

C = Covered
NC = NonCovered
NA = Not Applicable
A = Activation
Pkg = Packaged

Units Required (covered svcs)
Y = Yes N = No
HCPCS (or Rate for IP) Req
Y = Yes N = No
V = Valid, Not Required

Clinic Revenue Code Table

The revenue Code descriptions and code ranges are subject to change by National Uniform Billing Codes (NUBC) direction and does not supersede MDHHS published policy.

Revenue code	Standard Abbreviation	COV SVC	UNITS REQ	HCPCS REQ
025X	PHARMACY			
250	PHARMACY	C	N	Y
251	DRUGS/GENERIC	C	N	Y
252	DRUGS/NONGENERIC	C	N	Y
254	DRUGS/ICIDENT ODX	C	N	Y
255	DRUGS/ICIDENT RAD	C	N	Y
257	DRUGS/NONPSCRPT	C	N	Y
258	IV SOLUTIONS	C	N	Y
259	DRUGS/OTHER	C	N	Y
026X	IV THERAPY			
260	IV THERAPY	C	N	Y
261	IV THER/INFSN PUMP	C	N	Y
262	IV THER/PHARM SVC	C	N	Y
263	IV THER/DRUG/SUPPLY/DEL	C	N	Y
264	IV THER/SUPPLIES	C	N	Y
269	IV THERAPY/OTHER	C	N	Y
027X	MED/SURG Supplies & Devices			
270	MED-SUR SUPPLIES	C	N	N
271	NON-STER SUPPLY	C	N	N
272	STERILE SUPPLY	C	N	N
273	TAKEHOME SUPPLY	C	N	N
274	PROSTH/ORTH DEV	C	Y	N
275	PACE MAKER	C	N	N

C = Covered
NC = NonCovered
NA = Not Applicable
A = Activation
Pkg = Packaged

Units Required (covered svcs)
Y = Yes N = No
HCPCS (or Rate for IP) Req
Y = Yes N = No
V = Valid, Not Required

Revenue code	Standard Abbreviation	COV SVC	UNITS REQ	HCPCS REQ
276	INTRA OC LENS	C	N	N
278	SUPPLY/IMPLANTS	C	N	N
279	SUPPLY/OTHER	C	N	Y
028X	ONCOLOGY			
280	ONCOLOGY	C	N	N
289	ONCOLOGY/OTHER	C	N	N
030X	LABORATORY			
300	LAB	C	N	N
301	CHEMISTRY TESTS	C	Y	Y
302	IMMUNOLOGY TESTS	C	Y	Y
303	RENAL-HOME	C	Y	Y
304	NON-RTNE DIALYSIS	C	Y	Y
305	HEMATOLOGY TESTS	C	Y	Y
306	BACT & MICRO TESTS	C	Y	Y
307	UROLOGY TEST	C	Y	Y
309	OTHER LAB TESTS	C	Y	Y
031X	LABORATORY PATHOLOGY			
310	PATHOLOGY LAB	C	Y	Y
311	CYTOLOGY TESTS	C	Y	Y
312	HYSTOLOGY TESTS	C	Y	Y
314	BIOPSY TESTS	C	Y	Y
319	PATH LAB OTHER	C	Y	Y
032X	RADIOLOGY-DIAGNOSTIC			
320	DX X-RAY	C	Y	Y
321	DX X-RAY/ANGIO	C	Y	Y
322	DX X-RAY/ARTHO	C	Y	Y

C = Covered
NC = NonCovered
NA = Not Applicable
A = Activation
Pkg = Packaged

Units Required (covered svcs)
Y = Yes N =No
HCPCS (or Rate for IP) Req
Y = Yes N = No
V = Valid, Not Required

Revenue code	Standard Abbreviation	COV SVC	UNITS REQ	HCPCS REQ
323	DX X-RAY/ARTER	C	Y	Y
324	DX X-RAY/CHEST	C	Y	Y
329	DX X-RAY/OTHER	C	Y	Y
033X	Radiology-Therapeutic and/or Chemotherapy Administration			
330	RADIOLOGY THERAPY	C	Y	Y
331	RAD-CHEMO-INJECT	C	Y	Y
332	RAD-CHEMO-ORAL	C	Y	Y
333	RAD-RADIATION	C	Y	Y
335	RAD-CHEMO-IV	C	Y	Y
339	RADIOLOGY/OTHER	C	Y	Y
034X	NUCLEAR MEDICINE (NUC MED)			
340	NUCLEAR MEDICINE	C	Y	Y
341	NUC MED/DX	C	Y	Y
342	NUC MED/RX	C	Y	Y
343	NUC MED/DX RADIOPHARM	C	Y	Y
344	NUC MED/RX RADIOPHARM	C	Y	Y
349	NUC MED/OTHER	C	Y	Y
035X	COMPUTED TOMOGRAPH (CT) SCAN			
350	CT SCAN	C	Y	Y
351	CT SCAN/HEAD	C	Y	Y
352	CT SCAN/BODY	C	Y	Y
359	CT SCAN/OTHER	C	Y	Y
036X	OPERATING ROOM SERVICES			
360	OR SERVICES	C	N	Y
361	OR/MINOR	C	N	Y
362	OR/ORGAN TRANS	C	N	Y

C = Covered
NC = NonCovered
NA = Not Applicable
A = Activation
Pkg = Packaged

Units Required (covered svcs)
Y = Yes N = No
HCPCS (or Rate for IP) Req
Y = Yes N = No
V = Valid, Not Required

Revenue code	Standard Abbreviation	COV SVC	UNITS REQ	HCPCS REQ
369	OR/OTHER	C	N	Y
037X	ANESTHESIA			
370	ANESTHESIA	C	N	N
371	ANESTH/INCIDENT RAD	C	N	N
372	ANESTH/INCDNT OTHR DX	C	N	N
379	ANESTH/OTHER	C	N	N
038X	BLOOD & BLOOD COMPONENTS			
380	BLOOD & BLOOD COMP	C	N	Y
381	BLOOD/PKD RED	C	Y	Y
382	BLOOD/WHOLE	C	Y	Y
383	BLOOD/PLASMA	C	Y	Y
384	BLOOD/PLATELETS	C	N	Y
385	BLOOD/LEUKOCYTES	C	N	Y
386	BLOOD/COMPONENTS	C	N	Y
387	BLOOD/DERIVATIVES	C	N	Y
389	BLOOD/OTHER	C	N	Y
039X	BLOOD STORAGE & PROCESSING			
390	BLOOD/ADMIN/STOR	C	N	Y
391	BLOOD/ADMIN	C	Y	Y
392	BLOOD/STORAGE	C	Y	Y
399	BLOOD/ADMIN/STOR/OTHER	C	N	Y
040X	OTHER IMAGING SERVICES			
400	IMAGING SERVICE	C	Y	Y
401	DIAG MAMMOGRAPHY	C	Y	Y
402	ULTRASOUND	C	Y	Y
403	SCRN MAMMOGRAPHY	C	Y	Y

C = Covered
NC = NonCovered
NA = Not Applicable
A = Activation
Pkg = Packaged

Units Required (covered svcs)
Y = Yes N = No
HCPCS (or Rate for IP) Reg
Y = Yes N = No
V = Valid, Not Required

Revenue code	Standard Abbreviation	COV SVC	UNITS REQ	HCPCS REQ
404	PET SCAN	C	Y	Y
409	OTHER IMAG SVS	C	Y	Y
041X	RESPIRATORY SERVICES			
410	RESPIRATORY SVC	C	Y	Y
412	INHALATION SVC	C	Y	Y
413	HYPERBARIC O2	C	Y	Y
419	OTHER RESPIR SVCS	C	Y	Y
042X	PHYSICAL THERAPY			
420	PHYSICAL THERP	C	Y	Y
421	PHYS THERP/VISIT	C	Y	Y
422	PHYS THERP/HOUR	C	Y	Y
423	PHYS THERP/GROUP	C	Y	Y
424	PHYS THERP/EVAL	C	Y	Y
429	OTHER PHYS THERP	C	Y	Y
043X	OCCUPATIONAL THERAPY			
430	OCCUPATIONAL THER	C	Y	Y
431	OCCUP THERP/VISIT	C	Y	Y
432	OCCUP THERP/HOUR	C	Y	Y
433	OCCUP THERP/GROUP	C	Y	Y
434	OCCUP THERP/EVAL	C	Y	Y
439	OCCUP THER/OTHER	C	Y	Y
044X	SPEECH-LANQUAGE PATHOLOGY			
440	SPEECH THERAPY	C	Y	Y
441	SPEECH THERP/VISIT	C	Y	Y
442	SPEECH THERP/HOUR	C	Y	Y
443	SPEECH THERP/GROUP	C	Y	Y

C = Covered
NC = NonCovered
NA = Not Applicable
A = Activation
Pkg = Packaged

Units Required (covered svcs)
Y = Yes N =No
HCPCS (or Rate for IP) Req
Y = Yes N = No
V = Valid, Not Required

Revenue code	Standard Abbreviation	COV SVC	UNITS REQ	HCPCS REQ
444	SPEECH THERP/EVAL	C	Y	Y
449	OTHER SPEECH THERP	C	Y	Y
046X	PULMONARY FUNCTION			
460	PULMONARY FUNC	C	Y	Y
469	OTHER PULMONARY FUNC	C	Y	Y
047X	AUDIOLOGY			
470	AUDIOLOGY	C	Y	Y
471	AUDIOLOGY/DX	C	Y	Y
472	AUDIOLOGY/RX	C	Y	Y
479	OTHER AUDIOL	C	Y	Y
048X	CARDIOLOGY			
480	CARDIOLOGY	C	Y	Y
481	CARDIAC CATH LAB	C	Y	Y
482	STRESS TEST	C	Y	Y
483	ECHOCRADIOLOGY	C	Y	Y
489	OTHER CARDIOL	C	Y	Y
051X	CLINIC			
510	CLINIC	C	Y	Y
511	CHRONIC PAIN CLINIC	C	Y	Y
513	PSYCHIATRIC CLINIC (pt 21 ONLY)	C	Y	Y
514	OB-GYN CLINIC	C	Y	Y
515	PEDIATRIC CLINIC	C	Y	Y
516	URGENT CARE CLINIC	C	Y	Y
517	FAMILY CLINIC	C	Y	Y
519	OTHER CLINIC	C	Y	Y
052X	FEE-STANDING CLINIC			

C = Covered
NC = NonCovered
NA = Not Applicable
A = Activation
Pkg = Packaged

Units Required (covered svcs)
Y = Yes N = No
HCPCS (or Rate for IP) Reg
Y = Yes N = No
V = Valid, Not Required

Revenue code	Standard Abbreviation	COV SVC	UNITS REQ	HCPCS REQ
520	FREEST AND CLINIC	C	Y	Y
521	FS-RURAL/CLINIC	C	Y	Y
522	FS-RURAL/HOME	C	Y	Y
523	FS-FAMILY PRACT	C	Y	Y
524	FR/STD FAMILY CLINIC	C	N	N
525	RHC/FQHC/SNF/NONCOVERED	C	N	N
526	FR/STD URGENT CLINIC	C	Y	Y
528	RHC/FQHC/OTHER SITE	C	N	N
529	OTHER FS-CLINIC	C	Y	Y
054X	AMBULANCE			
540	AMBULANCE	C	Y	Y
061X	MAGNETIC RESONANCE THECNOLOGY (MRT)			
610	MRT	C	Y	Y
611	MRI/BRAIN	C	Y	Y
612	MRI/SPINE	C	Y	Y
614	MRI/OTHER	C	Y	Y
615	MRA/HEAD & NECK	C	Y	Y
616	MRA/LOWER EXTRM	C	Y	Y
618	MRA/OTHER	C	Y	Y
619	MRT/OTHER	C	Y	Y
062X	Medical/Surgical Supplies			
621	MED SURG SUPL-INCDT RAD	C	Y	Y
622	MED SURG SUPL-INCDT ODX	C	Y	Y
623	SURG DRESSINGS	C	Y	Y
624	FDA INVEST DEVICE	C	Y	Y

C = Covered
NC = NonCovered
NA = Not Applicable
A = Activation
Pkg = Packaged

Units Required (covered svcs)
Y = Yes N =No
HCPCS (or Rate for IP) Reg
Y = Yes N = No
V = Valid, Not Required

Revenue code	Standard Abbreviation	COV SVC	UNITS REQ	HCPCS REQ
063X	PHARMACY- Extension of 025X			
631	DRUG/SINGLE	C	Y	Y
632	DRUG/MULTIPLE	C	Y	Y
634	DRUG/EPO<10,000 Units	C	Y	Y
635	DRUG/ERO>=10,00 Units	C	Y	Y
636	DRUG/DETAIL CODE	C	Y	Y
073X	ELECTROCARDIOGRAM (EKG/ECG)			
730	EKG/ECG	C	Y	Y
731	HOLTER MONT	C	Y	Y
732	TELEMETRY	C	Y	Y
739	OTHER EKG/ECG	C	Y	Y
074X	ELECTROENCEPHALOGRAM (EEG)			
740	EEG	C	Y	Y
075X	GASTRO-INTESTINAL (GI) SERVICES			
750	GASTRO-INTSTL SVCS	C	Y	Y
076X	SPECIALTY ROOM-TREATMENT/OBSERVATION ROOM			
760	SPECIALTY SVC	C	N	N
761	TREATMENT RM	C	N	Y
762	OBSERVATION	C	N	N
769	OTHER TREAT/OBSERV RM	C	N	N
077X	PREVENTIVE CARE SERVICES			
770	PREVENT CARE SVCS	C	N	Y
771	VACCINE ADMIN	C	N	Y
078X	TELEMEDICINE			
780	TELEMEDICINE	C	N	N

C = Covered
NC = NonCovered
NA = Not Applicable
A = Activation
Pkg = Packaged

Units Required (covered svcs)
Y = Yes N = No
HCPCS (or Rate for IP) Req
Y = Yes N = No
V = Valid, Not Required

Revenue code	Standard Abbreviation	COV SVC	UNITS REQ	HCPCS REQ
079X	EXTRA-CORPOREAL SHOCK WAVE THERAPY (FORMERLY LITHOTRIPSY)			
790	ESWT	C	N	Y
090X	BEHAVIORAL HEALTH TREATMENT/SERVICES			
900	BH/TREATMENTS	C	Y	Y
901	BH/ELECTRO SHOCK	C	Y	Y
902	BH/MILIEU THERAPY	C	Y	Y
903	BH/PLAY THERAPY	C	Y	Y
904	BH/ACTIVITY THERAPY	C	Y	Y
905	BH/INTENS OP/PSYCH	C	Y	Y
906	BH/INTENS OP/CHEMO DEP	C	Y	Y
907	BH/COMMUNITY	C	Y	Y
091X	BEHAVIORAL HEALTH TREATMENT/SERVICES- EXTENSION OF 090X			
911	BH/REHAB	C	Y	Y
914	BH/INDIV RX	C	Y	Y
915	BH/GROUP RX	C	Y	Y
916	BH/FAMILY RX	C	Y	Y
918	BH/TESTING	C	Y	Y
919	BH/OTHER	C	Y	Y
092X	OTHER DIAGNOSTIC SERVICES			
920	OTHER DX SVCS	C	N	N
921	PERI VASCUL LAB	C	Y	Y
922	EMG	C	Y	Y
923	PAP SMEAR	C	Y	Y

C = Covered
NC = NonCovered
NA = Not Applicable
A = Activation
Pkg = Packaged

Units Required (covered svcs)
Y = Yes N = No
HCPCS (or Rate for IP) Reg
Y = Yes N = No
V = Valid, Not Required

Revenue code	Standard Abbreviation	COV SVC	UNITS REQ	HCPCS REQ
924	ALLERY TEST	C	Y	Y
925	PREG TEST	C	Y	Y
929	OTHER DX SVCS	C	Y	Y
094X	Other Therapeutic Services			
940	OTHER RX SVCS	C	N	N
941	RECREATION RX	C	Y	Y
942	EDUC/TRAINING	C	Y	Y
943	CARDIAC REHAB	C	Y	Y
944	DRUG REHAB	C	Y	Y
945	ALCHOHOL REHAB	C	Y	Y
946	CMPLX MED EQUIP-ROUT	C	Y	Y
947	CMPLX MED EQUIP-ANC	C	Y	Y
948	PULMONARY REHAB	C	Y	Y
949	OTHER	C	Y	Y
095X	Other Therapeutic Services (extension of 094X)			
951	ATHLETIC TRAINING	C	Y	Y
952	KINESIOTHERAPY	C	Y	Y