

Hospital Outpatient Services Billing Codes

Revenue Codes Codes from the National Uniform Billing Manual are used to indicate the various services provided during a hospitalization. For more clarification regarding how and when to use these codes, refer back to the National Uniform Billing Manual.

***Asterisked codes are exempt from the outpatient \$1500 cap.**

Category	Description
025X	PHARMACY
	Charges for medication produced, manufactured, packaged, controlled, assayed, dispensed, and distributed under the direction of a licensed pharmacist.
0250	General Classification
0255	Drugs Incident to Radiology
0258	IV Solutions
	Note: No Health Care Common Procedure Coding System (HCPCS) code is required for revenue codes 0250 and 0255.
	Note: Submission of a HCPCS code with revenue code 0258 requires the appropriate NDC.
026X	IV THERAPY
	Equipment charge or administration of intravenous solution by specially trained personnel to individuals requiring such treatment.
0260	General Classification
0261	Infusion Pump
0262*	Pharmacy Services
0264*	Supplies
0269*	Other IV Therapy
027X	MEDICAL/SURGICAL SUPPLIES AND DEVICES
	Charges for supply items required for patient care.
0270	General Classification
0271	Non-Sterile Supply
0272	Sterile Supply
0275	Pace Maker

Covered Outpatient Revenue Codes, continued

MEDICAL/SURGICAL SUPPLIES AND DEVICES, continued

0276* Intraocular Lens
0278 Other Implants (a)

Note: This code can be used to bill the subdermal contraceptive implant or any other medically necessary, non-experimental implant as described below. Cochlear implant handling can also be billed using code 0278.

(a) Implantables: That which is implanted, such as a piece of tissue, a tooth, a pellet of medicine, or a tube or needle containing a radioactive substance, a graft, or an insert. Also included are liquid and solid plastic materials used to augment tissues or to fill in areas traumatically or surgically removed. An object or material partially or totally inserted or grafted into the body for prosthetic, therapeutic or diagnostic purposes.

0279* Other Supplies/Devices

Note: This code can be used to bill the burn pressure garment fitted to burn patients.

030X LABORATORY-CLINICAL DIAGNOSTIC

Charges for the performance of diagnostic and routine clinical laboratory tests.

0300 General Classification
0301 Chemistry
0302 Immunology
0304 Non-Routine Dialysis
0305 Hematology
0306 Bacteriology and Microbiology
0307 Urology

Note: The lab revenue codes require an HCPCS code.

031X LABORATORY-PATHOLOGICAL

Charges for diagnostic and routine laboratory tests in tissues and culture.

0310 General Classification
0311 Cytology
0312 Histology
0314 Biopsy

Note: The pathology revenue codes require an HCPCS code.

Covered Outpatient Revenue Codes, continued

032X RADIOLOGY-DIAGNOSTIC

Charges for diagnostic radiology services provided for the examination and care of patients. Includes taking, processing, examining, and interpreting radiographs and fluorographs.

- 0320 General Classification
 - 0321 Angiocardiology
 - 0322 Arthrography
 - 0323 Arteriography
 - 0324 Chest X-Ray
 - 0329 Other Radiology Diagnostic
-

033X RADIOLOGY-THERAPEUTIC AND/OR CHEMOTHERAPY ADMINISTRATION

Charges for therapeutic radiology services and chemotherapy administration required for the care and treatment of patients. Includes therapy by injection or ingestion of radioactive substances. Excludes charges for chemotherapy drugs, which should be reported under the appropriate revenue code (025X/063X).

- 0330* General Classification
 - 0331* Chemotherapy Administration-Injected
 - 0332* Chemotherapy Administration-Oral
 - 0333* Radiation Therapy
 - 0335* Chemotherapy Administration-IV
 - 0339* Other Radiology Therapeutic
-

034X NUCLEAR MEDICINE

Charges for procedures and tests performed by a radioisotope laboratory utilizing radioactive materials as required for diagnosis and treatment of patients.

- 0340 General Classification
 - 0341 Diagnostic
 - 0342 Therapeutic
 - 0343 Diagnostic Radiopharmaceuticals
 - 0344 Therapeutic Radiopharmaceuticals
 - 0349 Other Nuclear Medicine
-

Covered Outpatient Revenue Codes, continued

0389 Other Blood

039X BLOOD AND BLOOD COMPONENT ADMINISTRATION, PROCESSING AND STORAGE

Charges for administration, processing, and storage of whole blood, red blood cells, platelets, and other blood components, such as plasma and plasma derivatives.

0390 General Classification

0391 Administration (e.g., Transfusions)

0399 Other Processing and Storage

040X OTHER IMAGING SERVICES

0400 General Classification

0401 Diagnostic Mammography

0402 Ultrasound

0403 Screening Mammography

0404 Positron Emission Tomography

0409 Other Imaging Services

041X RESPIRATORY SERVICES (All Ages)

Charges for the 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.

0410 General

0412 Inhalation

0413 Hyperbaric Oxygen Therapy

0419 Other Respiratory Services

Covered Outpatient Revenue Codes, continued

042X PHYSICAL THERAPY (All Ages)

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.

0421 Visit Charge

0424 Evaluation or Re-Evaluation

043X OCCUPATIONAL THERAPY (Limited to Age 21 Years and Under)

Services provided by a qualified occupational therapy practitioner for therapeutic interventions to improve, sustain, or restore an individual's level of function in performance of activities of daily living and work.

0431 Visit Charge

0434 Evaluation or Re-Evaluation

044X SPEECH-LANGUAGE PATHOLOGY (Limited to Age 21 Years and Under)

Charges for services provided to persons with impaired functional communications skills.

0441 Visit Charge

0444 Evaluation or Re-Evaluation

045X EMERGENCY ROOM

Charges for emergency treatment to those ill and injured recipients who require immediate unscheduled medical or surgical care.

0450 General Classification

0451 EMTALA Emergency Medical Screening Services

046X 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 oxygen and other gases.

0460 General Classification

0469 Other Pulmonary Function

Covered Outpatient Revenue Codes, continued

047X AUDIOLOGY

Charges for the detection and management of communication handicaps centering in whole or in part on the hearing function.

0471 Diagnostic

0472 Treatment

048X 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.

0480 General Classification

0481 Cardiac Cath Laboratory

0482 Stress Test

0483 Echocardiology

0489 Other Cardiology

049X AMBULATORY SURGICAL CARE

Charges for ambulatory surgery that are not covered by any other category.

0490 Ambulatory Surgical Care

Note: Observation is not reported under this code. It is reported under revenue code 0762.

051X CLINIC

Charges for scheduled non-emergency outpatient clinic visits for the purpose of providing diagnostic, preventative, curative, and rehabilitative services.

0510 General Classification

0513 Psychiatric Clinic

Note: Use code 0513 in conjunction with the following revenue codes:

0914 Psychiatric Clinic Visit/Individual Therapy

0918 Psychiatric Testing

0944 Drug Rehabilitation

0945 Alcohol Rehabilitation

Covered Outpatient Revenue Codes, continued

061X MAGNETIC RESONANCE TECHNOLOGY (MRT)

Charges for Magnetic Resonance Imaging (MRI) and Magnetic Resonance Angiography (MRA) of the brain and other parts of the body.

- 0610 General Classification
 - 0611 MRI-Brain (including Brain Stem)
 - 0612 Spinal Cord (Including Spine)
 - 0614 MRI-Other
 - 0615 MRA-Head and Neck
 - 0616 MRA-Lower Extremities
 - 0618 MRA-Other
 - 0619 Other MRT
-

062X MEDICAL/SURGICAL SUPPLIES- EXTENSION OF 027X

Charges for supply items required for patient care. This category is an extension of 028X for reporting additional breakdown where needed.

- 0621 Supplies Incident to Radiology
 - 0622 Supplies Incident to Other Diagnostic Services
 - 0623 Surgical Dressings
-

063X PHARMACY- DRUGS REQUIRING SPECIFIC IDENTIFICATION

This category is an extension of 025X for reporting detailed coding where needed.

- 0634* Erythropoietin (EPO) less than 10,000 units
 - 0635* Erythropoietin (EPO) 10,000 or more units
 - 0636 Pharmacy/Coded Drugs
-

070X CAST ROOM

Charges for services related to the application, maintenance, and removal of casts.

- 0700 General Classification
-

071X RECOVERY ROOM

- 0710 General Classification

Note: Use code 0710 to bill routine post-operative monitoring during a normal recovery. Recovery room services must not be billed as observation services.

072X LABOR ROOM/DELIVERY

Charges for labor and delivery room services provided by specially trained nursing personnel to patients. Includes: prenatal care during labor, delivery, postnatal care in recovery room, and minor gynecologic procedures performed in a delivery suite.

Covered Outpatient Revenue Codes, continued

0721	Labor
0722*	Delivery
073X	EKG – ECG (Electrocardiogram)
	Charges for operation of specialized equipment to record electromotive variations in actions of the heart muscle on an electrocardiograph for diagnosis of heart ailments.
0730	General Classification
0731	Holter Monitor
0732	Telemetry
0739	Other EKG - ECG
0740	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.
0740	EEG/General
0749	Other EEG (Effective 01/01/05)
075X	GASTRO-INTESTINAL SERVICES
	Any service or procedure room charges for endoscopic procedures not performed in the operating room.
0750	General Classification
0759	Other Gastro-Intestinal (Effective 01/01/05)
076X	TREATMENT/OBSERVATION ROOM
	Charges for the use of a treatment room or for the room charge associated with outpatient observation services.
0761	Treatment Room
0762	Observation Room
	Note: Medicaid will cover up to 48 hours (2 days) of observation. These services are billed one day per claim similarly to all other outpatient hospital billing.

Covered Outpatient Revenue Codes, continued

079X LITHOTRIPSY

Charges for the use of lithotripsy in the treatment of kidney stones.

0790* General Classification

082X HEMODIALYSIS – OUTPATIENT

A waste removal process, performed in an outpatient setting, necessary when the body's own kidneys have failed. Waste is removed directly from the blood.

0821* Hemodialysis Outpatient/Composite

083X* PERITONEAL DIALYSIS - Outpatient

A waste removal process, performed in an outpatient 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.

0831* Peritoneal Dialysis Outpatient/Composite Rate

088X MISCELLANEOUS DIALYSIS

Charges for dialysis not identified elsewhere.

0880* General Classification

0881* Ultrafiltration (Effective 01/01/05)

090X PSYCHIATRIC TREATMENT

0901* Electroshock Treatment

091X PSYCHIATRIC SERVICES

Charges for providing nursing care and employee, professional services for emotionally disturbed patients, including patients admitted for diagnosis and those admitted for treatment.

0914 Individual Therapy

Note: Code 0513 (Psychiatric Clinic) may be billed with code 0914.

0918 Testing (Effective 1/1/99)

Note: Code 0513 (Psychiatric Clinic) may be billed with code 0918.

092X OTHER DIAGNOSTIC SERVICES

Charges for other diagnostic service not otherwise categorized.

Covered Outpatient Revenue Codes, continued

0920 General Classification (Effective 10/01/01)

0921 Peripheral Vascular Lab

0922 Electromyogram

0924 Allergy Test

094X OTHER THERAPEUTIC SERVICES

Charges for other therapeutic services not otherwise categorized.

0943 Cardiac Rehabilitation

0944 Drug Rehabilitation

Note: Code 0513 (Psychiatric Clinic) may be billed with 0944.

0945 Alcohol Rehabilitation

Note: Code 0513 (Psychiatric Clinic) may be billed with code 0945.
