

What Are Revenue Codes?

Revenue codes are 4-digit numbers used on the **UB-04 claim form** (also called the CMS-1450). This form is used by hospitals, skilled nursing facilities, outpatient clinics, ambulatory surgery centers, and other institutional providers — NOT by individual doctors (who use the CMS-1500 form).

Each revenue code tells the insurance company **what type of service or department** provided the care. For example, Revenue Code 0450 means Emergency Room services. Revenue Code 0250 means Pharmacy. These codes help insurance companies categorize the charges and process payments correctly.

Important rule: Revenue codes always start with a leading zero (e.g., 0100, not 100). You will also see a subcategory version where the last digit changes — for example, 0250 = general pharmacy, 0251 = generic drugs, 0252 = non-generic drugs.

★ **REMEMBER:** Revenue codes are **ONLY** used on UB-04 (institutional) claims. If you are billing on a CMS-1500 (professional claim), you do **NOT** use revenue codes.

Revenue Code Categories — The Big Picture

Revenue codes are grouped into categories by the type of service. Here is a quick overview of all the major categories so you know where to look:

Code Range	Service Category	Examples of What's Included
0100–0199	Room & Board — Inpatient	Private room, semi-private room, ward, ICU, CCU beds
0200–0219	Intensive Care	ICU, CCU, burn care unit, trauma unit
0220–0229	Oncology	Cancer treatment room charges
0230–0239	Psychiatric	Inpatient psychiatric bed charges
0240–0249	Rehabilitation	Inpatient rehab room and board
0250–0259	Pharmacy	All medications given during stay
0260–0269	IV Therapy	IV solutions, IV sets, infusion therapy
0270–0279	Medical/Surgical Supplies	Bandages, gloves, surgical supplies, devices
0280–0289	Oncology (Drugs)	Chemotherapy drugs and related items
0290–0299	Durable Medical Equipment	Wheelchairs, crutches, walkers, DME
0300–0319	Laboratory	Blood tests, urinalysis, cultures, panels
0320–0329	Radiology — Diagnostic	X-rays, CT scans, MRI, ultrasound
0330–0339	Radiology — Therapeutic	Radiation therapy treatments
0340–0349	Nuclear Medicine	PET scans, nuclear medicine procedures
0350–0359	CT Scans	Computed tomography imaging
0360–0369	Operating Room	Surgical suite charges, OR time

Code Range	Service Category	Examples of What's Included
0370–0379	Anesthesia	Anesthesia services in the facility
0380–0389	Blood & Blood Products	Blood transfusions, plasma, platelets
0390–0399	Blood Storage	Blood processing, storage, administration
0400–0409	Other Imaging	Mammography, bone density, ultrasound
0410–0419	Respiratory Therapy	Breathing treatments, oxygen therapy
0420–0429	Physical Therapy	PT evaluations and treatment sessions
0430–0439	Occupational Therapy	OT evaluations and treatment sessions
0440–0449	Speech Therapy	Speech-language pathology services
0450–0459	Emergency Room	ER visit charges, trauma services
0460–0469	Pulmonary Function	Lung function testing
0470–0479	Audiology	Hearing testing and services
0480–0489	Cardiology	EKG, echocardiograms, cardiac monitoring
0490–0499	Ambulatory Surgery	Outpatient surgery center charges
0500–0509	Outpatient Services	General outpatient clinic services
0510–0519	Clinic	General clinic visit charges
0520–0529	Free-Standing Clinic	Urgent care, walk-in clinic charges
0530–0539	Osteopathic Services	Osteopathic manipulation
0540–0549	Ambulance	Ground and air ambulance services
0550–0559	Skilled Nursing	Skilled nursing home daily charges
0560–0569	Medical Social Services	Social worker, case management
0570–0579	Home Health — Aide	Home health aide visits
0580–0589	Home Health — Other	Home health non-aide services
0590–0599	Home Health — Medical	Medical supplies for home health
0600–0609	Magnetic Resonance Imaging	MRI scans
0610–0619	Medical/Surgical Supplies	Additional supply categories
0620–0629	Home IV Therapy	IV infusion therapy at home
0630–0639	Pharmacy (Home Health)	Medications for home health patients
0640–0649	Home Health — DME	DME provided through home health
0650–0659	Hospice Services	Palliative and end-of-life care
0660–0669	Respite Care	Short-term relief care for caregivers
0700–0709	Cast Room	Casting supplies and room charges

Code Range	Service Category	Examples of What's Included
0710–0719	Recovery Room	Post-surgery recovery room
0720–0729	Labor Room / Delivery	Labor and delivery services
0730–0739	EKG / ECG	Electrocardiogram services
0740–0749	EEG	Electroencephalogram testing
0750–0759	Gastro Intestinal Services	Colonoscopy, endoscopy services
0760–0769	Treatment/Observation	Observation services, treatment room
0770–0779	Prevention Services	Wellness, preventive health services
0780–0789	Telemedicine	Remote video/phone health services
0790–0799	Extra-Corporeal Shock Wave	Lithotripsy services
0800–0809	Inpatient Renal Dialysis	Kidney dialysis — inpatient
0820–0829	Hemodialysis — Outpatient	Outpatient kidney dialysis
0830–0839	Peritoneal Dialysis	Peritoneal dialysis outpatient
0840–0849	Continuous Ambulatory	CAPD dialysis services
0880–0889	Miscellaneous Dialysis	Other dialysis-related charges
0900–0909	Behavioral Health Treatment	Mental health outpatient therapy
0910–0919	Individual Therapy	One-on-one therapy sessions
0920–0929	Group Therapy	Group counseling sessions
0930–0939	Family Therapy	Family counseling sessions
0940–0949	Biofeedback	Biofeedback therapy sessions
0950–0959	Testing	Psychological testing
0960–0969	Drug & Alcohol Treatment	Substance abuse treatment services

Most Commonly Used Revenue Codes — Detailed Reference

0100–0219 | ROOM & BOARD / ICU

Code	Description	When To Use	Billing Notes
0100	All-Inclusive Room & Board	General inpatient accommodation — all services bundled	Use when all charges are included in one flat daily rate
0101	Room & Board — Private	Patient in a single-occupancy room	Bill daily; payer may only cover semi-private rate
0110	Room & Board — Semi-Private (2-bed)	Patient shares room with one other patient	Most common room charge; matches standard plan coverage
0120	Room & Board — Semi-Private (3–4 beds)	Patient in a ward-style 3 or 4-bed room	Less common; verify payer accepts this code
0130	Room & Board — Private — Deluxe	Upgraded private room (suite or amenity room)	Patient may be responsible for upgrade cost difference
0140	Room & Board — Private — Medical/Surgical	Standard private room in med/surg unit	Bill one line per inpatient day
0150	Room & Board — Ward	Open ward with 5+ beds	Uncommon today; mostly public/county hospitals
0160	Other Room & Board	Any room type not classified above	Use as last resort; document room type in notes
0200	Intensive Care — General	General ICU daily charge	Bill per day; always pair with ICU nursing codes
0201	Intensive Care — Surgical	Surgical ICU (SICU) daily charge	For post-surgical ICU stays
0202	Intensive Care — Medical	Medical ICU (MICU) daily charge	For non-surgical ICU patients
0203	Intensive Care — Pediatric	PICU daily charge	For patients under 18 in ICU
0204	Intensive Care — Psychiatric	Psychiatric ICU daily charge	For acute psychiatric crisis requiring ICU-level care
0206	Intensive Care — Intermediate	Step-down or intermediate care unit	For patients who need more monitoring than a regular floor
0210	Coronary Care — General	CCU (cardiac ICU) daily charge	For heart attack, arrhythmia, and cardiac monitoring
0211	Coronary Care — Myocardial Infarction	Heart attack ICU daily charge	Specific to MI patients in CCU

0250–0299 | PHARMACY & SUPPLIES

Code	Description	When To Use	Billing Notes
0250	Pharmacy — General	Any drug administered during the stay	Use when no more specific code applies
0251	Pharmacy — Generic Drugs	Generic version of prescribed medications	Payers may require 0251 vs 0252 distinction
0252	Pharmacy — Non-Generic Drugs	Brand-name medications given to patient	Higher cost; document medical necessity for brand name
0253	Pharmacy — Take-Home Drugs	Prescriptions patient takes home at discharge	Some payers do not cover discharge drugs; verify first
0254	Pharmacy — Drugs Incident to Radiology	Contrast dye and similar radiology drugs	Always pair with the appropriate radiology revenue code
0255	Pharmacy — Drugs Incident to Other Dx	Drugs used during a diagnostic procedure	Document the specific procedure the drug was used for
0256	Pharmacy — Experimental Drugs	Investigational or clinical trial drugs	Requires special handling; usually not covered by insurance
0257	Pharmacy — Non-Prescription	Over-the-counter medications	OTC drugs are rarely covered; check plan benefits first
0258	Pharmacy — IV Solutions	Saline, dextrose, and other IV fluids	Separate from IV therapy code 0260; this is just the fluid
0259	Pharmacy — Other	Any pharmacy charge not listed above	Use sparingly; document specifically what drug was given
0270	Medical/Surgical Supplies — General	General disposable supplies used in care	Bandages, gloves, tubing, etc.
0271	Medical/Surgical Supplies — Nonsterile	Supplies that do not need to be sterile	Cotton balls, tape, basic wound care supplies
0272	Medical/Surgical Supplies — Sterile	Sterile supplies for procedures	Sterile drapes, catheters, surgical packs
0275	Medical/Surgical Supplies — Pacemaker	Pacemaker device and components	High-cost implant; may need separate invoice documentation
0278	Medical/Surgical Supplies — Other Implants	Other surgically implanted devices	Document device name, lot number, and cost
0290	Durable Medical Equipment — General	Equipment patient uses and keeps	Walkers, crutches, hospital beds, wheelchairs
0293	DME — Rentals	Equipment loaned to patient	Daily/weekly rental charges for equipment
0294	DME — Purchases	Equipment purchased for patient	One-time purchase; document medical necessity

Code	Description	When To Use	Billing Notes
0300	Laboratory — General	Any lab test not listed in a specific subcategory	Use when no specific code applies below
0301	Laboratory — Chemistry	Blood chemistry tests (metabolic panel, lipids, etc.)	Most common lab code; BMP, CMP, glucose, electrolytes
0302	Laboratory — Immunology	Antibody tests, allergy panels, immune function	HIV antibody, ANA, immunoglobulin tests
0303	Laboratory — Renal Patient (Home)	Lab tests for home dialysis patients	Specific to ESRD/dialysis patient monitoring
0304	Laboratory — Non-Routine Dialysis	Dialysis-related labs beyond routine	Parathyroid hormone, iron studies for dialysis patients
0305	Laboratory — Hematology	Blood count, blood type, coagulation tests	CBC, PT, INR, aPTT, platelet count
0306	Laboratory — Bacteriology/Microbiology	Cultures and sensitivity testing	Blood cultures, urine cultures, wound cultures
0307	Laboratory — Urology	Urine testing and urinalysis	UA, urine culture, drug screening
0310	Laboratory — Pathology	Tissue examination (biopsy reading)	Pathologist reads slides; always pair with specimen collection code
0311	Laboratory — Cytology	Cell examination (Pap smear, fine needle)	Pap smear, FNA cytology, sputum cytology
0312	Laboratory — Histology	Tissue block preparation and staining	Gross specimen processing before pathologist review
0314	Laboratory — Biopsy	Tissue biopsy specimen processing	Often paired with the procedure code for the biopsy itself
0320	Radiology — Diagnostic (General)	General diagnostic imaging	Use when specific imaging code not available
0321	Radiology — Chest X-Ray	Chest radiograph	PA, lateral, AP views of chest
0322	Radiology — Skeletal	Bone and joint x-rays	Extremity films, spine series, joint x-rays
0323	Radiology — Skull	Head and skull x-rays	Skull series, facial bones
0324	Radiology — Chest CT	CT scan of the chest	With or without contrast; document contrast use
0325	Radiology — Ultrasound	Ultrasound imaging	Abdominal, pelvic, vascular ultrasound
0380	Blood — General	Blood products administered to patient	Always document units transfused
0381	Blood — Packed Red Cells	PRBC transfusion	Most common blood product; one unit = one charge line
0382	Blood — Whole Blood	Whole blood transfusion	Rare in modern practice; mostly trauma situations

Code	Description	When To Use	Billing Notes
0383	Blood — Plasma	Fresh frozen plasma (FFP) transfusion	Used for coagulation disorders, liver disease, massive transfusion
0384	Blood — Platelets	Platelet transfusion	Thrombocytopenia, chemotherapy patients, surgery
0385	Blood — Leukocytes	White blood cell transfusion	Very rare; used for severe neutropenia
0386	Blood — Other Components	Any other blood product not listed	Cryoprecipitate, albumin, clotting factors
0390	Blood Storage & Processing	Crossmatch, typing, storage fees	Always bill with the blood product code

0420–0459 | THERAPY & EMERGENCY ROOM

Code	Description	When To Use	Billing Notes
0420	Physical Therapy — General	PT evaluation and treatment charges	Use for any PT service not specified below
0421	Physical Therapy — Visit Charge	Per-visit PT charge	Bill one line per patient visit to PT department
0422	Physical Therapy — Hourly	PT charged by the hour	Less common; some facilities charge hourly for extended sessions
0424	Physical Therapy — Evaluation	PT initial evaluation	Use specifically for the evaluation/assessment visit
0430	Occupational Therapy — General	OT evaluation and treatment	ADL retraining, fine motor skills, adaptive equipment
0431	Occupational Therapy — Visit	Per-visit OT charge	Bill one line per OT visit
0434	Occupational Therapy — Evaluation	OT initial evaluation	Use for the initial functional assessment only
0440	Speech Therapy — General	Speech-language pathology services	Swallowing disorders, aphasia, voice therapy
0441	Speech Therapy — Visit	Per-visit ST charge	Bill one line per speech therapy visit
0444	Speech Therapy — Evaluation	ST initial evaluation	Dysphagia eval, language assessment
0450	Emergency Room — General	General ER visit charges	Use this code for all ER facility charges
0451	Emergency Room — EMTALA-Related	ER charges for EMTALA compliance	Mandatory screening exams required by federal law
0452	Emergency Room — Beyond EMTALA	ER charges exceeding the EMTALA requirement	Additional treatment after mandatory screening
0456	Emergency Room — Urgent Care (ER-Based)	Urgent care clinic attached to ER	Lower acuity cases seen in ER-attached urgent care

Code	Description	When To Use	Billing Notes
0459	Emergency Room — Other	Any ER charge not categorized above	Use sparingly; always document specifically
0490	Ambulatory Surgery — General	Outpatient surgery facility charges	Operating room, recovery room, supplies for outpatient surgery
0499	Ambulatory Surgery — Other	Other outpatient surgical facility charges	Pre-op, post-op charges not captured elsewhere

0500–0659 | OUTPATIENT / HOME HEALTH / HOSPICE

Code	Description	When To Use	Billing Notes
0500	Outpatient Services — General	General outpatient hospital services	Any outpatient charge not captured by a specific code
0510	Clinic — General	Outpatient clinic visit	Hospital-based clinic visit charges
0511	Clinic — Chronic Pain	Pain management clinic visits	Multidisciplinary pain program charges
0512	Clinic — Dental	Hospital-based dental services	Usually for patients who need anesthesia for dental care
0513	Clinic — Psychiatric	Outpatient psych clinic	Outpatient mental health clinic visits
0514	Clinic — OB-GYN	Women's health and obstetrics clinic	Prenatal visits, gynecology outpatient services
0515	Clinic — Pediatric	Children's outpatient clinic	Hospital-based pediatric ambulatory visits
0516	Clinic — Urgent Care	Urgent care center visits	Walk-in urgent care; distinct from ER (0450)
0519	Clinic — Other	Any clinic type not listed	Document the specific clinic type in remarks
0540	Ambulance — General	All ambulance transport charges	Ground and air ambulance services
0541	Ambulance — Supplies	Medical supplies used during transport	Oxygen, IV fluids, bandages used in ambulance
0542	Ambulance — Medical Transport	Non-emergency medical transport	Scheduled transport for dialysis, chemo, etc.
0543	Ambulance — Heart Mobile	Cardiac mobile unit	Specialized cardiac response unit charges
0546	Ambulance — Air Transport	Helicopter or fixed-wing air transport	Distance must justify air vs ground transport
0550	Skilled Nursing — General	SNF room and board — daily charge	Bill per day; Medicare requires a qualifying hospital stay
0551	Skilled Nursing — Private Room	SNF private room daily charge	Patient may pay the difference from semi-private rate
0552	Skilled Nursing — Semi-Private (2-bed)	SNF standard semi-private room	Most common SNF room code; matches standard Medicare coverage

Code	Description	When To Use	Billing Notes
0560	Medical Social Services	Social worker visits in facility	Discharge planning, community resources, family counseling
0570	Home Health — Home Health Aide	Aide visits for personal care	Bathing, dressing, grooming assistance at home
0580	Home Health — Visits — General	Skilled nursing home visits	RN or LPN visits for wound care, medication management
0581	Home Health — Visits — RN	Registered nurse home visits	Higher-skilled nursing care at home
0583	Home Health — Visits — PT	Physical therapy home visits	PT treatment sessions in patient's home
0584	Home Health — Visits — OT	Occupational therapy home visits	OT treatment sessions in patient's home
0585	Home Health — Visits — ST	Speech therapy home visits	Speech therapy sessions in patient's home
0650	Hospice — General	Hospice care services — all types	End-of-life comfort care; requires terminal diagnosis
0651	Hospice — Routine Home Care	Standard daily hospice services at home	Most common hospice code; routine symptom management
0652	Hospice — Continuous Home Care	Crisis care at home (24-hour nursing)	For acute symptom crises needing continuous nursing
0655	Hospice — Inpatient Respite Care	Short-term inpatient to give caregiver a break	Limited to 5 consecutive days per Medicare rules
0656	Hospice — General Inpatient Care	Inpatient hospice for uncontrolled symptoms	For pain or symptoms that cannot be managed at home
0658	Hospice — Physician Services	Hospice physician/NP visits	Attending physician visits billed under hospice benefit

Behavioral Health Revenue Codes (0900–0969)

Behavioral health billing uses specific revenue codes for mental health and substance use disorder services. These are commonly used by hospital psychiatric units, partial hospitalization programs (PHP), and intensive outpatient programs (IOP).

Code	Description	When To Use	Notes
0900	Behavioral Health — General	General psychiatric or behavioral health charge	Use when no specific subcategory applies
0901	Psychiatric — Room & Board (Private)	Inpatient psych — private room	For inpatient psychiatric hospitalization in private room
0902	Psychiatric — Room & Board (Semi-Private)	Inpatient psych — shared room	Standard inpatient psychiatric bed charge
0903	Psychiatric — PHP (Partial Hospitalization)	Day program (typically 4–6 hrs/day)	Structured day treatment; patient goes home at night
0904	Psychiatric — IOP (Intensive Outpatient)	3 hrs/day, 3+ days/week outpatient	Less intensive than PHP; often used as step-down
0910	Individual Therapy	One-on-one therapy session	Psychotherapy between therapist and patient; bill per session
0911	Individual Therapy — per visit	Per-visit individual therapy charge	Most common billing method for outpatient therapy
0914	Group Therapy	Group counseling session	1 therapist with multiple patients; usually 6–12 people
0915	Group Therapy — per visit	Per-visit group therapy charge	Bill per group session held
0916	Family Therapy	Therapy with patient and family members	Includes family psychoeducation and systems therapy
0920	Other Individual Therapy	Individual therapy, other type	Art therapy, music therapy (with a licensed therapist)
0930	Other Family Therapy	Extended family sessions	Multi-family group therapy sessions
0940	Biofeedback	Biofeedback therapy sessions	Relaxation training, stress management tech
0941	Biofeedback — per hour	Hourly biofeedback charge	Billed per clock hour
0950	Psychological Testing — General	Psychological assessment battery	IQ testing, personality assessment, neuropsychological testing
0951	Psychological Testing — Dev Testing	Developmental testing for children	ADOS, CARS, developmental milestone assessments
0952	Psychological Testing — Written Test	Standardized written test	MMPI, Rorschach, Beck inventories
0953	Psychological Testing — Projective	Projective psychological tests	TAT, sentence completion tests

Code	Description	When To Use	Notes
0960	Drug & Alcohol Treatment — General	Substance use disorder treatment	Use for any SUD treatment not specified below
0961	Drug & Alcohol — Detox (Inpatient)	Medical detoxification — inpatient	24/7 medically supervised withdrawal management
0962	Drug & Alcohol — Detox (Outpatient)	Outpatient detox services	Ambulatory detox for mild-moderate withdrawal
0963	Drug & Alcohol — Rehab (Inpatient)	Residential drug/alcohol rehabilitation	24-hour residential treatment program
0964	Drug & Alcohol — Rehab (Outpatient)	Outpatient substance use treatment	Counseling, group therapy for SUD
0969	Drug & Alcohol — Other	Other SUD services not listed	Medication-assisted treatment (MAT) support services

Revenue Code Billing Tips & Common Mistakes

Tip / Common Mistake	Explanation
Always use 4 digits (with leading zero)	Revenue code 250 is WRONG. The correct format is 0250. Most billing systems will auto-add the zero, but always verify.
Match revenue code to CPT code correctly	Many payers require that the CPT code on the claim matches the revenue code category. Example: Don't bill a surgery CPT with a lab revenue code.
Do not use revenue codes on CMS-1500	Revenue codes belong only on the UB-04 form. If you accidentally put them on a professional claim, it will be rejected.
Charge one revenue code per line	Each service or supply type should be on its own line with its own revenue code. Do not mix two types of charges on one line.
Room charges are billed per day	Bill one room charge (0110, 0101, etc.) for each day of the inpatient stay, including the day of admission. Do NOT bill for the day of discharge.
Use the most specific subcategory	Instead of generic code 0250 (Pharmacy — General), use 0251 (Generic) or 0252 (Non-Generic) if you know which type of drug was given. Specificity reduces denials.
Observation vs Inpatient room codes	Observation patients should use 0760 (Treatment/Observation room), NOT the inpatient room codes (0110, etc.). Wrong code = wrong payment.
Blood must be counted in units	For blood products (0381–0386), bill the number of units transfused, not a dollar amount per unit. Payers expect unit-based billing.
Hospice has strict billing rules	Medicare hospice can only be billed by the designated hospice provider. No other provider can bill for services covered under the hospice benefit for that patient.