Appendix D
Revenue Codes

Excluded from CHARS
Included in CHARS

CHARS Data Submission Manual

Appendix D
Revenue Codes

Medicare assigned Revenue Codes to be entered in UB-92 Form Locator #42. List revenue codes in ascending numeric sequence and do not repeat on the same bill to the extent possible. To limit the number of line items on each bill, sum revenue codes at the "zero" level to the extent possible.

Units of Service

001 Total Charges

Accommodation & Revenue Codes (10X-21X)

10X All Inclusive Rates
100 = All Inclusive Room & Board plus Ancillary ..... Days
101 = All Inclusive Room & Board ..... Days

11X Room & Board—Private
110 = General Classification ..... Days
111 = Medical/Surgical/GYN ..... Days
112 = OB ..... Days
113 = Pediatric ..... Days
114 = Psychiatric ..... Days
115 = Hospice ..... Days
116 = Detoxification ..... Days
117 = Oncology ..... Days
118 = Rehabilitation ..... Days
119 = Other ..... Days

12X Room & Board—Semi Private Two Beds
120 = General Classification ..... Days
121 = Medical/Surgical/GYN ..... Days
122 = OB ..... Days
123 = Pediatric ..... Days
124 = Psychiatric ..... Days
125 = Hospice ..... Days
126 = Detoxification ..... Days
127 = Oncology ..... Days
128 = Rehabilitation ..... Days
129 = Other ..... Days

13X Semi Private—Three and Four Beds

130 = General Classification ..... Days
131 = Medical/Surgical/GYN ..... Days
132 = OB ..... Days
133 = Pediatric ..... Days
134 = Psychiatric ..... Days
135 = Hospice ..... Days
136 = Detoxification ..... Days
137 = Oncology ..... Days
138 = Rehabilitation ..... Days
139 = Other ..... Days

14X Private (Deluxe)

140 = General Classification ..... Days
141 = Medical/Surgical/GYN ..... Days
142 = OB ..... Days
143 = Pediatric ..... Days
144 = Psychiatric ..... Days
145 = Hospice ..... Days
146 = Detoxification ..... Days
147 = Oncology ..... Days
148 = Rehabilitation ..... Days
149 = Other ..... Days

15X Room and Board Ward

150 = General Classification ..... Days
151 = Medical/Surgical/GYN ..... Days
152 = OB ..... Days
153 = Pediatric ..... Days
154 = Psychiatric ..... Days
155 = Hospice ..... Days
156 = Detoxification ..... Days
157 = Oncology ..... Days
158 = Rehabilitation ..... Days
159 = Other ..... Days

16X Other Room and Board

160 = General Classification ..... Days
164 = Sterile Environment ..... Days
166 = Admin Days State * ..... Days
167 = Self Care ..... Days
168 = Chemical Using Pregnant Women * ..... Days
169 = Admin Days Title IX* ..... Days

*** Washington State Additions to National Revenue Codes—Medicaid Only.**

17X Nursery
170 = General Classification ..... Days
171 = Newborn – Level I ..... Days
172 = Newborn – Level II ..... Days
173 = Newborn – Level III ..... Days
174 = Newborn – Level IV ..... Days
179 = Other ..... Days

18X Leave of Absence
180 = General Classification ..... Days
181 = Reserved ..... Days
182 = Patient Convenience – charges billable ..... Days
183 = Therapeutic Leave ..... Days
189 = Other Leave of Absence ..... Days

20X Intensive Care
200 = General Classification ..... Days
201 = Surgical ..... Days
202 = Medical ..... Days
203 = Pediatric ..... Days
204 = Psychiatric ..... Days
206 = Intermediate ICU ..... Days
207 = Burn Care ..... Days
208 = Trauma ..... Days
209 = Other Intensive Care ..... Days

21X Coronary Care
210 = General Classification ..... Days
211 = Myocardial Infarction ..... Days
212 = Pulmonary Care ..... Days
213 = Heart Transplant ..... Days
214 = Intermediate CCU ..... Days
219 = Other Coronary Care ..... Days

Ancillary Revenue Codes (22X-99X)

22X Special Charges
220 = General Classification ..... Units Not Required
221 = Admission Charge ..... Units Not Required
222 = Technical Support Charge ..... Units Not Required
223 = U.R. Service Charge ..... Units Not Required
224 = Late Discharge, Medically Necessary ..... Units Not Required
229 = Other Special Charges ..... Units Not Required

23X Incremental Nursing Charge Rate

230 = General Classification ..... Units Not Required
231 = Nursery ..... Units Not Required
232 = OB ..... Units Not Required
233 = ICU - Includes Transitional Care ..... Units Not Required
234 = CCU - Includes Transitional Care ..... Units Not Required
235 = Hospice ..... Units Not Required
239 = Other ..... Units Not Required

24X All Inclusive Ancillary

240 = General Classification ..... Units Not Required
249 = Other Interactive Ancillary ..... Units Not Required

25X Pharmacy

250 = General Classification ..... Units Not Required
251 = Generic Drug ..... Units Not Required
252 = Non-Generic Drug ..... Units Not Required
253 = Take Home Drug ..... Units Not Required
254 = Drugs Incident to Other Diag. Services ..... Units Not Required
255 = Drugs Incident to Radiology ..... Units Not Required
256 = Experimental Drugs ..... Units Not Required
257 = Nonprescription ..... Units Not Required
258 = IV Solutions ..... Units Not Required
259 = Other Pharmacy ..... Units Not Required

26X IV Therapy

260 = General Classification ..... Units Not Required
261 = Infusion Pump ..... Units Not Required
262 = IV Therapy/Pharmacy Services ..... Units Not Required
263 = IV Therapy/Drug/Supply Delivery ..... Units Not Required
264 = IV Therapy/Supplies ..... Units Not Required
269 = Other IV Therapy ..... Units Not Required

27X Medical/Surgical Supplies

270 = General Classification ..... Units Not Required
271 = Nonsterile Supply ..... Units Not Required
272 = Sterile Supply ..... Units Not Required
273 = Take Home Supplies ..... Units Not Required
274 = Prosthetic/Orthotic Devices ..... Units Not Required
275 = Pacemaker ..... Units Not Required
276 = Intraocular Lens ..... Units Not Required
277 = Oxygen-Take Home ..... Units Not Required
278 = Other Implants ..... Units Not Required
279 = Other Supplies/Devices ..... Units Not Required

28X Oncology

280 = General Classification ..... Units Not Required
289 = Other Oncology ..... Units Not Required

29X Durable Medical Equipment (DME) (Other than Rental)

290 = General Classification ..... Units Not Required
291 = Rental ..... Units Not Required
292 = Purchase of New DME ..... Units Not Required
293 = Purchase of Used DME ..... Units Not Required
294 = Supplies/Drugs for DME Effectiveness (HHAs Only) Units Not Required
299 = Other Equipment ..... Units Not Required

30X Laboratory

300 = General Classification ..... Units Not Required
301 = Chemistry ..... Units Not Required
302 = Immunology ..... Units Not Required
304 = Non-Routine Dialysis ..... Units Not Required
305 = Hematology ..... Units Not Required
306 = Bacteriology and Microbiology ..... Units Not Required
307 = Urology ..... Units Not Required
308 = Other Laboratory ..... Units Not Required

31X Laboratory Pathological

310 = General Classification ..... Units Not Required
311 = Cytology ..... Units Not Required
312 = Histology ..... Units Not Required
314 = Biopsy ..... Units Not Required
319 = Other ..... Units Not Required

32X Radiology—Diagnostic

320 = General Classification ..... Units Not Required
321 = Angiocardiography ..... Units Not Required
322 = Arthrography ..... Units Not Required
323 = Arteriography ..... Units Not Required
324 = Chest X-Ray ..... Units Not Required
329 = Other ..... Units Not Required

33X Radiology—Therapeutic

330 = General Classification ..... Units Not Required
331 = Chemotherapy - Injected ..... Units Not Required
332 = Chemotherapy - Oral ..... Units Not Required
333 = Radiation Therapy ..... Units Not Required
335 = Chemotherapy - IV ..... Units Not Required
339 = Other ..... Units Not Required

34X Nuclear Medicine

340 = General Classification ..... Units Not Required
341 = Diagnostic ..... Units Not Required
342 = Therapeutic—Oral ..... Units Not Required
349 = Other ..... Units Not Required

35X Computed Tomographic (CT) Scan

350 = General Classification ..... Units Not Required
351 = Head Scan ..... Units Not Required
352 = Body Scan ..... Units Not Required
359 = Other CT Scans ..... Units Not Required

36X Operating Room Services

360 = General Classification ..... Units Not Required
361 = Minor Surgery ..... Units Not Required
362 = Organ Transplant—Other than Kidney ..... Units Not Required
367 = Kidney Transplant ..... Units Not Required
369 = Other Operating Room Services ..... Units Not Required

37X Anesthesia

370 = General Classification ..... Units Not Required
371 = Anesthesia Incident to Radiology ..... Units Not Required
372 = Anesthesia Incident to Other Diag. Services ..... Units Not Required
374 = Acupuncture ..... Units Not Required
379 = Other Anesthesia ..... Units Not Required

38X Blood

380 = General Classification ..... Units Not Required
381 = Packed Red Cells ..... # of Pints Required
382 = Whole Blood ..... Units Not Required
383 = Plasma ..... Units Not Required
384 = Platelets ..... Units Not Required
385 = Leucocytes ..... Units Not Required
386 = Other Components ..... Units Not Required
387 = Other Derivatives (Cryoprecipitate) ..... Units Not Required
389 = Other Blood ..... Units Not Required

39X Blood Storage and Processing

390 = General Classification ..... Units Not Required
391 = Blood Administration ..... Units Not Required
399 = Other Blood Storage and Processing ..... Units Not Required

40X Other Imaging Services

400 = General Classification ..... Units Not Required
401 = Diagnostic Mammography ..... Units Not Required
402 = Ultrasound ..... Units Not Required
403 = Screening Mammography ..... Units Not Required
404 = Positron Emission Tomography ..... Units Not Required
409 = Other Imaging Services ..... Units Not Required

412X Respiratory Services

410 = General Classification ..... Number of Treatments
412 = Inhalation Services ..... Number of Treatments
413 = Hyperbaric Oxygen Therapy ..... Number of Treatments
419 = Other Respiratory Services ..... Number of Treatments

42X Physical Therapy

420 = General Classification ..... Number of Treatments
421 = Visit Charge ..... Number of Treatments
422 = Hourly Charge ..... Number of Treatments
423 = Group Rate ..... Number of Treatments
424 = Evaluation or Re-Evaluation ..... Number of Treatments
429 = Other Physical Therapy ..... Number of Treatments

43X Occupational Therapy

430 = General Classification ..... Number of Treatments
431 = Visit Charge ..... Number of Treatments
432 = Hourly Charge ..... Number of Treatments
433 = Group Rate ..... Number of Treatments
434 = Evaluation or Re-Evaluation ..... Number of Treatments
439 = Other Occupational Therapy ..... Number of Treatments

44X Speech-Language Pathology

440 = General Classification ..... Number of Treatments
441 = Visit Charge ..... Number of Treatments
442 = Hourly Charge ..... Number of Treatments
443 = Group Rate ..... Number of Treatments
444 = Evaluation or Re-Evaluation ..... Number of Treatments
449 = Other Speech/Language Therapy ..... Number of Treatments

45X Emergency Room

450 = General Classification ..... Units Not Required
451 = EMTALA Emergency Medical Screening Services .... Unite Not Required
452 = ER Beyond EMTALA Screening ..... Units Not Required
456 = Urgent Care ..... Units Not Required
459 = Other Emergency Room ..... Units Not Required

46X Pulmonary Function
460 = General Classification ..... Units Not Required
469 = Other Pulmonary Function ..... Units Not Required

47X Audiology
470 = General Classification ..... Units Not Required
471 = Diagnostic ..... Units Not Required
472 = Treatment ..... Units Not Required
479 = Other Audiology ..... Units Not Required

48X Cardiology
480 = General Classification ..... Units Not Required
481 = Cardiac Cath Lab ..... Units Not Required
482 = Stress Test ..... Units Not Required
483 = Echocardiology ..... Units Not Required
489 = Other Cardiology ..... Units Not Required

50X Out Patient Services *
500 = Current Classification ..... Units Not Required
509 = Other ..... Units Not Required

***(OP charges for services rendered to an OP who is admitted as an IP before midnight of the day following the date of service. This revenue code is no longer used for Medicare.)**

53X Osteopathic Services
530 = General Classification ..... Number of Treatments
531 = Osteopathic Therapy ..... Number of Treatments
539 = Other Osteopathic Services ..... Number of Treatments

54X Ambulance
540 = General Classification ..... Number of Miles
541 = Supplies ..... Units Not Required
542 = Medical Transport ..... Number of Miles
543 = Heart Mobile ..... Number of Miles
544 = Oxygen ..... Units Not Required
545 = Air Ambulance ..... Number of Miles
546 = Neonatal Ambulance ..... Number of Miles
547 = Pharmacy ..... Units Not Required
548 = Telephonic Transmission (EKG) ..... Units Not Required
549 = Other Ambulance ..... Number of Miles

56X Medical Social Services

560 = General Classification ..... Number of Visits
561 = Visit Charge ..... Number of Visits
562 = Hourly Charge ..... Number of Hours
569 = Other Medical Social Services ..... Number of Visits

61X Magnetic Resonance Imaging (MRI)

610 = General Classification ..... Number of Scans
611 = Brain (Including Brainstem) ..... Number of Scans
612 = Spinal Cord (Including Spine) ..... Number of Scans
619 = Other MRI ..... Number of Scans

62X Medical/Surgical Supplies (Extension of 27X)

621 = Supplies Incident to Radiology ..... Units Not Required
622 = Supplies Incident to Other Diagnostic Services ..... Units Not Required
623 = Surgical Dressings ..... Units Not Required
624 = Investigational Device ..... Units Not Required

63X Drugs Requiring Specific Identification

631 = Single Source Drug ..... Units Not Required
632 = Multiple Source Drug ..... Units Not Required
633 = Restrictive Prescription ..... Units Not Required
634 = Erythropoietin (EPO) less than 10,000 units) ..... Units Not Required
635 = Erythropoietin (EPO) 10,000 or more units) ..... Units Not Required
636 = Drugs Requiring Detailed Coding ..... Units Not Required
637 = Self-administered Drugs ..... Units Not Required

65X Hospice Services

655 = Inpatient Care ..... Units Not Required
656 = General Inpatient Care (nonrespite) ..... Units Not Required

70X Cast Room

700 = General Classification ..... Units Not Required
702 = Other Cast Room ..... Units Not Required

71X Recovery Room

710 = General Classification ..... Units Not Required
719 = Other Recovery Room ..... Units Not Required

72X Labor Room/Delivery

720 = General Classification ..... Units Not Required
721 = Labor ..... Units Not Required
722 = Delivery ..... Units Not Required
723 = Circumcision ..... Units Not Required
724 = Birthing Center ..... Number of Days
729 = Other Labor Room/Delivery ..... Units Not Required

73X Electrocardiogram (EKG/ECG)

730 = General Classification ..... Units Not Required
731 = Holter Monitor ..... Units Not Required
732 = Telemetry ..... Units Not Required
739 = Other EKG/ECG ..... Units Not Required

74X Electroencephalogram (ECG)

740 = General Classification ..... Units Not Required
749 = Other EEG ..... Units Not Required

75X Gastro-Intestinal Services

750 = General Classification ..... Units Not Required
759 = Other Gastro-Intestinal) ..... Units Not Required

Treatment or Observation Room *

760 = General Classification ..... Units Not Required
761 = Treatment Room ..... Units Not Required
762 = Observation Room* ..... Units Not Required
769 = Other Treatment Room ..... Units Not Required

*** (Used when the patient is held in Observation Room and subsequently admitted.)**

79X Lithotripsy

790 = General Classification ..... Units Not Required
791 = Other Lithotripsy ..... Units Not Required

80X Inpatient Renal Dialysis

800 = General Classification ..... Number of Sessions
801 = Inpatient Hemodialysis ..... Number of Sessions
802 = Inpatient Peritoneal (Non-CAPD) ..... Number of Sessions
803 = Inpatient Continuous Ambulatory Peritoneal (CAPD) Number of Sessions
804 = Inpatient Continuous Cycling Peritoneal ..... Number of Sessions
809 = Other Inpatient Dialysis ..... Number of Sessions

81X Organ Acquisition

810 = General Classification ..... Units Not Required
811 = Living Donor ..... Units Not Required
812 = Cadaver Donor ..... Units Not Required
813 = Unknown Donor ..... Units Not Required
814 = Unsuccessful Organ Search Donor Bank Charge ..... Units Not Required
819 = Other Organ Acquisition ..... Units Not Required

88X Miscellaneous Dialysis

880 = General Classification ..... Number of Sessions
881 = Ultrafiltration ..... Number of Sessions
889 =Other Miscellaneous Dialysis ..... Number of Sessions

90X Psychiatric/Psychological Treatments

900 = General Classification ..... Number of Treatments
901 = Electroshock Treatment ..... Number of Treatments
902 = Milieu Therapy ..... Number of Treatments
903 = Play Therapy ..... Number of Treatments
904 = Activity Therapy ..... Number of Treatments
909 = Other ..... Number of Treatments

91X Psychiatric/Psychological Services

910 = General Classification ..... Number of Visits
911 = Rehabilitation ..... Number of Visits
912 = Partial Hospitalization—Less Intensive ..... Number of Visits
913 = Partial Hospitalization—Intensive ..... Number of Visits
914 = Individual Therapy ..... Number of Visits
915 = Group Therapy ..... Number of Visits
916 = Family Therapy ..... Number of Visits
917 = Bio Feedback ..... Number of Visits
918 = Testing ..... Number of Visits
919 = Other ..... Number of Visits

92X Other Diagnostic Services

920 = General Classification ..... Units Not Required
921 = Peripheral Vascular Lab ..... Units Not Required
922 = Electromyogram ..... Units Not Required
923 = Pap Smear ..... Units Not Required
924 = Allergy Test ..... Units Not Required
925 = Pregnancy Test ..... Units Not Required
929 = Other Diagnostic Services ..... Units Not Required

94X Other Therapeutic Services

940 = General Classification ..... Number of Visits
941 = Recreational Therapy ..... Number of Visits
942 = Education/Training (includes diabetes related dietary therapy) ..... Number of Visits
943 = Cardiac Rehabilitation ..... Number of Visits
944 = Drug Rehabilitation ..... Number of Visits
945 = Alcohol Rehabilitation ..... Number of Visits
946 = Complex Medical Equipment Routine ..... Days
947 = Complex Medical Equipment Ancillary .....
949 = Other Therapeutic Services ..... Number of Visits

99X Patient Convenience Items

990 = General Classification .....Units Not Required
991 = Cafeteria/Guest Tray .....Units Not Required
992 = Private Linen Service.....Units Not Required
993 = Telephone/Telegraph.....Units Not Required
994 = TV/Radio .....Units Not Required
995 = Nonpatient Room Rentals .....Units Not Required
996 = Late Discharge Charge.....Units Not Required
997 = Admission Kits .....Units Not Required
998 = Beauty Shop/Barber.....Units Not Required
999 = Other Patient Convenience Items .....Units Not Required

**** Where Medicare does not require Units of Service, the Units of Service Submitted to CHARS may be those used by the hospital. If unit of service is *not* used by the hospital, the unit of service field may be left blank. ****

Revenue Codes Excluded from CHARS
CHARS does not capture these Revenue Codes
as they are not Inpatient Services

This is an information list

18X Leave of Absence
184 = ICF Mentally Retarded—any reason
185 = Nursing Home (Hospitalization)

30X Laboratory
303 = Renal Patient (Home)

49X Ambulatory Surgical Care
490 = General Classification
499 = Other Ambulatory Surgical Care

51X Clinic
510 = General Classification
511 = Chronic Pain Center
512 = Dental Clinic
513 = Psychiatric Clinic
514 = OB-GYN Clinic
515 = Pediatric Clinic
516 = Urgent Care Clinic
517 = Family Practice Clinic
519 = Other Clinic

52X Free Standing Clinic
520 = General Classification
521 = Rural Health-Clinic
522 = Rural Health-Home
523 = Family Practice
526 = urgent Care Clinic
529 = Other Freestanding Clinic

55X Skilled Nursing
550 = General Classification
551 = Visit Charge
552 = Hourly Charge
559 = Other Skilled Nursing

57X Home Health Aide (Home Health)
570 = General Classification
571 = Visit Charge
572 = Hourly Charge
579 = Other Home Health Aide

58X Other Visits (Home Health)
580 = General Classification
581 = Visit Charge1
582 = Hourly Charge
589 = Other Home Health Visits

59X Units of Service (Home Health)
590 = General Classification
599 = Home Health Other Units

60X Oxygen (Home Health)
600 = General Classification
601 = Oxygen – Stat/Equip/Suppl or Cont
602 = Oxygen – Stat/Equip/Suppl Under 1 LPM
603 = Oxygen – Stat/Equip/Over 4 LPM
604 = Oxygen – Portable Add-on

64X Home IV Therapy Services
640 = General Classification
641 = Nonroutine Nursing
642 = IV Site Care, Central Line
643 = IV Start/Change peripheral Line
644 = Nonroutine Nursing, Peripheral Line
645 = Training Patient/Caregiver, Central Line
646 = Training, Disabled Patient, Central Line
647 = Training Patient/Caregiver, Peripheral Line
648 = Training, Disabled Patient, Peripheral Line
649 = Other IV Therapy Services

65X Hospice Services
650 = General Classification
651 = Routine Home Care
652 = Continuous Home Care–2
653 = RESERVED
654 = RESERVED
657 = Physician Services
659 = Other Hospice

66X Respite Care (HHA only)
660 = General Classification
661 = Hourly Charge/Skilled Nursing
662 = Hourly Charge/Home Health Aide/Homemaker

67X Outpatient Special Residence Charges
670 = General Classification
671 = Hospital Based
672 = Contracted
679 = Other Special Residence Charges

68X Not Assigned

69X Not Assigned

77X Preventive Care Services
770 = General Classification
771 = Vaccine Administration
779 = Other

78X Telemedicine
780 = General Classification
789 = Other Telemedicine

82X Hemodialysis—Outpatient or Home
820 = General Classification
821 = Hemodialysis/Composite or Other Rate
822 = Home Supplies
823 = Home Equipment
824 = Maintenance/100%
825 = Support Services
829 = Other Hemodialysis Outpatient

83X Peritoneal Dialysis—Outpatient or Home
830 = General Classification
831 = Peritoneal/Composite or Other Rate
832 = Home Supplies
833 = Home Equipment
834 = Maintenance/100%
835 = Support Services
839 = Other Peritoneal Dialysis

84X Continuous Ambulatory Peritoneal Dialysis (CAPD)—Outpatient
840 = General Classification
841 = CAPD/Composite or Other Rate
842 = Home Supplies
843 = Home Equipment
844 = Maintenance/100%
845 = Support Services
849 = Other CAPD Dialysis

85X Continuous Cycling Peritoneal Dialysis (CCPD)—Outpatient
850 = General Classification

851 = CCPD/Composite or Other Rate
852 = Home Supplies
853 = Home Equipment
854 = Maintenance/100%
855 = Support Services
859 = Other CCPD Dialysis

86X Reserved for Dialysis (National Assignment)

87X Reserved For Dialysis (State Assignment)

88X Miscellaneous Dialysis
880 = General Classification
881 = Ultrafiltration
882 = Home Dialysis Aide Visit
889 = Other Miscellaneous Dialysis

89X Reserved for National Assignment

95X Not Assigned

96X Professional Fees
960 = General Classification
961 = Psychiatric
962 = Ophthalmology
963 = Anesthesiologist (MD)
964 = Anesthetist (CRNA)
969 = Other Professional Fees

97X Professional Fees (Cont.)
971 = Laboratory
972 = Radiology—Diagnostic
973 = Radiology—Therapeutic
974 = Radiology—Nuclear Medicine
975 = Operating Room
976 = Respiratory Therapy
977 = Physical Therapy
978 = Occupational Therapy
979 = Speech Therapy

98X Professional Fees (Cont.)
981 = Emergency Room
982 = Outpatient Services
983 = Clinic
984 = Medical Social Services
985 = EKG
986 = EEG
987 = Hospital Visit
988 = Consultation
989 = Private Duty Nurse