

Hospital Outpatient Services Billing Codes

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 \$1500 cap.**

Category	Description
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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
- 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.

032X RADIOLOGY-DIAGNOSTIC

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 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
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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
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035X COMPUTER TOMOGRAPHIC (CT) SCAN

Charges for computed tomographic scans of the head and other parts of the body.

- 0350 General
 - 0351 Head
 - 0352 Body
 - 0359 Other
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036X OPERATING ROOM SERVICES

Charges for services provided to patients by specially trained nursing personnel who provide assistance to physicians in the performance of surgical and related procedures during and immediately following surgery as well the operating room (heat, lights) and equipment.

- 0360 General
 - 0361 Minor surgery
 - 0362 Organ transplant-other than kidney
 - 0367 Kidney transplant
 - 0369 Other operating room services
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037X ANESTHESIA

Charges for anesthesia services in the hospital.

0370	General
0371	Anesthesia incident to radiology
0372	Anesthesia incident to other diagnostic services
0374	Acupuncture
0379	Other anesthesia

038X BLOOD

0380	General
0381	Packed red cells
0382	Whole blood
0383	Plasma
0384	Platelets
0385	Leucocytes
0386	Other components
0387	Other derivatives (Cryoprecipitates)
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

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 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.

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

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
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071X RECOVERY ROOM

0710	General Classification
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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.

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.

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.

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.
