SN	NUPCO CODE	SHORT DESCRIPTION	ITEM DESCRIPTION	UOM	ITEM SCORING	ITEM TYPE	NUMBER OF PATIENT	DAYS PER 3 YEARS
1	4218150000000	NON-VENT- FULL CODE-SINGLE ROOM CARE	PATIENT NON-VENTILATED FULL CODE (SINGLE ROOM BED) INCUDING: 1. ADMISSION 2. GENERAL CARE ROOM (SINGLE ROOM BED) 3. MEDICAL CARE 4. MEDICATION 5. RESUSETATION 6. LABORATORY TEST 7. DIAGNOSITC PROCEDURES (X-RAY, ULTRA-SOUND, ECG) 8. NURSING CARE 9. PHYSIOTHERAPY CARE 10. OCCUPATIONAL THERAPY 11. RESPIRATORY THERAPY / TRACHEOSTOMY CARE 12. WOUND CARE 13. DIETETION CARE / 3 MEALS 14. SOCIAL CARE 15. ELECTRICAL BED 16. TRANSPORTATION INCLUDING REQUIRED CONSUMABLES FOR CARE	EA/DAY	ESSENTIAL	MAIN ITEM	70	76650
2	4218150000100	NON-VENT- DNR-SINGLE ROOM CARE	PATIENT NON-VENTILATED DNR (SINGLE ROOM BED) INCUDING : 1. ADMISSION 2. GENERAL CARE ROOM (SINGLE ROOM BED) 3. MEDICAL CARE 4. MEDICATION 5. LABORATORY TEST6. DIAGNOSITC PROCEDURES (X-RAY, ULTRA-SOUND, ECG) 7. NURSING CARE 8. PHYSIOTHERAPY CARE 9. OCCUPATIONAL THERAPY 10. RESPIRATORY THERAPY / TRACHEOSTOMY CARE 11. WOUND CARE 12. DIETETION CARE /3 MEALS 13. SOCIAL CARE 14. ELECTRICAL BED 15. TRANSPORTATION INCLUDING REQUIRED CONSUMABLES FOR CARE	EA/DAY	ESSENTIAL	MAIN ITEM	145	158775
3	4218150000200	VENTILATED- DNR-SINGLE ROOM CARE	PATIENT VENTILATED DNR (SINGLE ROOM BED) INCUDING: 1. ADMISSION 2- GENERAL CARE ROOM (SINGLE ROOM BED) 3- MEDICAL CARE 4- INVASIVE VENTILATION SUPPORT 5- MEDICATION 6- LABORATORY TEST 7- DIAGNOSITC PROCEDURES (X-RAY, ULTRA-SOUND, ECG) 8- NURSING CARE 9- PHYSIOTHERAPY CARE 10- OCCUPATIONAL THERAPY 11- RESPIRATORY THERAPY / TRACHEOSTOMY CARE 12- WOUND CARE 13- DIETETION CARE 14- SOCIAL CARE 15- ELECTRICAL BED 16- TRANSPORTATION INCLUDING REQUIRED CONSUMABLES FOR CARE	EA/DAY	ESSENTIAL	MAIN ITEM	90	98550

SN	NUPCO CODE	SHORT DESCRIPTION	ITEM DESCRIPTION	UOM	ITEM SCORING	ITEM TYPE	NUMBER OF PATIENT	DAYS PER 3 YEARS
4	**4218150000300**	**VENTILATED- FULL CODE- SINGLE ROOM CARE**	PATIENT VENTILATED FULL CODE (SINGLE ROOM BED) INCUDING: 1. ADMISSION 2. GENERAL CARE ROOM (SINGLE ROOM BED) 3. MEDICAL CARE 4. INVASIVE VENTILATION SUPPORT 5. MEDICATION 6. RESUSETATION 7. LABORATORY TEST 8. DIAGNOSITC PROCEDURES (X-RAY, ULTRA-SOUND, ECG) 9. NURSING CARE 10. PHYSIOTHERAPY CARE 11. OCCUPATIONAL THERAPY 12. RESPIRATORY THERAPY / TRACHEOSTOMY CARE 13. WOUND CARE 14. DIETETION CARE 15. SOCIAL CARE 16. ELECTRICAL BED 17. TRANSPORTATION INCLUDING REQUIRED CONSUMABLES FOR CARE	EA/DAY	**ESSENTIAL**	**MAIN ITEM**	**95**	**104025**
5	**4218150000400**	**NON-VENT- FULL CODE- DOUBLE ROOM CARE**	PATIENT NON-VENTILATED FULL CODE (DOUBLE ROOM BED) INCUDING: 1. ADMISSION 2. GENERAL CARE ROOM (DOUBLE ROOM BED) 3. MEDICAL CARE 4. MEDICATION 5. RESUSETATION 6. LABORATORY TEST 7. DIAGNOSITC PROCEDURES (X-RAY, ULTRA-SOUND, ECG) 8. NURSING CARE 9. PHYSIOTHERAPY CARE 10. OCCUPATIONAL THERAPY 11. RESPIRATORY THERAPY / TRACHEOSTOMY CARE 12. WOUND CARE 13. DIETETION CARE / 3 MEALS 14. SOCIAL CARE 15. ELECTRICAL BED 16. TRANSPORTATION INCLUDING REQUIRED CONSUMABLES FOR CARE	EA/DAY	**ESSENTIAL**	**MAIN ITEM**	**120**	**131400**
6	**4218150000500**	**NON-VENT- DNR- DOUBLE ROOM CARE**	PATIENT NON-VENTILATED DNR (DOUBLE ROOM BED) INCUDING: 1. ADMISSION 2. GENERAL CARE ROOM (SINGLE ROOM BED) 3. MEDICAL CARE 4. MEDICATION 5. LABORATORY TEST 6. DIAGNOSITC PROCEDURES (X-RAY, ULTRA-SOUND, ECG) 7. NURSING CARE 8. PHYSIOTHERAPY CARE 9. OCCUPATIONAL THERAPY 10. RESPIRATORY THERAPY / TRACHEOSTOMY CARE 11. WOUND CARE 12. DIETETION CARE /3 MEALS 13. SOCIAL CARE 14. ELECTRICAL BED 15. TRANSPORTATION INCLUDING REQUIRED CONSUMABLES FOR CARE	EA/DAY	**ESSENTIAL**	**MAIN ITEM**	**370**	**405150**

SN	NUPCO CODE	SHORT DESCRIPTION	ITEM DESCRIPTION	UOM	ITEM SCORING	ITEM TYPE	NUMBER OF PATIENT	DAYS PER 3 YEARS
7	4218150000600	INTENSIVE CARE UNIT ADMISSION	INTENSIVE CARE UNIT ADMISSION: 1. ICU ADMISSION 2. INTENSIVE CARE 3. INVASIVE VENTILATION SUPPORT 4. MEDICATION 5. RESUSETATION 6. LABORATORY TEST 7. DIAGNOSITC PROCEDURES (X-RAY, ULTRA-SOUND, ECG) 8. NURSING CARE 9. PHYSIOTHERAPY CARE 10. RESPIRATORY THERAPY / TRACHEOSTOMY CARE 11. WOUND CARE 12. DIETETION CARE / 3 MEALS 13. SOCIAL CARE 14. ELECTRICAL BED 15. TRANSPORTATION INCLUDING REQUIRED CONSUMABLES FOR CARE	EA/DAY	ESSENTIAL	ADD ONs	1	1
8	4218150000700	SITTER PACKAGE	SITTER PACKAGE INCLUDES: 1. SITTER CHAIR /BED 2. MEALS (3)	EA/DAY	ESSENTIAL	ADD ONs	1	1
9	4218150000800	NEGATIVE PRESSURE ISOLATION ROOM	NEGATIVE PRESSURE ISOLATION ROOM	EA/DAY	ESSENTIAL	ADD ONs	1	1
10	4218150000900	HEMODIALYSIS TREATMENT SESSION	CONVENTIONAL HEMODIALYSIS (HD) SESSION	EA	ESSENTIAL	ADD ONs	1	1
11	4218150001000	CT SCAN SERV	CT SCAN SERVICE	EA	ESSENTIAL	ADD ONs	1	1
12	4218150001100	ECHO SERV	ECHOCARDIOGRAM ULTRASOUND SERVICE	EA	ESSENTIAL	ADD ONs	1	1
13	4218150001200	TOTAL PARENTAL NUTRITION (TPN)	TOTAL PARENTAL NUTRITION (TPN)	EA	ESSENTIAL	ADD ONs	1	1
14	4218150001300	TRACHESTOMY INSERTION	TRACHESTOMY INSERTION	EA	OPTIONAL	ADD ONs	1	1
15	4218150001400	CENTRAL LINE INSERTION	CENTRAL LINE INSERTION	EA	OPTIONAL	ADD ONs	1	1
16	4218150001500	PEG INSERTION	A PEG (PERCUTANEOUS ENDOSCOPIC GASTROSTOMY) INSERTION	EA	OPTIONAL	ADD ONs	1	1
17	4218150001600	MRI SERV	MAGNETIC RESONANCE IMAGING (MRI) SERVICE	EA	OPTIONAL	ADD ONs	1	1
18	4218150001700	NON-COSMETIC DENTAL CARE	NON-COSMETIC DENTAL CARE	EA	OPTIONAL	ADD ONs	1	1
19	4218150001800	EEG SERV	EEG SERVICE	EA	OPTIONAL	ADD ONs	1	1