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

Last Updated: 11/9/2026 **Last Reviewed:** 11/19/2026 **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)
Claim Forms: CMS1500 & CMS1450 (paper and electronic versions)
Provider Contract Status: Any
Claim Dates: All

Reimbursement Guidelines

A. General Policy Statement

We consider "Other" revenue codes (ending with 0XX9) to be unlisted revenue codes and do not accept them.

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

1. We began denying "Other" revenue codes (ending in 0XX9) on 12/4/2006 during the transition from our old claims processing system to the current system.
2. For dates of service on or after August 1, 2019, 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 0XX9) 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., 0XX9).
   a. Select an applicable, more specific revenue code ending in "1," "2," "3," "4," "5," "6," "7," or "8".
   b. If no appropriate revenue code ending in "1," "2," "3," "4," "5," "6," "7," or "8" can be identified and CMS does not require a more specific code, use the general revenue code (ending with "0," e.g., 0XX0).
2. For services that must be denied to member responsibility (e.g., services excluded from the member's plan, investigational services, or non-medical items or services), use a HCPCS code to identify the non-covered service, even when the revenue code does not require one.

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

1. We began to deny "Other" revenue codes (ending with 0XX9) on 12/4/2006 during the transition from our old claims processing system to the current system. At that time, we decided to stop using manual processor review to assign benefit categories for revenue codes.
2. To configure those revenue codes for auto-adjudication in the new system, we reviewed 2005 - 2006 claims history for codes previously reviewed manually. The reports showed that services billed under "Other" revenue codes (0XX9) were:
   a. Non-covered comfort items.
   b. Other non-covered services.
   c. Covered services that should have been billed under a 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 provides written documentation of a mandate or regulation requiring the specific 0XX9 revenue code for the service or procedure code in question.
   Note: Documentation showing that the 0XX9 revenue code *is merely permitted* for use is insufficient.
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)
TAC	Texas Administrative Code
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
11/19/2026	Acronyms updates. Minor rewording. No policy changes.
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.

Date	Summary of Update
7/13/2022	Formatting update: No content changes.
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]