

This section defines acceptable revenue codes representing services provided to a patient, and the unit of measure associated with each revenue service. Any codes not assigned are assumed to be non-applicable unless found in the National Uniform Billing Committee's published manual or addenda to this manual.

Revenue Code: A three-digit code that identifies a specific accommodation, ancillary service or billing calculation. The first two digits of the three-digit code indicate major category; the third digit, represented by 'x' in the codes, indicates a subcategory.

Units of Service: A quantitative measure of services rendered by revenue category to or for the patient, to include items such as number of accommodation days, miles, pints or treatments.

DATA ELEMENT DESCRIPTION

<u>CODE</u>	<u>UNIT</u>	<u>DEFINITION</u>
001	None	Total charges
01x to 06x		<u>Reserved for National Assignment</u>
07x to 09x		<u>Reserved for State Use</u>
10x	Days	All inclusive rate - a flat fee charge incurred on either a daily basis or total stay basis for services rendered. Charge may cover room and board plus ancillary services or room and board only. <u>Subcategory 'x'</u> 0 = All inclusive room and board plus ancillary 1 = All inclusive room and board
11x	Days	Room and board - private medical or general routine services for single bed rooms <u>Subcategory 'x'</u> 0 = General Classification 1 = Medical/surgical/GYN 2 = OB 3 = Pediatric 4 = Psychiatric 5 = Hospice 6 = Detoxification 7 = Oncology 8 = Rehabilitation 9 = Other
12x	Days	Room and board - semi-private (two beds) medical or general - routine service charges incurred for accommodations with two beds <u>Subcategory 'x'</u> 0 = General classification 1 = Medical/Surgical/GYN 2 = OB 3 = Pediatric 4 = Psychiatric 5 = Hospice

6 = Detoxification
7 = Oncology
8 = Rehabilitation
9 = Other

13x Days Semi-private - three and four beds -
routine service charges incurred for
accommodations with three and four beds

Subcategory 'x'

0 = General classification
1 = Medical/Surgical/GYN
2 = OB
3 = Pediatric
4 = Psychiatric
5 = Hospice
6 = Detoxification
7 = Oncology
8 = Rehabilitation
9 = Other

14x Days Private deluxe - deluxe rooms are
accommodations with amenities
substantially in excess of those provided
to other patients

Subcategory 'x'

0 = General classification
1 = Medical/Surgical/GYN
2 = OB
3 = Pediatric
4 = Psychiatric
5 = Hospice
6 = Detoxification
7 = Oncology
8 = Rehabilitation
9 = Other

15x Days Room and board - ward medical or general
routine service charge for accommodations with five or
more beds

Subcategory 'x'

0 = General classification
1 = Medical/Surgical/GYN
2 = OB
3 = Pediatric
4 = Psychiatric
5 = Hospice
6 = Detoxification
7 = Oncology
8 = Rehabilitation
9 = Other

16x Days Other room and board - any routine
service charges for accommodations that cannot be
included in the more specific revenue center codes

Subcategory 'x'

0 = General classification
4 = Sterile environment
7 = Self care
9 = Other

17x Days Nursery - charges for nursing care to
newborn and premature infants in

nurseries

Subcategory 'x'

- 0 = General classification
- 1 = Newborn - Level I
- 2 = Newborn - Level II
- 3 = Newborn - Level III
- 4 = Newborn - Level IV
- 9 = Other

18x Days Leave of absence - charges for holding a room while the patient is temporarily away from the provider

Subcategory 'x'

- 0 = General classification
- 1 = Reserved
- 2 = Patient convenience
- 3 = Therapeutic leave
- 4 = ICF/MR (any reason)
- 5 = Nursing home (for hospitalization)
- 9 = Other leave of absence

19x Not Assigned

20x Days Intensive care - routine service charge for medical or surgical care provided to patients who require a more intensive level of care than is rendered in the general medical or surgical unit

Subcategory 'x'

- 0 = General classification
- 1 = Surgical
- 2 = Medical
- 3 = Pediatric
- 4 = Psychiatric
- 6 = Intermediate ICU
- 7 = Burn care
- 8 = Trauma
- 9 = Other intensive care

21x Days Coronary care - routine service charge for medical care provided to patients with coronary illness who require a more intensive level of care than is rendered in the more general medical care unit

Subcategory 'x'

- 0 = General classification
- 1 = Myocardial infarction
- 2 = Pulmonary care
- 3 = Heart transplant
- 4 = Intermediate ICU
- 9 = Other coronary care

22x None Special charges-charges incurred during an inpatient stay or on a daily basis for certain services

Subcategory 'x'

- 0 = General classification
- 1 = Admission charge
- 2 = Technical support charge
- 3 = U. R. service charge
- 4 = Late discharge, medically necessary

28x None Oncology - charges for the treatment of tumors and related diseases

Subcategory 'x'
0 = General classification
9 = Other oncology

29x Item Durable medical equipment (other than rental) charges for medical equipment that can withstand repeated use

Subcategory 'x'
0 = General classification
1 = Rental
2 = Purchase of new DME
3 = Purchase of used DME
4 = Supplies\drugs for DME effectiveness (HHA's only)
9 = Other equipment

30x Test Laboratory - charges for the performance of diagnostic and routine clinical laboratory tests

Subcategory 'x'
0 = General classification
1 = Chemistry
2 = Immunology
3 = Renal patient (home)
4 = Non-routine dialysis
5 = Hematology
6 = Bacteriology and microbiology
7 = Urology
9 = Other laboratory

31x Test Laboratory pathological - charges for diagnostic and routine lab tests on tissue and culture

Subcategory 'x'
0 = General classification
1 = Cytology
2 = Histology
4 = Biopsy
9 = Other

32x Test Radiology diagnostic - charges for diagnostic radiology services provided for the examination and care of patients. Includes: taking, processing, examining and interpreting radiographs and fluorographs

Subcategory 'x'
0 = General classification
1 = Angiocardiology
2 = Arthrography
3 = Arteriography
4 = Chest x-ray
9 = Other

33x Test Radiology therapeutic - charges for therapeutic radiology services and chemotherapy required for care and treatment of patients. Includes therapy by injection or ingestion of radioactive substances

Subcategory 'x'
0 = General classification
1 = Chemotherapy injected
2 = Chemotherapy oral

3 = Radiation therapy
5 = Chemotherapy IV
9 = Other

34x Test Nuclear medicine - charges for procedures and tests performed by a radioisotope laboratory utilizing radioactive materials as required for diagnosis and treatment of patients

Subcategory 'x'

0 = General classification
1 = Diagnostic
2 = Therapeutic
9 = Other

35x Scan CT scan - charges for computer tomographic scans of the head and other parts of the body

Subcategory 'x'

0 = General classification
1 = Head scan
2 = Body scan
9 = Other CT scan

36x None Operating room services - charges for services provided by specifically trained nursing personnel who provide assistance to physicians in the performance of surgical and related procedures during and immediately following surgery

Subcategory 'x'

0 = General classification
1 = Minor surgery
2 = Organ transplant other than kidney
7 = Kidney transplant
9 = Other operating room services

37x None Anesthesia - charges for anesthesia services in the hospital

Subcategory 'x'

0 = General classification
1 = Anesthesia incident to RAD
2 = Anesthesia incident to other diagnostic services
4 = Acupuncture
9 = Other anesthesia

38x Pint Blood storage and processing - charges for the storage and processing of whole blood

Subcategory 'x'

0 = General classification
1 = Blood administration
2 = Whole blood
3 = Plasma
4 = Platelets
5 = Leucocytes
6 = Other components
7 = Other derivatives (cryoprecipitates)
9 = Other blood storage and processing

39x Blood storage and processing - charges for the storage and processing of whole blood

Subcategory 'x'

0 = General classification
1 = Blood administration
9 = Other blood storage & processing

40x Test Other imaging services
Subcategory 'x'
0 = General classification
1 = Diagnostic mammography
2 = Ultrasound
3 = Screening mammography
9 = Other imaging services

41x Treatment Respiratory services - charges for administration of oxygen and certain potent drugs through inhalation or positive pressure and other forms of rehabilitative therapy, through measurement of inhaled and exhaled gases and analysis of blood, and evaluation of the patient's ability to exchange oxygen and other gases
Subcategory 'x'
0 = General classification
2 = Inhalation services
3 = Hyper baric oxygen therapy
9 = Other respiratory services

42x Treatment Physical therapy - charges for therapeutic exercises, massage, and utilization of effective properties of light, heat, cold, water, electricity and assistive devices for diagnosis and rehabilitation of patients who have neuromuscular, orthopedic and other disabilities
Subcategory 'x'
0 = General classification
1 = Visit charge
2 = Hourly charge
3 = Group rate
4 = Evaluation or re-evaluation
9 = Other physical therapy

43x Treatment Occupational therapy - charges for teaching manual skills and independence in personal care to stimulate mental and emotional activity on the part of patients
Subcategory 'x'
0 = General classification
1 = Visit charge
2 = Hourly charge
3 = Group rate
4 = Evaluation or re-evaluation
9 = Other occupational therapy

44x Treatment Speech language pathology - charges for services provided to persons with impaired functional communications skills
Subcategory 'x'
0 = General classification
1 = Visit charge
2 = Hourly charge
3 = Group rate
4 = Evaluation or re-evaluation
9 = Other speech language pathology

45x Visit Emergency room - charges for emergency room treatment to those ill and injured persons who require immediate unscheduled medical or surgical care
Subcategory 'x'
0 = General classification
1 = EMTALA emergency medical screening services

2 = ER beyond EMTALA screening
6 = Urgent care
9 = Other emergency room

46x Test Pulmonary function - charges for tests that measure inhaled and exhaled gases and analysis of blood, and for tests that evaluate the patient's ability to exchange other gases

Subcategory 'x'

0 = General classification
9 = Other pulmonary function

47x Test Audiology - charges for the detection and management of communication handicaps centering in whole or in part on the hearing function

Subcategory 'x'

0 = General classification
1 = Diagnostic
2 = Treatment
9 = Other audiology

48x Test Cardiology - charges for cardiac procedures rendered in a separate unit within the hospital. Such procedures include, but are not limited to: heart catheterization, coronary angiography, Swan-Ganz catheterization and exercise stress test.

Subcategory 'x'

0 = General classification
1 = Cardiac cath lab
2 = Stress test
9 = Other cardiology

49x None Ambulatory surgical care - charges for ambulatory surgery that are not covered by other categories

Subcategory 'x'

0 = General classification
9 = Other ambulatory surgical care

50x None Outpatient service- charges for services rendered to an outpatient who is admitted as an inpatient before midnight of the day following the date of service. These charges are incorporated on the inpatient bill of Medicare patients.

Subcategory 'x'

0 = General classification
9 = Other outpatient services

51x Visit Clinic - charges for providing diagnostic, preventive, curative, rehabilitative and education services on a scheduled basis to an ambulatory patient

Subcategory 'x'

0 = General classification
1 = Chronic pain center
2 = Dental clinic
3 = Psychiatric clinic
4 = OB-GYN clinic
5 = Pediatric clinic
6 = Urgent care clinic
7 = Family practice
9 = Other clinic

- 52x Free Standing Provides a breakdown of some clinics that hospitals or third party payers may require.
- Subcategory 'x'
 0 = General classification
 1 = Rural health - clinic
 2 = Rural health - home
 3 = Family practice clinic
 6 = Urgent care clinic
 9 = Other free standing clinic
- 53x Visit Osteopathic services - charges for a structural evaluation of the cranium, entire cervical, dorsal and lumbar spine by a doctor of osteopathy
- Subcategory 'x'
 0 = General classification
 1 = Osteopathic therapy
 9 = Other osteopathic services
- 54x Mile Ambulance - charges for ambulance service, usually on an unscheduled basis, to the ill and injured who require immediate medical attention
- Subcategory 'x'
 0 = General classification
 1 = Supplies
 2 = Medical transport
 3 = Heart mobile
 4 = Oxygen
 5 = Air ambulance
 6 = Neonatal ambulance services
 7 = Pharmacy
 8 = Telephone transmission EKG
 9 = Other ambulance
- 55x Skilled Nursing Charges for nursing services that must be provided under the direct supervision of a licensed nurse to assure the safety of the patient and to achieve the medically desired result. This code may be used for nursing home services or a service charge for home health billing.
- Subcategory 'x'
 0 = General classification
 1 = Visit charge
 2 = Hourly charge
 9 = Other skilled nursing
- 56x Visit Medical social services such as counseling patients, intervening on behalf of patients, and interpreting problems of social situation rendered to patients on any basis.
- Subcategory 'x'
 0 = General classification
 1 = Visit charge
 2 = Hourly charge
 9 = Other medical social services
- 57x Home Health Aide Charges made by an HHA for personnel who are primarily responsible for the personal care of the

patient

Subcategory 'x'

0 = General classification
1 = Visit charge
2 = Hourly charge
9 = Other home health aide

58x Other Visits Code indicates the charge by an HHA for visits other than physical therapy, occupational therapy or speech therapy, which must be specifically identified.

Subcategory 'x'

0 = General classification
1 = Visit charge
2 = Hourly charge
9 = Other home health visits

59x Units of Service This revenue code is used by an HHA that bills (Home Health) on the basis of units of service.

Subcategory 'x'

0 = General classification
9 = Home health other units

60x Oxygen Code indicates the charges by an HHA for (Home Health) oxygen equipment supplies or contents, excluding purchased equipment. If a beneficiary purchased a stationary oxygen system, and oxygen concentrator or portable equipment, current revenue code 292 or 293 applies. DME (other than oxygen systems) is billed under current revenue codes 291, 292 or 293.

Subcategory 'x'

0 = General classification
1 = Oxygen - state/equip/supply/ or content
2 = Oxygen - state/equip/supply under 1 LPM
3 = Oxygen - state/equip/ over 4 LPM
4 = Oxygen - portable add-on

61x Test MRI - charges for magnetic resonance imaging of the brain and other parts of the body.

Subcategory 'x'

0 = General classification
1 = Brain including brain stem
2 = Spinal cord including spine
9 = Other MRI

62x Days Medicare/Surgical supplies - charges for supply items required for patient care. The category is an extension of code 27x for reporting additional breakdown where needed. Subcode 1 is for providers that cannot bill supplies used for radiology procedures under radiology.

Subcategory 'x'

1 = Supplies incident to radiology
2 = Supplies incident to other diagnostic services
3 = Surgical dressing
4 = Investigational device

63x Drugs Requiring Specific Identification

Subcategory 'x'

- 0 = General classification
- 1 = Single source drug
- 2 = Multiple source drug
- 3 = Restrictive prescription
- 4 = Erythropoetin (EPO) - less than 10,000 units
- 5 = Erythropoetin (EPO) - 10,000 or more units
- 6 = Drugs requiring detailed coding

64x Home IV Therapy Services Charge for intravenous drug therapy services performed in the patient's residence. For home IV providers the HCPCS code must be entered for all equipment, and all types of covered therapy.

Subcategory 'x'

- 0 = General classification
- 1 = Non-routine nursing
- 2 = IV site care, central line
- 3 = IV start/change peripheral line
- 4 = Non-routine nursing, peripheral line
- 5 = Training patient/caregiver, central line
- 6 = Training, disabled patient, central line
- 7 = Training patient/caregiver, peripheral line
- 8 = Training, disabled patient, peripheral line
- 9 = Other IV therapy services

65x Day Hospice service - charges for hospice care services for a terminally ill patient if he/she elects these services in lieu of other services for the terminal condition

Subcategory 'x'

- 0 = General classification
- 1 = Routine home care
- 2 = Continuous home care
- 3 = Reserved
- 4 = Reserved
- 5 = Inpatient respite care
- 6 = General non-respite inpatient care
- 7 = Physician services
- 9 = Other hospice

70x None Cast room - charges for services related to the application, maintenance and removal of casts

Subcategory 'x'

- 0 = General classification
- 9 = Other cast room

71x None Recovery room

Subcategory 'x'

- 0 = General classification
- 9 = Other recovery room

72x Labor Room/Delivery Room Labor room and delivery - charges for labor and delivery room services provided by specially trained nursing personnel to patients, including prenatal care during labor, assistance during delivery, postnatal care in the recovery room, and minor gynecological procedures if they are performed in the delivery suite.

Subcategory 'x'

- 0 = General classification
- 1 = Labor

2 = Delivery
3 = Circumcision
4 = Birthing center (unit is days)
9 = Other labor room and delivery

73x Test EKG/ECG (electrocardiogram) - charges for operation of specialized equipment to record electromotive variations in actions of the heart muscle on an electrocardiography for diagnosis of heart ailments

Subcategory 'x'

0 = General classification
1 = Holter monitor
2 = Telemetry
9 = Other EKG/ECG

74x Test EEG (electroencephalogram) - charges for operation of specialized equipment to measure impulse frequencies and differences in electrical potential in various areas of the brain to obtain data for use in diagnosing brain disorders

Subcategory 'x'

0 = General classification
9 = Other EEG

75x Test Gastrointestinal services - procedure room charges for endoscopic procedures not performed in the operating room.

Subcategory 'x'

0 = General classification
9 = Other gastrointestinal

76x None Treatment or observation room - charges for minor procedures performed outside the operating room

Subcategory 'x'

0 = General classification
1 = Treatment room
2 = Observation room
9 = Other treatment room

77x Preventative Care Charges for the administration of
Services vaccines

Subcategory 'x'

0 = General classification
1 = Vaccine administration
9 = Other

79x None Lithotripsy - charges for the use of lithotripsy in the treatment of kidney stones

Subcategory 'x'

0 = General classification
9 = Other lithotripsy

80x Session Inpatient renal dialysis - a waste removal process

performed in an inpatient setting, that uses an artificial kidney when the body's own kidneys have failed. The waste may be removed directly from the blood (hemodialysis) or indirectly from the abdominal covering and the tissue (peritoneal dialysis).

Subcategory 'x'

- 0 = General classification
- 1 = Inpatient hemodialysis
- 2 = Inpatient peritoneal
- 3 = Inpatient continuous ambulatory peritoneal dialysis
- 4 = Inpatient continuous cycling peritoneal dialysis
- 9 = Other inpatient dialysis

81x None Organ acquisition - the acquisition of a kidney, liver or heart for use in transplantation

Subcategory 'x'

- 0 = General classification
- 1 = Living donor - kidney
- 2 = Cadaver donor - kidney
- 3 = Unknown donor - kidney
- 9 = Other organ acquisition

82x Hemodialysis A waste removal performed in an outpatient or home setting, necessary when the body's own kidneys have failed. Waste is removed directly from the blood.

Subcategory 'x'

- 0 = General classification
- 1 = Hemodialysis/composite or other rate
- 5 = Support services
- 9 = Other hemodialysis outpatient

83x Peritoneal Dialysis A waste removal process performed in an outpatient or home setting, necessary when the body's own kidneys have failed. Waste is removed indirectly by flushing a special solution between the abdominal covering and the tissue.

Subcategory 'x'

- 0 = General classification
- 1 = Peritoneal/composite or other rate
- 5 = Support services
- 9 = Other peritoneal

84x Continuous Ambulatory Peritoneal Dialysis (CAPD) A continuous dialysis process performed in an outpatient or home setting, which uses the patient's peritoneal membrane as a dialyzer.

Subcategory 'x'

- 0 = General classification
- 1 = CAPD/composite or other rate
- 5 = Support services
- 9 = Other CAPD dialysis

85x Continuous Cycling A continuous dialysis process

Peritoneal Dialysis performed in an outpatient or
(CCPD) Outpatient home setting, which uses the
patients peritoneal membrane as a dialyzer.

Subcategory 'x'

0 = General classification
1 = CCPD/composite or other rate
5 = Support services
9 = Other CCPD dialysis

86x Reserved for Dialysis (National Assignment)

87x Reserved for Dialysis (State Assignment)

88x Session Miscellaneous dialysis - charges for dialysis services
not identified elsewhere

Subcategory 'x'

0 = General classification
1 = Ultrafiltration
9 = Other miscellaneous dialysis

89x None Other donor bank - charges for the
acquisition, storage and preservation of
all human organs, excluding kidneys

Subcategory 'x'

0 = General classification
1 = Bone
2 = Organ other than kidney
3 = Skin
4 = Activity therapy
9 = Other donor bank

90x Visit Psychological treatments

Subcategory 'x'

0 = General classification
1 = Electroshock treatment
2 = Milieu therapy
3 = Play therapy
4 = Activity therapy
9 = Other
6 = Family therapy

91x Visit Psychiatric or psychological services - charges for providing
nursing care, employee and professional services for
emotionally disturbed patients, including patients
admitted for diagnosis and those admitted for
treatment.

Subcategory 'x'

0 = General classification
1 = Rehabilitation
2 = Partial hospitalization
4 = Individual therapy
5 = Group therapy
7 = Biofeedback
8 = Testing
9 = Other

92x Test Other diagnostic services

Subcategory 'x'

- 0 = General classification
- 1 = Peripheral vascular lab.
- 2 = Electromyelogram
- 3 = Pap smear
- 4 = Allergy test
- 5 = Pregnancy test
- 9 = Other diagnostic service

94x Visit Other therapeutic services - charges for
other therapeutic services not otherwise categorized

Subcategory 'x'

- 0 = General classification
- 1 = Recreational therapy
- 2 = Education or training
- 3 = Cardiac rehabilitation
- 4 = Drug rehabilitation
- 5 = Alcohol rehabilitation
- 6 = Routine complex medical equipment
- 7 = Ancillary complex medical equipment
- 9 = Other therapeutic services

96x None Professional fees - charges for medical professionals
that the hospitals or third party payers require to be
separately identified on the billing form

Subcategory 'x'

- 0 = General classification
- 1 = Psychiatric
- 2 = Ophthalmology
- 3 = MD anesthesiologist
- 4 = CRNA anesthetist
- 9 = Other professional fees

97x None Professional fees - continued

Subcategory 'x'

- 1 = Laboratory
- 2 = Radiology - diagnostic
- 3 = Radiology - therapeutic
- 4 = Radiology - nuclear medicine
- 5 = Operating room
- 6 = Respiratory therapy
- 7 = Physical therapy
- 8 = Occupational therapy
- 9 = Speech pathology

98x None Professional fees - continued

Subcategory 'x'

- 1 = Emergency room
- 2 = Outpatient services
- 3 = Clinic
- 4 = Medical; social services
- 5 = EKG
- 6 = EEG
- 7 = Hospital visit
- 8 = Consultation
- 9 = Private duty nurse

99x None Patient convenience items - charges for items that are
generally considered by the third party payer to be
strictly convenience items and as such, are not

covered

Subcategory 'x'

- 0 = General classification
- 1 = Cafeteria/guest tray
- 2 = Private linen service
- 3 = Telephone/telegraph
- 4 = TV/radio
- 5 = Non-patient room rentals
- 6 = Late discharge charge
- 7 = Admission kits
- 8 = Beauty shop/barber
- 9 = Other convenience items