

Revenue Codes Ending in "9" ("Other" Categories)

Last Updated: 8/13/2025

Last Reviewed: 8/13/2025

Originally Effective: 12/4/2006

Last update includes payment policy changes, subject to 28 TAC §3.3703(a)(20)(D)? No

If yes, Texas Last Update Effective Date: n/a

Policy #: RPM042

Scope

Companies: Moda Partners, Inc. and its subsidiaries & affiliates (All)

Provider Contract Status: Any

Claim Forms: CMS1500 & CMS1450 (paper and electronic versions)

Claim Dates: All

Reimbursement Guidelines

A. General Policy Statement

We consider revenue codes for "Other" (ending with OXX9) to be unlisted revenue codes, which we do not accept.

B. Denial of "Other" Revenue Codes Ending in "9"

1. We first began to deny revenue codes for "Other" (ending with OXX9) effective 12/4/2006 as part of the transition from an old claims processing system to our current system.
2. Effective for dates of service August 1, 2019 and beyond, all services reported with a revenue code ending in "9" will be denied to provider responsibility.
3. Rationale:
According to the Uniform Billing Editor (UBE), "The revenue codes for 'Other' (ending with OXX9) are assigned at the state level for local billing needs."

C. Billing Requirements

1. Do not submit services using revenue codes for "Other" (ending with "9," e.g., OXX9).
 - a. Select a more specific revenue code ending in "1," "2," "3," "4," "5," "6," "7," or "8" which applies.
 - b. If an appropriate revenue code ending in "1," "2," "3," "4," "5," "6," "7," or "8" cannot be identified and there is no CMS requirement to use a more specific revenue code, then the general revenue code (ending with "0," e.g., OXX0) may be used.
2. To report services which need to be denied to member responsibility (e.g., excluded from the member's plan coverage, investigational, non-medical items or services, etc.), use a HCPCS code to clearly identify the non-covered service, even if the revenue code used does not require a HCPCS code to be used.

D. Context of 2006 Decision to Deny "Other" Revenue Codes Ending in "9"

1. We first began to deny revenue codes for "Other" (ending with OXX9) effective 12/4/2006 as part of the transition from an old claims processing system to our current system. At that time a business decision was made that manual processor review would no longer be utilized to assign benefit categories for revenue codes.
2. In order to determine how to configure those revenue codes for auto-adjudication in the new system, claims history reports were obtained during 2005 - 2006 to evaluate the revenue codes which had previously been manually reviewed. These claims experience reports showed services billed under "Other" revenue codes (OXX9) were:
 - a. Non-covered comfort items.
 - b. Other non-covered services.
 - c. Covered services which should have been billed under another more specific revenue code.

E. Requests for Reconsiderations or Configuration Changes

We will consider accepting a revenue code for “Other” (ending with 0XX9) when:

1. The facility submits written documentation of an applicable mandate or regulation which indicates the 0XX9 revenue code in question *is required* to be used for the specific service or procedure code in question.

Note: Documentation showing the 0XX9 revenue code *as merely permitted* for use will not be sufficient.

2. Acceptable sources of documentation are:
 - a. The National Uniform Billing Committee (NUBC).
 - b. The state uniform billing committees (SUBC) from the state in which the facility is located.
 - c. A CMS transmittal.
 - d. A MedLearn Matters article.

Definitions

Acronyms/Abbreviations

Acronym	Definition
CMS	Centers for Medicare and Medicaid Services
HCPCS	Healthcare Common Procedure Coding System (acronym often pronounced as "hick picks")
NUBC	National Uniform Billing Committee
RPM	Reimbursement Policy Manual (e.g., in context of “RPM052” policy number, etc.)
SUBC	State Uniform Billing Committee(s)
UB	Uniform Bill
UBE	Uniform Billing Editor

Revenue Codes:

Revenue code definitions are not listed here. Refer to the Uniform Billing Editor for definitions of specific revenue codes.

Related Policies

- A. “[Moda Health Reimbursement Policy Overview](#).” Moda Health Reimbursement Policy Manual, RPM001.

Resources

1. Whitehead, Trudy, CPC-H, CMAS and Magnani, Regina, RHIT, eds., *Uniform Billing Editor*. March 2014. Page 331.

Policy History

Reminder: The most current version of our reimbursement policies can be found on our provider website. If you are using a printed or saved electronic version of this policy, please verify the current information by going to:

https://www.modahealth.com/medical/policies_reimburse.shtml

Date	Summary of Update
8/13/2025	Acronyms & Related Policies updated. Coding Guidelines & Sources retired; refer to Resources. Minor rephrasing. Formatting updates.
7/10/2024	Formatting update: No content changes.
8/9/2023	Annual review. No content changes.
7/13/2022	Formatting update: No content changes.

Date	Summary of Update
9/9/2015	Policy document initially approved by the Reimbursement Administrative Policy Review Committee & initial publication.
12/4/2006	Original Effective Date (with or without formal documentation). Policy based on administrative leadership decision after extensive analysis of charges submitted under revenue codes ending in "9" and UB Editor statements regarding revenue codes ending in "9." ¹