

## Appendix Q

### UB-04 Revenue Code Table

Revenue Code	Description	Effective From	Effective Through	INPATIENT	OUTPATIENT	FQHC/ RHC	DIALYSIS	RTC	HH/ PDN	HOSPICE	NF	Comments
0022	Health Insurance – HIPPS: Skilled Nursing Facility – PPS rate	01/01/14	99/99/9999									Non-Covered Benefit Denotes a HIPPS rate code is being reported in FL44.
0023	Health Insurance – HIPPS: Home Health – PPS rate	01/01/14	99/99/9999									Non-Covered Benefit Denotes a HIPPS rate code is being reported in FL44.
0024	Health Insurance – HIPPS: Inpatient Rehab Facility – PPS rate	01/01/14	99/99/9999									Non-Covered Benefit Denotes a HIPPS rate code is being reported in FL44.
0100	All Inclusive Room and Board plus Ancillary	10/1/85	99/99/9999	X								
0101	All Inclusive Room and Board	10/1/85	99/99/9999	X								
0110	General Room and Board Private	10/1/85	99/99/9999	X								
0111	Surgical/Medical/GYN Private	10/1/85	99/99/9999	X								
0112	OB Private	10/1/85	99/99/9999	X								
0113	Pediatric Private	10/1/85	99/99/9999	X								
0114	Psychiatric Private	10/1/85	99/99/9999	X								Inpatient psychiatric restrictions apply Use for Psychiatric Step Down 1
0115	Hospice Private											<b>Non-covered benefit</b>
0116	Detoxification Private	10/1/85	99/99/9999	X								
0117	Oncology Private	10/1/85	99/99/9999	X								
0118	Rehabilitation Private	10/1/85	99/99/9999	X								
0119	Other Private	10/1/85	99/99/9999	X							X	

Revenue Code	Description	Effective From	Effective Through	INPATIENT	OUTPATIENT	FQHC/ RHC	DIALYSIS	RTC	HH/ PDN	HOSPICE	NF	Comments
0120	General Room and Board Semi-Private	10/1/85	99/99/9999	X								
0121	Medical/Surgical/GYN-2beds	10/1/85	99/99/9999	X								
0122	OB - Semi Private 2 Beds	10/1/85	99/99/9999	X								
0123	Pediatric- Semi Private 2 Beds	10/1/85	99/99/9999	X								
0124	Psychiatric- Semi Private 2 Beds	10/1/85	99/99/9999	X								Use for Psychiatric Step Down 2
0125	Hospice- Semi Private 2 Beds											Non-covered benefit
0126	Detoxification- Semi Private 2 Beds	10/1/85	99/99/9999	X								
0127	Oncology- Semi Private 2 Beds	10/1/85	99/99/9999	X								
0128	Rehabilitation- Semi Private 2 Beds	10/1/85	99/99/9999	X								
0129	Other- Semi Private 2 Beds	10/1/85	99/99/9999	X							X	
0130	Semi-Private 3 & 4 Bed General	10/1/85	99/99/9999	X								
0131	Semi-Private 3 & 4 Bed Medical/Surgical/GYN	10/1/85	99/99/9999	X								
0132	Semi-Private 3 & 4 Bed OB	10/1/85	99/99/9999	X								
0133	Semi-Private 3 & 4 Bed Pediatric	10/1/85	99/99/9999	X								
0134	Semi-Private 3 & 4 Bed Psychiatric	10/1/85	99/99/9999	X								Inpatient psychiatric restrictions apply Use for Psychiatric Step Down 3
0135	Semi-Private 3 & 4 Bed Hospice											<b>Non-covered benefit</b>
0136	Semi-Private 3 & 4 Bed Detoxification	10/1/85	99/99/9999	X								
0137	Semi-Private 3 & 4 Bed Oncology	10/1/85	99/99/9999	X								
0138	Semi-Private 3 & 4 Bed Rehabilitation	10/1/85	99/99/9999	X								
0139	Semi-Private 3 & 4 Bed Other	10/1/85	99/99/9999	X								
0140	Room & Board Private Deluxe General	10/1/85	99/99/9999	X								

Revenue Code	Description	Effective From	Effective Through	INPATIENT	OUTPATIENT	FQHC/ RHC	DIALYSIS	RTC	HH/ PDN	HOSPICE	NF	Comments
0141	Room & Board Private Deluxe Medical/ Surgical/ GYN	10/1/85	99/99/9999	X								
0142	Room & Board Private Deluxe OB	10/1/85	99/99/9999	X								
0143	Room & Board Private Deluxe Pediatric	10/1/85	99/99/9999	X								
0144	Room & Board Private Deluxe Psychiatric	10/1/85	99/99/9999	X								Inpatient psychiatric restrictions apply
0145	Room & Board Private Deluxe Hospice											Non-covered benefit
0146	Room & Board Private Deluxe Detoxification	10/1/85	99/99/9999	X								
0147	Room & Board Private Deluxe Oncology	10/1/85	99/99/9999	X								
0148	Room & Board Private Deluxe Rehabilitation	10/1/85	99/99/9999	X								
0149	Room & Board Private Deluxe Other	10/1/85	99/99/9999	X								
0150	Room & Board Ward General	10/1/85	99/99/9999	X								
0151	Room & Board Ward Medical/ Surgical/ Gyn	10/1/85	99/99/9999	X								
0152	Room & Board Ward Ob	10/1/85	99/99/9999	X								
0153	Room & Board Ward Pediatric	10/1/85	99/99/9999	X								
0154	Room & Board Ward Psychiatric	10/1/85	99/99/9999	X								Inpatient psychiatric restrictions apply
0155	Room & Board Ward Hospice											Non-covered benefit
0156	Room & Board Ward Detoxification	10/1/85	99/99/9999	X								
0157	Room & Board Ward Oncology	10/1/85	99/99/9999	X								
0158	Room & Board Ward Rehabilitation	10/1/85	99/99/9999	X								
0159	Room & Board Ward Other	10/1/85	99/99/9999	X								
0160	Other Room & Board General	10/1/85	99/99/9999	X								

Revenue Code	Description	Effective From	Effective Through	INPATIENT	OUTPATIENT	FQHC/ RHC	DIALYSIS	RTC	HH/ PDN	HOSPICE	NF	Comments
0164	Other Room & Board Sterile Environment	10/1/85	99/99/9999	X								Inpatient psychiatric restrictions apply
0167	Other Room & Board Self-Care	10/1/85	99/99/9999	X								
0169	Other Room & Board Other	10/1/85	99/99/9999	X								
0170	Nursery General	10/1/85	99/99/9999	X								
0171	Newborn-Level I Newborn Nursery	10/1/85	99/99/9999	X								
0172	Newborn-Level Ii Continuing Care	10/1/85	99/99/9999	X								
0173	Newborn-Level Iii Intermediate Care	12/1/97	99/99/9999	X								
0174	Newborn-Level IV Intensive Care	12/1/97	99/99/9999	X								
0179	Nursery Other	10/1/85	99/99/9999	X								
0180	Leave Of Absence General	10/1/85	99/99/9999	X								
0181	Reserved For National Use											
0182	Leave Of Absence Patient Convenience	10/1/85	99/99/9999	X							X	NF Non-medical leave days
0183	Leave Of Absence Therapeutic Leave	10/1/85	99/99/9999	X							X	NF Programmatic leave days
0184	Leave Of Absence ICF/MR	10/1/85	99/99/9999	X								
0185	Leave Of Absence Nursing Home (For Hospitalization)	10/1/85	99/99/9999	X							X	NF Medical leave days
0189	Other Leave Of Absence	10/1/85	99/99/9999	X								
0190	Sub-Acute											Non-covered benefit
0191	Sub-Acute Level I - Skilled Care											Non-covered benefit
0192	Sub-Acute Level Ii - Comprehensive Care											Non-covered benefit
0193	Sub-Acute Level Iii - Complex Care											Non-covered benefit
0194	Sub-Acute Level IV - Intensive Care											Non-covered benefit
0199	Sub-Acute Other											Non-covered benefit

Revenue Code	Description	Effective From	Effective Through	INPATIENT	OUTPATIENT	FQHC/ RHC	DIALYSIS	RTC	HH/ PDN	HOSPICE	NF	Comments
0200	Intensive Care Unit General	10/1/85	99/99/9999	X								
0201	Intensive Care Unit Surgical	10/1/85	99/99/9999	X								
0202	Intensive Care Unit Medical	10/1/85	99/99/9999	X								
0203	Intensive Care Unit Pediatric	10/1/85	99/99/9999	X								
0204	Intensive Care Unit Psychiatric	10/1/85	99/99/9999	X								
0206	Intensive Care Unit Pre/Post ICU	10/1/85	99/99/9999	X								
0207	Intensive Care Unit Burn Care	10/1/85	99/99/9999	X								
0208	Intensive Care Unit Trauma	10/1/85	99/99/9999	X								
0209	Other Intensive Care	10/1/85	99/99/9999	X								
0210	Coronary Care General	10/1/85	99/99/9999	X								
0211	Coronary Care Myocardial Infarction	10/1/85	99/99/9999	X								
0212	Coronary Care Pulmonary Care	10/1/85	99/99/9999	X								
0213	Coronary Care Heart Transplant	10/1/85	99/99/9999	X								
0214	Coronary Care Pre/Post ICU	10/1/85	99/99/9999	X								
0219	Other Coronary Care	10/1/85	99/99/9999	X								
0220	Special Charges General	7/1/98	99/99/9999	X								
0221	Admission Charge	7/1/98	99/99/9999	X								
0222	Technical Support	7/1/98	99/99/9999	X								
0223	U.R. Service Charge	7/1/98	99/99/9999	X								
0224	Late Discharge-Medically Necessary	7/1/98	99/99/9999	X								
0229	Other Special Charge	7/1/98	99/99/9999	X								
0230	Incremental Nursing Charge General	7/1/98	99/99/9999	X								
0231	Incremental Nursing Charge Nursery	7/1/98	99/99/9999	X								

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0232	Incremental Nursing Charge Obstetrics	7/1/98	99/99/9999	X								
0233	Incremental Nursing Charge Intensive Care Unit	7/1/98	99/99/9999	X								
0234	Incremental Nursing Charge Critical Care Unit	7/1/98	99/99/9999	X								
0235	Incremental Nursing Charge Hospice											Non-covered benefit
0239	Incremental Nursing Charge Other	7/1/98	99/99/9999	X								
0240	All Inclusive Ancillary General	10/1/85	99/99/9999	X	X							
0241	All Inclusive Ancillary - Basic	01/01/14	99/99/9999									Non-covered benefit
0242	All Inclusive Ancillary - Comprehensive	01/01/14	99/99/9999									Non-covered benefit
0243	All Inclusive Ancillary - Specialty	01/01/14	99/99/9999									Non-covered benefit
0249	All Inclusive Ancillary Other	10/1/85	99/99/9999	X	X							
0250	Pharmacy General	10/1/85	99/99/9999	X	X	X						Use when no HCPCS or NDC required.
0251	Generic Drugs	10/1/85	99/99/9999	X	X	X						HCPCS required. May also require NDC and/or modifier.
0252	Non-Generic Drugs	10/1/85	99/99/9999	X	X	X						HCPCS required. May also require NDC and/or modifier.
0253	Take Home Drugs	7/1/98	99/99/9999			X						HCPCS required. May also require NDC and/or modifier.
0254	Drugs Incidental To Other Diagnostic Services											
0255	Drugs Incidental To Radiology	10/1/85	99/99/9999	X	X							HCPCS required. May also require NDC and/or modifier.
0256	Experimental Drugs											Non-covered benefit
0257	Non-Prescription Drugs	10/1/85	99/99/9999	X			X					HCPCS required. May also require NDC and/or modifier.

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0258	Intravenous Solutions	10/1/85	99/99/9999	X	X	X						HCPCS required. May also require NDC and/or modifier.
0259	Other Pharmacy	10/1/85	99/99/9999	X	X	X					X	PETI - Prescription Drug (Non-Colorado Medical Assistance Program Covered) HCPC required. May also require NDC and/or modifier.
0260	IV Therapy General	10/1/85	99/99/9999	X	X	X						HCPCS required. May also require NDC and/or modifier.
0261	IV Therapy Infusion Pump	10/1/85	99/99/9999	X	X	X						HCPCS required. May also require NDC and/or modifier.
0262	IV Therapy-Pharmacy Services	10/1/85	99/99/9999	X	X	X						HCPCS required. May also require NDC and/or modifier.
0263	IV Therapy-Drug/Supply Delivery	10/1/85	99/99/9999	X	X	X						HCPCS required. May also require NDC and/or modifier.
0264	IV Therapy-Supplies	10/1/85	99/99/9999	X	X	X						HCPCS required. May also require NDC and/or modifier.
0269	IV Therapy Other	10/1/85	99/99/9999	X	X	X						HCPCS required. May also require NDC and/or modifier.
0270	Medical/Surgical Supplies and Devices General	10/1/85	99/99/9999	X	X	X	X					
0271	Medical/Surgical Supplies and Devices Non-Sterile Supplies	10/1/85	99/99/9999	X	X	X	X					
0272	Medical/Surgical Supplies and Devices Sterile Supplies	10/1/85	99/99/9999	X	X	X						
0273	Medical/Surgical Supplies and Devices Take Home Supplies	10/1/85	99/99/9999	X	X	X						
0274	Medical/Surgical Supplies and Devices Prosthetic Or Orthotic Devices	10/1/85	99/99/9999	X	X	X						

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0275	Medical/Surgical Supplies and Devices Pacemaker	10/1/85	99/99/9999	X	X	X						
0276	Medical/Surgical Supplies and Devices Intraocular Lens	10/1/85	99/99/9999	X	X	X						
0277	Medical/Surgical Supplies and Devices Take Home Oxygen	10/1/85	99/99/9999	X	X	X						
0278	Medical/Surgical Supplies and Devices Other Implants	10/1/85	99/99/9999	X	X	X						
0279	Other Medical/Surgical Supplies and Devices	10/1/85	99/99/9999	X	X	X						
0280	Oncology General	10/1/85	99/99/9999	X	X	X						
0289	Other Oncology	10/1/85	99/99/9999	X	X	X						
0290	Durable Medical Equipment (Other Than Renal) General	10/1/85	99/99/9999	X	X	X						Bill these services on the CO-1500 form rather than the UB-04.
0291	Durable Medical Equipment Rental	10/1/85	99/99/9999	X	X	X						
0292	Purchase Of New Durable Medical Equipment	10/1/85	99/99/9999	X	X	X						
0293	Purchase Of Used Durable Medical Equipment	10/1/85	99/99/9999	X	X	X						
0294	Supplies Or Drugs For Durable Medical Equipment Effectiveness (Home Health Supplier Only)											Non-covered benefit
0299	Other Durable Medical Equipment	10/1/85	99/99/9999	X	X	X						
0300	Laboratory General	10/1/85	99/99/9999	X	X	X	X					May also require HCPCS with modifier
0301	Laboratory Chemistry	10/1/85	99/99/9999	X	X	X	X					May also require HCPCS with modifier
0302	Laboratory Immunology	10/1/85	99/99/9999	X	X	X	X					May also require HCPCS with modifier
0303	Laboratory Renal Patient-Home	10/1/85	99/99/9999	X	X	X	X					May also require HCPCS with modifier
0304	Laboratory Non-Routine Dialysis	10/1/85	99/99/9999	X	X	X	X					May also require HCPCS with modifier

Revenue Code	Description	Effective From	Effective Through	INPATIENT	OUTPATIENT	FQHC/ RHC	DIALYSIS	RTC	HH/ PDN	HOSPICE	NF	Comments
0305	Laboratory Hematology	10/1/85	99/99/9999	X	X	X	X					May also require HCPCS with modifier
0306	Laboratory Bacteriology and Microbiology	10/1/85	99/99/9999	X	X	X	X					May also require HCPCS with modifier
0307	Laboratory Urology	10/1/85	99/99/9999	X	X	X	X					May also require HCPCS with modifier
0309	Laboratory Other	10/1/85	99/99/9999	X	X	X	X					May also require HCPCS with modifier
0310	Pathology Lab General	10/1/85	99/99/9999	X	X	X						May also require HCPCS with modifier
0311	Pathology Lab Cytology	10/1/85	99/99/9999	X	X	X						May also require HCPCS with modifier
0312	Pathology Lab Histology	10/1/85	99/99/9999	X	X	X						May also require HCPCS with modifier
0314	Pathology Lab Biopsy	10/1/85	99/99/9999	X	X	X						May also require HCPCS with modifier
0319	Pathology Lab Other	10/1/85	99/99/9999	X	X	X						May also require HCPCS with modifier
0320	Radiology - Diagnostic General	10/1/85	99/99/9999	X	X	X						
0321	Radiology - Diagnostic Angiocardiology	10/1/85	99/99/9999	X	X	X						
0322	Radiology - Diagnostic Arthrography	10/1/85	99/99/9999	X	X	X						
0323	Radiology - Diagnostic Arteriography	10/1/85	99/99/9999	X	X	X						
0324	Radiology - Diagnostic Chest	10/1/85	99/99/9999	X	X	X						
0329	Radiology - Diagnostic Other	10/1/85	99/99/9999	X	X	X						
0330	Radiology - Therapeutic General	10/1/85	99/99/9999	X	X	X						
0331	Radiology - Therapeutic Chemotherapy-Injected	10/1/85	99/99/9999	X	X	X						
0332	Radiology - Therapeutic Chemotherapy-Oral	10/1/85	99/99/9999	X	X	X						
0333	Radiation Therapy	10/1/85	99/99/9999	X	X	X						
0335	Radiology - Therapeutic Chemotherapy IV	10/1/85	99/99/9999	X	X	X						
0339	Radiology - Therapeutic Other	10/1/85	99/99/9999	X	X	X						

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0340	Nuclear Medicine General	10/1/85	99/99/9999	X	X	X						
0341	Nuclear Medicine Diagnostic	10/1/85	99/99/9999	X	X	X						
0342	Nuclear Medicine Therapeutic	10/1/85	99/99/9999	X	X	X						
0343	Nuclear Medicine Diagnostic Radiopharmaceuticals	1/1/05	99/99/9999	X	X	X						
0344	Nuclear Medicine Therapeutic Radiopharmaceuticals	1/1/05	99/99/9999	X	X	X						
0349	Nuclear Medicine Other	10/1/85	99/99/9999	X	X	X						
0350	Computed Tomographic (Ct) Scans General	10/1/85	99/99/9999	X	X	X						
0351	Computed Tomographic (Ct) Scans Head	10/1/85	99/99/9999	X	X	X						
0352	Computed Tomographic (Ct) Scans Body	10/1/85	99/99/9999	X	X	X						
0359	Computed Tomographic (Ct) Scans Other	10/1/85	99/99/9999	X	X	X						
0360	Operating Room Services General	10/1/85	99/99/9999	X	X							
0361	Operating Room Services Minor Surgery	10/1/85	99/99/9999	X	X							
0362	Operating Room Services Organ Transplants Other Than Kidney	10/1/85	99/99/9999	X	X							
0367	Operating Room Services Kidney Transplant	10/1/85	99/99/9999	X	X							
0369	Operating Room Services Other	10/1/85	99/99/9999	X	X							
0370	Anesthesia General	10/1/85	99/99/9999	X	X							
0371	Anesthesia Incidental To Radiology	10/1/85	99/99/9999	X	X							
0372	Anesthesia Incidental To Diagnostic Services	10/1/85	99/99/9999	X	X							

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0374	Anesthesia Acupuncture	10/1/85	99/99/9999	X	X							
0379	Anesthesia Other	10/1/85	99/99/9999	X	X							
0380	Blood General	10/1/85	99/99/9999	X	X	X	X					
0381	Blood Packed Red Cells	10/1/85	99/99/9999	X	X	X	X					
0382	Whole Blood	10/1/85	99/99/9999	X	X	X	X					
0383	Blood Plasma	10/1/85	99/99/9999	X	X	X	X					
0384	Blood Platelets	10/1/85	99/99/9999	X	X	X	X					
0385	Blood Leucocytes	10/1/85	99/99/9999	X	X	X	X					
0386	Blood Other Components	10/1/85	99/99/9999	X	X	X	X					
0387	Blood Other Derivatives (Cryoprecipitates)	10/1/85	99/99/9999	X	X	X	X					
0389	Blood Other	10/1/85	99/99/9999	X	X	X	X					
0390	Blood Storage and Processing General	10/1/85	99/99/9999	X	X	X	X					
0391	Blood Storage and Processing Administration	10/1/85	99/99/9999	X	X	X	X					
0392	Blood Processing and Storage	01/01/14	99/99/9999									Non-covered benefit
0399	Blood Storage and Processing Other	10/1/85	99/99/9999	X	X	X	X					
0400	Other Imaging Services General	10/1/85	99/99/9999	X	X	X						
0401	Mammography-Diagnostic	10/1/85	99/99/9999	X	X	X						
0402	Ultrasound	10/1/85	99/99/9999	X	X	X						
0403	Screening Mammography	10/1/85	99/99/9999	X	X	X						
0404	Positron Emission Tomography	10/1/85	99/99/9999	X	X							
0409	Other Imaging Services Other	10/1/85	99/99/9999	X	X	X	X					
0410	Respiratory Services General	10/1/85	99/99/9999	X	X	X						

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0412	Respiratory Services Inhalation Services	10/1/85	99/99/9999	X	X	X						
0413	Respiratory Services Hyperbaric Oxygen Therapy	10/1/85	99/99/9999	X	X	X						
0419	Respiratory Services Other	10/1/85	99/99/9999	X	X	X						
0420	Physical Therapy General	10/1/85	99/99/9999	X	X	X			X			May also require HCPCS with modifier
0421	Physical Therapy Visit Charge	10/1/85	99/99/9999	X	X	X			X			May also require HCPCS with modifier
0422	Physical Therapy Hourly Charge	10/1/85	99/99/9999	X	X	X						May also require HCPCS with modifier
0423	Physical Therapy Group Rate	10/1/85	99/99/9999	X	X	X						May also require HCPCS with modifier
0424	Physical Therapy Evaluation Or Reevaluation	10/1/85	99/99/9999	X	X	X			X			May also require HCPCS with modifier
0429	Physical Therapy Other	10/1/85	99/99/9999	X	X	X						May also require HCPCS with modifier
0430	Occupational Therapy General	10/1/85	99/99/9999	X	X	X			X			May also require HCPCS with modifier
0431	Occupational Therapy Visit Charge	10/1/85	99/99/9999	X	X	X			X			May also require HCPCS with modifier
0432	Occupational Therapy Hourly Charge	10/1/85	99/99/9999	X	X	X						May also require HCPCS with modifier
0433	Occupational Therapy Group Rate	10/1/85	99/99/9999	X	X	X						May also require HCPCS with modifier
0434	Occupational Therapy Evaluation Or Reevaluation	10/1/85	99/99/9999	X	X	X			X			May also require HCPCS with modifier
0439	Occupational Therapy Other	10/1/85	99/99/9999	X	X	X						May also require HCPCS with modifier
0440	Speech - Language Pathology General	10/1/85	99/99/9999	X	X	X			X			
0441	Speech - Language Pathology Visit Charge	10/1/85	99/99/9999	X	X	X			X			
0442	Speech - Language Pathology Hourly Charge	10/1/85	99/99/9999	X	X	X						
0443	Speech - Language Pathology Group Rate	10/1/85	99/99/9999	X	X	X						

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0444	Speech - Language Pathology Evaluation Or Reevaluation	10/1/85	99/99/9999	X	X	X						
0449	Speech - Language Pathology Other	10/1/85	99/99/9999	X	X	X						
0450	Emergency Room General	10/1/85	99/99/9999	X	X							
0451	Emergency Medical Treatment and Active Labor Act	7/1/98	99/99/9999	X	X							
0452	Emergency Room Treatment Beyond EMTALA Requirements	7/2/98	99/99/9999	X	X							
0456	Emergency Room Urgent Care	10/1/85	99/99/9999	X	X							
0459	Emergency Room Other	10/1/85	99/99/9999	X	X							
0460	Pulmonary Function General	10/1/85	99/99/9999	X	X	X						
0469	Pulmonary Function Other	10/1/85	99/99/9999	X	X	X						
0470	Audiology General	10/1/85	99/99/9999	X	X	X						
0471	Audiology Diagnostic	10/1/85	99/99/9999	X	X	X						
0472	Audiology Treatment	10/1/85	99/99/9999	X	X	X						
0479	Audiology Other	10/1/85	99/99/9999	X	X	X					X	PETI - Hearing and Ear Care
0480	Cardiology General	10/1/85	99/99/9999	X	X	X						
0481	Cardiac Cath Lab	10/1/85	99/99/9999	X	X	X						
0482	Cardiology Stress Test	10/1/85	99/99/9999	X	X	X						
0483	Echocardiology	10/1/85	99/99/9999	X	X	X						
0489	Cardiology Other	10/1/85	99/99/9999	X	X	X						
0490	Ambulatory Surgical Care General	10/1/85	99/99/9999		X							
0499	Ambulatory Surgical Care Other	10/1/85	99/99/9999		X							
0500	Outpatient Services General	10/1/85	99/99/9999	X	X							
0509	Outpatient Services Other	10/1/85	99/99/9999	X	X							
0510	Clinic General	10/1/85	99/99/9999			X						Not a benefit for OP as of 07/01/2001

Revenue Code	Description	Effective From	Effective Through	INPATIENT	OUTPATIENT	FQHC/ RHC	DIALYSIS	RTC	HH/ PDN	HOSPICE	NF	Comments
0511	Chronic Pain Clinic	10/1/85	99/99/9999			X						Not a benefit for OP as of 07/01/2001
0512	Dental Clinic	10/1/85	99/99/9999			X						Not a benefit for OP as of 07/01/2001
0513	Psychiatric Clinic	10/1/85	99/99/9999			X						Not a benefit for OP as of 07/01/2001
0514	OB/GYN Clinic	10/1/85	99/99/9999			X						Not a benefit for OP as of 07/01/2001
0515	Pediatric Clinic	10/1/85	99/99/9999			X						Not a benefit for OP as of 07/01/2001
0516	Urgent Care Clinic	10/1/85	99/99/9999			X						Not a benefit for OP as of 07/01/2001
0517	Family Practice Clinic	10/1/85	99/99/9999			X						Not a benefit for OP as of 07/01/2001
0519	Clinic Other	10/1/85	99/99/9999			X						Not a benefit for OP as of 07/01/2001
0520	Free-Standing Clinic General	10/1/85	99/99/9999			X						Not a benefit for OP as of 07/01/2001
0521	Rural Health-Clinic	10/1/85	99/99/9999			X						To be used for Rural Health Only -- approved by Colorado UB-04 committee
0522	Rural Health- Home	10/1/85	99/99/9999			X						Not a benefit for OP as of 07/01/2001
0523	Free-Standing Clinic Family Practice	10/1/85	99/99/9999			X						Not a benefit for OP as of 07/01/2001
0524	Freestanding Clinic – Visit in Part A Stay at SNF	01/01/14	99/99/9999									Non-covered benefit
0525	Freestanding Clinic – Visit in SNF, NF, ICF MR, or Other Res Fac	01/01/14	99/99/9999									
0527	Freestanding Clinic – Visiting nurse in HH Shortage Area	01/01/14	99/99/9999									Non-covered benefit
0528	Freestanding Clinic – Visit to Other non-RHC/FQHC site	01/01/14	99/99/9999									Non-covered benefit
0526	Free-Standing Clinic Urgent Care Clinic	10/1/85	99/99/9999			X						Not a benefit for OP as of 07/01/2001
0529	Other Freestanding Clinic (Federally Qualified Health Clinic)	10/1/85	99/99/9999			X						To be used for FQHC only -- approved by Colorado UB-04 committee
0530	Osteopathic Services General	10/1/85	99/99/9999	X	X							
0531	Osteopathic Therapy	10/1/85	99/99/9999	X	X							
0539	Osteopathic Services Other	10/1/85	99/99/9999	X	X							

Revenue Code	Description	Effective From	Effective Through	INPATIENT	OUTPATIENT	FQHC/ RHC	DIALYSIS	RTC	HH/ PDN	HOSPICE	NF	Comments
0540	Ambulance General	10/1/85	99/99/9999		X							May also require HCPCS with modifier(s)
0541	Ambulance Supplies	10/1/85	99/99/9999		X							May also require HCPCS with modifier(s)
0542	Ambulance Medical Transport	10/1/85	99/99/9999		X							May also require HCPCS with modifier(s)
0543	Ambulance Heart Mobile	10/1/85	99/99/9999		X							May also require HCPCS with modifier(s)
0544	Ambulance Oxygen	10/1/85	99/99/9999		X							May also require HCPCS with modifier(s)
0545	Air Ambulance	10/1/85	99/99/9999		X							May also require HCPCS with modifier(s)
0546	Neo-Natal Ambulance	10/1/85	99/99/9999		X							May also require HCPCS with modifier(s)
0547	Ambulance Pharmacy	10/1/85	99/99/9999		X							May also require HCPCS with modifier(s)
0548	Ambulance Telephone Transmission-EKG	10/1/85	99/99/9999		X							May also require HCPCS with modifier(s)
0549	Ambulance Other	10/1/85	99/99/9999		X							May also require HCPCS with modifier(s)
0550	Skilled Nursing General	10/1/85	99/99/9999		X				X			Home Health - RN or LPN
0551	Skilled Nursing Visit	10/1/85	99/99/9999		X				X			Home Health - RN or LPN
0552	Skilled Nursing Hourly Charge	10/1/85	99/99/9999		X				X			Private Duty Nursing – RN Use HCPCS T1000 and TD modifier
0559	Skilled Nursing Other	10/1/85	99/99/9999		X				X			Private Duty Nursing – LPN Use HCPCS T1000 and TE modifier
0560	Medical Social Services General	10/1/85	99/99/9999		X	X						
0561	Medical Social Services Visit Charge	10/1/85	99/99/9999		X	X						
0562	Medical Social Services Hourly Charge	10/1/85	99/99/9999		X	X						
0569	Medical Social Services Other	10/1/85	99/99/9999		X	X						
0570	Home Health Aide General	10/1/85	99/99/9999		X				X			
0571	Home Health Aide Visit Charge	10/1/85	99/99/9999		X				X			
0572	Home Health Aide Hourly Charge	10/1/85	99/99/9999		X				X			
0579	Home Health Aide Other	10/1/85	99/99/9999		X				X			

Revenue Code	Description	Effective From	Effective Through	INPATIENT	OUTPATIENT	FQHC/ RHC	DIALYSIS	RTC	HH/ PDN	HOSPICE	NF	Comments
0580	Other Home Health Visit General	7/1/98	99/99/9999						X			Private Duty Nursing Use HCPCS T1000 and HQ and TD modifiers
0581	Other Home Health Visit - Visit Charge	7/1/98	99/99/9999						X			Private Duty Nursing Use HCPCS T1000 and HQ and TE modifiers
0582	Other Home Health Visit Hourly Charge	7/1/98	99/99/9999						X			Private Duty Nursing Use HCPCS T1000 and HQ, TD and TE modifiers
0583	Other Home Health Visit/Assessment	1/1/11	99/99/9999						X			Home Health Telehealth Service
0589	Other Home Health Visit Other	7/1/98	99/99/9999						X			
0590	Units Of Services Home Health General	7/1/98	99/99/9999									Home Health/First Brief Nursing Visit
0599	Units Of Services Home Health Other	7/1/98	99/99/9999						X			Home Health/Follow up Brief Nursing Visit
0600	Home Oxygen General											Non-covered benefit when billed on the UB-04. Bill as supply on the CO-1500.
0601	Home Oxygen Stationary Equipment, Supply, Or Contents											Non-covered benefit when billed on the UB-04. Bill as supply on the CO-1500.
0602	Home Oxygen Stationary Equipment, Supply, Or Contents Under 1 LPM											Non-covered benefit when billed on the UB-04. Bill as supply on the CO-1500.
0603	Home Oxygen Stationary Equipment Over 4 LPM											Non-covered benefit when billed on the UB-04. Bill as supply on the CO-1500.
0604	Oxygen Portable Add On											Non-covered benefit when billed on the UB-04. Bill as supply on the CO-1500.
0609	Home Oxygen – Other	01/01/14	99/99/9999									“Non-covered benefit
0610	Magnetic Resonance Imaging (MRI) General	10/1/85	99/99/9999	X	X	X						

Revenue Code	Description	Effective From	Effective Through	INPATIENT	OUTPATIENT	FQHC/ RHC	DIALYSIS	RTC	HH/ PDN	HOSPICE	NF	Comments
0611	Magnetic Resonance Imaging (MRI) Brain (Including Brainstem)	10/1/85	99/99/9999	X	X	X						
0612	Magnetic Resonance Imaging (MRI) Spinal Cord	10/1/85	99/99/9999	X	X	X						
0614	Magnetic Resonance Imaging (MRI) - Other	01/01/14	99/99/9999	X								Only covered benefit for IP
0615	Magnetic Resonance Angiography (MRA) – Head and Neck	01/01/14	99/99/9999	X								Only covered benefit for IP
0616	Magnetic Resonance Angiography (MRA) – Lower Extremities	01/01/14	99/99/9999	X								Only covered benefit for IP
0618	Magnetic Resonance Angiography (MRA) – Other	01/01/14	99/99/9999	X								Only covered benefit for IP
0619	Magnetic Resonance Imaging (MRI) Other	10/1/85	99/99/9999	X	X	X						
0620	Medical /Surgical Supplies-Extension Of 27X	10/1/85	99/99/9999	X	X	X						
0621	Medical /Surgical Supplies-Incidental To Radiology	10/1/85	99/99/9999	X	X	X						
0622	Medical /Surgical Supplies-Incidental To Other Diagnostic Services	10/1/85	99/99/9999	X	X	X						
0623	Medical /Surgical Supplies-Surgical Dressings	10/1/85	99/99/9999	X	X	X						
0624	FDA Approved Investigation Device Exemptions For Clinical Trials											Non-covered benefit
0630	Drugs Requiring Specific Identification-General	10/1/85	99/99/9999	X	X	X						
0631	Drugs Requiring Specific Identification-Single Source Drug	10/1/85	99/99/9999	X	X	X						HCPCS required. May also require NDC and/or modifier.

Revenue Code	Description	Effective From	Effective Through	INPATIENT	OUTPATIENT	FQHC/ RHC	DIALYSIS	RTC	HH/ PDN	HOSPICE	NF	Comments
0632	Drugs Requiring Specific Identification-Multiple Source Drug	10/1/85	99/99/9999	X	X	X						HCPCS required. May also require NDC and/or modifier.
0633	Drugs Requiring Specific Identification-Restricted Prescription	10/1/85	99/99/9999	X	X	X	X					HCPCS required. May also require NDC and/or modifier.
0634	Erythropoietin (EPO) Less Than 10,000 Units	10/1/85	99/99/9999	X	X	X	X					HCPCS required. May also require NDC and/or modifier.
0635	Erythropoietin (EPO) 10,000 Units Or More	10/1/85	99/99/9999	X	X	X	X					HCPCS required. May also require NDC and/or modifier.
0636	Drugs Requiring Detailed Codes	10/1/85	99/99/9999	X	X	X						HCPCS required. May also require NDC and/or modifier.
0637	Pharmacy – Self Administrable Drugs	01/01/14	99/99/9999									Non-covered benefit
0640	Home IV Therapy Services General	10/1/85	99/99/9999		X	X						
0641	Home IV Therapy Services Non-Routine Nursing Central Line	10/1/85	99/99/9999		X	X						
0642	Home IV Therapy Services IV Site Care, Central Line	10/1/85	99/99/9999		X	X						
0643	Home IV Therapy Services IV Start / Change, Peripheral Line	10/1/85	99/99/9999		X	X						
0644	Home IV Therapy Services Non-Routine Nursing, Peripheral Line	10/1/85	99/99/9999		X	X						
0645	Home IV Therapy Services Training Patient /Caregiver Central Line	10/1/85	99/99/9999		X	X						
0646	Home IV Therapy Services Training Disabled Patient Central Line	10/1/85	99/99/9999		X	X						
0647	Home IV Therapy Services Training Patient /Caregiver Peripheral Line	10/1/85	99/99/9999		X	X						
0648	Home IV Therapy Services Training Disabled Patient Peripheral Line	10/1/85	99/99/9999		X	X						

Revenue Code	Description	Effective From	Effective Through	INPATIENT	OUTPATIENT	FQHC/ RHC	DIALYSIS	RTC	HH/ PDN	HOSPICE	NF	Comments
0649	Other Home IV Therapy Services	10/1/85	99/99/9999		X	X						
0650	Hospice General	10/1/85	99/99/9999							X		
0651	Hospice Routine Care	10/1/85	99/99/9999							X		
0652	Hospice Continuous Care	10/1/85	99/99/9999							X		
0653	Hospice Reserved Code											
0654	Hospice Reserved Code											
0655	Hospice Inpatient Respite Care	10/1/85	99/99/9999							X		
0656	Hospice General Patient Care - Non-Respite	10/1/85	99/99/9999							X		
0657	Hospice Physician Services	10/1/85	99/99/9999									Bill as Non-Covered Charges
0658	Hospice R&B/NF – Use 0659	01/01/14	99/99/9999									Continue to use Revenue Code 0659
0659	Hospice Nursing Facility Room and Board	10/1/85	99/99/9999							X		Hospice NF Room & Board
0660	Respite Care Home Health Agency General											Non-covered benefit. Medicare Part A only.
0661	Respite Care Home Health Agency Hourly Charge/Skilled											Non-covered benefit. Medicare Part A only.
0662	Respite Care Home Health Agency Hourly Charge/HH Aide											Non-covered benefit. Medicare Part A only.
0663	Respite Care – Daily Respite Charge	01/01/14	99/99/9999									Non-covered benefit
0669	Respite Care – Other Respite Care	01/01/14	99/99/9999									Non-covered benefit
0670	Outpatient Special Residence Charges - General											Non-covered benefit.
0671	Outpatient Special Residence Charges - Hospital Based											Non-covered benefit
0672	Outpatient Special Residence Charges - Contract											Non-covered benefit

Revenue Code	Description	Effective From	Effective Through	INPATIENT	OUTPATIENT	FQHC/ RHC	DIALYSIS	RTC	HH/ PDN	HOSPICE	NF	Comments
0679	Outpatient Special Residence Charges - Other											Non-covered benefit
0681	Trauma Response Team – Level I	01/01/14	99/99/9999									Non-Covered Benefit
0682	Trauma Response Team – Level II	01/01/14	99/99/9999									Non-Covered Benefit
0683	Trauma Response Team – Level III	01/01/14	99/99/9999									Non-Covered Benefit
0684	Trauma Response Team – Level IV	01/01/14	99/99/9999									Non-Covered Benefit
0689	Trauma Response Team – Other	01/01/14	99/99/9999									Non-Covered Benefit
0700	Cast Room General	10/1/85	99/99/9999	X	X							
0709	Cast Room Other	10/1/85	99/99/9999	X	X							
0710	Recovery Room General	10/1/85	99/99/9999	X	X							
0719	Recovery Room Other	10/1/85	99/99/9999	X	X							
0720	Labor Room/Delivery General	10/1/85	99/99/9999	X	X							
0721	Labor Room/Delivery Labor	10/1/85	99/99/9999	X	X							
0722	Labor Room/Delivery Delivery	10/1/85	99/99/9999	X	X							
0723	Labor Room/Delivery Circumcision	10/1/85	99/99/9999	X	X							
0724	Labor Room/Delivery Birthing Center	10/1/85	99/99/9999	X	X							
0729	Labor Room/Delivery Other	10/1/85	99/99/9999	X	X							
0730	Electrocardiogram General	10/1/85	99/99/9999	X	X	X						
0731	Electrocardiogram Halter Monitor	10/1/85	99/99/9999	X	X	X						
0732	Electrocardiogram Telemetry	10/1/85	99/99/9999	X	X	X						
0739	Electrocardiogram Other	10/1/85	99/99/9999	X	X	X						
0740	Electroencephalogram General	10/1/85	99/99/9999	X	X	X						
0749	Electroencephalogram Other	10/1/85	99/99/9999	X	X	X						
0750	Gastro Intestinal Services (Non Or) General	10/1/85	99/99/9999	X	X	X						

Revenue Code	Description	Effective From	Effective Through	INPATIENT	OUTPATIENT	FQHC/ RHC	DIALYSIS	RTC	HH/ PDN	HOSPICE	NF	Comments
0759	Gastro Intestinal Services (Non Or) Other	10/1/85	99/99/9999	X	X	X						
0760	Treatment/Observation Room General	10/1/85	99/99/9999	X	X							
0761	Treatment Room	10/1/85	99/99/9999	X	X							
0762	Observation Room	10/1/85	99/99/9999	X	X							
0769	Treatment/Observation Room Other	10/1/85	99/99/9999	X	X							
0770	Preventive Care Services General	10/1/85	99/99/9999	X	X	X						
0771	Preventive Care Services Vaccine Administration	10/1/85	99/99/9999	X	X	X						
0779	Preventive Care Services Other	10/1/85	99/99/9999	X	X	X						
0780	Telemedicine - General											Non-covered benefit
0789	Telemedicine - Other											Non-covered benefit
0790	Lithotripsy General	10/1/85	99/99/9999	X	X	X						
0799	Lithotripsy Other	10/1/85	99/99/9999	X	X	X						
0800	Inpatient Renal Dialysis General	10/1/85	99/99/9999	X								
0801	Inpatient Hemodialysis	10/1/85	99/99/9999	X								
0802	Inpatient Peritoneal Dialysis (Non-CAPD)	10/1/85	99/99/9999	X								
0803	Inpatient Continuous Ambulatory Peritoneal Dialysis (CAPD)	10/1/85	99/99/9999	X								
0804	Inpatient Continuous Cycling Peritoneal Dialysis (CCPD)	10/1/85	99/99/9999	X								
0809	Inpatient Renal Dialysis Other	10/1/85	99/99/9999	X								
0810	Organ Acquisition General	10/1/85	99/99/9999	X								
0811	Organ Acquisition Living Donor	10/1/85	99/99/9999	X								

Revenue Code	Description	Effective From	Effective Through	INPATIENT	OUTPATIENT	FQHC/ RHC	DIALYSIS	RTC	HH/ PDN	HOSPICE	NF	Comments
0812	Organ Acquisition Cadaver Donor	10/1/85	99/99/9999	X								
0813	Organ Acquisition Unknown Donor	10/1/85	99/99/9999	X								
0814	Unsuccessful Organ Search - Donor Bank Charges	10/1/85	99/99/9999	X								
0819	Other Organ Acquisition	10/1/85	99/99/9999	X								
0820	Hemodialysis Outpatient Or Home General	10/1/85	99/99/9999				X					
0821	Hemodialysis Outpatient Or Home Dialysis - Composite Or Other Rate	10/1/85	99/99/9999				X					
0822	Hemodialysis Home Supplies	10/1/85	99/99/9999				X					
0823	Hemodialysis Home Equipment	10/1/85	99/99/9999				X					
0824	Hemodialysis Outpatient Or Home Maintenance (100%)	10/1/85	99/99/9999				X					
0825	Hemodialysis Home Support Services	10/1/85	99/99/9999				X					
0829	Hemodialysis Outpatient Or Home Other	10/1/85	99/99/9999				X					
0830	Peritoneal Dialysis - Outpatient Or Home General	10/1/85	99/99/9999				X					
0831	Peritoneal Dialysis - Outpatient Or Home -Composite Or Other Rate	10/1/85	99/99/9999				X					
0832	Peritoneal Dialysis - Home Supplies	10/1/85	99/99/9999				X					
0833	Peritoneal Dialysis - Home Equipment	10/1/85	99/99/9999				X					
0834	Peritoneal Dialysis - Outpatient Or Home Maintenance	10/1/85	99/99/9999				X					
0835	Peritoneal Dialysis - Home Support Services	10/1/85	99/99/9999				X					

Revenue Code	Description	Effective From	Effective Through	INPATIENT	OUTPATIENT	FQHC/ RHC	DIALYSIS	RTC	HH/ PDN	HOSPICE	NF	Comments
0839	Peritoneal Dialysis - Outpatient Or Home Other	10/1/85	99/99/9999				X					
0840	Continuous Ambulatory Peritoneal Dialysis (CAPD) Outpatient Or Home General	10/1/85	99/99/9999				X					
0841	Continuous Ambulatory Peritoneal Dialysis (CAPD) Outpatient Or Home - Composite Or Other Rate	10/1/85	99/99/9999				X					
0842	Continuous Ambulatory Peritoneal Dialysis (CAPD) Home Supplies	10/1/85	99/99/9999				X					
0843	Continuous Ambulatory Peritoneal Dialysis (CAPD) Home Equipment	10/1/85	99/99/9999				X					
0844	Continuous Ambulatory Peritoneal Dialysis (CAPD) Outpatient Or Home Maintenance	10/1/85	99/99/9999				X					
0845	Continuous Ambulatory Peritoneal Dialysis (CAPD) Home Support Services	10/1/85	99/99/9999				X					
0849	Continuous Ambulatory Peritoneal Dialysis (CAPD) Outpatient Or Home Other	10/1/85	99/99/9999				X					
0850	Continuous Cycling Peritoneal Dialysis (CCPD) Outpatient Or Home General	10/1/85	99/99/9999				X					
0851	Continuous Cycling Peritoneal Dialysis (CCPD) Outpatient Or Home - Composite Or Other Rate	10/1/85	99/99/9999				X					
0852	Continuous Cycling Peritoneal Dialysis (CCPD) Home Supplies	10/1/85	99/99/9999				X					

Revenue Code	Description	Effective From	Effective Through	INPATIENT	OUTPATIENT	FQHC/ RHC	DIALYSIS	RTC	HH/ PDN	HOSPICE	NF	Comments
0853	Continuous Cycling Peritoneal Dialysis (CCPD) Home Equipment	10/1/85	99/99/9999				X					
0854	Continuous Cycling Peritoneal Dialysis (CCPD) Outpatient Or Home Maintenance	10/1/85	99/99/9999				X					
0855	Continuous Cycling Peritoneal Dialysis (CCPD) Home Support Services	10/1/85	99/99/9999				X					
0859	Continuous Cycling Peritoneal Dialysis (CCPD) Outpatient Or Home Other	10/1/85	99/99/9999				X					
0860	Magnetoencephalography (MEG) – General	01/01/14	99/99/9999	X								Only covered benefit for IP
0861	Magnetoencephalography (MEG) – Other	01/01/14	99/99/9999	X								Only covered benefit for IP
0880	Miscellaneous Dialysis General	10/1/85	99/99/9999				X					
0881	Miscellaneous Dialysis Ultrafiltration	10/1/85	99/99/9999				X					
0882	Home Dialysis-Aid Visit											Non-covered benefit
0889	Miscellaneous Dialysis Other	10/1/85	99/99/9999				X					
0900	Psychiatric/ Psychological Treatments General	10/1/85	99/99/9999	X	X	X						
0901	Psychiatric/ Psychological Treatments Electroshock Treatment	10/1/85	99/99/9999	X	X	X						
0902	Psychiatric/ Psychological Treatments Milieu Therapy											Non-covered benefit
0903	Psychiatric/ Psychological Treatments Play Therapy											Non-covered benefit

Revenue Code	Description	Effective From	Effective Through	INPATIENT	OUTPATIENT	FQHC/ RHC	DIALYSIS	RTC	HH/ PDN	HOSPICE	NF	Comments
0904	Psychiatric/ Psychological Treatments Activity Therapy											Non-covered benefit
0905	Psych – Intensive OP Psychiatric	01/01/14	99/99/9999									Non-Covered Benefit
0906	Psych – Intensive OP Chemical Dependency	01/01/14	99/99/9999									Non-Covered Benefit
0907	Psych – Comm Behav Hlth Day Treatment	01/01/14	99/99/9999									Non-Covered Benefit
0909	Psychiatric/ Psychological Treatments Other											Non-covered benefit
0910	Psychiatric/ Psychological Services General	10/1/85	99/99/9999	X	X	X						
0911	Psychiatric/ Psychological Services Rehabilitation (Use For Residential Treatment Centers)	7/1/93	99/99/9999	X	X	X		X				Use for Residential Treatment Centers (Psych Rehab for Children)
0912	Psychiatric/ Psychological Services Day Care (AKA Partial Hospitalization)											Non-covered benefit
0913	Partial Hospitalization - Intensive											Non-covered benefit. Previous usage was for Psych Night Care.
0914	Psychiatric/ Psychological Services Individual Therapy	10/1/85	99/99/9999	X	X							
0915	Psychiatric/ Psychological Services Group Therapy	10/1/85	99/99/9999	X	X							
0916	Psychiatric/ Psychological Services Family Therapy											Non-covered benefit
0917	Psychiatric/ Psychological Services Biofeedback											Non-covered benefit
0918	Psychiatric/ Psychological Services Testing											Non-covered benefit

Revenue Code	Description	Effective From	Effective Through	INPATIENT	OUTPATIENT	FQHC/ RHC	DIALYSIS	RTC	HH/ PDN	HOSPICE	NF	Comments
0919	Psychiatric/ Psychological Services Other											Non-covered benefit
0920	Other Diagnostic Services General	10/1/85	99/99/9999	X	X	X						
0921	Other Diagnostic Services Peripheral Vascular Lab	10/1/85	99/99/9999	X	X	X						
0922	Other Diagnostic Services Electromyelgram	10/1/85	99/99/9999	X	X	X						
0923	Other Diagnostic Services Pap Smear	10/1/85	99/99/9999	X	X	X						
0924	Other Diagnostic Services Allergy Test	10/1/85	99/99/9999	X	X	X						
0925	Other Diagnostic Services Pregnancy Test	10/1/85	99/99/9999	X	X	X						
0929	Other Diagnostic Services Other	10/1/85	99/99/9999	X	X	X						
0931	Medical Rehab Day Program – Half Day	01/01/14	99/99/9999									Non-Covered Benefit
0932	Medical Rehab Day Program – Full Day	01/01/14	99/99/9999									Non-Covered Benefit
0940	Other Therapeutic Services General	10/1/85	99/99/9999		X							
0941	Other Therapeutic Services Recreational Therapy											Non-covered benefit
0942	Other Therapeutic Services Education/Training (Incl. Dietary)	10/1/85	99/99/9999	X	X							
0943	Other Therapeutic Services Cardiac Rehabilitation	10/1/85	99/99/9999		X							
0944	Other Therapeutic Services Drug Rehabilitation (Except Detox.)	10/1/85	99/99/9999	X								No longer an outpatient benefit 08/2003
0945	Other Therapeutic Services Alcohol Rehabilitation	10/1/85	99/99/9999	X								No longer an outpatient benefit 08/2003

Revenue Code	Description	Effective From	Effective Through	INPATIENT	OUTPATIENT	FQHC/ RHC	DIALYSIS	RTC	HH/ PDN	HOSPICE	NF	Comments
0946	Other Therapeutic Services Complex Med Equipment-Routine	10/1/85	99/99/9999	X	X							
0947	Other Therapeutic Services Complex Med Equipment-Ancillary	10/1/85	99/99/9999	X	X							
0948	Other Therapeutic Services - Pulmonary Rehab	01/01/14	99/99/9999									Non-covered benefit
0949	Other Therapeutic Services Other	10/1/85	99/99/9999	X	X							
0951	Other Therapeutic Services - Athletic Training	01/01/14	99/99/9999									Non-Covered Benefit
0952	Other Therapeutic Services - Kinesiotherapy	01/01/14	99/99/9999									Non-Covered Benefit
0960	Professional Fee General											Non-covered benefit
0961	Professional Fee Psychiatric											Non-covered benefit
0962	Professional Fee Ophthalmology	1/1/99	99/99/9999								X	PETI- Vision and Eye Care
0963	Professional Fee Anesthesiologist (M.D.)											Non-covered benefit
0964	Professional Fee Anesthetist (CRNA)											Non-covered benefit
0969	Professional Fee Other	1/1/99	99/99/9999								X	PETI- Dental Services
0971	Professional Fee Laboratory											Non-covered benefit
0972	Professional Fee Radiology - Diagnostic											Non-covered benefit
0973	Professional Fee Radiology- Therapeutic											Non-covered benefit
0974	Professional Fee Radiology-Nuclear Medicine											Non-covered benefit
0975	Professional Fee Operating Room											Non-covered benefit
0976	Professional Fee Respiratory Therapy											Non-covered benefit

Revenue Code	Description	Effective From	Effective Through	INPATIENT	OUTPATIENT	FQHC/ RHC	DIALYSIS	RTC	HH/ PDN	HOSPICE	NF	Comments
0977	Professional Fee Physical Therapy											Non-covered benefit
0978	Professional Fee Occupational Therapy											Non-covered benefit
0979	Professional Fee Speech Pathology											Non-covered benefit
0981	Professional Fee Emergency Room											Non-covered benefit
0982	Professional Fee Outpatient Services	1/1/99	99/99/9999								X	PETI: Chiropractic Services
0983	Professional Fee Clinic											Non-covered benefit
0984	Professional Fee Medical Social Services											Non-covered benefit
0985	Professional Fee EKG											Non-covered benefit
0986	Professional Fee EEG											Non-covered benefit
0987	Professional Fee Hospital Visit											Non-covered benefit
0988	Professional Fee Consultation											Non-covered benefit
0989	Professional Fee Private Duty Nurse											Non-covered benefit
0990	Patient Convenience Items General											Non-covered benefit
0991	Cafeteria/Guest Tray											Non-covered benefit
0992	Private Linen Service											Non-covered benefit
0993	Telephone/Telegraph											Non-covered benefit
0994	TV/Radio											Non-covered benefit
0995	Non-Patient Room Rentals											Non-covered benefit
0996	Late Discharge Charge											Non-covered benefit
0997	Admission Kits											Non-covered benefit
0998	Beauty/Barber Shop											Non-covered benefit
0999	Other	1/1/99	99/99/9999								X	PETI: Health Insurance Premiums And Other Services NEC.

Revenue Code	Description	Effective From	Effective Through	INPATIENT	OUTPATIENT	FQHC/ RHC	DIALYSIS	RTC	HH/ PDN	HOSPICE	NF	Comments
1000	Behav Hlth – Residential R&B General	01/01/14	99/99/9999									Non-Covered Benefit
1001	Behav Hlth – R&B Residential Psych	01/01/14	99/99/9999									Non-Covered Benefit
1002	Behav Hlth – R&B Residential Chem Dep	01/01/14	99/99/9999									Non-Covered Benefit
1003	Behav Hlth – R&B Supervised Living	01/01/14	99/99/9999									Non-Covered Benefit
1004	Behav Hlth – R&B Halfway House	01/01/14	99/99/9999									Non-Covered Benefit
1005	Behav Hlth – R&B Group Home	01/01/14	99/99/9999									Non-Covered Benefit
2100	Alternative Therapy – General	01/01/14	99/99/9999									Non-Covered Benefit
2101	Alternative Therapy - Acupuncture	01/01/14	99/99/9999									Non-Covered Benefit
2102	Alternative Therapy – Acupressure	01/01/14	99/99/9999									Non-Covered Benefit
2103	Alternative Therapy – Massage	01/01/14	99/99/9999									Non-Covered Benefit
2104	Alternative Therapy - Reflexology	01/01/14	99/99/9999									Non-Covered Benefit
2105	Alternative Therapy - Biofeedback	01/01/14	99/99/9999									Non-Covered Benefit
2106	Alternative Therapy – Hypnosis	01/01/14	99/99/9999									Non-Covered Benefit
2109	Alternative Therapy – Other	01/01/14	99/99/9999									Non-Covered Benefit
3101	Adult Day Care – Hourly Medical and Social	01/01/14	99/99/9999									Non-Covered Benefit
3102	Adult Day Care – Hourly Social	01/01/14	99/99/9999									Non-Covered Benefit
3103	Adult Day Care – Daily Medical and Social	01/01/14	99/99/9999									Non-Covered Benefit
3104	Adult Day Care – Daily Social	01/01/14	99/99/9999									Non-Covered Benefit
3105	Adult Day Care – Daily	01/01/14	99/99/9999									Non-Covered Benefit
3109	Adult Day Care – Other	01/01/14	99/99/9999									Non-Covered Benefit

**Appendix Q Revisions Log**

<b>Revision Date</b>	<b>Appendix</b>	<b>Pages</b>	<b>Made by</b>
05/28/2008	Updated HCPCS/ NDC for Drug Revenue Codes	2, 8 & 10	jg
12/06/2011	Added Revenue Code 583	19	jg
10/03/2012	Appendix Q – Added Comment for Revenue Codes 420-439	14	jg
12/23/2013	Added the following due to APR-DRG: 0022, 0023, 0024, 0241, 0242, 0243, 0392, 0524, 0525, 0527, 0528, 0609, 0614, 0615, 0616, 0618, 0637, 0658, 0659, 0663, 0669, 0681, 0682, 0683, 0684, 0689, 0860, 0861, 0905, 0906, 0907, 0931, 0932, 0948, 0951, 0952, 1000, 1001, 1002, 1003, 1004, 1005, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2109, 3101, 3102, 3103, 3104, 3105, 3109	Throughout	cc
12/31/2013	Made all revenue codes 4-digits	1-29	jg
01/08/2014	Removed revenue codes 0658 Hospice Room & Board – Nursing Facility with Effective From 01/01/14 date.and the first 0659 Other Hospice Service with Effective From 01/01/14 date.	19	jg

**Note:** In many instances when specific pages are updated, the page numbers change for the entire section. Page numbers listed above, are the page numbers on which the updates/changes occur.