

CROSSWALK FROM LOCAL LEVEL CODE TO H.I.P.A.A. COMPLIANT CODE							
FOR PHYSICIANS, APNS, CLINICS, LIMITED PRACTITIONERS EXCLUDING INJECTION AND DME CODES							
Status As of July 1, 2003							
(Listed alphabetically by code)							
Old Code	Description	End Date Old Code	New Code	New Code Description	Effective Date New Code	Rule Number	Comments: **
Psychotherapy by Non-physicians:							
H5010	Psychotherapy, Indiv, By Soc. Work. Per Hr.	09/30/03	90804	Individual therapy, 20-30 min.	10/1/03	5101:3-4-29	Non-physicians must modify code by appropriate modifier: AJ, AH, HN, HO, or HP
		09/30/03	90806	Individual therapy, 45-55 min.	10/1/03	5101:3-4-29	Non-physicians must modify code by appropriate modifier: AJ, AH, HN, HO, or HP
		09/30/03	90810	Individual therapy interactive, 20-30 min.	10/1/03	5101:3-4-29	Non-physicians must modify code by appropriate modifier: AJ, AH, HN, HO, or HP
		09/30/03	90812	Individual therapy interactive, 45-55 min.	10/1/03	5101:3-4-29	Non-physicians must modify code by appropriate modifier: AJ, AH, HN, HO, or HP
H5020	Psychotherapy,Grp,Soc. Work. 45-50 Mins	09/30/03	90846	Family therapy w/o patient present	10/1/03	5101:3-4-29	Non-physicians must modify code by appropriate modifier: AJ, AH, HN, HO, or HP
H5025	Psychotherapy,Grp,By Nonphys,900Rmoremin	09/30/03	90847	Family therapy with patient present	10/1/03	5101:3-4-29	Non-physicians must modify code by appropriate modifier: AJ, AH, HN, HO, or HP
		09/30/03	90849	Group therapy	10/1/03	5101:3-4-29	Non-physicians must modify code by appropriate modifier: AJ, AH, HN, HO, or HP
		09/30/03	90853	Multiple family therapy	10/1/03	5101:3-4-29	Non-physicians must modify code by appropriate modifier: AJ, AH, HN, HO, or HP
Clinic Screening Kit:							
W0021	Neonatal Diagnostic Screening Kit	01/31/03	None		2/1/03	5101:3-11-03	
Rural Health Clinic Encounters:							
W0020	Rural health clinic medical encounter	09/30/03	T10015 U1	Clinic visit/all-inclusive- medical	10/1/03	None	T code and modifier U1 must be billed

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Outpatient Health Facility Encounters:							
W0001	Medical services	09/30/03	T1015 U1	Clinic visit/all-inclusive- medical	10/1/03	None	Must bill code with modifier
W0002	Dental services	09/30/03	T1015 U2	Clinic visit/all-inclusive- dental	10/1/03	None	Must bill code with modifier
W0003	Mental health services	09/30/03	T1015 U3	Clinic visit/all-inclusive- mental health	10/1/03	None	Must bill code with modifier
W0004	Vision services	09/30/03	T1015 U7	Clinic visit/all-inclusive- vision	10/1/03	None	Must bill code with modifier
W0005	Speech therapy	09/30/03	T1015 U5	Clinic visit/all-inclusive-speech therapy	10/1/03	None	Must bill code with modifier
W0006	Physical therapy:	09/30/03	T1015 U4	Clinic visit/all-inclusive- physical therapy	10/1/03	None	Must bill code with modifier
W0007	Lab	09/30/03	T1015 UA	Clinic visit- lab	10/1/03	None	Must bill code with modifier
W0008	X-ray	09/30/03	T1015 UB	Clinic visit- X-ray	10/1/03	None	Must bill code with modifier
W0009	Transportation	09/30/03	T1015 U9	Clinic visit/all-inclusive- transportation	10/1/03	None	Must bill code with modifier
Vaccine Codes:							
W0658	Influenza, split vaccine, adult >18	06/30/03	90658	Split influenza, age >3	7/1/03	5101:3-4-12	
W0703	Tetanus, Adult, 19 or older	06/30/03	90703	Tetanus toxoid	7/1/03	5101:3-4-12	
W0706	Rubella, adult 19 or older	06/30/03	None			5101:3-4-12	
W0718	TD, Adult, 19 or older	06/30/03	90718	TD indiv > 7 yrs	7/1/03	5101:3-4-12	
Interferon Codes:							
X0702	Interferon,Alpha-2A Or 2B,Recom,10Mmu	06/30/02	See J codes			5101:3-4-13	
X0703	Interferon,Alpha-1A Or 2B,Recom 18Mmu	06/30/02	See J codes			5101:3-4-13	
X0704	Interferon;Alpha-2A Or 2B,Recom 25Mmu	06/30/02	See J codes			5101:3-4-13	
X0705	Interferon;Alpha-N3,Up To 2.5 Mmu	06/30/02	See J codes			5101:3-4-13	
X0706	Interferon;Gamma-Ib,100 Mcg=3Mmu	06/30/02	See J codes			5101:3-4-13	
X0707	Leupron Depot 3.75 Suspension	06/30/02	See J codes			5101:3-4-13	
Family Planning Codes:							
X1400	Oral Contraceptives,All Types 1 Mo.Supp.	09/30/03		NDC #	10/1/03	5101:3-4-07	Use FP modifier and V25, V26 diagnosis.
X1401	Oral Contraceptives,All Types 2 Mo.Supp.	09/30/03		NDC #	10/1/03	5101:3-4-07	Use FP modifier and V25, V26 diagnosis.
X1402	Oral Contraceptives,All Types 3 Mo.Supp.	09/30/03		NDC #	10/1/03	5101:3-4-07	Use FP modifier and V25, V26 diagnosis.
X1403	Oral Contraceptives,All Types 4 Mo.Supp.	09/30/03		NDC #	10/1/03	5101:3-4-07	Use FP modifier and V25, V26 diagnosis.
X1404	Oral Contraceptives,All Types 5 Mo.Supp.	09/30/03		NDC #	10/1/03	5101:3-4-07	Use FP modifier and V25, V26 diagnosis.
X1405	Oral Contraceptives,All Types 6 Mo.Supp.	09/30/03		NDC #	10/1/03	5101:3-4-07	Use FP modifier and V25, V26 diagnosis.
X1406	Contracep.Kit Foam 20-30 Gm Vial W/Apl.	09/30/03	A4269	Spermicide (e.g. foam,gel)	10/1/03	5101:3-4-07	Bill as DME supplier
X1407	Contracep Refill Foam 20-30Gm One Vial	09/30/03	A4269	Spermicide (e.g. foam,gel)	10/1/03	5101:3-4-07	Bill as DME supplier
X1408	Contracep Refill Foam 20-30Gm Two Vials	09/30/03	A4269	Spermicide (e.g. foam,gel)	10/1/03	5101:3-4-07	Bill as DME supplier
X1409	Contracep Refill Foam 20-30Gm Three Vls	09/30/03	A4269	Spermicide (e.g. foam,gel)	10/1/03	5101:3-4-07	Bill as DME supplier
X1410	Contracep Refill Foam 45-60Gm One Vial	09/30/03	A4269	Spermicide (e.g. foam,gel)	10/1/03	5101:3-4-07	Bill as DME supplier
X1411	Contracep Refill Foam 45-60Gm Two Vials	09/30/03	A4269	Spermicide (e.g. foam,gel)	10/1/03	5101:3-4-07	Bill as DME supplier
X1412	Contracep Refill Foam 45-60Gm Three Vial	09/30/03	A4269	Spermicide (e.g. foam,gel)	10/1/03	5101:3-4-07	Bill as DME supplier
X1413	Contracep Refill Foam 45-60Gm Four Vials	09/30/03	A4269	Spermicide (e.g. foam,gel)	10/1/03	5101:3-4-07	Bill as DME supplier
X1414	Contr.Kit Pre Jell.Crm. 70-85 Gm W/Apl.	09/30/03	A4269	Spermicide (e.g. foam,gel)	10/1/03	5101:3-4-07	Use FP modifier and V25, V26 diagnosis.
X1415	Contr. Refill. Jell. Crm. 70-126Gm 1 Tube	09/30/03	A4269	Spermicide (e.g. foam,gel)	10/1/03	5101:3-4-07	Use FP modifier and V25, V26 diagnosis.
X1416	Contr. Refill. Jell. Crm. 70-126Gm 2 Tubes	09/30/03	A4269	Spermicide (e.g. foam,gel)	10/1/03	5101:3-4-07	Use FP modifier and V25, V26 diagnosis.

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X1417	Contr. Refill. Jell. Crm. 70-126Gm 3 Tubes	09/30/03	A4269	Spermicide (e.g. foam,gel)	10/1/03	5101:3-4-07	Use FP modifier and V25, V26 diagnosis.
X1418	Contr. Refill. Jell. Crm. 70-126Gm 4 Tubes	09/30/03	A4269	Spermicide (e.g. foam,gel)	10/1/03	5101:3-4-07	Use FP modifier and V25, V26 diagnosis.
X1419	Contr. Refill. Jell. Crm. 70-126Gm 5 Tubes	09/30/03	A4269	Spermicide (e.g. foam,gel)	10/1/03	5101:3-4-07	Use FP modifier and V25, V26 diagnosis.
X1420	Contr. Refill Jell. Crm. 70-126Gm 6 Tubes	09/30/03	A4269	Spermicide (e.g. foam,gel)	10/1/03	5101:3-4-07	Use FP modifier and V25, V26 diagnosis.
X1421	Diaphragm, All Types, Each	09/30/03	A4266	Diaphragm	10/1/03	5101:3-4-07	Use FP modifier and V25, V26 diagnosis.
X1422	Condoms, All Types, Per Twelve	09/30/03	A4267	Condom, male, each	10/1/03	5101:3-4-07	Bill as DME supplier
X1423	Condoms, All Types, Per Twenty Four	09/30/03	A4267	Condom, male, each	10/1/03	5101:3-4-07	Bill as DME supplier
X1424	Condoms, All Types Per Thirty Six	09/30/03	A4267	Condom, male, each	10/1/03	5101:3-4-07	Bill as DME supplier
X1425	Condoms, All Types, Per Seventy Two	09/30/03	A4267	Condom, male, each	10/1/03	5101:3-4-07	Bill as DME supplier
X1426	Intrauterine Device, Progestsert	09/30/03	S4989	Contracep. Intrauterine Device (progest)	10/1/03	5101:3-4-07	Bill as DME supplier
X1427	Intrauterine Device, Paragard	09/30/03	J7300	Copper contraceptive, intrauterine	10/1/03	5101:3-4-07	Bill as DME supplier
X1428	Contra. Vaginal Suppository Type Pkg 12	09/30/03	A4269	Spermicide (e.g. foam,gel)	10/1/03	5101:3-4-07	Use FP modifier and V25, V26 diagnosis.
X1450	Minimal Family Planning Visit	09/30/03	99211	Minimal office visit, non-physician	10/1/03	5101:3-4-07	Use diagnosis V25 or V26 and FP modifier
X1451	Family Planning Counseling	09/30/03	H1011	Non-medical family planning educational visit	10/1/03	5101:3-4-07	Use diagnosis V25 or V26 and FP modifier
X1452	Gyn Exam Not Performed By A Physician	09/30/03	S0610	Annual gynecological exam, new patient	10/1/03	5101:3-4-07	Must bill with modifier SA or SB for APN
		09/30/03	S0612	Annual gynecological exam, estab. patient	10/1/03	5101:3-4-07	Must bill with modifier SA or SB for APN
X1453	Gyn Exam Performed By A Physician	09/30/03	S0610	Annual gynecological exam, new patient	10/1/03	5101:3-4-07	Use FP modifier and V25, V26 diagnosis.
		09/30/03	S0612	Annual gynecological exam, estab. patient	10/1/03	5101:3-4-07	Use FP modifier and V25, V26 diagnosis.
X1454	Subdermal Contraceptive Implants, 60 Month	09/30/03	A4260	Norplant	10/1/03	5101:3-4-07	Use FP modifier and V25, V26 diagnosis.
X1456	Removal Contraceptive Implants	09/30/03	11976	Remove imp. contracep. capsule	10/1/03	5101:3-4-07	Use FP modifier and V25, V26 diagnosis.
	New HCPCS code:		A4268	Condom, female, each	10/1/03	5101:3-4-07	Use FP modifier and V25, V26 diagnosis.
	New HCPCS code:		J7302	Levonorgest RIs Intraut system	10/1/03	5101:3-4-07	Use FP modifier and V25, V26 diagnosis.

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Genetic counseling:							
X1470	Detailed family or pedigree construction; initial	09/30/03		Service incident to visit. Use E/M code	10/1/03	5101:3-4-31	
X1471	Detailed family or pedigree construction; periodic	09/30/03		Service incident to visit. Use E/M code	10/1/03	5101:3-4-31	
X1472	Psychosocial genetic assessment; standard	09/30/03		Service incident to visit. Use E/M code	10/1/03	5101:3-4-31	
X1473	Psychosocial genetic assessment; complex	09/30/03		Service incident to visit. Use E/M code	10/1/03	5101:3-4-31	
X1474	Medical genetic counseling; initial	09/30/03		Service incident to visit. Use E/M code	10/1/03	5101:3-4-31	
X1475	Medical genetic counseling; follow-up	09/30/03		Service incident to visit. Use E/M code	10/1/03	5101:3-4-31	
X1476	Psychosocial genetic counseling; initial	09/30/03		Service incident to visit. Use E/M code	10/1/03	5101:3-4-31	
X1478	Psychosocial genetic counseling; follow-up	09/30/03		Service incident to visit. Use E/M code	10/1/03	5101:3-4-31	
ECMO Management:							
X3960	ECMO Management Service	06/30/02	None				
Pregnancy Related Services:							
59420	Ante partum visit	06/30/03	Use E/M code		7/1/03	5101:3-4-08	Use TH modifier, Use V22,V23, V28 diagnosis
X5400	Prenatal Risk Assessment, All Preg. Wom.	06/30/03	H1000	At-risk assessment	7/1/03	5101:3-4-10	Use TH modifier, Use V22,V23, V28 diagnosis
X5411	Individual Preg. Counseling & Education	06/30/03	H1003	At-risk education	7/1/03	5101:3-4-10	Use TH modifier, Use V22,V23, V28 diagnosis
X5412	Pregnancy Related Group Education	06/30/03		see list below:	7/1/03	5101:3-4-10	Use TH modifier, Use V22,V23, V28 diagnosis
				<u>For non-physician provider, per session:</u>			Use TH modifier, Use V22,V23, V28 diagnosis
			S9436	Childbirth preparation/Lamaze classes	7/1/03	5101:3-4-10	Use TH modifier, Use V22,V23, V28 diagnosis
			S9437	Childbirth refresher classes	7/1/03	5101:3-4-10	Use TH modifier, Use V22,V23, V28 diagnosis
			S9444	Parenting class- baby	7/1/03	5101:3-4-10	Use TH modifier, Use V22,V23, V28 diagnosis
			S9452	Nutrition class for pregnant women	7/1/03	5101:3-4-10	Use TH modifier, Use V22,V23, V28 diagnosis
			S9447	Infant safety classes	7/1/03	5101:3-4-10	Use TH modifier, Use V22,V23, V28 diagnosis
X5422	Nutrition Intervention, Preg Related	06/30/03	S9470	Medical nutrition counseling by dietician	7/1/03	5101:3-4-10	Use TH modifier, Use V22,V23, V28 diagnosis
X5422	Nutrition Intervention, Preg Related	06/30/03	Use E/M code	Physicians providing nutrition serv	7/1/03	5101:3-4-10	Use TH modifier, Use V22,V23, V28 diagnosis
X5431	Prenatal Care Coordination	06/30/03	H1002	Care coordination	7/1/03	5101:3-4-10	Use TH modifier, Use V22,V23, V28 diagnosis
X5432	High-Risk Patient Monitoring	06/30/03	H1001	Ante partum management	7/1/03	5101:3-4-10	Use TH modifier, Use V22,V23, V28 diagnosis
X5500	Home Visit Travel, Pregnancy Related	06/30/03	None				Use TH modifier, Use V22,V23, V28 diagnosis
X9380	Pre-Delivery Physician Visit	06/30/03		Bill appropriate office visit code	7/1/03	5101:3-4-06	Use TH modifier, Use V22,V23, V28 diagnosis

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Evocative Testing:						
X9354	Physician serv: Evoc. testing Non-hosp	06/30/02	None			5101:3-11-03
X9356	Physician serv: Evoc. testing hosp	06/30/02	None			5101:3-11-03
X9070	Cast Supplies; Surg Code Not Applicable	09/30/03	Q4001- Q4050	Casting supplies by age and by type	10/1/03	5101:3-4-22
Physical Therapy:						
Z7210	Whirlpool Body Immersion	06/30/02	None			5101:3-8-02
Z7226	Tilt Table	06/30/02	None			5101:3-8-02
Speech Therapy:						
Z2585	Speech Evaluation	12/31/02	92606	Evaluation of speech, language..	1/1/03	5101:3-1-60
Z2586	Speech Therapy, Individual, Approx .5 Hour	12/31/02	92507	Treatment of speech, language, indiv.	1/1/03	5101:3-1-60
Z2590	Speech Therapy, Individual, Approx .1 Hour	12/31/02	92507	Treatment of speech, language, indiv.	1/1/03	5101:3-1-60
Z2591	Speech Therapy, Group, Approx .5 Hour	12/31/02	92508	Treatment of speech, language, group	1/1/03	5101:3-1-60
Z2592	Speech Therapy, Group, Approx .1 Hour	12/31/02	92508	Treatment of speech, language, group.	1/1/03	5101:3-1-60
Z2593	Language Evaluation	12/31/02	92506	Evaluation of speech, language..	1/1/03	5101:3-1-60
Z2594	Hearing/Hearing Aid/Lang/Speech; Reck/Cns	12/31/02	None			5101:3-1-60
Z2595	Battery Of Audiological Tests	12/31/02	None			5101:3-1-60
Surgical Services:						
X9070	Surgical Supplies, Misc.	09/30/03	Q4001-Q4048	Casting supplies by type, patient age	10/1/03	5101:3-4-22
Psychology Services:						
Z0802	Psychological, Individual Psychotherapy	06/30/02	90804	Individual therapy, 20-30 min.	7/1/02	5101:3-8-05
		06/30/02	90806	Individual therapy, 45-55 min.	7/1/02	5101:3-8-05
		06/30/02	90808	Individual therapy, 75-80 min.	7/1/02	5101:3-8-05
		06/30/02	90810	Individual therapy interactive, 20-30 min.	7/1/02	5101:3-8-05
		06/30/02	90812	Individual therapy interactive, 45-55 min.	7/1/02	5101:3-8-05
		06/30/02	90814	Individual therapy interactive, 75-80 min.	7/1/02	5101:3-8-05
Z0808	Psychological, Group Psychotherapy	06/30/02	90846-90853	See CPT description of each code	7/1/02	5101:3-8-05
Z0809	Psych Test, Indiv. Mental Disorder 1 Hr	06/30/02	96100-96117	See CPT description of each code	7/1/02	5101:3-8-05
Z0811	Psych Test, Indiv. Mental Dis. Add 30 Min	06/30/02	96100-96117	See CPT description of each code	7/1/02	5101:3-8-05
Z0816	Psych. Test, Group Adm; Mental Disord. 1Hr	06/30/02	None			5101:3-8-05
Z0817	Psych Test, Indiv. Develop. Assmt/Ld 1 Hr	06/30/02	96100-96117	See CPT description of each code	7/1/02	5101:3-8-05
Z0818	Psych Test, Indiv- Dev. As./Ld Add. 30 Min	06/30/02	96100-96117	See CPT description of each code	7/1/02	5101:3-8-05
Z0819	Psych Test, Group Adm For Intel. Asmt 1.Hr	06/30/02	None			5101:3-8-05
Clinic travel:						
X9099	Transportation To Clinic	06/30/93	None			5101:3-1-60
Z7228	Home Visit Travel And Mileage	06/30/93	None			5101:3-1-60

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(Listed alphabetically by code)							
FQHC services:							
Y0001	FQHC Medical Encounter	09/30/03	T1015 U1	Clinic visit/all-inclusive- medical	10/1/03	5101:3-8-11	Modifier required
Y0002	FQHC Soc Wk And Psychology Encounter	09/30/03	T1015 U3	Clinic visit/all-inclusive- mental health	10/1/03	5101:3-8-11	Modifier required
Y0003	FQHC Physical Therapy Encounter	09/30/03	T1015 U4	Clinic visit/all-inclusive- physical therapy	10/1/03	5101:3-8-11	Modifier required
Y0004	FQHC Sp Pathology And Audiology Encounter	09/30/03	T1015 U5	Clinic visit/all-inclusive-speech therapy	10/1/03	5101:3-8-11	Modifier required
Y0005	FQHC Dental Encounter	09/30/03	T1015 U2	Clinic visit/all-inclusive- dental	10/1/03	5101:3-8-11	Modifier required
Y0006	FQHC Podiatry Encounter	09/30/03	T1015 U6	Clinic visit/all-inclusive- podiatry	10/1/03	5101:3-8-11	Modifier required
Y0007	FQHC Optometric/Optician Encounter	09/30/03	T1015 U7	Clinic visit/all-inclusive- vision	10/1/03	5101:3-8-11	Modifier required
Y0008	FQHC Chiropractor Encounter	09/30/03	T1015 U8	Clinic visit/all-inclusive- chiropractic	10/1/03	5101:3-8-11	Modifier required
Y0009	FQHC Transportation Encounter	09/30/03	T1015 U9	Clinic visit/all-inclusive- transportation	10/1/03	5101:3-8-11	Modifier required
Y0015	FQHC Dental Follow Up Code	09/30/03	T1015 U2	Clinic visit/all-inclusive- dental	10/1/03	5101:3-8-11	Modifier required
Dialysis clinic facility codes:							
Z1860	Maintenance Hemodialysis	09/30/03	821	Hemodialysis- composite	10/1/03	5101:3-13-07	Must bill on UB claim or 837 I transaction
Z1861	Maintenance Peritoneal Dialysis	09/30/03	831	Peritoneal composite	10/1/03	5101:3-13-07	Must bill on UB claim or 837 I transaction
Z1862	Hemodialysis, IPD, or CCPD Training	09/30/03	829	Hemodialysis training composite	10/1/03	5101:3-13-07	Must bill on UB claim or 837 I transaction
	Hemodialysis, IPD, or CCPD Training	09/30/03	839	Peritoneal training composite	10/1/03	5101:3-13-07	Must bill on UB claim or 837 I transaction
	Hemodialysis, IPD, or CCPD Training	09/30/03	859	CCPD training composite	10/1/03	5101:3-13-07	Must bill on UB claim or 837 I transaction
Z1863	CAPD Training & Facility Services	09/30/03	849	CAPD training composite	10/1/03	5101:3-13-07	Must bill on UB claim or 837 I transaction
Z1864	CAPD	09/30/03	841	CAPD composite	10/1/03	5101:3-13-07	Must bill on UB claim or 837 I transaction
Z1865	CCPD	09/30/03	851	CCPD composite	10/1/03	5101:3-13-07	Must bill on UB claim or 837 I transaction
Z1866	CAPD & CCPD Support Services	09/30/03	855	CCPD support	10/1/03	5101:3-13-07	Must bill on UB claim or 837 I transaction
	CAPD & CCPD Support Services	09/30/03	845	CAPD support	10/1/03	5101:3-13-07	Must bill on UB claim or 837 I transaction
			825	Hemodialysis support	10/1/03	5101:3-13-07	Must bill on UB claim or 837 I transaction
			835	Peritoneal support	10/1/03	5101:3-13-07	Must bill on UB claim or 837 I transaction
				Additional revenue center codes dialysis:		5101:3-13-07	Must bill on UB claim or 837 I transaction
			304	Lab- Non routine dialysis	10/1/03	5101:3-13-07	Must bill CPT code with RCC
			634	EPO less than 10,000	10/1/03	5101:3-13-07	Must bill CPT code with RCC
			635	EPO 10,000 or more	10/1/03	5101:3-13-07	Must bill CPT code with RCC
			636	Drugs requiring detailed coding	10/1/03	5101:3-13-07	Must bill CPT code with RCC
	c:hipaa crosswalk 0103						
					** See rule for details.		
					This table does not provide all information on certain policies.		