Hospital Outpatient Services Billing Codes January 2025

Revenue Codes: Codes from the Uniform Billing Editor 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 Editor.

*Asterisked codes are exempt from the outpatient 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: Submission of a Healthcare Common Procedural Coding System |
| | (HCPCS) code with revenue code 0258 requires the appropriate National Drug |
| 026X | Code (NDC). IV THERAPY |
| 0207 | 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 0273* Take-home supplies |
| | 0275 Pace Maker |
| | 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, |
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| | 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. |
| | 0210 Concrol Classification |
| | 0310 General Classification |
| | 0311 Cytology |
| | 0312 Histology 0314 Biopsy |
| | Note: The pathology revenue codes require an HCPCS code. |
| 032X | RADIOLOGY-DIAGNOSTIC |
| UJZA | Charges for diagnostic radiology services provided for the examination and care |
| | of patients. Includes taking, processing, examining, and interpreting radiographs |
| | and fluorography. |
| | |
| | 0320 General Classification |
| | 0321 Angiocardiography |
| | 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 |

| 0337 | STORAGE |
|--------------|--|
| 039X | 0389 Other Blood BLOOD AND BLOOD COMPONENT ADMINISTRATION, PROCESSING AND |
| | 0387 Other derivatives (Cryopricipitates) |
| | 0386 Other components |
| | 0384 Platelets 0385 Leucocytes |
| | 0383 Plasma |
| | 0382 Whole blood |
| | 0381 Packed red cells |
| | 0380 General |
| 038X | BLOOD |
| | 0379 Other anesthesia |
| | 0372 Anestnesia incident to other diagnostic services |
| | 0371 Anesthesia incident to radiology 0372 Anesthesia incident to other diagnostic services |
| | 0370 General |
| | |
| | Charges for anesthesia services in the hospital. |
| 037X | ANESTHESIA |
| | 0369* Other operating room services |
| | 0362* Organ transplant-other than kidney 0367 Kidney transplant |
| | 0361* Minor surgery |
| | 0360* General |
| | |
| | (heat, lights) and equipment. |
| | procedures during and immediately following surgery as well the operating room |
| | who provide assistance to physicians in the performance of surgical and related |
| 330 A | Charges for services provided to patients by specially trained nursing personnel |
| 036X | OPERATING ROOM SERVICES |
| | 0352 Body 0359 Other |
| | 0351 Head 0352 Body |
| | 0350 General 0351 Head |
| | 0250 Conorol |
| | body. |
| | Charges for computed tomographic scans of the head and other parts of the |
| 035X | COMPUTER TOMOGRAPHIC (CT) SCAN |
| | 0349 Other Nuclear Medicine |
| | 0344 Therapeutic Radiopharmaceuticals |
| | 0342 Merapeutic 0343 Diagnostic Radiopharmaceuticals |
| | 0341 Diagnostic 0342 Therapeutic |
| | 0340 General Classification |
| | |
| | utilizing radioactive materials as required for diagnosis and treatment of patients. |
| | Charges for procedures and tests performed by a radioisotope laboratory |

| | Charges for administration, processing, and storage of whole blood, red blood |
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| | 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 |
| 041X | 0409 Other Imaging Services RESPIRATORY SERVICES (All Ages) |
| UTIX | 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 |
| 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 |
| | 0421 Visit Charge 0424 Evaluation or Re-Evaluation |
| 043X | OCCUPATIONAL THERAPY (Limited to Age 21 Years and Under) |
| 0.07 | 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 |
| 044X | 0434 Evaluation or Re-Evaluation SPEECH-LANGUAGE PATHOLOGY (Limited to Age 21 Years and Under) |
| 0447 | 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 Emergency Medical Treatment and Labor Act 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 |
| 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. |
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| | 0490 Ambulatory Surgical Care |
| | 0490 Ambulatory Surgical Care Note: Observation is not reported under this code. It is reported under revenue |
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| | 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 |
| | 0637 Self-Administered Drugs (exclusively to bill self-administered drugs not |
| | covered by Medicare for dually-eligible Medicare and Medicaid recipients. Code |
| | 637 must only be billed with the Total Charge 001 revenue code. Payment will |
| 070)/ | be made for 637 only.) |
| 070X | CAST ROOM |
| | Charges for services related to the application, maintenance, and removal of |
| | casts. |
| | 0700 General Classification |
| 071X | RECOVERY ROOM |
| 0/18 | |
| | 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 |
| 0127 | 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. |
| | 0721 Labor |
| | 0722* Delivery |
| 073X | EKG – ECG (Electrocardiogram) |
| UT UN | Charges for operation of specialized equipment to record electromotive |
| | variations in actions of the heart muscle on an electrocardiograph for diagnosis |
| | of heart ailments. |
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| | 0730 General Classification |
| | 0731 Holter Monitor |
| | 0732 Telemetry |
| | 0739 Other EKG - ECG |

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| | 0880* General Classification |
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| | 0881* Ultrafiltration (Effective 01/01/05) |
| 090X | PSYCHIATRIC TREATMENT |
| | |
| 00414 | 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) |
| 000)/ | Note: Code 0513 (Psychiatric Clinic) may be billed with code 0918. |
| 092X | OTHER DIAGNOSTIC SERVICES |
| | Charges for other diagnostic service not otherwise categorized. |
| | 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. |
| | 0940 General |
| | 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. |