CENTRAL LINE-HOME HEALTH	Not Allowed
0643	IV START/CHANGE, PERIPHERAL LINE-HOME HEALTH	Not Allowed
0644	NONROUTINE NURSING, PERIPHERAL LINE-HOME HEALTH	Not Allowed
0645	TRAINING PATIENT/CARE GIVER, CENTRAL LINE HOME HEALTH	Not Allowed
0646	TRAINING, DISABLED PATIENT, CENTRAL LINE HOME HEALTH	Not Allowed
0647	TRAINING, PATIENT/CAREGIVER, PERIPHERAL- HOME HEALTH	Not Allowed
0648	TRAINING, DISABLED PATIENT, PERIPHERAL- HOME HEALTH	Not Allowed
0649	OTHER IV THERAPY SERVICES	Not Allowed

Wyoming Department of Health
Office of Health Care Financing
OPPS Revenue Code List
Effective 1/1/2007

Updated 12/28/2007

Revenue Code	Revenue Code Description	Comments
0650	GENERAL- OUT PATIENT SERVICES	Not Allowed
0651	DAILY HOSPICE CARE. REIMBURSED PER DAY	CPT/HCPCS required
0652	HOSPICE CARE PER HOUR (MINIMUM OF 8 HOURS, MAXIMUM 24 HOURS)	CPT/HCPCS required
0653	CONTINUOUS HOME CARE-RESERVED	Not Allowed
0654	CONTINUOUS HOME CARE-RESERVED	Not Allowed
0655	HOSPICE INPATIENT RESPITE CARE. MAXIMUM 5 CONSECUTIVE DAYS. PER DIEM RATE	CPT/HCPCS required
0656	HOSPICE GENERAL INPATIENT CARE PER DAY	CPT/HCPCS required
0657	PHYSICIAN SERVICES	Not Allowed
0658	NH HOSPICE ROOM AND BOARD	Not Allowed
0659	OTHER HOSPICE-NURSING FACILITY	Not Allowed
0660	NONHOSPICE RESPITE CARE-GENERAL	Not Allowed
0661	NONHOSPICE RESPITE CARE-HOURLY CHARGE/NURSING	Not Allowed
0662	HOURLY CHARGE/AIDE/HOMEMAKE/COMPANION- NONHOSPICE RESPITE CARE	Not Allowed
0663	DAILY RESPITE CARE	Not Allowed
0669	OTHER RESPITE CARE	Not Allowed
0670	OP SPECIAL RESIDENCE CHARGES-GENERAL	Not Allowed
0671	OP SPECIAL RESIDENCE CHARGES-HOSPITAL BASED	Not Allowed
0672	OUTPATIENT SPECIAL RESIDENCE CHARGES-CONTRACTED	Not Allowed
0679	OTHER SPECIAL RESIDENCE CHARGES-OP SPECIAL RESIDENCE	Not Allowed
0680	TRAMA RESPONSE	Not Allowed
0681	TRAMA RESPONSE LEVEL 1	Packaged
0682	TRAMA RESPONSE LEVEL 2	Packaged
0683	TRAMA RESPONSE LEVEL 3	Packaged
0684	LEVEL IV-TRAUMA RESPONSE	Packaged
0689	OTHER TRAUMA RESPONSE THIS CODE IS NOT ALLOWED BY THE STATE.	Packaged
0700	CAST ROOM - GENERAL CLASSIFICATION	Packaged
0709	CAST ROOM - OTHER	Not Allowed
0710	RECOVERY ROOM - GENERAL CLASSIFICATION	Packaged
0719	RECOVERY ROOM - OTHER	Not Allowed
0720	LABOR ROOM/DELIVERY - GENERAL CLASSIFICATION	Packaged & CPT/HCPCS required
0721	LABOR ROOM/DELIVERY - LABOR	Packaged & CPT/HCPCS required
0722	LABOR ROOM/DELIVERY - DELIVERY	CPT/HCPCS required
0723	LABOR ROOM/DELIVERY - CIRCUMCISION	CPT/HCPCS required
0724	LABOR ROOM/DELIVERY -BIRTHING CENTER	CPT/HCPCS required
0729	LABOR ROOM/DELIVERY -OTHER	CPT/HCPCS required
0730	EKG/ECG (ELECTROCARDIOGRAM) - GENERAL CLASSIFICATION	CPT/HCPCS required
0731	EKG/ECG (ELECTROCARDIOGRAM) - HOLTER MONITOR	CPT/HCPCS required
0732	EKG/ECG (ELECTROCARDIOGRAM) - TELEMETRY	CPT/HCPCS required
0739	EKG/ECG (ELECTROCARDIOGRAM) - OTHER	CPT/HCPCS required
0740	EEG (ELECTROENCEPHALOGRAM) - GENERAL CLASSIFICATION	CPT/HCPCS required
0749	EEG (ELECTROENCEPHALOGRAM) - OTHER	Not Allowec
0750	GASTRO INTESTINAL SERVICES - GENERAL CLASSIFICATION	CPT/HCPCS required
0759	GASTRO INTESTINAL SERVICES - OTHER	Not Allowec
0760	TREATMENT OR OBSERVATION ROOM - GENERAL CLASSIFICATION	CPT/HCPCS required
0761	TREATMENT ROOM	CPT/HCPCS required
0762	OBSERVATION ROOM	Packaged & CPT/HCPCS required
0769	TREATMENT OR OBSERVATION ROOM - OTHER	CPT/HCPCS required
0770	PREVENTIVE CARE, GENERAL	CPT/HCPCS required
0771	ENCOUNTER FOR VACCINE ADMINISTRATION	CPT/HCPCS required
0779	ENCOUNTER FOR OTHER PREVENTIVE CARE	Not Allowec
0780	TELEMEDICINE, GENERAL	Not Allowed
0789	OTHER TELEMEDICINE	Not Allowed
0790	EXTRA-CORPOREAL SHOCK WAVE THERAPY (FORMERLY LITHOTRIPSY)	
0799	LITHOTRIPSY - OTHER	Not Allowed
0810	TRANSPLANTATION- GENERAL	Packaged
0819	OTHER DONOR-ORGAN TRANSPLANT & CHARGES	Packaged
0820	HEMODIALYSIS - OUTPATIENT OR HOME - GENERAL CLASSIFCATION	
0821	HEMODIALYSIS - OUTPATIENT OR HOME - COMPOSITE OR OTHER RATE	
0822	HEMODIALYSIS - OUTPATIENT OR HOME - HOME SUPPLIES	

Wyoming Department of Health
Office of Health Care Financing
OPPS Revenue Code List
Effective 1/1/2007

Updated 12/28/2007

Revenue Code	Revenue Code Description	Comments
0823	HEMODIALYSIS - OUTPATIENT OR HOME - HOME EQUIPMENT	
0824	HEMODIALYSIS - OUTPATIENT OR HOME - MAINTENANCE 100%	
0825	HEMODIALYSIS - OUTPATIENT OR HOME - SUPPORT SERVICES	
0829	HEMODIALYSIS - OUTPATIENT OR HOME - OTHER OUTPATIENT HEMODIALYSIS	
0830	PERITONEAL DIALYSIS - OUTPATIENT OR HOME - GENERAL CLASSIFICATION	
0831	PERITONEAL DIALYSIS - OUTPATIENT OR HOME - COMPOSITE OR OTHER RATE	
0832	PERITONEAL DIALYSIS - OUTPATIENT OR HOME - HOME SUPPLIES	
0833	PERITONEAL DIALYSIS - OUTPATIENT OR HOME - HOME EQUIPMENT	
0834	PERITONEAL DIALYSIS - OUTPATIENT OR HOME - MAINTENANCE 100%	
0835	PERITONEAL DIALYSIS - OUTPATIENT OR HOME - SUPPORT SERVICES	
0839	PERITONEAL DIALYSIS - OUTPATIENT OR HOME - OTHER OUTPATIENT PERITONEAL	
0840	CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD) - OUTPATIENT OR HOME -	
0841	CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD) - OUTPATIENT OR HOME -	
0842	CONTINUOUS AMBULATORY PERITONEAL DIALYSIS - OUTPATIENT OR HOME - HOME	
0843	CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD) - OUTPATIENT OR HOME -	
0844	CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD) - OUTPATIENT OR HOME -	
0845	CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD) - OUTPATIENT OR HOME -	
0849	CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD) - OUTPATIENT OR HOME -	
0850	CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD) - OUPATIENT OR HOME -	
0851	CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD) - OUTPATIENT OR HOME -	
0852	CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD) - OUTPATIENT OR HOME - HOME	
0853	CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD) - OUTPATIENT OR HOME - HOME	
0854	CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD) - OUTPATIENT OR HOME -	
0855	CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD) - OUTPATIENT OR HOME -	
0859	CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD) - OUTPATIENT OR HOME - OTHER	
0880	MISCELLANEOUS DIALYSIS - GENERAL CLASSIFICATION	
0881	MISCELLANEOUS DIALYSIS - ULTRAFILTRATION	
0882	HOME DIALYSIS AID VISIT	
0889	MISCELLANEOUS DIALYSIS - OTHER	
0900	PSYCHIATRIC/PSYCHOLOGICAL TREATMENTS - GENERAL CLASSIFICATION	CPT/HCPCS required
0901	PSYCHIATRIC/PSYCHOLOGICAL TREATMENTS - ELECTROSHOCK TREATMENT	CPT/HCPCS required
0902	PSYCH MILIEU THERAPY	CPT/HCPCS required
0903	PSYCH THERAPY - PLAY THERAPY	CPT/HCPCS required
0904	ACTIVITY THERAPY-BEHAVIORAL HEALTH TREATMENT/SERVICES	Not Allowed
0905	INTENSIVE OUTPATIENT SERVICES-PSYCHIATRIC	Not Allowed
0906	INTENSIVE OUTPATIENT SERVICES-CHEMICAL DEPENDENCY	Not Allowed
0907	COMMUNITY BEHAVIORAL HEALTH PROGRAM (DAY TREATMENT)	Not Allowed
0908	BEHAVIORAL HEALTH TREATMENT- RESERVED FOR NATIONAL USE	Not Allowed
0909	PSYCHIATRIC/PSYCHOLOGICAL TREATMENTS - OTHER	Not Allowed
0910	PSYCHIATRIC/PSYCHOLOGICAL SERVICES - GENERAL CLASSIFICATION	CPT/HCPCS required
0911	PSYCHIATRIC/PSYCHOLOGICAL SERVICES - REHABILITATION	CPT/HCPCS required
0912	PARTIAL HOSPITALIZATION--LESS INTENSE	Not Allowed
0913	PARTIAL HOSPITALIZATION--INTENSIVE	Not Allowed
0914	PSYCHIATRIC/PSYCHOLOGICAL SERVICES - INDIVIDUAL THERAPY	CPT/HCPCS required
0915	PSYCHIATRIC/PSYCHOLOGICAL SERVICES - GROUP THERAPY	Not Allowed
0916	PSYCHIATRIC/PSYCHOLOGICAL SERVICES - FAMILY THERAPY	CPT/HCPCS required
0917	BIOFEEDBACK-URINARY INCONTINENCE	Not Allowed
0918	PSYCHIATRIC/PSYCHOLOGICAL SERVICES - TESTING	CPT/HCPCS required
0919	PSYCHIATRIC/PSYCHOLOGICAL SERVICES - OTHER	CPT/HCPCS required
0920	OTHER DIAGNOSTIC SERVICES - GENERAL CLASSIFICATION	CPT/HCPCS required
0921	OTHER DIAGNOSTIC SERVICES - PERIPHERAL VASCULAR LAB	CPT/HCPCS required
0922	OTHER DIAGNOSTIC SERVICES - ELECTROMYELGRAM	CPT/HCPCS required
0923	OTHER DIAGNOSTIC SERVICES - PAP SMEAR	CPT/HCPCS required
0924	OTHER DIAGNOSTIC SERVICES - ALLERGY TEST	CPT/HCPCS required
0925	OTHER DIAGNOSTIC SERVICES - PREGNANCY TEST	CPT/HCPCS required
0929	OTHER DIAGNOSTIC SERVICES	CPT/HCPCS required
0931	HALF DAY-MEDICAL REHABILITATION DAY PROGRAM	Not Allowed
0932	FULL DAY-MEDICAL REHABILITATION DAY PROGRAM	Not Allowed
0940	OTHER THERAPEUTIC SERVICES - GENERAL CLASSIFICATION	CPT/HCPCS required
0941	RECREATIONAL THERAPY	Not Allowed

Wyoming Department of Health
Office of Health Care Financing
OPPS Revenue Code List
Effective 1/1/2007

Updated 12/28/2007

Revenue Code	Revenue Code Description	Comments
0942	OTHER THERAPEUTIC SERVICES - EDUCATION/TRAINING	Packaged & CPT/HCPCS required
0943	OTHER THERAPEUTIC SERVICES - CARDIAC REHABILITATION	CPT/HCPCS required
0944	DRUG REHAB	Not Allowed
0945	ALCOHOL REHAB	Not Allowed
0946	OTHER THERAPEUTIC SERVICES - COMPLEX MEDICAL EQUIPMENT - ROUTINE	CPT/HCPCS required
0947	OTHER THERAPEUTIC SERVICES - COMPLEX MEDICAL EQUIPMENT ANCILLARY	CPT/HCPCS required
0949	OTHER THERAPEUTIC SERVICES	CPT/HCPCS required
0950	RESERVED OTHER THERAPEUTIC SERVICES	Not Allowed
0951	AUTHLETIC TRAINING-THERAPEUTIC SERVICES	Not Allowed
0952	KINESIOTHERAPY- OTHER THERAPEUTIC SERVICES	Not Allowed
0960	PROFESSIONAL FEES - GENERAL CLASSIFICATION	Not Allowed
0961	PROFESSIONAL FEES - PSYCHIATRIC	Not Allowed
0962	PROFESSIONAL FEES - OPTHAMOLOGY	Not Allowed
0963	PROFESSIONAL FEES - ANESTHESIOLOGIST (MD)	Not Allowed
0964	PROFESSIONAL FEES (ALSO SEE 97X AND 98X) - ANESTHETIST (CRNA)	Not Allowed
0969	PROFESSIONAL FEES - OTHER	Not Allowed
0970	PROFESSIONAL FEES - GENERAL CLASSIFICATION	Not Allowed
0971	PROFESSIONAL FEES - LABORATORY	Not Allowed
0972	PROFESSIONAL FEES - RADIOLOGY/DIAGNOSTIC	Not Allowed
0973	PROFESSIONAL FEES - RADIOLOGY/THERAPEUTIC	Not Allowed
0974	PROFESSIONAL FEES - RADIOLOGY/NUCLEAR MEDICINE	Not Allowed
0975	PROFESSIONAL FEES - OPERATING ROOM	Not Allowed
0976	PROFESSIONAL FEES - RESPIRATORY THERAPY	Not Allowed
0977	PROFESSIONAL FEES - PHYSICAL THERAPY	Not Allowed
0978	PROFESSIONAL FEES - OCCUPATIONAL THERAPY	Not Allowed
0979	PROFESSIONAL FEES - SPEECH PATHOLOGY	Not Allowed
0980	PROFESSIONAL FEES - GENERAL CLASSIFICATION	Not Allowed
0981	PROFESSIONAL FEES - EMERGENCY ROOM	Not Allowed
0982	PROFESSIONAL FEES - OUTPATIENT SERVICES	Not Allowed
0983	PROFESSIONAL FEES - CLINIC	Not Allowed
0984	PROFESSIONAL FEES - MEDICAL SOCIAL SERVICES	Not Allowed
0985	PROFESSIONAL FEES - EKG	Not Allowed
0986	PROFESSIONAL FEES - EEG	Not Allowed
0987	ENCOUNTER FOR PROFESSIONAL FEES-HOSPITAL VISIT	Not Allowed
0988	PROFESSIONAL FEES - CONSULTATION FEES	Not Allowed
0989	PROFESSIONAL FEES - PRIVATE DUTY NURSE	Not Allowed
0990	PATIENT CONVENIENCE ITEMS - GENERAL CLASSIFICATION	Not Allowed
0991	PATIENT CONVIENCE ITEMS - CAFETERIA/GUEST TRAY	Not Allowed
0992	PATIENT CONVENIENCE ITEMS - PRIVATE LINEN SERVICE	Not Allowed
0993	PATIENT CONVENIENCE ITEMS - TELEPHONE/TELEGRAPH	Not Allowed
0994	PATIENT CONVENIENCE ITEMS - TV/RADIO	Not Allowed
0995	PATIENT CONVENIENCE ITEMS - NONPATIENT ROOM RENTALS	Not Allowed
0996	PATIENT CONVENIENCE ITEMS - LATE DISCHARGE CHARGE	Not Allowed
0997	PATIENT CONVENIENCE ITEMS - ADMISSION KITS	Not Allowed
0998	PATIENT CONVENIENCE ITEMS - BEAUTY SHOP/BARBER	Not Allowed
0999	PATIENT CONVENIENCE ITEMS - OTHER	Not Allowed