

## **APPENDIX A REVENUE CODES AND UNITS OF SERVICE**

This section defines acceptable revenue codes representing services provided to a patient, and the unit of measure associated with each revenue service. Any codes not assigned are assumed to be non-applicable unless found in the NUBC's published manual or addenda to this manual.

### **Revenue Code**

A three-digit code that identifies a specific accommodation, ancillary service or billing calculation. The first two digits of the three-digit code indicate major category; the third digit, represented by 'x' in the codes, indicates a subcategory.

### **Units of Service**

A quantitative measure of services rendered by revenue category to or for the patient, to include items such as number of accommodation days, miles, pints or treatments.

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**REVENUE CODES & UNITS OF SERVICE TABLE**  
**Data Element Description Breakdown**

CODE	UNIT	DEFINITION	SUBCATEGORY 'x'
001	None	Total Charges	
01x	Reserved for Internal Payer Use		
02x	None	Health Insurance – Prospective Payment System	0 = Reserved 1 = Research 2 = Skilled Nursing Facility - PPS 3 = Home Health - PPS 4 = Inpatient Rehab Facility - PPS
03x to 09x	Reserved		
10x	Days	All inclusive rate – a flat fee charge incurred on either a daily basis or total stay basis for services rendered. Charge may cover room and board plus ancillary services or room and board only.	0 = All inclusive room and board plus ancillary 1 = All inclusive room and board
11x	Days	Room and board – private medical or general routine services for single bed rooms	0 = General Classification 1 = Medical/surgical/GYN 2 = OB 3 = Pediatric 4 = Psychiatric 5 = Hospice 6 = Detoxification 7 = Oncology 8 = Rehabilitation 9 = Other
12x	Days	Room and board – semi-private (two beds) medical or general – routine service charges incurred for accommodations with two beds	0 = General classification 1 = Medical/Surgical/GYN 2 = OB 3 = Pediatric 4 = Psychiatric 5 = Hospice 6 = Detoxification 7 = Oncology 8 = Rehabilitation 9 = Other
13x	Days	Semi-private – three and four beds – routine service charges incurred for accommodations with three and four beds	0 = General classification 1 = Medical/Surgical/GYN 2 = OB 3 = Pediatric 4 = Psychiatric 5 = Hospice 6 = Detoxification 7 = Oncology 8 = Rehabilitation 9 = Other
14x	Days	Private deluxe – deluxe rooms are accommodations with amenities substantially in excess of those provided to other patients	0 = General classification 1 = Medical/Surgical/GYN 2 = OB 3 = Pediatric 4 = Psychiatric 5 = Hospice 6 = Detoxification 7 = Oncology 8 = Rehabilitation 9 = Other

CODE	UNIT	DEFINITION	SUBCATEGORY 'x'
15x	Days	Room and board – ward medical or general routine service charge for accommodations with five or more beds	0 = General classification 1 = Medical/Surgical/GYN 2 = OB 3 = Pediatric 4 = Psychiatric 5 = Hospice 6 = Detoxification 7 = Oncology 8 = Rehabilitation 9 = Other
16x	Days	Other room and board – any routine service charges for accommodations that cannot be included in the more specific revenue center codes	0 = General classification 4 = Sterile environment 7 = Self care 9 = Other
17x	Days	Nursery – charges for nursing care to newborn and premature infants in nurseries	0 = General classification 1 = Newborn – Level I 2 = Newborn – Level II 3 = Newborn – Level III 4 = Newborn – Level IV 9 = Other
18x	Days	Leave of absence – charges for holding a room while the patient is temporarily away from the provider	0 = General classification 1 = Reserved 2 = Patient convenience 3 = Therapeutic leave 4 = ICF/MR (any reason) 5 = Nursing home (for hospitalization) 9 = Other leave of absence
19x	Days	Subacute Care – Accommodations charges for subacute care to inpatients or skilled nursing facilities.	0 = Reserved Classification 1 = Subacute Care – Level I 2 = Subacute Care – Level II 3 = Subacute Care – Level III 4 = Subacute Care – Level IV 9 = Other Subacute Care
20x	Days	Intensive care – routine service charge for medical or surgical care provided to patients who require a more intensive level of care than is rendered in the general medical or surgical unit	0 = General classification 1 = Surgical 2 = Medical 3 = Pediatric 4 = Psychiatric 6 = Intermediate ICU 7 = Burn care 8 = Trauma 9 = Other intensive care
21x	Days	Coronary care – routine service charge for medical care provided to patients with coronary illness who require a more intensive level of care than is rendered in the more general medical care unit	0 = General classification 1 = Myocardial infarction 2 = Pulmonary care 3 = Heart transplant 4 = Intermediate ICU 9 = Other coronary care
22x	None	Special charges-charges incurred during an inpatient stay or on a daily basis for certain services	0 = General classification 1 = Admission charge 2 = Technical support charge 3 = U. R. service charge 4 = Late discharge, medically necessary 9 = Other special charges

CODE	UNIT	DEFINITION	SUBCATEGORY 'x'
23x	None	Incremental nursing charge rate – charge for nursing service assessed in addition to room and board	0 = General classification 1 = Nursery 2 = OB 3 = ICU (includes transitional care) 4 = CCU (includes transitional care) 5 = Hospice 9 = Other
24x	None	All inclusive ancillary – a flat rate charge incurred on either a daily basis or total stay basis for ancillary services only	0 = General classification 9 = Other inclusive ancillary
25x	None	Pharmacy – charges for medication produced, manufactured, packaged, controlled, assayed, dispensed and distributed under the direction of a licensed pharmacist	0 = General classification 1 = Generic drug 2 = Non-generic drug 3 = Take home drug 4 = Drugs incident to other diagnostic services 5 = Drugs incident to radiology 6 = Experimental drug 7 = Non-prescription 8 = IV solutions 9 = Other pharmacy
26x	None	IV therapy – equipment charge or administration of intravenous solution by specially trained personnel to individuals requiring such treatment	0 = General classification 1 = Infusion pump 2 = IV therapy/pharmacy service 3 = IV therapy/drug/supply/delivery 4 = IV therapy/supplies 9 = Other IV therapy
27x	Item	Medical/surgical supplies and devices – charges for supply items required for patient care	0 = General classification 1 = Non-sterile supply 2 = Sterile supply 3 = Take home supplies 4 = Prosthetic/orthotic devices 5 = Pace maker 6 = Intraocular lens 7 = Oxygen take home 8 = Other implants 9 = Other supplies/devices
28x	None	Oncology – charges for the treatment of tumors and related diseases	0 = General classification 9 = Other oncology
29x	Item	Durable Medical Equipment (other than rental) charges for medical equipment that can withstand repeated use	0 = General classification 1 = Rental 2 = Purchase of new DME 3 = Purchase of used DME 4 = Supplies/drugs for DME effectiveness (HHA's only) 9 = Other equipment
30x	Test	Laboratory – charges for the performance of diagnostic and routine clinical laboratory tests	0 = General classification 1 = Chemistry 2 = Immunology 3 = Renal patient (home) 4 = Non-routine dialysis 5 = Hematology 6 = Bacteriology and microbiology 7 = Urology 9 = Other laboratory

CODE	UNIT	DEFINITION	SUBCATEGORY 'x'
31x	Test	Laboratory pathological – charges for diagnostic and routine lab tests on tissue and culture	0 = General classification 1 = Cytology 2 = Histology 4 = Biopsy 9 = Other
32x	Test	Radiology diagnostic – charges for diagnostic radiology services provided for the examination and care of patients. Includes: taking, processing, examining and interpreting radiographs and fluorographs	0 = General classification 1 = Angiocardiology 2 = Arthrography 3 = Arteriography 4 = Chest x-ray 9 = Other
33x	Test	Radiology therapeutic – charges for therapeutic radiology services and chemotherapy required for care and treatment of patients. Includes therapy by injection or ingestion of radioactive substances	0 = General classification 1 = Chemotherapy injected 2 = Chemotherapy oral 3 = Radiation therapy 5 = Chemotherapy IV 9 = Other
34x	Test	Nuclear medicine – charges for procedures and tests performed by a radioisotope laboratory utilizing radioactive materials as required for diagnosis and treatment of patients	0 = General classification 1 = Diagnostic 2 = Therapeutic 3 = Diagnostic Radiopharmaceuticals 4 = Therapeutic Radiopharmaceuticals 9 = Other
35x	Scan	CT scan – charges for Computer Tomographic scans of the head and other parts of the body	0 = General classification 1 = Head scan 2 = Body scan 9 = Other CT scan
36x	None	Operating room services – charges for services provided by specifically trained nursing personnel who provide assistance to physicians in the performance of surgical and related procedures during and immediately following surgery	0 = General classification 1 = Minor surgery 2 = Organ transplant other than kidney 7 = Kidney transplant 9 = Other operating room services
37x	None	Anesthesia – charges for anesthesia services in the hospital	0 = General classification 1 = Anesthesia incident to RAD 2 = Anesthesia incident to other diagnostic services 4 = Acupuncture 9 = Other anesthesia
38x	Pint	Blood storage and processing – charges for the storage and processing of whole blood	0 = General classification 1 = Blood administration 2 = Whole blood 3 = Plasma 4 = Platelets 5 = Leucocytes 6 = Other components 7 = Other derivatives (cryoprecipitates) 9 = Other blood and blood components
39x		Blood storage and processing – charges for the storage and processing of whole blood	0 = General classification 1 = Blood administration <u>2 = Processing and Storage</u> 9 = Other blood handling

CODE	UNIT	DEFINITION	SUBCATEGORY 'x'
40x	Test	Other imaging services	0 = General classification 1 = Diagnostic mammography 2 = Ultrasound 3 = Screening mammography 4 = Positron Emission Tomography 9 = Other imaging services
41x	Treatment	Respiratory services – charges for administration of oxygen and certain potent drugs through inhalation or positive pressure and other forms of rehabilitative therapy, through measurement of inhaled and exhaled gases and analysis of blood, and evaluation of the patient's ability to exchange oxygen and other gases	0 = General classification 2 = Inhalation services 3 = Hyper baric oxygen therapy 9 = Other respiratory services
42x	Treatment	Physical therapy – charges for therapeutic exercises, massage, and utilization of effective properties of light, heat, cold, water, electricity and assistive devices for diagnosis and rehabilitation of patients who have neuromuscular, orthopedic and other disabilities	0 = General classification 1 = Visit 2 = Hourly 3 = Group 4 = Evaluation or re-evaluation 9 = Other physical therapy
43x	Treatment	Occupational therapy – charges for teaching manual skills and independence in personal care to stimulate mental and emotional activity on the part of patients	0 = General classification 1 = Visit 2 = Hourly 3 = Group 4 = Evaluation or re-evaluation 9 = Other occupational therapy
44x	Treatment	Speech language pathology – charges for services provided to persons with impaired functional communications skills	0 = General classification 1 = Visit 2 = Hourly 3 = Group 4 = Evaluation or re-evaluation 9 = Other speech therapy
45x	Visit	Emergency room – charges for emergency room treatment to those ill and injured persons who require immediate unscheduled medical or surgical care	0 = General classification 1 = EMTALA emergency medical screening services 2 = ER beyond EMTALA screening 6 = Urgent care 9 = Other emergency room
46x	Test	Pulmonary function – charges for tests that measure inhaled and exhaled gases and analysis of blood, and for tests that evaluate the patient's ability to exchange other gases	0 = General classification 9 = Other pulmonary function
47x	Test	Audiology – charges for the detection and management of communication handicaps centering in whole or in part on the hearing function	0 = General classification 1 = Diagnostic 2 = Treatment 9 = Other audiology
48x	Test	Cardiology – charges for cardiac procedures rendered in a separate unit within the hospital. Such procedures include, but are not limited to: heart catheterization, coronary angiography, Swan-Ganz catheterization and exercise stress test.	0 = General classification 1 = Cardiac cath lab 2 = Stress test 3 = Echo cardiology 9 = Other cardiology



CODE	UNIT	DEFINITION	SUBCATEGORY 'x'
49x	None	Ambulatory surgical care – charges for ambulatory surgery that are not covered by other categories	0 = General classification 9 = Other ambulatory surgical care
50x	None	Outpatient service- charges for services rendered to an outpatient who is admitted as an inpatient before midnight of the day following the date of service.	0 = General classification 9 = Other outpatient
51x	Visit	Clinic – charges for providing diagnostic, preventive, curative, rehabilitative and education services on a scheduled basis to an ambulatory patient	0 = General classification 1 = Chronic pain center 2 = Dental clinic 3 = Psychiatric clinic 4 = OB-GYN clinic 5 = Pediatric clinic 6 = Urgent care clinic 7 = Family practice 9 = Other clinic
52x	Clinic Visit	Freestanding Clinic provides a breakdown of some clinics that hospitals or third party payers may require	0 = General classification 1 = Rural health – clinic 2 = Rural health – home 3 = Family practice clinic 4 = Visit by Rural Health Practitioner to a member in a covered Part A stay at SNF 5 = Visit Rural Health Clinic Practitioner to a member in a SNF 6 = Urgent care clinic 7 = Visiting Nurse Service 8 = Visit by Rural Health Clinic Practitioner to other non Rural Health Clinic Site 9 = Other free standing clinic
53x	Visit	Osteopathic services – charges for a structural evaluation of the cranium, entire cervical, dorsal and lumbar spine by a doctor of osteopathy	0 = General classification 1 = Osteopathic therapy 9 = Other osteopathic services
54x	Mile/Item/Unit	Ambulance – charges for ambulance service, usually on an unscheduled basis, to the ill and injured who require immediate medical attention	0 = General classification 1 = Supplies 2 = Medical transport 3 = Heart mobile 4 = Oxygen 5 = Air ambulance 6 = Neonatal ambulance services 7 = Pharmacy 8 = EKG transmission 9 = Other ambulance
55x	Skilled Nursing	Charges for nursing services that must be provided under the direct supervision of a licensed nurse to assure the safety of the patient and to achieve the medically desired result. This code may be used for nursing home services or a service charge for home health billing.	0 = General classification 1 = Visit charge 2 = Hourly charge 9 = Other skilled nursing
56x	Visit/Hour	Medical social services such as counseling patients, intervening on behalf of patients, and interpreting problems of social situation rendered to patients on any basis.	0 = General classification 1 = Visit charge 2 = Hourly charge 9 = Other medical social services

CODE	UNIT	DEFINITION	SUBCATEGORY 'x'
57x	Home Health Aide/Visit/Hour	Charges made by an HHA for personnel who are primarily responsible for the personal care of the patient	0 = General classification 1 = Visit charge 2 = Hourly charge 9 = Other home health aide
58x	Other Visits/Hour /Assess	Code indicates the charge by an HHA for visits other than physical therapy, occupational therapy or speech therapy, which must be specifically identified.	0 = General classification 1 = Visit charge 2 = Hourly charge 3 = Assessment 9 = Other home health visits
59x	Unit	This revenue code is used by an HHA that bills (Home Health) on the basis of units of service.	0 = General classification
60x	Oxygen	Code indicates the charges by an HHA for (Home Health) oxygen equipment supplies or contents, excluding purchased equipment. If a beneficiary purchased a stationary oxygen system, and oxygen concentrator or portable equipment, current revenue code 292 or 293 applies. DME (other than oxygen systems) is billed under current revenue codes 291, 292 or 293.	0 = General classification 1 = Oxygen – state/equip/supply/ or content 2 = Oxygen – state/equip/supply under 1 LPM 3 = Oxygen – state/equip/ over 4 LPM 4 = Oxygen – portable add-on 9 = Oxygen – other
61x	Test	MRI – charges for Magnetic Resonance Imaging of the brain and other parts of the body.	0 = General classification 1 = MRI Brain/Brainstem 2 = MRI Spinal Cord/Spine 4 = MRI Other 5 = MRA – Head and Neck 6 = MRA – Lower Extremities 8 = MRA – Other 9 = Other MRT
62x	Supplies	Medicare/Surgical supplies – charges for supply items required for patient care. The category is an extension of code 27x for reporting additional breakdown where needed. Sub code 1 is for providers that cannot bill supplies used for radiology procedures under radiology.	1 = Supplies incident to radiology 2 = Supplies incident to other diagnostic services 3 = Surgical dressing 4 = Investigational device
63x	Drugs	Charges for medication produced, manufactured, packaged, controlled, assayed, dispensed and distributed under the direction of a licensed pharmacist.	0 = General classification 1 = Single source drug 2 = Multiple source drug 3 = Restrictive prescription 4 = Erythropeoetin (EPO) - less than 10,000 units 5 = Erythropeoetin (EPO) - 10,000 or more units 6 = Drugs requiring detailed coding 7 = Self-administrable Drug

CODE	UNIT	DEFINITION	SUBCATEGORY 'x'
64x	Home Therapy Services	Charge for intravenous drug therapy services performed in the patient's residence. For home IV providers the HCPCS code must be entered for all equipment, and all types of covered therapy.	0 = General classification 1 = Non-routine nursing, Central Line 2 = IV site care, central line 3 = IV start/change peripheral line 4 = Non-routine nursing, peripheral line 5 = Training patient/caregiver, central line 6 = Training, disabled patient, central line 7 = Training patient/caregiver, peripheral line 8 = Training, disabled patient, peripheral line 9 = Other IV therapy services
65x	Day	Hospice service – charges for hospice care services for a terminally ill patient if he/she elects these services in lieu of other services for the terminal condition	0 = General classification 1 = Routine home care 2 = Continuous home care 3 = Reserved 4 = Reserved 5 = Inpatient respite care 6 = General non-respite inpatient care 7 = Physician services 8 = Hospice Room and Board Nursing Facility 9 = Other hospice service
68x	Activation	Trauma Response – charges representing the activation of the trauma team	0 = No Used 1 = Level I Trauma 2 = Level II Trauma 3 = Level III Trauma 4 = Level IV Trauma 9 = Other Trauma Response
70x	None	Cast room – charges for services related to the application, maintenance and removal of casts	0= General classification
71x	None	Recovery room	0 = General classification
72x	Labor Room / Delivery Room	Labor room and delivery – charges Delivery Room for labor and delivery room services provided by specially trained nursing personnel to patients, including prenatal care during labor, assistance during delivery, postnatal care in the recovery room, and minor gynecological procedures if they are performed in the delivery suite.	0 = General classification 1 = Labor 2 = Delivery 3 = Circumcision 4 = Birthing center (unit is days) 9 = Other labor room and delivery
73x	Test	EKG/ECG (electrocardiogram) – charges for operation of specialized equipment to record electromotive variations in actions of the heart muscle on an electrocardiography for diagnosis of heart ailments	0 = General classification 1 = Holter monitor 2 = Telemetry 9 = Other EKG/ECG
74x	Test	EEG (electroencephalogram) – charges for operation of specialized equipment to measure impulse frequencies and differences in electrical potential in various areas of the brain to obtain data for use in diagnosing brain disorders	0 = General classification

CODE	UNIT	DEFINITION	SUBCATEGORY 'x'
75x	Test	Gastrointestinal services – procedure room charges for endoscopic procedures not performed in the operating room.	0 = General classification
76x	None	Treatment or observation room – charges for minor procedures performed outside the operating room	0 = General classification 1 = Treatment room 2 = Observation room 9 = Other Specialty Services
77x	Preventative Care Services	Charges for the administration of vaccines	0 = General classification 1 = Vaccine administration 9 = Other
78x	None	Telemedicine	0 = General Classification
79x	None	Lithotripsy – charges for the use of lithotripsy in the treatment of kidney stones	0 = General classification
80x	Session	Inpatient renal dialysis – a waste removal process performed in an inpatient setting that uses an artificial kidney when the body's own kidneys have failed. The waste may be removed directly from the blood (hemodialysis) or indirectly from the abdominal covering and the tissue (peritoneal dialysis).	0 = General classification 1 = Inpatient hemodialysis 2 = Inpatient peritoneal 3 = Inpatient continuous ambulatory peritoneal dialysis 4 = Inpatient continuous cycling peritoneal dialysis 9 = Other inpatient dialysis
81x	None	Organ acquisition_and storage costs	0 = General classification 1 = Living donor 2 = Cadaver donor 3 = Unknown donor 4 = Unsuccessful organ search – Donor Bank Charges 9 = Other organ acquisition
82x	Hemodialysis Outpatient or Home Dialysis	A waste removal performed in an outpatient or home setting necessary when the body's own kidneys have failed. Waste is removed directly from the blood.	0 = General classification 1 = Hemodialysis/composite or other rate 2 = Home Supplies 3 = Home Equipment 4 = Home Maintenance 5 = Support services 9 = Other hemodialysis outpatient
83x	Peritoneal Dialysis Outpatient or Home	A waste removal process performed in an outpatient or home setting, necessary when the body's own kidneys have failed. Waste is removed indirectly by flushing a special solution between the abdominal covering and the tissue.	0 = General classification 1 = Peritoneal/composite or other rate 2 = Home Supplies 3 = Home Equipment 4 = Maintenance 5 = Support services 9 = Other peritoneal dialysis
84x	Continuous Ambulatory Peritoneal Dialysis (CAPD) Outpatient	A continuous dialysis process performed in an outpatient or home setting, which uses the patient's peritoneal membrane as a dialyzer.	0 = General classification 1 = CAPD/composite or other rate 2 = Home Supplies 3 = Home Equipment 4 = Maintenance 5 = Support services 9 = Other CAPD dialysis

CODE	UNIT	DEFINITION	SUBCATEGORY 'x'
85x	Continuous Cycling Peritoneal Dialysis (CCPD) Outpatient	A continuous dialysis process performed in an outpatient or home setting, which uses the patient's peritoneal membrane as a dialyzer.	0 = General classification 1 = CCPD/composite or other rate 2 = Home Supplies 3 = Home Equipment 4 = Maintenance 5 = Support services 9 = Other CCPD dialysis
86x	Tests	Magneto encephalography (MEG) – Charges for operation of specialized medical equipment to measure the magnetic fields generated by brain activity	0 = General Classification 1 = MEG
87x	Reserved		
88x	Session	Miscellaneous dialysis – charges for dialysis services not identified elsewhere	0 = General classification 1 = Ultrafiltration 2 = Home Dialysis Aid Visit 9 = Other miscellaneous dialysis
89x	Reserved		
90x	Visit	Behavioral Health Treatments / Services	0 = General classification 1 = Electroshock treatment 2 = Milieu therapy 3 = Play therapy 4 = Activity therapy 5 = Intensive Outpatient Services – Psychiatric 6 = Intensive Outpatient Services - Clinical Dependency 7 = Community Behavioral Health Program 9 = Other 6 = Family therapy
91x	Visit	Behavioral Health Treatments /Services	1 = Rehabilitation 2 = Partial hospitalization _ Less Intensive 3 = Partial Hospitalization - Intensive 4 = Individual therapy 5 = Group therapy 6 = Family therapy 7 = Biofeedback 8 = Testing 9 = Other Behavioral Health Treatments
92x	Test	Other diagnostic services	0 = General classification 1 = Peripheral vascular lab. 2 = Electromyogram 3 = Pap smear 4 = Allergy test 5 = Pregnancy test 9 = Other diagnostic service

CODE	UNIT	DEFINITION	SUBCATEGORY 'x'
94x	Visit	Other therapeutic services – charges for other therapeutic services not otherwise categorized	0 = General classification 1 = Recreational therapy 2 = Education or training 3 = Cardiac rehabilitation 4 = Drug rehabilitation 5 = Alcohol rehabilitation 6 = Routine complex medical equipment 7 = Ancillary complex medical equipment 8 = Pulmonary rehabilitation 9 = Other therapeutic services
96x	None	Professional fees – charges for medical professionals that the hospitals or third party payers require to be separately identified on the billing form	0 = General classification 1 = Psychiatric 2 = Ophthalmology 3 = MD anesthesiologist 4 = CRNA anesthetist 9 = Other professional fees
97x	None	Professional fees – continued	1 = Laboratory 2 = Radiology – diagnostic 3 = Radiology – therapeutic 4 = Radiology – nuclear medicine 5 = Operating room 6 = Respiratory therapy 7 = Physical therapy 8 = Occupational therapy 9 = Speech pathology
98x	None	Professional fees – continued	1 = Emergency room 2 = Outpatient services 3 = Clinic 4 = Medical; social services 5 = EKG 6 = EEG 7 = Hospital visit 8 = Consultation 9 = Private duty nurse
99x	None	Patient convenience items – charges for items that are generally considered by the third party payer to be strictly convenience items and as such, are not covered	0 = General classification 1 = Cafeteria/guest tray 2 = Private linen service 3 = Telephone/telegraph 4 = TV/radio 5 = Non-patient room rentals 6 = Late discharge charge 7 = Admission kits 8 = Beauty shop/barber 9 = Other convenience items
100x	None	Behavioral health Accommodations – charges for routine recommendations at specific health facilities	0 = General Classification 1 = Residential Treatment – Psychiatric 2 = Residential Treatment – Clinical Dependency 3 = Supervised Living 4 = Halfway House 5 = Group Home