

DATA REQUIREMENTS - REVENUE CODES

| CODES | MAJOR/SUB-CATEGORY |
|--------------|---|
| 0001 | Total Charge |
| 001X | RESERVED |
| 002X | Health Insurance - Prospective Payment System (HIPPS) |
| | Subcategory |
| | 2 Skilled Nursing Facility (SNF-PPS) |
| | 3 Home Health Agency (HHA-PPS) |
| | 4 Inpatient Rehab Facility (REHAB-PPS) (Effective 10/16/2003) |
| 003X TO 006X | RESERVED for National Assignment |
| 007X TO 009X | RESERVED for National Assignment |
| 010X | All Inclusive Rate |
| | 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. |
| | Subcategory |
| | 0 All-Inclusive Room and Board Plus Ancillary |
| | 1 All-Inclusive Room and Board |
| 011X | Room and Board - Private Medical or General |
| | Routine service charges for single bed rooms. |
| | Subcategory |
| | 0 General Classification |
| | 1 Medical/Surgical/Gyn |
| | 2 OB |
| | 3 Pediatric |
| | 4 Psychiatric |
| | 5 Hospice |
| | 6 Detoxification |
| | 7 Oncology |
| | 8 Rehabilitation |
| | 9 Other |

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, ADDENDUM I

DATA REQUIREMENTS - REVENUE CODES

| CODES | MAJOR/SUB-CATEGORY (CONTINUED) |
|-------------|---|
| 012X | Room and Board - Semi-Private Two Bed (Medical or General) |
| | Routine service charges incurred for accommodations with two beds. |
| | Subcategory |
| | 0 General Classification |
| | 1 Medical/Surgical/Gyn |
| | 2 OB |
| | 3 Pediatric |
| | 4 Psychiatric |
| | 5 Hospice |
| | 6 Detoxification |
| | 7 Oncology |
| | 8 Rehabilitation |
| | 9 Other |
| 013X | Semi-Private - Three and Four Beds |
| | Routine service charges incurred for accommodations with three and four beds. |
| | Subcategory |
| | 0 General Classification |
| | 1 Medical/Surgical/Gyn |
| | 2 OB |
| | 3 Pediatric |
| | 4 Psychiatric |
| | 5 Hospice |
| | 6 Detoxification |
| | 7 Oncology |
| | 8 Rehabilitation |
| | 9 Other |
| 014X | Private (Deluxe) |
| | Deluxe rooms are accommodations with amenities substantially in excess of those provided to other patients. |
| | Subcategory |
| | 0 General Classification |
| | 1 Medical/Surgical/Gyn |
| | 2 OB |
| | 3 Pediatric |
| | 4 Psychiatric |
| | 5 Hospice |

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, ADDENDUM I

DATA REQUIREMENTS - REVENUE CODES

| CODES | MAJOR/SUB-CATEGORY (CONTINUED) |
|-------------|---|
| | 6 Detoxification |
| | 7 Oncology |
| | 8 Rehabilitation |
| | 9 Other |
| 015X | Room and Board Ward (Medical or General) |
| | Routine service charge for accommodations with five or more beds. |
| | Subcategory |
| | 0 General Classification |
| | 1 Medical/Surgical/Gyn |
| | 2 OB |
| | 3 Pediatric |
| | 4 Psychiatric |
| | 5 Hospice |
| | 6 Detoxification |
| | 7 Oncology |
| | 8 Rehabilitation |
| | 9 Other |
| 016X | Other Room and Board |
| | Any routine service charges for accommodations that cannot be included in the more specific revenue center codes. |
| | Subcategory |
| | 0 General Classification |
| | 4 Sterile Environment |
| | 7 Self Care |
| | 9 Other |
| 017X | Nursery |
| | Accommodation charges for nursing care to newborn and premature infants in nurseries. |
| | Subcategory |
| | 0 General Classification |
| | 1 Newborn - Level I |
| | 2 Premature - Level II |
| | 3 Neonatal (Intermediate Care) - Level III |
| | 4 Neonatal ICU - Level IV |
| | 9 Other |

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, ADDENDUM I

DATA REQUIREMENTS - REVENUE CODES

| CODES | MAJOR/SUB-CATEGORY (CONTINUED) |
|-------|---|
| 018X | Leave of Absence |
| | Charges for holding a room while the patient is temporarily away from the provider. |
| | Subcategory |
| 0 | General Classification |
| 2 | Patient Convenience |
| 3 | Therapeutic Leave |
| 4 | RESERVED (Effective 04/01/2004) |
| 5 | Hospitalization |
| 9 | Other Leave of Absence |
| 019X | Subacute Care |
| | Accommodation charges for subacute care to inpatients in hospitals or skilled nursing facilities. |
| | Subcategory |
| 0 | General Classification |
| 1 | Subacute Care - Level I (Skilled Care) |
| 2 | Subacute Care - Level II (Comprehensive Care) |
| 3 | Subacute Care - Level III (Complex Care) |
| 4 | Subacute Care - Level IV (Intensive Care) |
| 9 | Other Subacute Care |
| 020X | 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 |
| 0 | General Classification |
| 1 | Surgical |
| 2 | Medical |
| 3 | Pediatric |
| 4 | Psychiatric |
| 6 | Intermediate - ICU |
| 7 | Burn Care |
| 8 | Trauma |
| 9 | Other Intensive Care |

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, ADDENDUM I

DATA REQUIREMENTS - REVENUE CODES

| CODES | MAJOR/SUB-CATEGORY (CONTINUED) |
|--------------|--|
| 021X | 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 general medical care unit. |
| | Subcategory |
| | 0 General Classification |
| | 1 Myocardial Infarction |
| | 2 Pulmonary Care |
| | 3 Heart Transplant |
| | 4 Intermediate - CCU |
| | 9 Other Coronary Care |
| 022X | Special Charges |
| | Charges incurred during an inpatient stay or on a daily basis for certain services. |
| | Subcategory |
| | 0 General Classification |
| | 1 Admission Charge |
| | 2 Technical Support Charge |
| | 3 U.R. Service Charge |
| | 4 Late Discharge, Medically Necessary |
| | 9 Other Special Charges |
| 023X | Incremental Nursing Charge Rate |
| | Charge for nursing service assessed in addition to room and board. |
| | Subcategory |
| | 0 General Classification |
| | 1 Nursery |
| | 2 OB |
| | 3 ICU |
| | 4 CCU |
| | 5 Hospice |
| | 9 Other |
| 024X | All Inclusive Ancillary |
| | A flat rate charge incurred on either a daily basis or total stay basis for ancillary services only. |
| | Subcategory |
| | 0 General Classification |
| | 1 Basic |

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, ADDENDUM I

DATA REQUIREMENTS - REVENUE CODES

| CODES | MAJOR/SUB-CATEGORY (CONTINUED) |
|-------------|---|
| | 2 Comprehensive |
| | 3 Speciality |
| | 9 Other All Inclusive Ancillary |
| 025X | Pharmacy |
| | Charges for medication produced, manufactured, packaged, controlled, assayed, dispensed and distributed under the direction of licensed pharmacist. |
| | Subcategory |
| | 0 General classification |
| | 1 Generic Drugs |
| | 2 Non-Generic Drugs |
| | 3 Take Home Drug |
| | 4 Drugs Incident to Other Diagnostic Services |
| | 5 Drugs Incident to Radiology |
| | 6 Experimental Drugs |
| | 7 Non-Prescription |
| | 8 IV Solutions |
| | 9 Other Pharmacy |
| 026X | IV Therapy |
| | Equipment charge or administration of intravenous solution by specially trained personnel to individuals requiring such treatment. This code should be used only when a discrete service unit exists. |
| | Subcategory |
| | 0 General Classification |
| | 1 Infusion Pump |
| | 2 IV Therapy/Pharmacy Services |
| | 3 IV Therapy/Drug/Supply Delivery |
| | 4 IV Therapy/Supplies |
| | 9 Other IV Therapy |
| 027X | Medical/Surgical Supplies and Devices |
| | Charges for supply items required for patient care. |
| | Subcategory |
| | 0 General Classification |
| | 1 Non-Sterile Supply |
| | 2 Sterile Supply |
| | 3 Take Home Supplies |
| | 4 Prosthetic/Orthotic Devices |

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, ADDENDUM I

DATA REQUIREMENTS - REVENUE CODES

| CODES | MAJOR/SUB-CATEGORY (CONTINUED) | |
|-------------|---|--|
| | 5 | Pacemaker |
| | 6 | Intraocular Lens |
| | 7 | Oxygen - Take Home |
| | 8 | Other Implants |
| | 9 | Other Supplies/Devices |
| 028X | Oncology | |
| | Charges for the treatment of tumors and related diseases. | |
| | Subcategory | |
| | 0 | General Classification |
| | 9 | Other Oncology |
| 029X | Durable Medical Equipment (other than renal) | |
| | Charge for medical equipment that can withstand repeated use (excluding renal equipment). | |
| | Subcategory | |
| | 0 | General Classification |
| | 1 | Rental |
| | 2 | Purchase of New DME |
| | 3 | Purchase of Used DME |
| | 4 | Supplies/Drugs for DME Effectiveness (Home Health Agency [HHA] Only) |
| | 9 | Other Equipment |
| 030X | Laboratory | |
| | Charges for the performance of diagnostic and routine clinical laboratory tests. | |
| | Subcategory | |
| | 0 | General Classification |
| | 1 | Chemistry |
| | 2 | Immunology |
| | 3 | Renal Patient (home) |
| | 4 | Non-Routine Dialysis |
| | 5 | Hematology |
| | 6 | Bacteriology & Microbiology |
| | 7 | Urology |
| | 9 | Other Laboratory |

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, ADDENDUM I

DATA REQUIREMENTS - REVENUE CODES

| CODES | MAJOR/SUB-CATEGORY (CONTINUED) |
|-------|---|
| 031X | Laboratory Pathological |
| | Charges for diagnostic and routine laboratory tests on tissues and culture. |
| | Subcategory |
| | 0 General Classification |
| | 1 Cytology |
| | 2 Histology |
| | 4 Biopsy |
| | 9 Other Laboratory Pathological |
| 032X | 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 |
| | 0 General Classification |
| | 1 Angiocardiology |
| | 2 Arthrography |
| | 3 Arteriography |
| | 4 Chest X-Ray |
| | 9 Other Radiology - Diagnostic |
| 033X | Radiology - Therapeutic |
| | Charges for therapeutic radiology services and chemotherapy are required for care and treatment of patients. Includes therapy by injection or ingestion of radioactive substances. |
| | Subcategory |
| | 0 General Classification |
| | 1 Chemotherapy - Injected |
| | 2 Chemotherapy - Oral |
| | 3 Radiation Therapy |
| | 5 Chemotherapy - IV |
| | 9 Other Radiology - Therapeutic |
| 034X | Nuclear Medicine |
| | Charges for procedures, tests, and radiopharmaceuticals provided by a department handling radioactive materials as required for diagnosis and treatment of patients. |
| | Subcategory |
| | 0 General Classification |
| | 1 Diagnostic Procedures |
| | 2 Therapeutic Procedures |

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, ADDENDUM I

DATA REQUIREMENTS - REVENUE CODES

| CODES | MAJOR/SUB-CATEGORY (CONTINUED) |
|-------|---|
| | 3 Diagnostic Radiopharmaceuticals (Effective 10/01/2004) |
| | 4 Therapeutic Radiopharmaceuticals (Effective 10/01/2004) |
| | 9 Other Nuclear Medicine |
| 035X | CT Scan |
| | Charges for computed tomographic scans of the head and other parts of the body. |
| | Subcategory |
| | 0 General Classification |
| | 1 Head Scan |
| | 2 Body Scan |
| | 9 Other CT Scan |
| 036X | Operating Room Services |
| | Charges for services provided to patients by specially trained nursing personnel who provide assistance to physicians in the performance of surgical and related procedures during and immediately following surgery. |
| | Subcategory |
| | 0 General Classification |
| | 1 Minor Surgery |
| | 2 Organ Transplant - Other than Kidney |
| | 7 Kidney Transplant |
| | 9 Other Operating Room Services |
| 037X | Anesthesia |
| | Charges for anesthesia services in the hospital. |
| | Subcategory |
| | 0 General Classification |
| | 1 Anesthesia Incident to Radiology |
| | 2 Anesthesia Incident to Other Diagnostic Services |
| | 4 Acupuncture |
| | 9 Other Anesthesia |
| 038X | Blood |
| | Charges for blood must be separately identified for private payer purposes. |
| | Subcategory |
| | 0 General Classification |
| | 1 Packed Red Cells |
| | 2 Whole Blood |

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, ADDENDUM I

DATA REQUIREMENTS - REVENUE CODES

| CODES | MAJOR/SUB-CATEGORY (CONTINUED) | |
|-------|--|---|
| | 3 | Plasma |
| | 4 | Platelets |
| | 5 | Leukocytes |
| | 6 | Other Components |
| | 7 | Other Derivatives (Cryoprecipitates) |
| | 9 | Other Blood |
| 039X | Blood and Blood Component Administration, Storage and Processing | |
| | Charges for the storage and processing of whole blood. | |
| | Subcategory | |
| | 0 | General Classification |
| | 1 | Blood Administration (e.g., Transfusions) |
| | 9 | Other Blood Storage and Processing |
| 040X | Other Imaging Services | |
| | Subcategory | |
| | 0 | General Classification |
| | 1 | Diagnostic Mammography |
| | 2 | Ultrasound |
| | 3 | Screening Mammography |
| | 4 | Positron Emission Tomography |
| | 9 | Other Imaging Services |
| 041X | 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 | |
| | 0 | General Classification |
| | 2 | Inhalation Services |
| | 3 | Hyperbaric Oxygen Therapy |
| | 9 | Other Respiratory Services |
| 042X | 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 | |
| | 0 | General Classification |
| | 1 | Visit Charge |

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, ADDENDUM I

DATA REQUIREMENTS - REVENUE CODES

| CODES | MAJOR/SUB-CATEGORY (CONTINUED) |
|-------------|--|
| | 2 Hourly Charge |
| | 3 Group Rate |
| | 4 Evaluation or Re-Evaluation |
| | 9 Other Physical Therapy |
| 043X | Occupational Therapy |
| | Services provided by a qualified occupational therapy practitioner for therapeutic interventions to improve, sustain or restore an individual's level of function in performance of activities of daily living and work, including: therapeutic activities; therapeutic exercises; sensorimotor processing; psychosocial skills training; cognitive retraining; fabrication and application of orthotic devices; and training in the use of orthotic and prosthetic devices; adaptation of environments; and application of physical agent modalities. |
| | Subcategory |
| | 0 General Classification |
| | 1 Visit Charge |
| | 2 Hourly Charge |
| | 3 Group Rate |
| | 4 Evaluation or Re-Evaluation |
| | 9 Other Occupational Therapy |
| 044X | Speech - Language Pathology |
| | Charges for services provided to persons with impaired functional communication skills. |
| | Subcategory |
| | 0 General Classification |
| | 1 Visit Charge |
| | 2 Hourly Charge |
| | 3 Group Rate |
| | 4 Evaluation or Re-Evaluation |
| | 9 Other Speech - Language Pathology |
| 045X | Emergency Room |
| | Charges for emergency treatment to those ill and injured persons who require immediate unscheduled medical or surgical care. |
| | Subcategory |
| | 0 General Classification |
| | 1 Emergency Medical Treatment & Active Labor Act (EMTALA) Emergency Medical Screening Services |
| | 2 ER Beyond EMTALA Screening |

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, ADDENDUM I

DATA REQUIREMENTS - REVENUE CODES

| CODES | MAJOR/SUB-CATEGORY (CONTINUED) |
|-------------|--|
| | 6 Urgent Care |
| | 9 Other Emergency Room |
| 046X | 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 oxygen and other gases. |
| | Subcategory |
| | 0 General Classification |
| | 9 Other Pulmonary Function |
| 047X | Audiology |
| | Charges for the detection and management of communication handicaps centering in whole or in part on the hearing function. |
| | Subcategory |
| | 0 General Classification |
| | 1 Diagnostic |
| | 2 Treatment |
| | 9 Other Audiology |
| 048X | 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 |
| | 0 General Classification |
| | 1 Cardiac Cath Lab |
| | 2 Stress Test |
| | 3 Echocardiology |
| | 9 Other Cardiology |
| 049X | Ambulatory Surgical Care |
| | Charges for ambulatory surgery which are not covered by other categories. |
| | Subcategory |
| | 0 General Classification |
| | 9 Other Ambulatory Surgical Care |

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, ADDENDUM I

DATA REQUIREMENTS - REVENUE CODES

| CODES | MAJOR/SUB-CATEGORY (CONTINUED) |
|--------------|---|
| 050X | Outpatient Services |
| | Outpatient charges for services rendered to an outpatient who is admitted as an inpatient before midnight of the day following the date of service. |
| | Subcategory |
| | 0 General Classification |
| | 9 Other Outpatient Services |
| 051X | Clinic (to be submitted on Non-Institutional TED) |
| | Clinic (non-emergency/scheduled outpatient visit) charges for providing diagnostic, preventive, curative, rehabilitative, and education services on a scheduled basis to ambulatory patients. |
| | Subcategory |
| | 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 Clinic |
| | 9 Other Clinic |
| 052X | Free-Standing Clinic (to be submitted on Non-Institutional TED) |
| | Subcategory |
| | 0 General Classification |
| | 1 Rural Health - Clinic |
| | 2 Rural Health - Home |
| | 3 Family Practice Clinic |
| | 6 Urgent Care Clinic |
| | 9 Other Free-Standing Clinic |
| 053X | Osteopathic Services (to be submitted on Non-Institutional TED) |
| | Charges for a structural evaluation of the cranium, entire cervical, dorsal and lumbar spine by a doctor of osteopathy. |
| | Subcategory |
| | 0 General Classification |
| | 1 Osteopathic Therapy |
| | 9 Other Osteopathic Services |

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, ADDENDUM I

DATA REQUIREMENTS - REVENUE CODES

| CODES | MAJOR/SUB-CATEGORY (CONTINUED) |
|-------------|--|
| 054X | Ambulance (to be submitted on Non-Institutional TED) |
| | Charges for ambulance service, usually on an unscheduled basis to the ill and injured who require immediate medical attention. |
| | Subcategory |
| | 0 General Classification |
| | 1 Supplies |
| | 2 Medical Transport |
| | 3 Heart Mobile |
| | 4 Oxygen |
| | 5 Air Ambulance |
| | 6 Neonatal Ambulance Service |
| | 7 Pharmacy |
| | 8 Telephone Transmission EKG |
| | 9 Other Ambulance |
| 055X | 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, comprehensive outpatient rehabilitation facilities (CORFs), or a service charge for home health billing. |
| | Subcategory |
| | 0 General Classification |
| | 1 Visit Charge |
| | 2 Hourly Charge |
| | 9 Other Skilled Nursing |
| 056X | Medical Social Services |
| | Charges for services such as counseling patients, interviewing patients, and interpreting problems of social situation rendered to patients on any basis. |
| | Subcategory |
| | 0 General Classification |
| | 1 Visit Charge |
| | 2 Hourly Charge |
| | 9 Other Medical Social Services |

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, ADDENDUM I

DATA REQUIREMENTS - REVENUE CODES

| CODES | MAJOR/SUB-CATEGORY (CONTINUED) |
|--------------|--|
| 057X | Home Health Aide (Home Health) |
| | Charges made by a home health agency for personnel that are primarily responsible for the personal care of the patient. |
| | Subcategory |
| 0 | General Classification |
| 1 | Visit Charge |
| 2 | Hourly Charge |
| 9 | Other Home Health Aide |
| 058X | Other Visits (Home Health) |
| | Charges by a home health agency for visits other than physical therapy, occupational therapy or speech therapy, which must be specifically identified. |
| | Subcategory |
| 0 | General Classification |
| 1 | Visit Charge |
| 2 | Hourly Charge |
| 3 | Assessment |
| 9 | Other Home Health Visit |
| 059X | Units of Service (Home Health) |
| | Revenue code used by a home health agency that bills on the basis of units of service. |
| | Subcategory |
| 0 | General Classification |
| 9 | Home Health Other Units |
| 060X | Oxygen (Home Health) |
| | Charges by a home health agency for oxygen equipment supplies or contents, excluding purchased equipment. |
| | Subcategory |
| 0 | General Classification |
| 1 | Oxygen - Stat. Equip/Supply or Cont. |
| 2 | Oxygen - Stat. Equip/Supply Under 1 LPM |
| 3 | Oxygen - Stat. Equip/Over 4 LPM |
| 4 | Oxygen - Portable Add-On |
| 9 | Other Oxygen |

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, ADDENDUM I

DATA REQUIREMENTS - REVENUE CODES

| CODES | MAJOR/SUB-CATEGORY (CONTINUED) |
|-------|--|
| 061X | Magnetic Resonance Technology (MRT) |
| | Charges for Magnetic Resonance Imaging (MRI) and Magnetic Resonance Angiography (MRA) of the Brain and other parts of the body |
| | Subcategory |
| 0 | General Classification |
| 1 | MRI - Brain (including brainstem) |
| 2 | MRI - Spinal Cord (including spine) |
| 4 | MRI - Other |
| 5 | MRA - Head and Neck |
| 6 | MRA - Lower Extremities |
| 8 | MRA - Other |
| 9 | Other MRT |
| 062X | Medical/Surgical Supplies and Devices - Other |
| | Charges for supply items required for patient care. The category is an extension of 027X for reporting additional breakdown where needed. Subcode 1 is for providers that cannot bill supplies used for radiology procedures under radiology. Subcode 2 is for providers that cannot bill supplies used for other diagnostic procedures. |
| | Subcategory |
| 1 | Supplies Incident to Radiology |
| 2 | Supplies Incident to Other Diagnostic Service |
| 3 | Surgical Dressings |
| 4 | FDA Investigational Devices |
| 063X | Pharmacy |
| | Charges for medication produced, manufactured, package, controlled, assayed, dispensed and distributed under the direction of a licensed pharmacist. The category is an extension of 025X for reporting addition breakdown where needed. |
| | Subcategory |
| 1 | Single Source Drug |
| 2 | Multiple Source Drug |
| 3 | Restrictive Prescription |
| 4 | Erythropoietin (EPO) Less than 10,000 Units |
| 5 | Erythropoietin (EPO) 10,000 or More Units |
| 6 | Drugs Requiring Detailed Coding (Blood Clotting Factor Only) (Note: Detail is not required for TRICARE.) |
| 7 | Self-Administrable Drugs |

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, ADDENDUM I

DATA REQUIREMENTS - REVENUE CODES

| CODES | MAJOR/SUB-CATEGORY (CONTINUED) |
|-------|--|
| 064X | Home IV Therapy Services |
| | Charge for intravenous drug therapy services which are 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 |
| | 0 General Classification |
| | 1 Non-Routine Nursing, Central Line |
| | 2 IV Site Care, Central Line |
| | 3 IV Site/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 |
| 065X | Hospice Service |
| | Charges for hospice care services for a terminally ill patient if he elects these services in lieu of other services for the terminal condition. |
| | Subcategory |
| | 0 General Classification |
| | 1 Routine Home Care |
| | 2 Continuous Home Care |
| | 5 Inpatient Respite Care |
| | 6 General Inpatient Care (non-respite) |
| | 7 Physician Services |
| | 8 Hospice Room & Board Nursing Facility |
| | 9 Other Hospice Services |
| 066X | Respite Care |
| | Charges for hours of care under the Respite Care Benefit for services of a homemaker or home health aide, personal care services, and nursing care provided by a licensed professional nurse. |
| | Subcategory |
| | 0 General Classification |
| | 1 Hourly Charge/Nursing |
| | 2 Hourly Charge/Home Health Aide/Home Maker/ Companion |
| | 3 Daily Respite Charge |
| | 9 Other Respite Care |

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, ADDENDUM I

DATA REQUIREMENTS - REVENUE CODES

| CODES | MAJOR/SUB-CATEGORY (CONTINUED) |
|--------------|---|
| 067X | Outpatient Special Residence Charges |
| | Residence arrangements for patients requiring continuous outpatient care. |
| | Subcategory |
| | 0 General Classification |
| | 1 Hospital Based |
| | 2 Contracted |
| | 9 Other Special Residence Charges |
| 068X | Trauma Response |
| | Charge for a trauma team activation. |
| | Subcategory |
| | 1 Level I |
| | 2 Level II |
| | 3 Level III |
| | 4 Level IV |
| | 9 Other Trauma Response |
| 069X | RESERVED |
| 070X | Cast Room |
| | Charges for services related to the application, maintenance and removal of casts. |
| | Subcategory |
| | 0 General Classification |
| | 9 Other Cast Room |
| 071X | Recovery Room |
| | Subcategory |
| | 0 General Classification |
| | 9 Other Recovery Room |
| 072X | Labor Room/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 gynecologic procedures if they are performed in the delivery suite. |
| | Subcategory |
| | 0 General Classification |
| | 1 Labor |
| | 2 Delivery |
| | 3 Circumcision |
| | 4 Birthing Center |

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, ADDENDUM I

DATA REQUIREMENTS - REVENUE CODES

| CODES | MAJOR/SUB-CATEGORY (CONTINUED) |
|-------------|---|
| | 9 Other Labor Room/Delivery |
| 073X | 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 |
| | 0 General Classification |
| | 1 Holter Monitor |
| | 2 Telemetry |
| | 9 Other EKG/ECG |
| 074X | 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 |
| | 0 General Classification |
| | 9 Other EEG |
| 075X | Gastro-intestinal Services |
| | Procedure room charges for endoscopic procedures not performed in the operating room. |
| | Subcategory |
| | 0 General Classification |
| | 9 Other Gastro-intestinal |
| 076X | Treatment or Observation Room |
| | Charges for the use of a treatment room; or for the room charge associated with outpatient observation services. |
| | Observation services are those services furnished by a hospital on the hospital's premises, including use of a bed and periodic monitoring by a hospital's nursing or other staff, which are reasonable and necessary to evaluate an outpatient's condition or determine the need for a possible admission to the hospital as an inpatient. Such services are covered only when provided by the order of a physician or another individual authorized by State licensure law and hospital staff bylaws to admit patients to the hospital or order outpatient tests. The reason for observation must be stated in the orders for observation. Payers should establish written guidelines which identify coverage of observation. |
| | Subcategory |
| | 0 General Classification |
| | 1 Treatment Room |

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, ADDENDUM I

DATA REQUIREMENTS - REVENUE CODES

| CODES | MAJOR/SUB-CATEGORY (CONTINUED) |
|-------------|---|
| | 2 Observation Room |
| | 9 Other Treatment/Observation Room |
| 077X | Preventive Care Services |
| | Revenue Code used to capture preventive services established by payers. |
| | Subcategory |
| | 0 General Classification |
| | 1 Vaccine Administration |
| | 9 Other |
| 078X | Telemedicine |
| | Facility telemedicine charges related to a three year Medicare demonstration project commencing 10/01/1996. |
| | Subcategory |
| | 0 General Classification |
| | 9 Other Telemedicine |
| 079X | Lithotripsy |
| | Extra-corporeal Shockwave Therapy (formerly Lithotripsy). |
| | Subcategory |
| | 0 General Classification |
| | 9 Other Lithotripsy |
| 080X | 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 blood by flushing a special solution between the abdominal covering and the tissue (peritoneal dialysis). |
| | Subcategory |
| | 0 General Classification |
| | 1 Inpatient Hemodialysis |
| | 2 Inpatient Peritoneal (non-CAPD) |
| | 3 Inpatient Continuous Ambulatory Peritoneal Dialysis (CAPD) |
| | 4 Inpatient Continuous Cycling Peritoneal Dialysis (CCPD) |
| | 9 Other Inpatient Dialysis |
| 081X | Acquisition of Body Components |
| | The acquisition and storage costs of body tissue, bone marrow, organs and other components not otherwise identified used for transplantation. |
| | Subcategory |
| | 0 General Classification |
| | 1 Living Donor |

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, ADDENDUM I

DATA REQUIREMENTS - REVENUE CODES

| CODES | MAJOR/SUB-CATEGORY (CONTINUED) |
|-------------|---|
| | 2 Cadaver Donor |
| | 3 Unknown Donor |
| | 4 Unsuccessful Organ Search - Donor Bank Charges |
| | 5 Cadaver Donor - Heart (Terminated 10/01/2000) |
| | 6 Other Heart Acquisition (Terminated 10/01/2000) |
| | 7 Donor - Liver (Terminated 10/01/2000) |
| | 9 Other Donor |
| 082X | Hemodialysis - Outpatient or Home (To be submitted on Non-Institutional TED) |
| | A waste removal process, performed in an outpatient or home setting, necessary when the body's own kidneys have failed. Waste is removed directly from the blood. |
| | Subcategory |
| | 0 General Classification |
| | 1 Hemodialysis/Composite or Other Rate |
| | 2 Home Supplies |
| | 3 Home Equipment |
| | 4 Maintenance/100% |
| | 5 Support Services |
| | 9 Other Outpatient Hemodialysis |
| 083X | Peritoneal Dialysis - Outpatient or Home (to be submitted on Non-Institutional TED) |
| | 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 |
| | 0 General Classification |
| | 1 Peritoneal/Composite or Other Rate |
| | 2 Home Supplies |
| | 3 Home Equipment |
| | 4 Maintenance/100% |
| | 5 Support Services |
| | 9 Other Outpatient Peritoneal Dialysis |

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, ADDENDUM I

DATA REQUIREMENTS - REVENUE CODES

| CODES | MAJOR/SUB-CATEGORY (CONTINUED) |
|-------|---|
| 084X | Cont. Ambulatory Peritoneal Dialysis (CAPD) - Outpatient or Home (To be submitted on Non-Institutional TED) |
| | A continuous dialysis process performed in an outpatient or home setting which uses the patient peritoneal membrane as a dialyzer. |
| | Subcategory |
| | 0 General Classification |
| | 1 CAPD/Composite or Other Rate |
| | 2 Home Supplies |
| | 3 Home Equipment |
| | 4 Maintenance/100% |
| | 5 Support Services |
| | 9 Other Outpatient CAPD |
| 085X | Cont. Cycling Peritoneal Dialysis (CCPD) - Outpatient or Home (to be submitted on Non-Institutional TED) |
| | A continuous dialysis process performed in an outpatient or home setting which uses a machine to make automatic exchanges at night. |
| | Subcategory |
| | 0 General Classification |
| | 1 CCPD/Composite or Other Rate |
| | 2 Home Supplies |
| | 3 Home Equipment |
| | 4 Maintenance/100% |
| | 5 Support Services |
| | 9 Other Outpatient CCPD |
| 086X | RESERVED for Dialysis (National Assignment) |
| 087X | RESERVED for Dialysis (National Assignment) |
| 088X | Miscellaneous Dialysis |
| | Charges for dialysis services not identified elsewhere. |
| | Subcategory |
| | 0 General Classification |
| | 1 Ultrafiltration |
| | 2 Home Dialysis Aid Visit |
| | 9 Other Miscellaneous Dialysis |
| 089X | RESERVED (Other Donor Bank was terminated 04/01/1994) |
| 090X | Behavioral Health Treatments/Services |
| | Subcategory |
| | 0 General Classification |

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, ADDENDUM I

DATA REQUIREMENTS - REVENUE CODES

| CODES | MAJOR/SUB-CATEGORY (CONTINUED) |
|-------|---|
| | 1 Electroshock Treatment |
| | 2 Milieu Therapy |
| | 3 Play Therapy |
| | 4 Activity Therapy |
| | 5 Intensive Outpatient Services - Psychiatric (Effective 10/16/2003) |
| | 6 Intensive Outpatient Services - Clinical Dependency (Effective 10/16/2003) |
| | 7 Community Behavioral Health Program (Day Treatment) (Effective 10/16/2003) |
| | 8 RESERVED for National Use (Effective 10/16/2003) |
| | 9 RESERVED for National Use |
| 091X | Behavioral Health Treatments/Services |
| | Subcategories 0912 and 0913 are designed as zero-billed revenue codes (i.e., no dollars in the amount field) to be used as vehicle to supply program information as defined in the provider/payer contract. |
| | Subcategory |
| | 0 RESERVED for National Use |
| | 1 Rehabilitation |
| | 2 Partial Hospitalization - Less Intensive |
| | 3 Partial Hospitalization - Intensive |
| | 4 Individual Therapy |
| | 5 Group Therapy |
| | 6 Family Therapy |
| | 7 Biofeedback |
| | 8 Testing |
| | 9 Other Behavioral Health Treatments/Services |
| 092X | Other Diagnostic Services |
| | Subcategory |
| | 0 General Classification |
| | 1 Peripheral Vascular Lab |
| | 2 Electromyogram |
| | 3 Pap Smear |
| | 4 Allergy Test |
| | 5 Pregnancy Test |
| | 9 Other Diagnostic Services |

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, ADDENDUM I

DATA REQUIREMENTS - REVENUE CODES

| CODES | MAJOR/SUB-CATEGORY (CONTINUED) |
|-------|---|
| 093X | Medical Rehabilitation Day Program |
| | Medical rehabilitation services as contracted with a payer and/or certified by the state. Services may include physical therapy, occupational therapy and speech therapy. |
| | Subcategory |
| | 1 Half Day |
| | 2 Full Day |
| 094X | Other Therapeutic Services |
| | Charges for other therapeutic services not otherwise categorized. |
| | Subcategory |
| | 0 General Classification |
| | 1 Recreational Therapy |
| | 2 Education/Training |
| | 3 Cardiac Rehabilitation |
| | 4 Drug Rehabilitation |
| | 5 Alcohol Rehabilitation |
| | 6 Complex Medical Equipment - Routine |
| | 7 Complex Medical Equipment - Ancillary |
| | 9 Other Therapeutic Service |
| 095X | RESERVED |
| | |
| 096X | Professional Fees |
| | Charges for medical professionals that the hospitals or third party payers required to be separately identified on the billing form. |
| | Subcategory |
| | 0 General Classification |
| | 1 Psychiatric |
| | 2 Ophthalmology |
| | 3 Anesthesiologist (MD) |
| | 4 Anesthetist (CRNA) |
| | 9 Other Professional Fees |
| 097X | Professional Fees (cont) |
| | Subcategory |
| | 1 Laboratory |
| | 2 Radiology - Diagnostic |
| | 3 Radiology - Therapeutic |
| | 4 Radiology - Nuclear Medicine |

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, ADDENDUM I

DATA REQUIREMENTS - REVENUE CODES

| CODES | MAJOR/SUB-CATEGORY (CONTINUED) |
|-------------|---|
| | 5 Operating Room |
| | 6 Respiratory Therapy |
| | 7 Physical Therapy |
| | 8 Occupational Therapy |
| | 9 Speech Pathology |
| 098X | Professional Fees (cont) |
| | Subcategory |
| | 1 Emergency Room |
| | 2 Outpatient Services |
| | 3 Clinic |
| | 4 Medical Social Services |
| | 5 EKG |
| | 6 EEG |
| | 7 Hospital Visit |
| | 8 Consultation |
| | 9 Private Duty Nursing |
| 099X | Patient Convenience Items |
| | Charges for items that are generally considered by the third party payers to be strictly convenience items and, as such, are not covered. |
| | Subcategory |
| | 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 Patient Convenience Items |
| 100X | Behavioral Health Accommodations |
| | Routine service charges incurred for accommodations at specified behavior health facilities. |
| | Subcategory |
| | 0 General Classification (Effective 10/16/2003) |
| | 1 Residential Treatment - Psychiatric (Effective 10/16/2003) |
| | 2 Residential Treatment - Chemical Dependency (Effective 10/16/2003) |

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, ADDENDUM I

DATA REQUIREMENTS - REVENUE CODES

| CODES | MAJOR/SUB-CATEGORY (CONTINUED) |
|--------------|---|
| | 3 Supervised Living (Effective 10/16/2003) |
| | 4 Halfway House (Effective 10/16/2003) |
| | 5 Group Home (Effective 10/16/2003) |
| 101X TO 209X | RESERVED for National Assignment |
| 210X | Alternative Therapy Services |
| | Charges for therapies not elsewhere categorized under other therapeutic service revenue codes (042X, 043X, 044X, 091X, 094X, 095X) or services such as anesthesia or clinic (0374, 0511). |
| | Subcategory |
| | 0 General Classification |
| | 1 Acupuncture |
| | 2 Acupressure |
| | 3 Massage |
| | 4 Reflexology |
| | 5 Biofeedback |
| | 6 Hypnosis |
| | 9 Other Alternative Therapy Services |
| 211X TO 300X | RESERVED for National Assignment |
| 310X | Adult Care |
| | Charges for personal, medical, psycho-social, and/or therapeutic services in a special community setting for adults needing supervision and/or assistance with Activities of Daily Living (ADLs). |
| | Subcategory |
| | 0 Not Used |
| | 1 Adult Day Care, Medical and Social - Hourly |
| | 2 Adult Day Care, Social - Hourly |
| | 3 Adult Day Care, Medical and Social - Daily |
| | 4 Adult Day Care, Social - Daily |
| | 5 Adult Foster Care - Daily |
| | 9 Other Adult Care |
| 311X TO 999X | RESERVED for National Assignment |