

SN	NUPCO CODE	SHORT CODE	ITEM DESCRIPTION	Duration (Days)	Category	UOM	ANNUAL QUANTITY	QUANTITY FOR 3 YEARS
1	4218150006200	IR STROKE SR 28D	INTENSIVE INPATIENT REHABILITATION SERVICES FOR STROKE PATIENT - SINGLE ROOM INCLUDE: HOSPITALIZATION MEDICAL CARE NURSING CARE MEDICATION REHABILITATION (PHYSICAL , OCCUPATIONAL , SPEECH AND SWALLOWING THERAPY) LABORATORY WORK ELECTROMYOGRAPHY (EMG IS ONCE EVERY 14 DAYS) THE DURATION: FOUR WEEKS (PRICE FOR ONE PATIENT PER DAY IN A SINGLE ROOM)	28	INPATIENT	EACH	500	1500
2	4218150006300	IR SPINALCORD SR 28D	INTENSIVE INPATIENT REHABILITATION SERVICES FOR SPINAL CORD INJURY - SINGLE ROOM INCLUDE: HOSPITALIZATION MEDICAL CARE NURSING CARE MEDICATION REHABILITATION (PHYSICAL , OCCUPATIONAL , SPEECH AND SWALLOWING THERAPY) X-RAYS (ONCE EVERY 7 DAYS) THE DURATION: IS FOUR WEEKS (PRICE FOR ONE PATIENT PER DAY IN A SINGLE ROOM)	28	INPATIENT	EACH	500	1500
3	4218150006400	IR NEURO SR 14D	INTENSIVE INPATIENT REHABILITATION SERVICES FOR NEUROLOGICAL CONDITIONS - SINGLE ROOM INCLUDE: HOSPITALIZATION MEDICAL CARE NURSING CARE MEDICATION REHABILITATION (PHYSICAL , OCCUPATIONAL , SPEECH AND SWALLOWING THERAPY) LABORATORY WORK ELECTROMYOGRAPHY (EMG IS ONCE EVERY 14 DAYS) THE DURATION: IS TWO WEEKS (PRICE FOR ONE PATIENT PER DAY IN A SINGLE ROOM)	14	INPATIENT	EACH	500	1500
4	4218150006500	IR BRAIN INJURY SR 28D	INTENSIVE INPATIENT REHABILITATION SERVICES FOR BRAIN INJURY - SINGLE ROOM INCLUDE: HOSPITALIZATION MEDICAL CARE NURSING CARE MEDICATION REHABILITATION (PHYSICAL , OCCUPATIONAL , SPEECH AND SWALLOWING THERAPY) LABORATORY WORK ELECTROMYOGRAPHY (EMG IS ONCE EVERY 14 DAYS) THE DURATION: IS FOUR WEEKS (PRICE FOR ONE PATIENT PER DAY IN A SINGLE ROOM)	28	INPATIENT	EACH	500	1500
5	4218150006600	IR ORTHO SR 14D	INTENSIVE INPATIENT REHABILITATION SERVICES FOR COMPLEX ORTHOPEDIC REHABILITATION - SINGLE ROOM INCLUDE: HOSPITALIZATION MEDICAL CARE NURSING CARE MEDICATION REHABILITATION (PHYSICAL , OCCUPATIONAL , SPEECH AND SWALLOWING THERAPY) X-RAYS (ONCE EVERY 7 DAYS) THE DURATION: IS TWO WEEKS (PRICE FOR ONE PATIENT PER DAY IN A SINGLE ROOM)	14	INPATIENT	EACH	250	750
6	4218150006700	IR PED SR 28D	INTENSIVE INPATIENT REHABILITATION SERVICES FOR PEDIATRIC SERVICES - SINGLE ROOM INCLUDE: HOSPITALIZATION MEDICAL CARE NURSING CARE MEDICATION REHABILITATION (PHYSICAL , OCCUPATIONAL , SPEECH AND SWALLOWING THERAPY) LABORATORY WORK THE DURATION: IS FOUR WEEKS (PRICE FOR ONE PATIENT PER DAY IN A SINGLE ROOM)	28	INPATIENT	EACH	250	750

7	4218150006800	IR LYM SR 28D	INTENSIVE INPATIENT REHABILITATION SERVICES FOR LYMPHEDEMA - SINGLE ROOM INCLUDE: HOSPITALIZATION MEDICAL CARE NURSING CARE MEDICATION REHABILITATION FOR LYMPHEDEMA THERAPY THE DURATION: IS FOUR WEEKS (PRICE FOR ONE PATIENT PER DAY IN A SINGLE ROOM)	28	INPATIENT	EACH	125	375
8	4218150006900	IR STROKE SH 28D	INTENSIVE INPATIENT REHABILITATION SERVICES FOR STROKE PATIENT - SHARED ROOM INCLUDE HOSPITALIZATION MEDICAL CARE NURSING CARE MEDICATION REHABILITATION (PHYSICAL , OCCUPATIONAL , SPEECH AND SWALLOWING THERAPY) LABORATORY WORK ELECTROMYOGRAPHY (EMG IS ONCE EVERY 14 DAYS) THE DURATION: IS FOUR WEEKS (PRICE FOR ONE PATIENT PER DAY IN SHARED ROOM)	28	INPATIENT	EACH	500	1500
9	4218150007000	IR SPINALCORD SH 28D	INTENSIVE INPATIENT REHABILITATION SERVICES FOR SPINAL CORD INJURY SERVICES - SHARED ROOM INCLUDE HOSPITALIZATION MEDICAL CARE NURSING CARE MEDICATION REHABILITATION (PHYSICAL , OCCUPATIONAL , SPEECH AND SWALLOWING THERAPY) X-RAYS (ONCE EVERY 7 DAYS) THE DURATION: IS FOUR WEEKS (PRICE FOR ONE PATIENT PER DAY IN SHARED ROOM)	28	INPATIENT	EACH	500	1500
10	4218150007100	IR NEURO SH 14D	INTENSIVE INPATIENT REHABILITATION SERVICES FOR NEUROLOGICAL CONDITIONS - SHARED ROOM INCLUDE: HOSPITALIZATION MEDICAL CARE NURSING CARE MEDICATION REHABILITATION (PHYSICAL , OCCUPATIONAL , SPEECH AND SWALLOWING THERAPY) LABORATORY WORK ELECTROMYOGRAPHY (EMG IS ONCE EVERY 14 DAYS) THE DURATION: IS TWO WEEKS (PRICE FOR ONE PATIENT PER DAY IN SHARED ROOM)	14	INPATIENT	EACH	500	1500
11	4218150007200	IR BRAIN SH 28D	INTENSIVE INPATIENT REHABILITATION SERVICES FOR BRAIN INJURY - SHARED ROOM INCLUDE: HOSPITALIZATION MEDICAL CARE NURSING CARE MEDICATION REHABILITATION (PHYSICAL , OCCUPATIONAL , SPEECH AND SWALLOWING THERAPY) LABORATORY WORK ELECTROMYOGRAPHY (EMG IS ONCE EVERY 14 DAYS) THE DURATION: IS FOUR WEEKS (PRICE FOR ONE PATIENT PER DAY IN SHARED ROOM)	28	INPATIENT	EACH	500	1500
12	4218150007300	IR ORTHO SH 14D	INTENSIVE INPATIENT REHABILITATION SERVICES FOR COMPLEX ORTHOPEDIC REHABILITATION - SHARED ROOM INCLUDE: HOSPITALIZATION MEDICAL CARE NURSING CARE MEDICATION REHABILITATION (PHYSICAL , OCCUPATIONAL , SPEECH AND SWALLOWING THERAPY) X-RAYS (ONCE EVERY 7 DAYS) THE DURATION: IS TWO WEEKS (PRICE FOR ONE PATIENT PER DAY IN SHARED ROOM)	14	INPATIENT	EACH	250	750

13	4218150007400	IR PED SH 28D	INTENSIVE INPATIENT REHABILITATION SERVICES FOR PEDIATRIC - SHARED ROOM INCLUDE: HOSPITALIZATION MEDICAL CARE NURSING CARE MEDICATION REHABILITATION (PHYSICAL , OCCUPATIONAL , SPEECH AND SWALLOWING THERAPY) LABORATORY WORK THE DURATION: IS FOUR WEEKS (PRICE FOR ONE PATIENT PER DAY IN SHARED ROOM)	28	INPATIENT	EACH	250	750
14	4218150007500	IR LYM SH 28D	INTENSIVE INPATIENT REHABILITATION SERVICES FOR LYMPHEDEMA - SHARED ROOM INCLUDE: HOSPITALIZATION MEDICAL CARE NURSING CARE MEDICATION REHABILITATION FOR LYMPHEDEMA THERAPY THE DURATION: IS FOUR WEEKS (PRICE FOR ONE PATIENT PER DAY IN SHARED ROOM)	28	INPATIENT	EACH	125	375
15	4218150007600	OR MSK ORTHO 1S 6S	OUTPATIENT REHABILITATION SERVICES FOR MUSCULOSKELETAL AND ORTHOPEDIC - ONE REHABILITATION SERVICE INCLUDE: PACKAGE OF 6 REHABILITATION SESSIONS EVERY SESSIONS IS 45 MINUTES THE DURATION: IS FOUR WEEKS (PRICE FOR ONE SESSION)	6	OUTPATIENT	EACH	500	1500
16	4218150007700	OR MSKORTHO 2S 12S	OUTPATIENT REHABILITATION SERVICES FOR MUSCULOSKELETAL AND ORTHOPEDIC - TWO REHABILITATION SERVICE INCLUDE: PACKAGE OF 12 REHABILITATION SESSIONS EVERY SESSIONS IS 45 MINUTES THE DURATION: IS FOUR WEEKS (PRICE FOR ONE SESSION)	12	OUTPATIENT	EACH	125	375
17	4218150007800	OR SPORT 1S 18S	OUTPATIENT REHABILITATION SERVICES FOR SPORT REHABILITATION - ONE REHABILITATION SERVICE INCLUDE: PACKAGE OF 18 REHABILITATION SESSIONS EVERY SESSION IS 45 MINUTES THE DURATION: IS SIX WEEKS (PRICE FOR ONE SESSION)	18	OUTPATIENT	EACH	250	750
18	4218150007900	OR SPORT 2S 36 S	OUTPATIENT REHABILITATION SERVICES FOR SPORT REHABILITATION - TWO REHABILITATION SERVICE INCLUDE: PACKAGE OF 36 REHABILITATION SESSIONS EVERY SESSION IS 45 MINUTES THE DURATION: IS SIX WEEKS (PRICE FOR ONE SESSION)	36	OUTPATIENT	EACH	125	375
19	4218150008000	OR NEURO 1S 8S	OUTPATIENT REHABILITATION SERVICES FOR NEURO REHABILITATION - ONE REHABILITATION SERVICE INCLUDE: PACKAGE OF 8 REHABILITATION SESSIONS EVERY SESSION IS 60 MINUTES THE DUARTION: IS FOUR WEEKS (PRICE FOR ONE SESSION)	8	OUTPATIENT	EACH	250	750
20	4218150008100	OR NEURO 2S 16S	OUTPATIENT REHABILITATION SERVICES FOR NEURO REHABILITATION - TWO REHABILITATION SERVICE INCLUDE: PACKAGE OF 16 REHABILITATION SESSIONS EVERY SESSION IS 60 MINUTES THE DURATION: IS FOUR WEEKS (PRICE FOR ONE SESSION)	16	OUTPATIENT	EACH	750	2250
21	4218150008200	OR NEURO 3S 24S	OUTPATIENT REHABILITATION SERVICES FOR NEURO REHABILITATION - THREE REHABILITATION SERVICE INCLUDE: PACKAGE OF 24 REHABILITATION SESSIONS EVERY SESSION IS 60 MINUTES THE DURATION: IS FOUR WEEKS (PRICE FOR ONE SESSION)	24	OUTPATIENT	EACH	250	750
22	4218150008300	OR PED 1S 8S	OUTPATIENT REHABILITATION SERVICES FOR PEDIATRIC REHABILITATION - ONE REHABILITATION SERVICE INCLUDE: PACKAGE OF 8 REHABILITATION SESSIONS EVERY SESSION IS 60 MINUTES THE DURATION: IS IN FOUR WEEKS (PRICE FOR ONE SESSION)	8	OUTPATIENT	EACH	250	750
23	4218150008400	OR PED 2S 16S	OUTPATIENT REHABILITATION SERVICES FOR PEDIATRIC REHABILITATION, TWO REHABILITATION SERVICE INCLUDE: PACKAGE OF 16 REHABILITATION SESSIONS EVERY SESSION IS 60 MINUTES THE DURATION: IS FOUR WEEKS (PRICE FOR ONE SESSION)	16	OUTPATIENT	EACH	750	2250
24	4218150008500	OR PED 3S 24S	OUTPATIENT REHABILITATION SERVICES FOR PEDIATRIC REHABILITATION - THREE REHABILITATION SERVICE INCLUDE: PACKAGE OF 24 REHABILITATION SESSIONS EVERY SESSION IS 60 MINUTES THE DURATION: IS FOUR WEEKS (PRICE FOR ONE SESSION)	24	OUTPATIENT	EACH	250	750

25	4218150008600	OR LYM 1S 10S	OUTPATIENT REHABILITATION SERVICES FOR LYMPHEDEMA, ONE REHABILITATION SERVICE, SERVICE INCLUDE: PACKAGE OF 10 REHABILITATION SESSIONS EVERY SESSION IS 60 MINUTES THE DURATION: IS TWO WEEKS (PRICE FOR ONE SESSION)	10	OUTPATIENT	EACH	125	375
26	4218150008700	OR LYM 1S 8S	OUTPATIENT REHABILITATION SERVICES FOR LYMPHEDEMA, ONE REHABILITATION SERVICE INCLUDE: PACKAGE OF 8 REHABILITATION SESSIONS EVERY SESSION IS 60 MINUTES THE DURATION: IS FOUR WEEKS (PRICE FOR ONE SESSION)	8	OUTPATIENT	EACH	200	600
27	4218150008800	OR BURN 1S 8S	OUTPATIENT REHABILITATION SERVICES FOR BURN REHABILITATION - ONE REHABILITATION SERVICE INCLUDE: PACKAGE OF 8 REHABILITATION SESSIONS EVERY SESSION IS 45 MINUTES THE DURATION: IS SIX WEEKS (PRICE FOR ONE SESSION)	8	OUTPATIENT	EACH	50	150
28	4218150008900	OR CARDIO 1S 8S	OUTPATIENT REHABILITATION SERVICES FOR CARDIOPULMONARY REHABILITATION - ONE REHABILITATION SERVICE INCLUDE: PACKAGE OF 8 REHABILITATION SESSIONS EVERY SESSION IS 45 MINUTES THE DURATION: IS FOUR WEEKS (PRICE FOR ONE SESSION)	8	OUTPATIENT	EACH	75	225
29	4218150009000	OR CARDIO 2S 12S	OUTPATIENT REHABILITATION SERVICES FOR CARDIOPULMONARY REHABILITATION - TWO REHABILITATION SERVICE INCLUDE: PACKAGE OF 12 REHABILITATION SESSIONS EVERY SESSION IS 45 MINUTES THE DURATION: IS SIX WEEKS (PRICE FOR ONE SESSION)	12	OUTPATIENT	EACH	50	150
30	4218150009100	OR MWH 1S 8S	OUTPATIENT REHABILITATION SERVICES FOR MEN'S / WOMEN'S HEALTH - ONE REHABILITATION SERVICE, INCLUDE: PACKAGE OF 8 REHABILITATION SESSIONS EVERY SESSION IS 60 MINUTES THE DURATION: IS FOUR WEEKS (PRICE FOR ONE SESSION)	8	OUTPATIENT	EACH	75	225
31	4218150009200	OR AMPU 1S 8S	OUTPATIENT REHABILITATION SERVICES FOR AMPUTATION REHABILITATION - ONE REHABILITATION SERVICE INCLUDE: PACKAGE OF 8 REHABILITATION SESSIONS EVERY SESSION IS 60 MINUTES THE DURATION: IS FOUR WEEKS, (PRICE FOR ONE SESSION)	8	OUTPATIENT	EACH	125	375
32	4218150009300	OR AMP 2S 16S	OUTPATIENT REHABILITATION SERVICES FOR AMPUTATION REHABILITATION - TWO REHABILITATION SERVICE INCLUDE: PACKAGE OF 16 REHABILITATION SESSIONS EVERY SESSION IS 60 MINUTES THE DURATION: IS FOUR WEEKS (PRICE FOR ONE SESSION)	16	OUTPATIENT	EACH	75	225
ADD ONS								
33	4218150009400	IR X-RAY SERVICE	X-RAY RADIATION - INPATIENT REHABILITATION SERVICES		INPATIENT	EACH	90	270
34	4218150009500	IR ULTRASOUND SERVICE	ULTRASOUND - INPATIENT REHABILITATION SERVICES		INPATIENT	EACH	90	270
35	4218150009600	IR CT SCAN SERVICE	COMPUTED TOMOGRAPHY SCAN (CT SCAN) - INPATIENT REHABILITATION SERVICES		INPATIENT	EACH	90	270
36	4218150009700	IR MRI SERVICE	MAGNETIC RESONANCE IMAGING (MRI) - INPATIENT REHABILITATION SERVICES		INPATIENT	EACH	90	270
37	4218150009800	IR ECG SERVICE	ELECTROCARDIOGRAM (ECG) - INPATIENT REHABILITATION SERVICES		INPATIENT	EACH	90	270
38	4218150009900	IR ECHO SERVICE	ECHOCARDIOGRAM (ECHO) - INPATIENT REHABILITATION SERVICES		INPATIENT	EACH	90	270
39	4218150010000	IR EMG SERVICE	ELECTROMYOGRAPHY (EMG) - INPATIENT REHABILITATION SERVICES		INPATIENT	EACH	90	270
40	4218150010100	IR EEG SERVICE	ELECTROENCEPHALOGRAPH (EEG) - INPATIENT REHABILITATION SERVICES		INPATIENT	EACH	90	270
41	4218150010200	IR LABORATORYWORK1 SERVICE	LABORATORY WORK 1 (CBC, Kidney Function, Liver Enzymes, Coagulation Profile) - INPATIENT REHABILITATION SERVICES		INPATIENT	EACH	90	270
42	4218150010300	IR LABORATORYWORK2 SERVICE	LABORATORY WORK 2 (CBC, HbA1c, Lipid Profile, Kidney and Liver Function Tests, TSH, Bone Profile) - INPATIENT REHABILITATION SERVICES		INPATIENT	EACH	90	270
43	4218150010400	IR LABORATORYWORK3 SERVICE	LABORATORY WORK 3 (CBC, CRP, ESR, Urinalysis, Respiratory Culture, Urine Cultur, Blood Cultur) - INPATIENT REHABILITATION SERVICES		INPATIENT	EACH	90	270
44	4218150010500	IR LABORATORYWORK4 SERVICE	LABORATORY WORK 4 (Wound Culture, CBC) - INPATIENT REHABILITATION SERVICES		INPATIENT	EACH	90	270
45	4218150010600	IR LABORATORYWORK5 SERVICE	LABORATORY WORK 5 (Cardiac Enzymes, CBC) - INPATIENT REHABILITATION SERVICES		INPATIENT	EACH	90	270
46	4218150010700	IR AMBULANCE SERVICE	AMBULANCE TRANSFER SERVICES - INPATIENT REHABILITATION SERVICES		INPATIENT	EACH	45	135
47	4218150010800	OR X-RAY SERVICE	X-RAY RADIATION - OUTPATIENT REHABILITATION SERVICES		OUTPATIENT	EACH	45	135
48	4218150010900	OR ULTRASOUND SERVICE	ULTRASOUND - OUTPATIENT REHABILITATION SERVICES		OUTPATIENT	EACH	45	135
49	4218150011000	OR EMG SERVICE	ELECTROMYOGRAPHY (EMG) - OUTPATIENT REHABILITATION SERVICES		OUTPATIENT	EACH	45	135
50	4218150011100	OR LABORATORYWORK1 SERVICE	LABORATORY WORK 1 (CBC, Kidney Function, Liver Enzymes, Coagulation Profile) - OUTPATIENT REHABILITATION SERVICES		OUTPATIENT	EACH	45	135
51	4218150011200	OR LABORATORYWORK2 SERVICE	LABORATORY WORK 2 (CBC, HbA1c, Lipid Profile, Kidney and Liver Function Tests, TSH, Bone Profile) - OUTPATIENT REHABILITATION SERVICES		OUTPATIENT	EACH	45	135
52	4218150011300	OR LABORATORYWORK3 SERVICE	LABORATORY WORK 3 (Cardiac Enzymes, CBC) - OUTPATIENT REHABILITATION SERVICES		OUTPATIENT	EACH	45	135