

Revenue Codes for Inpatient Services

Inpatient hospitals must use national revenue codes to summarize the charges for each Cost Center.

Diagnosis-Related Groups (DRG)

In July 2013 Medi-Cal adopted a diagnosis-related groups (DRG) reimbursement methodology for inpatient general acute care hospitals that do not participate in certified public expenditure reimbursement. DRG is a reimbursement methodology that uses information on the claim form (including revenue codes, diagnosis and procedure codes, patient's age, discharge status and complications) to classify the hospital stay into a group. DRG payment is determined by multiplying a specific DRG relative weight of the individual group code by a DRG hospital's specific DRG base price, with application of adjustors and add-on payments as applicable. If a *Treatment Authorization Request* (TAR) has been approved by the Department of Health Care Services (DHCS), DRG payment is for each admit through discharge claim.

Refer to the *Diagnosis-Related Groups (DRG): Inpatient Services* section in this provider manual for additional information.

Revenue Code Rates

Prior to implementation of the DRG model, reimbursement was established as follows:

Based on information supplied by the Department of Health Care Services (DHCS), the Fiscal Intermediary (FI) uses a file of every facility's established rates to calculate reimbursement for revenue codes.

The preceding is true for non-DRG reimbursed hospitals also.

DRG-Reimbursed Hospital Reporting Requirements

DRG-reimbursed hospitals wishing to update or change their revenue codes and/or rates must notify the DHCS Provider Enrollment Division at least 30 days in advance.

Where to Submit Rate Change Form

DRG-reimbursed hospitals reporting code and/or rate changes, should print a copy of the *Revenue Rate Change Request* (DHCS 6004) form, record changes and submit the form to the following location:

Department of Health Care Services
Provider Enrollment Division
MS 4704
P.O. Box 997413
Sacramento, CA 95899-7413

**Psychiatric Services:
Authorization and
Reimbursement**

For information about hospitals rendering psychiatric services, refer to the *Inpatient Mental Health Services Program* section in this manual.

Billing Administrative Days

For instructions to bill revenue codes for level 1 and level 2 administrative days, refer to the *Administrative Days* section in this provider manual.

**OSHPD Ancillary Codes
(For Accounting Purposes)**

For questions regarding accounting codes that are sent to the Office of Statewide Health Planning and Development (OSHPD), please contact OSHPD at (916) 323-8399 or visit their website at www.oshpd.ca.gov.

Revenue Codes for Accommodation Services

Revenue Code	Description
111	Room and Board – Private, Medical/Surgical/Gynecological
112	Room and Board – Private, OB
113	Room and Board – Private, Pediatric
114 *	Room and Board – Private, Psychiatric
117	Room and Board – Private, Oncology
118	Room and Board – Private, Rehabilitation
119	Room and Board – Private, Other
121	Room and Board – Semiprivate 2 Bed, Medical/Surgical/Gynecological
122	Room and Board – Semiprivate 2 Bed, Obstetric
123	Room and Board – Semiprivate 2 Bed, Pediatric
124 *	Room and Board – Semiprivate 2 Bed, Psychiatric
127	Room and Board – Semiprivate 2 Bed, Oncology
128	Room and Board – Semiprivate 2 Bed, Rehabilitation
129	Room and Board – Semiprivate, 2 Beds, Other
131	Room and Board – Semiprivate 3 or 4 Bed, Medical/Surgical/Gynecological
132	Room and Board – Semiprivate 3 or 4 Bed, Obstetric
133	Room and Board – Semiprivate 3 or 4 Bed, Pediatric
134 *	Room and Board – Semiprivate 3 or 4 Bed, Psychiatric
137	Room and Board – Semiprivate 3 or 4 Bed, Oncology
138	Room and Board – Semiprivate 3 or 4 Bed, Rehabilitation
139	Room and Board – Semiprivate, 3 and 4 Beds, Other
151	Room and Board – Ward (Medical or General), Medical/Surgical/Gynecological
152	Room and Board – Ward (Medical or General), Obstetric
153	Room and Board – Ward (Medical or General), Pediatric
154 *	Room and Board – Ward (Medical or General), Psychiatric
157	Room and Board – Ward (Medical or General), Oncology
158	Room and Board – Ward (Medical or General), Rehabilitation
159	Room and Board – Ward, Other

* Refer to the *Inpatient Mental Health Services Program* section in this manual for information about billing services rendered to children and adolescents.

Revenue Codes for Accommodation Services (continued)

Revenue Code	Description
169	Room and Board, Other
170	Nursery, General Classification
171	Nursery, Newborn, Level I
172 **	Nursery, Newborn, Level II
173	Nursery, Newborn, Level III
174 ††	Nursery, Newborn, Level IV
190	<u>Room and Board, Subacute Pediatric (Private Hospital)</u>
199	<u>Room and Board, Subacute Adult (Private Hospital)</u>
200 §	Intensive Care, General Classification
201 ***	Intensive Care, Surgical
202	Intensive Care, Medical
203 ***	Intensive Care, Pediatric
204	Intensive Care, Psychiatric
206	Intensive Care, Intermediate ICU
207 †	Intensive Care, Burn Care
208	Intensive Care, Trauma
209	Intensive Care, Other
210 §	Coronary Care, General Classification
211	Coronary Care, Myocardial Infarction
212	Coronary Care, Pulmonary Care
214	Coronary Care, Intermediate CCU
219	Coronary Care, Other
790	Lithotripsy, General Classification

** **For non-DRG reimbursed hospitals,** revenue code 172 has multiple uses. Refer to the *Obstetrics: Revenue Codes and Billing Policy* section in this manual for details.

§ These codes have been defined as Medi-Cal benefits in order to provide revenue codes to meet the needs of small hospitals – those with limited bed capacity in ICU or CCU. Small hospitals may bill revenue code 200 to represent either medical ICU (202) or surgical ICU (201) but code 200 may not be used to represent codes 203 – 209. Small hospitals may bill revenue code 210 to represent coronary care, myocardial infarction (211); coronary care, pulmonary care (212); or coronary care, other (219); but code 210 may not be used to represent 214.

*** Transplant services must be billed with an appropriate ICD-9-CM Volume 3 procedure code. Refer to the *Transplants* section for details.

† Use only for licensed burn center beds.

†† Extracorporeal Membrane Oxygenation (ECMO) and Inhaled Nitric Oxide (INO) services must be billed with an appropriate ICD-9-CM Volume 3 procedure code. Refer to the *Medicine* section for details.