

Oregon Health Authority
Health Systems Division
Revenue Center Code Table

= Accommodation days * = CPT/HCPCS code required ♦ = NDC reporting required

11X ROOM AND BOARD — PRIVATE (MEDICAL OR GENERAL)	
110#	General Classification
111#	Medical/Surgical/Gyn
112#	OB
113#	Pediatric
114#	Psychiatric
115	Hospice (Not Covered)
116#	Detoxification
117#	Oncology
118#	Rehab/Private
119#	Other
12X ROOM AND BOARD — SEMI-PRIVATE (MEDICAL OR GENERAL)	
120#	General Classification
121#	Medical/Surgical/Gyn
122#	OB
123#	Pediatric
124#	Psychiatric
125	Hospice (Not Covered)
126#	Detoxification
127#	Oncology
128#	Rehabilitation
129#	Other
13X SEMI-PRIVATE — THREE AND FOUR BEDS	
130#	General Classification
131#	Medical/Surgical/Gyn
132#	OB
133#	Pediatric
134#	Psychiatric
135	Hospice (Not Covered)
136#	Detoxification
137#	Oncology
138#	Rehabilitation
139#	Other
14X PRIVATE (DELUXE)	
140#	General Classification
141#	Medical/Surgical/Gyn
142#	OB
143#	Pediatric
144#	Psychiatric
145	Hospice (Not Covered)
146#	Detoxification
147#	Oncology
148#	Rehab/Deluxe
149#	Other

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15X	ROOM AND BOARD WARD (MEDICAL OR GENERAL)
150#	General Classification
151#	Medical/Surgical/Gyn
152#	OB
153#	Pediatric
154#	Psychiatric
155	Hospice (Not Covered)
156#	Detoxification
157#	Oncology
158#	Rehabilitation
159#	Other
16X	OTHER ROOM AND BOARD
160#	General Classification
164#	Sterile Environment
167#	Self Care
169#	Other
17X	NURSERY
170#	General Classification (Nursery)
171#	Newborn – Level I
172#	Newborn – Level II
173#	Newborn – Level III
174#	Newborn – Level IV
179#	Other
18X	LEAVE OF ABSENCE - Bill hard-copy.
180#	General Classification
181	RESERVED (Not Covered)
182	Patient Convenience (Not Covered)
183#	Therapeutic Leave
184	RESERVED (Not Covered)
185	Nursing Home (for hospitalization) (Not Covered)
189	Other Leave of Absence (Not Covered)
19X	SUBACUTE CARE (NOT COVERED)
190	General Classification (Not Covered)
191	Subacute Care Level I (Not Covered)
192	Subacute Care Level II (Not Covered)
193	Subacute Care Level III (Not Covered)
194	Subacute Care Level IV (Not Covered)
199	Other Subacute Care (Not Covered)
20X	INTENSIVE CARE
200#	General Classification
201#	Surgical
202#	Medical
203#	Pediatric
204#	Psychiatric
206#	Intermediate ICU
207#	Burn Care

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208#	Trauma
209#	Other Intensive Care
21X	CORONARY CARE
210#	General Classification
211#	Myocardial Infarction
212#	Pulmonary Care
213#	Heart Transplant
214#	Intermediate CCU
219#	Other Coronary Care
22X	SPECIAL CHARGES
220	General Classification (Not Covered)
221	Admission Charge (Not Covered)
222	Technical Support Charge (Not Covered)
223	U.R. Service Charge (Not Covered)
224	Late Discharge, Medically appropriate (Not Covered)
229	Other Special Charges - <i>This Revenue Center Code is authorized only for Administrative Reports requested by branch office staff.</i>
23X	INCREMENTAL NURSING CHARGE RATE
230	General Classification
231	Nursery
232	OB
233	ICU
234	CCU
235	Hospice (Not Covered)
239	Other
24X	ALL INCLUSIVE ANCILLARY (NOT COVERED)
240	General Classification (Not Covered)
241	Basic (Not Covered)
242	Comprehensive (Not Covered)
243	Specialty (Not Covered)
249	Other Inclusive Ancillary (Not Covered)
25X	PHARMACY
<i>National Drug Code reporting is required for all services in this category (25X).</i>	
250	General Classification
251*♦	Generic Drugs
252*♦	Non-Generic Drugs
253*♦	Take Home Drugs
254*♦	Drugs Incident to Diagnostic Services
255*♦	Drugs Incident to Radiology
256*♦	Experimental Drugs (Not Covered)
257*♦	Non-prescription
258	IV Solutions
259*♦	Other Pharmacy

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26X	IV THERAPY
260*	General Classification
261*	Infusion Pump
262	IV Therapy/Pharmacy Services
263	IV Therapy/Drug/Supply Delivery
264	IV Therapy/Supplies
269*	Other IV Therapy
27X	MEDICAL/SURGICAL SUPPLIES AND DEVICES
270	General Classification
271	Nonsterile Supplies
272	Sterile Supply
273	Take Home Supplies
274*	Prosthetic/Orthotic Devices
275*	Pacemaker
276*	Intraocular Lens
277	Oxygen — Take Home
278*	Other Implants
279*	Other Supplies/Devices
28X	ONCOLOGY
280*	General Classification
289*	Other Oncology
29X	DURABLE MEDICAL EQUIPMENT (OTHER THAN RENAL)
Prior authorization of services is required for all outpatient services in this category (29X).	
290*	General Classification
291*	Rental
292*	Purchase of new durable medical equipment
293*	Purchase of used durable medical equipment
294*	Supplies/Drugs for DME effectiveness (Not Covered)
299*	Other Equipment
30X	LABORATORY
300*	General Classification
301*	Chemistry
302*	Immunology
303*	Renal Patient (Home)
304*	Non-Routine Dialysis
305*	Hematology
306*	Bacteriology & Microbiology
307*	Urology
309*	Other Laboratory
31X	LABORATORY — PATHOLOGICAL
310*	General Classification
311*	Cytology
312*	Histology
314*	Biopsy
319	Other

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32X	RADIOLOGY — DIAGNOSTIC
320*	General Classification
321*	Angiocardiology
322*	Arthrography
323*	Arteriography
324*	Chest X-Ray
329*	Other
33X	RADIOLOGY — THERAPEUTIC
330*	General
331*	Chemotherapy — Injected
332*	Chemotherapy — Oral
333*	Radiation Therapy
335*	Chemotherapy — IV
339*	Other
34X	NUCLEAR MEDICINE (RADIOISOTOPES)
340*	General classification
341*	Diagnostic – Procedures
342*	Therapeutic – procedures
343*	Diagnostic – Radiopharmaceuticals
344*	Therapeutic – Radiopharmaceuticals
349*	Other
35X	CT SCAN
350*	General classification
351*	Head Scan
352*	Body Scan
359*	Other CT Scans
36X	OPERATING ROOM SERVICES
360*	General Classification
361*	Minor Surgery
362*	Organ Transplant — other than kidney
367*	Kidney Transplant
369*	Other Operating Room Services
37X	ANESTHESIA
370	General Classification
371	Anesthesia Incident to Radiology
372	Incident to Diagnostic Services
374	Acupuncture — <i>Covered only when procedure performed by a physician or physician's employee acupuncturist under a physician's supervision.</i>
379	Other Anesthesia
38X	BLOOD
380*	General Classification
381*	Packed Red Cells
382*	Whole Blood (Not Covered)
383*	Plasma
384*	Platelets
385*	Leukocytes

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386*	Other Components
387*	Other Derivatives (Cyroprecipitates)
389*	Other Blood
39X	BLOOD STORAGE AND PROCESSING
390	General Classification
391	Blood Administration (e.g., Transfusions)
399	Other Blood Storage & Processing
40X	OTHER IMAGING SERVICES
400*	General Classification
401*	Diagnostic Mammography
402*	Ultrasound
403*	Screening Mammography
404*	Positron Emission Tomography
409*	Other Imaging Services
41X	RESPIRATORY SERVICES
410*	General Classification
412*	Inhalation Services
413*	Hyperbaric Oxygen Therapy
419	Other Respiratory Services
42X	PHYSICAL THERAPY
Prior authorization of services is required for outpatient physical therapy services, unless Medicare Part B is the primary payer. Evaluations do not require prior authorization.	
420*	General Classification
421*	Visit Charge
422*	Hourly Charge
423*	Group Rate
424*	Evaluation or Reevaluation
429*	Other Physical Therapy
43X	OCCUPATIONAL THERAPY
Prior authorization of services is required for outpatient occupational therapy services, unless Medicare Part B is the primary payer. Evaluations do not require prior authorization.	
430*	General Classification
431*	Visit Charge
432*	Hourly Charge
433*	Group Rate
434*	Evaluation or Reevaluation
439*	Other Occupational Therapy
44X	SPEECH-LANGUAGE PATHOLOGY
Prior authorization of services is required for outpatient speech-language services, unless Medicare Part B is the primary payer. Evaluations do not require prior authorization.	
440*	General Classification
441*	Visit Charge
442*	Hourly Charge
443*	Group Rate
444*	Evaluation or Reevaluation
449*	Other Speech-Language Pathology

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45X	EMERGENCY ROOM
450*	General Classification
451	EMTALA Emergency Medical Screening Services
452	ER Beyond EMTALA Screening
456*	Urgent Care
459*	Other Emergency Room
46X	PULMONARY FUNCTION
460*	General Classification
469*	Other Pulmonary Function
47X	AUDIOLOGY
<i>Prior authorization of services is required for outpatient audiology services, unless Medicare Part B is the primary payer. Evaluations (471) do not require prior authorization.</i>	
470*	General Classification
471*	Diagnostic
472*	Treatment
479*	Other Audiology
48X	CARDIOLOGY
480*	General Classification
481*	Cardiac Cath Lab
482*	Stress Test
483*	Echocardiology
489*	Other Cardiology
49X	AMBULATORY SURGICAL CARE
490*	General Classification
499*	Other Ambulatory Surgical Care
50X	OUTPATIENT SERVICES
500	General Classification
509	Other Outpatient Services
51X	CLINIC
510*	General Classification
511	Chronic Pain Center (Not Covered)
512	Dental Clinic - <i>Prior authorization required for hospital non-emergency services.</i>
513	Psychiatric Clinic (Not Covered)
514	OB/GYN Clinic
515	Pediatric Clinic
516	Urgent Care Clinic
517	Family Practice Clinic
519*	Other Clinic
52X	FREE-STANDING CLINIC
520	General Classification (Not Covered)
521	Rural Health — Clinic
522	Rural Health — Home (Not Covered)
523	Family Practice
526	Urgent Care Clinic
529	Other Freestanding Clinic — (Not Covered)

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53X	OSTEOPATHIC SERVICES	
530	General Classification	
531	Osteopathic Therapy	
539	Other Osteopathic Services	
54X	AMBULANCE	
540	General Classification (Not Covered)	
541	Supplies (Not Covered)	
542	Medical Transport <i>This Revenue Center Code must be used to bill for medical transportation</i>	
543	Heart Mobile (Not Covered)	
544	Oxygen (Not Covered)	
545	Air Ambulance (Not Covered)	
546	Neonatal Ambulance Service (Not Covered)	
547	Ambulance Pharmacy (Not Covered)	
548	Telephonic EKG (Not Covered)	
549	Other Ambulance (Not Covered)	
55X	SKILLED NURSING (NOT COVERED)	
550	General Classification (Not Covered)	
551	Visit Charge (Not Covered)	
552	Hourly Charge (Not Covered)	
559	Other Skilled Nursing (Not Covered)	
56X	MEDICAL SOCIAL SERVICES	
560	General Classification (Not covered in outpatient setting)	
561	Visit Charge (Not covered in outpatient setting)	
562	Hourly Charge (Not covered in outpatient setting)	
569*	Other Medical Social Services - <i>Covered in outpatient setting for Maternity Case</i>	
57X	HOME HEALTH AIDE (HOME HEALTH) (NOT COVERED)	
570	General Classification (Not Covered)	
571	Visit Charge (Not Covered)	
572	Hourly Charge (Not Covered)	
579	Other Home Health Aide (Not Covered)	
58X	OTHER VISITS (HOME HEALTH) (NOT COVERED)	
580	General Classification (Not Covered)	
581	Visit Charge (Not Covered)	
582	Hourly Charge (Not Covered)	
583	Assessment (Not Covered)	
589	Other Home Health Visits (Not Covered)	
59X	UNITS OF SERVICE (HOME HEALTH) (NOT COVERED)	
590	General Classification (Not Covered)	
599	Home Health Other Units (Not Covered)	
60X	OXYGEN — HOME HEALTH (NOT COVERED)	
600	General Classification (Not Covered)	
601	Oxygen-State/Equip/Supply or contents (Not Covered)	
602	Oxygen-State/Equip/Supply Under 1 LPM (Not Covered)	
603	Oxygen-State/Equip/Supply Over 4 LPM (Not Covered)	
604	Oxygen – Portable Add-On (Not Covered)	

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61X	MAGNETIC RESONANCE IMAGING (MRI)
610*	General Classification
611*	Brain (including brain stem)
612*	Spinal Cord (including spine)
614*	MRI - Other
615*	MRA - Head and Neck
616*	MRA - Lower Extremities
617*	RESERVED (Not Covered)
618*	MRA - Other
619*	MRI - Other
62X	MEDICAL/SURGICAL SUPPLIES — EXTENSION OF 27X
621	Supplies Incident to Radiology
622	Supplies Incident to Other Diagnostic Services
623	Surgical Dressing
624	Investigational Device (Not Covered)
63X	DRUGS REQUIRING SPECIFIC IDENTIFICATION
630	General Classification (Not Covered)
631	Single source drug
632	Multiple source drug
633	Restrictive prescription
634*◆	Epoetin, under 10,000 units per administration
635*◆	Epoetin, 10,000 units or more per administration
636*◆	Drugs requiring detail coding*
637	Self-administrable Drugs
64X	HOME IV THERAPY SERVICES (NOT COVERED)
640	General Classification (Not Covered)
641	Nonroutine Nursing (Not Covered)
642	IV Site Care, Central Line (Not Covered)
643	IV Start/Change Peripheral Line (Not Covered)
644	Nonroutine Nursing, Peripheral Line (Not Covered)
645	Training Patient/Caregiver, Central Line (Not Covered)
646	Training Disabled Patient, Central Line (Not Covered)
647	Training Patient/Caregiver, Peripheral Line (Not Covered)
648	Training Disabled Patient, Peripheral Line (Not Covered)
649	Other IV Therapy Services (Not Covered)
65X	HOSPICE SERVICES (NOT COVERED)
650	General Classification (Not Covered)
651	Routine Home Care (Not Covered)
652	Continuous Home Care (Not Covered)
653	Reserved (Not Covered)
654	Reserved (Not Covered)
655	Inpatient Respite Care (Not Covered)
656	General Inpatient Care (Non-Respite) (Not Covered)
657	Physician Services (Not Covered)
658	Hospice Room and Board - Nursing Facility (Not Covered)
659	Other Hospice (Not Covered)

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66X	RESPIRE CARE (HOME HEALTH) (NOT COVERED)
660	General (Not Covered)
661	Hourly Charge/Skilled Nursing (Not Covered)
662	Hourly Charge/Home Health (Not Covered)
663	Daily Respite Charge (Not Covered)
669	Other Respite Care (Not Covered)
67X	OUTPATIENT SPECIAL RESIDENCE CHARGES (NOT COVERED)
670	General (Not Covered)
671	Hospital-Based (Not Covered)
672	Contracted (Not Covered)
679	Other (Not Covered)
68X	TRAUMA RESPONSE (NOT COVERED)
680	Not Used
681	Trauma Level I (Not Covered)
682	Trauma Level II (Not Covered)
683	Trauma Level III (Not Covered)
684	Trauma Level IV (Not Covered)
689	Other Trauma Response (Not Covered)
69X	NOT ASSIGNED (NOT COVERED)
70X	CAST ROOM
700*	General Classification
709*	Other Cast Room
71X	RECOVERY ROOM
710	General Classification
719	Other Recovery Room
72X	LABOR ROOM/DELIVERY
720	General Classification
721	Labor
722	Delivery
723	Circumcision
724#	Birthing Center
729	Other Labor Room/Delivery
73X	EKG/ECG (ELECTROCARDIOGRAM)
730*	General Classification
731*	Holter Monitor
732*	Telemetry
739*	Other EKG/ECG
74X	EEG (ELECTROENCEPHALOGRAM)
740*	General Classification
749*	Other EEG
75X	GASTROINTESTINAL SERVICES
750*	0 General Classification
759*	9 Other Gastrointestinal

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76X	TREATMENT OR OBSERVATION ROOM
760*	General Classification
761*	Treatment Room
762*	Observation Room
769*	Other Treatment Room
77X	PREVENTIVE CARE SERVICES
770	General
771*	Vaccine Care Services
779	Other
78X	TELEMEDICINE
780*	General Classification
789*	Other Telemedicine
79X	LITHOTRIPSY
790*	General Classification
799*	Other
80X	INPATIENT RENAL DIALYSIS
800	General Classification
801	Inpatient Hemodialysis
802	Inpatient Peritoneal (non-CAPD)
803	Inpatient Continuous Ambulatory Peritoneal Dialysis (CAPD)
804	Inpatient Continuous Cycling Peritoneal Dialysis (CCPD)
809	Other Inpatient Dialysis
81X	ORGAN ACQUISITION
810*	General Classification
811*	Living Donor
812*	Cadaver Donor
813*	Unknown Donor
814*	Unsuccessful Organ Bank Donor Search Charge
819*	Other Organ Acquisition
82X	HEMODIALYSIS — OUTPATIENT OR HOME
820	General Classification
821	Hemodialysis/Composite or Other Rate
822	Home Supplies
823	Home Equipment
824	Maintenance/100%
825	Support Services
829	Other Outpatient Hemodialysis
83X	PERITONEAL DIALYSIS — OUTPATIENT OR HOME
830	General Classification
831	Peritoneal/Composite or Other Rate
832	Home Supplies
833	Home Equipment
834	Maintenance/100%
835	Support Services
839	Other Outpatient Peritoneal Dialysis

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84X	CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD) - OUTPATIENT OR
840	General Classification
841	CAPD/Composite or Other Rate
842	Home Supplies
843	Home Equipment
844	Maintenance/100%
845	Support Services
849	Other Outpatient CAPD
85X	CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD) — OUTPATIENT OR HOME
850	General Classification
851	CCPD/Composite or Other Rate
852	Home Supplies
853	Home Equipment
854	Maintenance/100%
855	Support Services
859	Other Outpatient CCPD
86X	RESERVED FOR DIALYSIS (NATIONAL ASSIGNMENT)
87X	RESERVED FOR DIALYSIS (NATIONAL ASSIGNMENT)
88X	MISCELLANEOUS DIALYSIS
880	General Classification
881	Ultrafiltration
882	Home Dialysis Aid Visit (Not Covered)
889	Misc. Dialysis Other
89X	OTHER DONOR BANK (RESERVED FOR NATIONAL ASSIGNMENT)*
90X	PSYCHIATRIC/PSYCHOLOGICAL TREATMENTS
900*	General Classification
901	Electroconvulsive Therapy
902	Milieu Therapy (Not Covered)
903	Play Therapy (Not Covered)
904	Activity Therapy (Not Covered)
905	Intensive Outpatient Services - Psychiatric (Not Covered)
906	Intensive Outpatient Services - Chemical Dependency (Not Covered)
907	Community Behavioral Health Program - Day Treatment (Not Covered)
908	Reserved For National Assignment
909*	Other - <i>Somatotherapy services and psychiatric or psychological evaluations are the only services billable under this Revenue Center Code.</i>

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91X	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	
Somatotherapy services and psychiatric or psychological evaluations are the only services billable under Revenue Center Codes 919 and 961.		
910	Reserved For National Assignment	
911	Rehabilitation (Not Covered)	
912	Partial Hospitalization Less Intensive (Not Covered)	
913	Partial Hospitalization Intensive (Not Covered)	
914	Individual Therapy (Not Covered)	
915	Group Therapy (Not Covered)	
916	Family Therapy (Not Covered)	
917	Biofeedback (Not Covered)	
918*	Testing	
919*	Other Behavior Health Treatments/Services	
92X	OTHER DIAGNOSTIC SERVICES	
920*	General Classification	
921*	Peripheral Vascular Lab	
922*	Electromyogram	
923*	Pap Smear	
924*	Allergy Test	
925*	Pregnancy Test	
929*	Other Diagnostic Services	
93X	MEDICAL REHABILITATION DAY PROGRAM (NOT COVERED)	
931	Half Day (Not Covered)	
932	Full Day (Not Covered)	
94X	OTHER THERAPEUTIC SERVICES	
940*	General Classification	
941	Recreational Therapy (Not Covered)	
942*	Education/Training	
943*	Cardiac Rehabilitation	
944	Drug Rehabilitation (Not Covered)	
945	Alcohol Rehabilitation (Not Covered)	
946	Routine Complex Equipment	
947*	Ancillary Complex Equipment	
948	Pulmonary Rehab	
949*	Other Therapeutic Services	
95X	OTHER THERAPEUTIC SERVICES - Extension of 94X (NOT COVERED)	
950	Reserved For National Assignment	
951	Athletic Training (Not Covered)	
952	Kinesiotherapy (Not Covered)	
96X	PROFESSIONAL FEES	
960*	General Classification	
961*	Psychiatric	
962*	Ophthalmology	
963*	Anesthesiologist (MD)	
964*	Anesthetist (CRNA)	
969*	Other Professional Fees	

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97X	PROFESSIONAL FEES - Continued
971*	Laboratory
972*	Radiology — Diagnostic
973*	Radiology — Therapeutic
974*	Radiology — Nuclear Medicine
975*	Operating Room
976*	Respiratory Therapy
977*	Physical Therapy (Outpatient services require prior authorization)
978*	Occupational therapy (Outpatient services require prior authorization)
979*	Speech Pathology (Outpatient services require prior authorization)
98X	PROFESSIONAL FEES- Extension of 96X & 97X
981*	Emergency Room
982*	Outpatient Services
983*	Clinic
984*	Medical Social Services (Covered in inpatient setting only)
985*	EKG
986*	EEG
987*	Hospital Visit
988*	Consultation
989*	Private Duty Nurse (Not Covered)
99X	PATIENT CONVENIENCE ITEMS (Not Covered)
990	General Classification (Not Covered)
991	Cafeteria/Guest Tray (Not Covered)
992	Private Linen Service (Not Covered)
993	Telephone/Telegraph (Not Covered)
994	TV/Radio (Not Covered)
995	Nonpatient Room Rentals (Not Covered)
996	Late Discharge Charge (Not Covered)
997	Admissions Kits (Covered)
998	Beauty Shop/Barber (Not Covered)
999	Other Patient Convenience Items (Not Covered)