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## Health Care Authority (HCA) Inpatient and Outpatient Billing

For dates of service on and after December 19, 2024

REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS
<b>010X</b>	<b>All Inclusive Rate</b>				
<b>0</b>	All-Inclusive Room & Board plus Ancillary	L	N	NA	HCA approved Long Term Acute Care (LTAC) providers only
<b>1</b>	All-Inclusive Room & Board	N	N	NA	
<b>2-9</b>	Reserved	NA	NA	NA	
<b>011X</b>	<b>Room &amp; Board - Private (One Bed)</b>				
<b>0</b>	General Classification	SP	N	NA	
<b>1</b>	Medical/Surgical/Gyn	SP	N	NA	
<b>2</b>	Obstetrics (OB)	SP	N	NA	
<b>3</b>	Pediatric	SP	N	NA	
<b>4</b>	Psychiatric	L/SP	N	NA	distinct psychiatric units & freestanding psychiatric hospitals only
<b>5</b>	Hospice	N	N	NA	
<b>6</b>	Detoxification	N	N	NA	
<b>7</b>	Oncology	SP	N	NA	
<b>8</b>	Rehabilitation	N	N	NA	
<b>9</b>	Other	N	N	NA	
<b>012X</b>	<b>Room &amp; Board - Semi-Private ( Two Beds)</b>				
<b>0</b>	General Classification	Y	N	NA	
<b>1</b>	Medical/Surgical/Gyn	Y	N	NA	
<b>2</b>	Obstetrics (OB)	Y	N	NA	

3	Pediatric	Y	N	NA	
4	Psychiatric	L	N	NA	distinct psychiatric units & freestanding psychiatric hospitals only
5	Hospice	N	N	NA	
6	Detoxification	L	N	NA	
7	Oncology	Y	N	NA	
8	Rehabilitation	L	N	NA	HCA approved acute Physical Medicine & Rehabilitation (PM&R) providers only
9	Other	L	N	NA	Substance-Using Pregnant People (SUPP) program
013X	Room & Board - Semi-Private( Three and Four Beds)				
0	General Classification	Y	N	NA	
1	Medical/Surgical/Gyn	Y	N	NA	
2	Obstetrics (OB)	Y	N	NA	
3	Pediatric	Y	N	NA	
4	Psychiatric	L	N	NA	distinct psychiatric units & freestanding psychiatric hospitals only
5	Hospice	N	N	NA	
6	Detoxification	L	N	NA	
7	Oncology	Y	N	NA	
8	Rehabilitation	N	N	NA	
9	Other	N	N	NA	
REV CODE	DESCRIPTION	IP	OP	OP PROC	COMMENTS
014X	Room & Board - Deluxe Private				
0	General Classification	SP	N	NA	
1	Medical/Surgical/Gyn	SP	N	NA	
2	Obstetrics (OB)	SP	N	NA	
3	Pediatric	SP	N	NA	
4	Psychiatric	L/SP	N	NA	distinct psychiatric units & freestanding psychiatric hospitals only
5	Hospice	N	N	NA	
6	Detoxification	N	N	NA	
7	Oncology	SP	N	NA	
8	Rehabilitation	N	N	NA	
9	Other	N	N	NA	
015X	Room & Board - Ward				
0	General Classification	L	N	NA	military hospitals only
1	Medical/Surgical/Gyn	N	N	NA	
2	Obstetrics (OB)	N	N	NA	
3	Pediatric	N	N	NA	
4	Psychiatric	N	N	NA	
5	Hospice	N	N	NA	
6	Detoxification	L	N	NA	
7	Oncology	N	N	NA	
8	Rehabilitation	N	N	NA	
9	Other	N	N	NA	
016X	Room & Board - Other				
0	General Classification	L	N	NA	military hospitals for subsistence only
1	Hospital at Home	N	NA	NA	
2-3	Reserved	NA	NA	NA	
4	Sterile Environment	N	N	NA	
5-6	Reserved	NA	NA	NA	

7	Self Care	N	N	NA	
8	Reserved	NA	NA	NA	
9	Other	L	N	NA	administrative days
017X	Nursery (see HCA specific definitions tab)				
0	General Classification	Y	N	NA	
1	Newborn - Level I	Y	N	NA	
2	Newborn - Level II	Y	N	NA	
3	Newborn- Level III	Y	N	NA	
4	Newborn - Level IV	Y	N	NA	
5-8	Reserved	NA	NA	NA	
9	Other Nursery	Y	N	NA	
REV CODE	DESCRIPTION	IP	OP	OP PROC	COMMENTS
018X	Leave of Absence				
0	General Classification	L	N	NA	only billable per HCA instruction
1	Reserved	NA	NA	NA	
2	Patient Convenience	N	N	NA	
3	Therapeutic Leave	N	N	NA	
4	Reserved	NA	NA	NA	
5	Nursing Home (for hospitalization)	N	N	NA	
6-8	Reserved	NA	NA	NA	
9	Other Leave of Absence	N	N	NA	
019X	Subacute Care				
0	General Classification	N	N	NA	
1	Subacute Care - Level I	Y	N	NA	administrative days
2	Subacute Care - Level II	N	N	NA	
3	Subacute Care - Level III	N	N	NA	
4	Subacute Care - Level IV	N	N	NA	
5-8	Reserved	NA	NA	NA	
9	Other Subacute Care	N	N	NA	
020X	Intensive Care Unit				
0	General Classification	Y	N	NA	
1	Surgical	Y	N	NA	
2	Medical	Y	N	NA	
3	Pediatric	Y	N	NA	
4	Psychiatric	L	N	NA	Medicare certified psychiatric intensive care units only
5	Reserved	NA	NA	NA	
6	Intermediate ICU	Y	N	NA	
7	Burn Care	Y	N	NA	
8	Trauma	Y	N	NA	
9	Other Intensive Care	N	N	NA	
021X	Coronary Care Unit				
0	General Classification	Y	N	NA	
1	Myocardial Infarction	Y	N	NA	
2	Pulmonary Care	Y	N	NA	
3	Heart Transplant	L	N	NA	HCA approved Centers of Excellence (COE) only
4	Intermediate CCU	Y	N	NA	
5-8	Reserved	NA	NA	NA	

9	Other Coronary Care	N	N	NA	
022X	Special Charges				
0	General Classification	Y	N	NA	Revenue code valid from 1/1/2023 and on.
1	Admission Charge	N	N	NA	
2	Technical Support Charge	N	N	NA	
3	U.R. Service Charge	N	N	NA	
4	Late Discharge, Medically Necessary	N	N	NA	
5-8	Reserved	NA	NA	NA	
9	Other Special Charges	N	N	NA	
REV CODE	DESCRIPTION	IP	OP	OP PROC	COMMENTS
023X	Incremental Nursing Charge				
0	General Classification	N	N	NA	
1	Nursery	N	N	NA	
2	OB	N	N	NA	
3	ICU	N	N	NA	
4	CCU	N	N	NA	
5	Hospice	N	N	NA	
6-8	Reserved	NA	NA	NA	
9	Other	N	N	NA	
024X	All Inclusive Ancillary				
0	General Classification	N	N	NA	
1	Basic	N	N	NA	
2	Comprehensive	N	N	NA	
3	Specialty	N	N	NA	
4-8	Reserved	NA	NA	NA	
9	Other All Inclusive Ancillary	N	N	NA	
025X	Pharmacy (also see 063X, an extension of 025X)				
0	General Classification	Y	Y	NR	
1	Generic Drugs	Y	R	NR	
2	Non-generic Drugs	Y	R	NR	
3	Take Home Drugs	N	N	NA	As of 4/11/2022, no longer covered
4	Drugs Incident to Other Diagnostic Services	Y	R	NR	
5	Drugs Incident to Radiology	Y	R	NR	
6	Experimental Drugs	N	N	NA	
7	Non-prescription	Y	R	NR	
8	IV Solutions	Y	R	NR	
9	Other Pharmacy	N	N	NA	
026X	IV Therapy				
0	General Classification	Y	R	REQ	
1	Infusion Pump	Y	R	REQ	
2	IV Therapy/Pharmacy Svcs	Y	R	NR	
3	IV Therapy/Drug/Supply Delivery	Y	R	NR	
4	IV Therapy/Supplies	Y	R	NR	

5-8	Reserved	NA	NA	NA	
9	Other IV Therapy	N	N	NA	
<b>REV CODE</b>	<b>DESCRIPTION</b>	<b>IP</b>	<b>OP</b>	<b>OP PROC</b>	<b>COMMENTS</b>
<b>027X</b>	<b>Medical/Surgical Supplies &amp; Devices (also see 062X, an extension of 027X)</b>				
0	General Classification	Y	R	NR	
1	Non-Sterile Supply	Y	R	NR	
2	Sterile Supply	Y	R	NR	
3	Take Home Supplies	N	N	NA	
4	Prosthetic/Orthotic Devices	Y	Y	REQ	
5	Pacemaker	Y	R	REQ	
6	Intraocular Lens	Y	R	REQ	
7	Oxygen - Take Home	N	N	NA	
8	Other Implant	Y	R	REQ	
9	Other Supplies/Devices	N	R	REQ	not reimbursed if HCPCS procedure code begins with "L" or is a misc
<b>028X</b>	<b>Oncology</b>				
0	General Classification	Y	R	REQ	
1-8	Reserved	NA	NA	NA	
9	Other Oncology	N	N	NA	
<b>029X</b>	<b>Durable Medical Equipment (Other Than Renal)</b>				
0	General Classification	N	R	NR	
1	Rental	N	N	NA	
2	Purchase of New DME	N	N	NA	
3	Purchase of Used DME	N	N	NA	
4	Supplies/Drugs for DME Effectiveness (Home Health	N	N	NA	
5-8	Reserved	NA	NA	NA	
9	Other Equipment	N	N	NA	
<b>030X</b>	<b>Laboratory</b>				
0	General Classification	Y	F	REQ	
1	Chemistry	Y	F	REQ	
2	Immunology	Y	F	REQ	
3	Renal Patient (Home)	N	F	REQ	
4	Non-Routine Dialysis	Y	F	REQ	
5	Hematology	Y	F	REQ	
6	Bacteriology & Microbiology	Y	F	REQ	
7	Urology	Y	F	REQ	
8	Reserved	NA	NA	NA	
9	Other Laboratory	N	N	NA	
<b>031X</b>	<b>Laboratory - Pathology</b>				
0	General Classification	Y	F	REQ	
1	Cytology	Y	F	REQ	
2	Histology	Y	F	REQ	
4	Biopsy	Y	F	REQ	

5-8	Reserved	NA	NA	NA	
9	Other Laboratory Pathological	N	N	NA	
<b>REV CODE</b>	<b>DESCRIPTION</b>	<b>IP</b>	<b>OP</b>	<b>OP PROC</b>	<b>COMMENTS</b>
<b>032X</b>	<b>Radiology - Diagnostic</b>				
0	General Classification	Y	F	REQ	
1	Angiocardiology	Y	F	REQ	
2	Arthrography	Y	F	REQ	
3	Arteriography	Y	F	REQ	
4	Chest X-Ray	Y	F	REQ	
5-8	Reserved	NA	NA	NA	
9	Other Radiology - Diagnostic	N	N	NA	
<b>033X</b>	<b>Radiology - Therapeutic and/or Chemotherapy Administration</b>				
0	General Classification	Y	F	REQ	
1	Chemotherapy Administration - Injected	Y	R	REQ	
2	Chemotherapy Administration - Oral	Y	R	REQ	
3	Radiation Therapy	Y	F	REQ	
4	Reserved	NA	NA	NA	
5	Chemotherapy Administration - IV	Y	R	REQ	
6-8	Reserved	NA	NA	NA	
9	Other Radiology - Therapeutic	N	N	NA	
<b>034X</b>	<b>Nuclear Medicine</b>				
0	General Classification	Y	F	REQ	
1	Diagnostic Procedures	Y	F	REQ	
2	Therapeutic Procedures	Y	F	REQ	
3	Diagnostic Radiopharmaceuticals	Y	F	REQ	
4	Therapeutic Radiopharmaceuticals	Y	F	REQ	
5-8	Reserved	NA	NA	NA	
9	Other Nuclear Medicine	N	N	NA	
<b>035X</b>	<b>CT Scan</b>				
0	General Classification	Y	F	REQ	
1	CT - Head Scan	Y	F	REQ	
2	CT- Body Scan	Y	F	REQ	
3-8	Reserved	NA	NA	NA	
9	CT -Other	N	N	NA	
<b>036X</b>	<b>Operating Room Services</b>				
0	General Classification	Y	R	REQ	
1	Minor Surgery	Y	R	REQ	
2	Organ Transplant - Other Than Kidney	L	N	NA	HCA approved Centers of Excellence (COE) only
3-6	Reserved	NA	NA	NA	
7	Kidney Transplant	L	N	NA	HCA approved Centers of Excellence (COE) only

8	Reserved	NA	NA	NA	
9	Other Operating Room Services	N	N	NA	
<b>REV CODE</b>	<b>DESCRIPTION</b>	<b>IP</b>	<b>OP</b>	<b>OP PROC</b>	<b>COMMENTS</b>
<b>037X</b>	<b>Anesthesia</b>				
0	General Classification	Y	R	NR	
1	Anesthesia Incident to Radiology	Y	R	NR	
2	Anesthesia Incident to Other Diagnostic Services	Y	R	NR	
3	Reserved	NA	NA	NA	
4	Acupuncture	N	N	NA	
5-8	Reserved	NA	NA	NA	
9	Other Anesthesia	N	N	NA	
<b>038X</b>	<b>Blood and Blood Components</b>				
0	General Classification	N	N	REQ	
1	Packed Red Cells	N	N	REQ	
2	Whole Blood	N	N	REQ	
3	Plasma	N	N	REQ	
4	Platelets	N	N	REQ	
5	Leucocytes	N	N	REQ	
6	Other Blood Components	N	N	REQ	
7	Other Derivatives (Cryoprecipitate)	N	N	REQ	
8	Reserved	NA	NA	NA	
9	Other Blood and Blood Components	N	N	REQ	
<b>039X</b>	<b>Administration, Processing, and Storage for Blood and Blood Components</b>				
0	General Classification	Y	R	NR	
1	Administration (e.g., transfusions)	Y	R	NR	
2	Processing and Storage	N	N	NA	
3-8	Reserved	NA	NA	NA	
9	Other Blood Handling	N	N	NA	
<b>040X</b>	<b>Other Imaging Services</b>				
0	General Classification	Y	F	REQ	
1	Diagnostic Mammography	Y	F	REQ	
2	Ultrasound	Y	F	REQ	
3	Screening Mammography	N	F	REQ	
4	Positron Emission Tomography	Y	F	REQ	
5-8	Reserved	NA	NA	NA	
9	Other Imaging Services	N	N	NA	
<b>041X</b>	<b>Respiratory Services</b>				
0	General Classification	Y	R	REQ	
1	Reserved	NA	NA	NA	
2	Inhalation Services	Y	R	REQ	
3	Hyperbaric Oxygen Therapy	Y	R	REQ	

4-8	Reserved	NA	NA	NA	
9	Other Respiratory Services	N	N	NA	
<b>REV CODE</b>	<b>DESCRIPTION</b>	<b>IP</b>	<b>OP</b>	<b>OP PROC</b>	<b>COMMENTS</b>
<b>042X</b>	<b>Physical Therapy</b>				
0	General Classification	Y	F	REQ	
1	Visit	Y	F	REQ	
2	Hourly	Y	F	REQ	
3	Group	Y	F	REQ	
4	Evaluation or Re-evaluation	Y	F	REQ	
5-8	Reserved	NA	NA	NA	
9	Other Physical Therapy	N	N	NA	
<b>043X</b>	<b>Occupational Therapy</b>				
0	General Classification	LD	F	REQ	LD if client is 21 yrs of age or older and not in acute Physical Medicine & Rehabilitation (PM&R)
1	Visit	LD	F	REQ	LD if client is 21 yrs of age or older and not in acute Physical Medicine & Rehabilitation (PM&R)
2	Hourly	LD	F	REQ	LD if client is 21 yrs of age or older and not in acute Physical Medicine & Rehabilitation (PM&R)
3	Group	LD	F	REQ	LD if client is 21 yrs of age or older and not in acute Physical Medicine & Rehabilitation (PM&R)
4	Evaluation or Re-evaluation	LD	F	REQ	LD if client is 21 yrs of age or older and not in acute Physical Medicine & Rehabilitation (PM&R)
5-8	Reserved	NA	NA	NA	
9	Other Occupational Therapy	N	N	NA	
<b>044X</b>	<b>Speech Therapy - Language Pathology</b>				
0	General Classification	Y	F	REQ	
1	Visit	Y	F	REQ	
2	Hourly	Y	F	REQ	
3	Group	Y	F	REQ	
4	Evaluation or Re-evaluation	Y	F	REQ	
5-8	Reserved	NA	NA	NA	
9	Other Speech Therapy	N	N	NA	
<b>045X</b>	<b>Emergency Room</b>				
0	General Classification	Y	R	REQ	
1	EMTALA Emergency Medical Screening Svcs	N	N	NA	
2	ER Beyond EMTALA Screening	N	N	NA	
3-5	Reserved	NA	NA	NA	
6	Urgent Care	Y	R	REQ	
7-8	Reserved	NA	NA	NA	
9	Other Emergency Room	N	N	NA	
<b>046X</b>	<b>Pulmonary Function</b>				
0	General Classification	Y	R	REQ	

1-8	Reserved	NA	NA	NA	
9	Other Pulmonary Function	N	N	NA	
<b>REV CODE</b>	<b>DESCRIPTION</b>	<b>IP</b>	<b>OP</b>	<b>OP PROC</b>	<b>COMMENTS</b>
<b>047X</b>	<b>Audiology</b>				
0	General Classification	N	F	REQ	
1	Diagnostic	N	F	REQ	
2	Treatment	N	F	REQ	
3-8	Reserved	NA	NA	NA	
9	Other Audiology	N	N	NA	
<b>048X</b>	<b>Cardiology</b>				
0	General Classification	Y	R	REQ	
1	Cardiac Cath Lab	Y	R	REQ	
2	Stress Test	Y	F	REQ	
3	Echocardiology	Y	F	REQ	
4-8	Reserved	NA	NA	NA	
9	Other Cardiology	N	N	NA	
<b>049X</b>	<b>Ambulatory Surgical Care</b>				
0	General Classification	Y	R	REQ	
1-8	Reserved	NA	NA	NA	
9	Other Ambulatory Surgical Care	N	N	NA	
<b>050X</b>	<b>Outpatient Services</b>				
0	General Classification	Y	N	NA	
1-8	Reserved	NA	NA	NA	
9	Other Outpatient Service	N	L	REQ	HCA approved Applied Behavior Analysis (ABA) providers only, prior
<b>051X</b>	<b>Clinic</b>				
0	General Classification	N	L/O	REQ	
1	Chronic Pain Center	L	N	NA	HCA approved inpatient pain programs only
2	Dental Clinic	N	N	NA	
3	Psychiatric Clinic	N	N	NA	
4	OB-GYN Clinic	N	N	NA	
5	Pediatric Clinic	N	N	NA	
6	Urgent Care Clinic	N	N	NA	
7	Family Practice Clinic	N	N	NA	

8	Reserved	NA	NA	NA	
9	Other Clinic	N	L/O	REQ	
<b>REV CODE</b>	<b>DESCRIPTION</b>	<b>IP</b>	<b>OP</b>	<b>OP PROC</b>	<b>COMMENTS</b>
<b>052X</b>	<b>Free-Standing Clinic</b>				
0	General Classification	N	N	NA	
1	Rural Health - Clinic	N	N	NA	
2	Rural Health - Home	N	N	NA	
3	Family Practice Clinic	N	N	NA	
4	Visit by RHC/FQHC Practitioner to a member in a Cov	N	N	NA	
5	Visit by RHC/FQHC Practitioner to a member in a SNF or NF or ICF for other residential facility	N	N	NA	
6	Urgent Care Clinic	N	N	NA	
7	Visiting Nurse Service(s) to a members home when in	N	N	NA	
8	Visit By RHC/FQHC Practitioner to Other non-	N	N	NA	
9	Other Free-Standing Clinic	N	N	NA	
<b>053X</b>	<b>Osteopathic Services</b>				
0	General Classification	N	N	NA	
1	Osteopathic Therapy	N	N	NA	
2-8	Reserved	NA	NA	NA	
9	Other Osteopathic Services	N	N	NA	
<b>054X</b>	<b>Ambulance</b>				
0	General Classification	N	N	NA	
1	Supplies	N	N	NA	
2	Medical Transport	N	N	NA	
3	Heart Mobile	N	N	NA	
4	Oxygen	N	N	NA	
5	Air Ambulance	N	N	NA	
6	Neonatal Ambulance Services	N	N	NA	
7	Pharmacy	N	N	NA	
8	EKG Transmission	N	N	NA	
9	Other Ambulance	N	N	NA	
<b>055X</b>	<b>Home Health (HH) - Skilled Nursing</b>				
0	General Classification	N	N	NA	
1	Visit Charge	N	N	NA	
2	Hourly Charge	N	N	NA	
3-8	Reserved	NA	NA	NA	
9	Other Skilled Nursing	N	N	NA	
<b>056X</b>	<b>Home Health (HH) - Medical Social Services</b>				
0	General Classification	N	N	NA	
1	Visit Charge	N	N	NA	

2	Hourly Charge	N	N	NA	
3-8	Reserved	NA	NA	NA	
9	Other Medical Social Services	N	N	NA	
<b>REV CODE</b>	<b>DESCRIPTION</b>	<b>IP</b>	<b>OP</b>	<b>OP PROC</b>	<b>COMMENTS</b>
<b>057X</b>	<b>Home Health (HH) - Aide</b>				
0	General Classification	N	N	NA	
1	Visit Charge	N	N	NA	
2	Hourly Charge	N	N	NA	
3-8	Reserved	NA	NA	NA	
9	Other Home Health (HH) aide	N	N	NA	
<b>058X</b>	<b>Home Health (HH)- Other Visits</b>				
0	General Classification	N	N	NA	
1	Visit Charge	N	N	NA	
2	Hourly Charge	N	N	NA	
3-8	Reserved	NA	NA	NA	
9	Other Med. Social Service	N	N	NA	
<b>059X</b>	<b>Home Health (HH)- Units of Service</b>				
0	General Classification	N	N	NA	
1-9	Reserved	NA	NA	NA	
<b>060X</b>	<b>Home Health (HH) - Oxygen</b>				
0	General Classification	N	N	NA	
1	Oxygen - Stat Equip/Supply/Content	N	N	NA	
2	Oxygen - Stat Equip/Supply < 1 LPM	N	N	NA	
3	Oxygen - Stat/Equip/Supply > 4 LPM	N	N	NA	
4	Oxygen - Portable Add-on	N	N	NA	
5-8	Reserved	NA	NA	NA	
9	Other Oxygen	N	N	NA	
<b>061X</b>	<b>Magnetic Resonance Technology (MRT)</b>				
0	General Classification	Y	F	REQ	
1	MRI - Brain /Brainstem	Y	F	REQ	
2	MRI - Spinal Cord /Spine	Y	F	REQ	
3	RESERVED	NA	NA	NA	
4	MRI - Other	Y	F	REQ	
5	MRA - Head and Neck	Y	F	REQ	
6	MRA - Lower Extremities	Y	F	REQ	
7	RESERVED	NA	NA	NA	
8	MRA - Other	Y	F	REQ	
9	Other MRT	N	N	NA	
<b>062X</b>	<b>Medical/Surgical Supplies - Extension of 027X</b>				
0	Reserved	NA	NA	NA	
1	Supplies Incident to Radiology	Y	R	NR	
2	Supplies Incident to Other Diagnostic Services	Y	R	NR	
3	Surgical Dressings	Y	R	REQ	

4	FDA Investigational Devices	N	N	NA	
5-9	Reserved	NA	NA	NA	
<b>REV CODE</b>	<b>DESCRIPTION</b>	<b>IP</b>	<b>OP</b>	<b>OP PROC</b>	<b>COMMENTS</b>
<b>063X</b>	<b>Pharmacy - Extension of 025X</b>				
0	RESERVED	NA	NA	NA	
1	Single Source Drug	Y	R	NR	
2	Multiple Source Drug	Y	R	NR	
3	Restrictive Prescription	Y	R	NR	
4	Erythropoietin (EPO) < 10,000 units	Y	R	NDC REQ	
5	Erythropoietin (EPO) >10,000 units	Y	R	NDC REQ	
6	Drugs Requiring Detailed Coding	Y	R	NDC REQ	
7	Self-administrable Drugs	Y	R	NDC REQ	
8-9	Reserved	NA	NA	NA	
<b>064X</b>	<b>Home IV Therapy Services</b>				
0	General Classification	N	N	NA	
1	Non-Routine Nursing, Central Line	N	N	NA	
2	IV Site Care, Central Line	N	N	NA	
3	IV Start/Care, Pheripheral Line	N	N	NA	
4	Non-Routine Nursing, Peripheral Line	N	N	NA	
5	Training, Patient/Caregiver, Central Line	N	N	NA	
6	Training, Disabled Patient, Central Line	N	N	NA	
7	Training, Patient/Caregiver, Peripheral Line	N	N	NA	
8	Training, Disabled Patient, Peripheral Line	N	N	NA	
9	Other IV Therapy Services	N	N	NA	
<b>065X</b>	<b>Hospice Services</b>				
0	General Classification	N	N	NA	
1	Routine Home Care	N	N	NA	
2	Continuous Home Care	N	N	NA	
3-4	RESERVED	NA	NA	NA	
5	Inpatient Respite Care	N	N	NA	
6	General Inpatient Care (Non-Respite)	N	N	NA	
7	Physician Services	N	N	NA	
8	Hospice Room & Board - Nursing Facility	N	N	NA	
9	Other Hospice Services	N	N	NA	
<b>066X</b>	<b>Respite Care</b>				
0	General Classification	N	N	NA	
1	Hourly Charge/Nursing	N	N	NA	
2	Hourly Charge/Aide/Homemaker/Companion	N	N	NA	
3	Daily Respite Charge	N	N	NA	
4-8	Reserved	NA	NA	NA	
9	Other Respite Care	N	N	NA	
<b>067X</b>	<b>Outpatient Special Residence Charges</b>				
0	General Classification	N	N	NA	
1	Hospital Owned	N	N	NA	

2	Contracted	N	N	NA	
3-8	Reserved	NA	NA	NA	
9	Other Special Residence Charge	N	N	NA	
<b>REV CODE</b>	<b>DESCRIPTION</b>	<b>IP</b>	<b>OP</b>	<b>OP PROC</b>	<b>COMMENTS</b>
<b>068X</b>	<b>Trauma Response</b>				
0	NOT USED	NA	NA	NA	
1	Level I	N	N	NA	
2	Level II	N	N	NA	
3	Level III	N	N	NA	
4	Level IV	N	N	NA	
5-8	Reserved	NA	NA	NA	
9	Other Trauma Response	N	N	NA	
<b>069X</b>	<b>Pre-Hospice/Palliative Care Services</b>				
0	General Classification	N	N	NA	
1	Visit Charge	N	N	NA	
2	Hourly Charge	N	N	NA	
3	Evaluation	N	N	NA	
4	Consultation and Education	N	N	NA	
5	Inpatient Care	N	N	NA	
6	Physician Services	N	N	NA	
7-8	Reserved	NA	NA	NA	
9	Other Pre-Hospice/Palliative	N	N	NA	
<b>070X</b>	<b>Cast Room</b>				
0	General Classification	Y	R	NR	
1-8	Reserved	NA	NA	NA	
9	Reserved	NA	NA	NA	
<b>071X</b>	<b>Recovery Room</b>				
0	General Classification	Y	R	NR	
1- 8	Reserved	NA	NA	NA	
9	Reserved	NA	NA	NA	
<b>072X</b>	<b>Labor Room/Delivery</b>				
0	General Classification	Y	R	REQ	
1	Labor	Y	R	REQ	
2	Delivery room	Y	R	REQ	
3	Circumcision	N	N	NA	
4	Birth Center	Y	R	REQ	
5-8	Reserved	NA	NA	NA	
9	Other Labor Room/Delivery	N	N	NA	
<b>073X</b>	<b>EKG/ECG (Electrocardiogram)</b>				
0	General Classification	Y	F	REQ	
1	Holter Monitor	Y	F	REQ	
2	Telemetry	Y	F	REQ	
3-8	Reserved	NA	NA	NA	
9	Other EKG/ECG	N	N	NA	

<b>074X</b>	<b>EEG (Electroencephalogram)</b>				
<b>0</b>	General Classification	Y	F	REQ	
<b>1-9</b>	Reserved	NA	NA	NA	
<b>REV CODE</b>	<b>DESCRIPTION</b>	<b>IP</b>	<b>OP</b>	<b>OP PROC</b>	<b>COMMENT S</b>
<b>075X</b>	<b>Gastro-Intestinal (GI) Services</b>				
<b>0</b>	General Classification	Y	R	REQ	
<b>1-9</b>	Reserved	NA	NA	NA	
<b>076X</b>	<b>Specialty Room - Treatment/Observation Room</b>				
<b>0</b>	General Classification	Y	N	NA	
<b>1</b>	Treatment Room	Y	R	REQ	
<b>2</b>	Observation Room	Y	R	REQ	
<b>3-8</b>	Reserved	NA	NA	NA	
<b>9</b>	Other Specialty Rooms	N	N	NA	
<b>077X</b>	<b>Preventive Care Services</b>				
<b>0</b>	General Classification	N	N	NA	
<b>1</b>	Vaccine Administration	N	R	REQ	
<b>2-9</b>	Reserved	NA	NA	NA	
<b>078X</b>	<b>Telemedicine</b>				
<b>0</b>	General Classification	N	F	REQ	
<b>1-9</b>	Reserved	NA	NA	NA	
<b>079X</b>	<b>Extra-Corporeal Shock Wave Therapy (formerly Lithotripsy)</b>				
<b>0</b>	General Classification	Y	R	REQ	
<b>1-9</b>	Reserved	NA	NA	NA	
<b>080X</b>	<b>Inpatient Renal Dialysis</b>				
<b>0</b>	General Classification	Y	NA	NA	
<b>1</b>	Inpatient Hemodialysis	Y	NA	NA	
<b>2</b>	Inpatient Peritoneal (Non-CAPD)	Y	NA	NA	
<b>3</b>	Inpatient Continuous Ambulatory Peritoneal Dialysis	Y	NA	NA	
<b>4</b>	Inpatient Continuous Cycling Peritoneal Dialysis	Y	NA	NA	
<b>5-8</b>	Reserved	NA	NA	NA	
<b>9</b>	Other Inpatient Dialysis	N	NA	NA	
<b>081X</b>	<b>Acquisition of Body Components</b>				
<b>0</b>	General Classification	Y	R	REQ	
<b>1</b>	Living Donor	Y	R	REQ	
<b>2</b>	Cadaver Donor	Y	R	REQ	
<b>3</b>	Unknown Donor	N	N	NA	
<b>4</b>	Unsuccessful Organ Search - Donor Bank Charges	N	N	NA	
<b>5</b>	Stem Cells-Allogeneic	Y	R	REQ	

6-8	Reserved	NA	NA	NA	
9	Other Donor	N	N	NA	
<b>REV CODE</b>	<b>DESCRIPTION</b>	<b>IP</b>	<b>OP</b>	<b>OP PROC</b>	<b>COMMENTS</b>
<b>082X</b>	<b>Hemodialysis - Outpatient or Home</b>				
0	General Classification	N	R	REQ	
1	Hemodialysis/Composite or Other Rate	N	N	NA	
2	Home Supplies	N	N	NA	
3	Home Equipment	N	N	NA	
4	Maintenance/100% (Home)	N	N	NA	
5	Support Services (Home)	N	N	NA	
6-8	Reserved	NA	NA	NA	
9	Other Outpatient Hemodialysis (Home)	N	N	NA	
<b>083X</b>	<b>Peritoneal Dialysis - Outpatient or Home</b>				
0	General Classification	N	R	REQ	
1	Peritoneal /Composite or Other Rate	N	N	NA	
2	Home Supplies	N	N	NA	
3	Home Equipment	N	N	NA	
4	Maintenance/100% (Home)	N	N	NA	
5	Support Services (Home)	N	N	NA	
6-8	Reserved	NA	NA	NA	
9	Other Outpatient Peritoneal Dialysis (Home)	N	N	NA	
<b>084X</b>	<b>Continuous Ambulatory Peritoneal Dialysis (CAPD) - Outpatient or Home</b>				
0	General Classification	N	R	REQ	
1	CAPD/Composite or Other Rate	N	N	NA	
2	Home Supplies	N	N	NA	
3	Home Equipment	N	N	NA	
4	Maintenance/100% (Home)	N	N	NA	
5	Support Services (Home)	N	N	NA	
6-8	Reserved	NA	NA	NA	
9	Other Outpatient CAPD (Home)	N	N	NA	
<b>085X</b>	<b>Continuous Cycling Peritoneal Dialysis (CCPD) - Outpatient or Home</b>				
0	General Classification	N	R	REQ	
1	CCPD/Composite or Other Rate	N	N	NA	
2	Home Supplies	N	N	NA	
3	Home Equipment	N	N	NA	
4	Maintenance/100%	N	N	NA	
5	Support Services	N	N	NA	
6-8	Reserved	NA	NA	NA	
9	Other Outpatient CCPD	N	N	NA	
<b>086X</b>	<b>Reserved for Dialysis (National Assignment)</b>				
<b>087X</b>	<b>Reserved for Dialysis (National Assignment)</b>				
<b>088X</b>	<b>Miscellaneous Dialysis</b>				
0	General Classification	N	R	REQ	

1	Ultrafiltration	Y	R	REQ	
2	Home Dialysis Aid Visit	N	N	NA	
3-8	Reserved	NA	NA	NA	
9	Other Miscellaneous Dialysis	N	N	NA	
<b>REV CODE</b>	<b>DESCRIPTION</b>	<b>IP</b>	<b>OP</b>	<b>OP PROC</b>	<b>COMMENTS</b>
<b>089X</b>	<b>Reserved</b>				
<b>090X</b>	<b>Behavioral Health Treatments/Services - (also see 091X, an extension of 090X)</b>				
0	General Classification	N	N	NA	
1	Electroshock Treatment	L	R	REQ	distinct psychiatric units & freestanding psychiatric hospitals only
2	Milieu Therapy	N	N	NA	
3	Play Therapy	N	N	NA	
4	Activity Therapy	N	N	NA	
5	Intensive Outpatient Services - Psychiatric	N	Y	REQ	
6	Intensive Outpatient Services - Chemical	N	N	NA	
7	Community Behavioral Health Program (Day	N	N	NA	
8-9	Reserved	NA	NA	NA	
<b>091X</b>	<b>Behavioral Health Treatment/Services - (Extension of 090X)</b>				
0	Reserved	NA	NA	NA	
1	Rehabilitation	L	N	NA	HCA approved acute Physical Medicine & Rehabilitation (PM&R)
2	Partial Hospitalization - Less Intensive	N	N	NA	
3	Partial Hospitalization - Intensive	N	Y	REQ	
4	Individual Therapy	N	N	NA	
5	Group Therapy	N	N	NA	
6	Family Therapy	N	N	NA	
7	Bio Feedback	N	N	NA	
8	Testing	N	N	NA	
9	Other Behavioral Health Treatment/Services	N	N	NA	
<b>092X</b>	<b>Other Diagnostic Services</b>				
0	General Classification	Y	F	REQ	
1	Peripheral Vascular Lab	Y	F	REQ	
2	Electromyogram	Y	F	REQ	
3	Pap Smear	N	F	REQ	
4	Allergy Test	N	N	NA	
5	Pregnancy Test	Y	F	REQ	
6-8	Reserved	NA	NA	NA	
9	Other Diagnostic Service	N	N	NA	
<b>093X</b>	<b>Medical Rehabilitation Day Program</b>				
0	<b>Reserved</b>	NA	NA	NA	
1	Half Day	N	N	NA	

2	Full Day	N	N	NA	
3-9	Reserved	NA	NA	NA	
<b>REV CODE</b>	<b>DESCRIPTION</b>	<b>IP</b>	<b>OP</b>	<b>OP PROC</b>	<b>COMMENTS</b>
<b>094X</b>	<b>Other Therapeutic Services - (also see 095X, an extension of 094X)</b>				
0	General Classification	Y	R	REQ	
1	Recreational Therapy	N	N	NA	
2	Education/Training ( <i>Diabetic Education</i> )	N	N	N	Non-covered effective 07/01/2021
3	Cardiac Rehabilitation	N	F	REQ	
4	Drug Rehabilitation	N	N	NA	
5	Alcohol Rehabilitation	N	N	NA	
6	Complex Medical Equipment - Routine	N	N	NA	
7	Complex Medical Equipment - Ancillary	N	N	NA	
8	Reserved	NA	NA	NA	
9	Other Therapeutic Services	N	L/R	REQ	HCA approved weight loss providers only
<b>095X</b>	<b>Other Therapeutic Services-(Extension of 094X)</b>				
0	RESERVED	NA	NA	NA	
1	Athletic Training	N	N	NA	
2	Kinesiotherapy	N	N	NA	
3-9	Reserved	NA	NA	NA	
<b>096X</b>	<b>Professional Fees (also see 097X and 098X)</b>				
0	General Classification	N	N	NA	
1	Psychiatric	N	N	NA	
2	Ophthalmology	N	N	NA	
3	Anesthesiologist (MD)	N	N	NA	
4	Anesthetist (CRNA)	N	N	NA	
5-8	Reserved	NA	NA	NA	
9	Other Professional Fee	N	N	NA	
<b>097X</b>	<b>Professional Fees (Extension of 096X)</b>				
0	Reserved	NA	NA	NA	
1	Laboratory	N	N	NA	
2	Radiology - Diagnostic	N	N	NA	
3	Radiology - Therapeutic	N	N	NA	
4	Radiology - Nuclear Medicine	N	N	NA	
5	Operating Room	N	N	NA	
6	Respiratory Therapy	N	N	NA	
7	Physical Therapy	N	N	NA	

8	Occupational Therapy	N	N	NA	
9	Speech Pathology	N	N	NA	
<b>REV CODE</b>	<b>DESCRIPTION</b>	<b>IP</b>	<b>OP</b>	<b>OP PROC</b>	<b>COMMENTS</b>
<b>098X</b>	<b>Professional Fees (Extension of 096X and 097X)</b>				
0	Reserved	NA	NA	NA	
1	Emergency Room Services	N	N	NA	
2	Outpatient Services	N	N	NA	
3	Clinic	N	N	NA	
4	Medical Social Services	N	N	NA	
5	EKG	N	N	NA	
6	EEG	N	N	NA	
7	Hospital Visit	N	N	NA	
8	Consultation	N	N	NA	
9	Private Duty Nurse	N	N	NA	
<b>099X</b>	<b>Patient Convenience Items</b>				
0	General Classification	N	N	NA	
1	Cafeteria/Guest Tray	N	N	NA	
2	Private Linen Service	N	N	NA	
3	Telephone/Telecom	N	N	NA	
4	TV/Radio	N	N	NA	
5	Nonpatient Room Rentals	N	N	NA	
6	Late Discharge Charge	N	N	NA	
7	Admission Kits	N	N	NA	
8	Beauty Shop/Barber	N	N	NA	
9	Other Patient Convenience Items	N	N	NA	
<b>100X</b>	<b>Behavioral Health Accommodations</b>				
0	General Classification	N	N	NA	
1	Residential Treatment - Psychiatric	N	N	NA	
2	Residential Treatment - Chemical Dependency	N	N	NA	
3	Supervised Living	N	N	NA	
4	Halfway House	N	N	NA	

5	Group Home	N	N	NA	
6-9	Reserved	N	N	NA	
	<b>Abbreviations</b>				
<b>CMS</b>	Centers for Medicare & Medicaid Services				
<b>DASA</b>	Division of Alcohol and Substance Abuse				
<b>DOH</b>	Department of Health				
<b>HCA</b>	Health and Recovery Service Administration				
<b>IP</b>	inpatient hospital				
<b>OP</b>	outpatient hospital				
<b>OPPS</b>	Outpatient Prospective Payment System				
<b>PROC</b>	procedure code				
<b>REV</b>	revenue code				
	<b>Legend</b>				
<b>F</b>	service formerly on outpatient fee schedule, now paid fee schedule for Non OPPS hospitals and for OPPS hospitals when nationwide rate not available				
<b>L</b>	limited to providers approved by the department to perform specific services				
<b>LD</b>	limited by diagnoses				
<b>L/C</b>	limited to providers approved by DOH and paid according to contract				
<b>L/O</b>	limited to OPPS providers				
<b>N</b>	not covered by HCA				
<b>NA</b>	not applicable				
<b>NDC REQ</b>	NDC and CPT/HCPCS procedure code required (NDC required only if hospital not 340B provider and on HCA exclusion list)				
<b>NR</b>	CPT/HCPCS procedure code not required				
<b>R</b>	non-OPPS hospitals are paid OP Rate off the Rev code, OPPS hospitals are paid EAPG if applicable and CAH hospitals are always paid % of charges				
<b>REQ</b>	CPT/HCPCS procedure code required				

SP	paid at semi-private room rate	
Y	services routinely covered	
Neonate Revenue Code Definitions		
The department has defined six levels of care for newborns and correlates each level to the nursery accommodation revenue codes. The billed accommodation		
REV CODE	REV CODE DESCRIPTION	LEVEL OF CARE
0170	General Classification Nursery	<b>Normal Newborn Care</b> Normal healthy newborns with low complexity needs are physiologically stable and are rooming <i>InterQual Newborn Level I criteria; American Academy of Pediatrics Level I guidelines</i>
0171	Newborn – Level I	<b>Level I Nursery/General Nursery Observation</b> Healthy newborns (birth weight > 2000 gms. or gestational age > 35 wks.) with low complexity needs and who are Examples of care at this level are:  Routine bilirubin and blood glucose monitoring; Initiation of phototherapy < 2 days, drug withdrawal management new or continued from higher Isolette/warmer for thermoregulation of neonates > 35 weeks gestation; Diagnostic work-up/surveillance on otherwise stable neonate; and  Services rendered to growing premature infant without supplemental oxygen or IV needs. <i>InterQual Newborn Level I criteria; American Academy of Pediatrics Level I and some Level IIA guidelines</i>
0172	Newborn – Level II	<b>Level II Special Care Nursery/Neonatal Intermediate Care</b> Newborns (birth weight < 2000 gms. or gestational age < 35 wks.) with moderately complex care needs or with Examples of care at this level are: IV heplock meds; IV fluids; Supplemental oxygen via hood or nasal cannula of less than 40%; or Feeding via NG, OG, NJ or gastrostomy tube; intensive phototherapy; Drug withdrawal therapy and NAS score >8;  Non-invasive hemodynamic monitoring; Continuous monitoring of apnea/bradycardia that requires tactile stimulation or periodic oxygen; and

		<p>Sepsis evaluation and treatment.</p> <p><i>InterQual Special Care Level II criteria; American Academy of Pediatrics Level IIA guidelines</i></p>
REV CODE	REV CODE DESCRIPTION	LEVEL OF CARE
0173	Newborn – Level III	<p><b>Level III Neonatal Intensive Care</b></p> <p>Newborns (birth weight &lt; 1500 gms., or gestational age &lt; 32 weeks, or hemodynamically unstable)</p> <p>Examples of care at this level are:</p> <ul style="list-style-type: none"> <li>Supplemental oxygen via hood or nasal cannula of greater than 40%;</li> <li>Intubation with mechanical ventilation;</li> <li>IV pharmacologic treatment for apnea and/or bradycardic episodes;</li> <li>Services for apnea or other conditions requiring assisted respiration;</li> <li>Positive pressure ventilatory assistance;</li> <li>Exchange transfusion, partial or complete;</li> <li>Central or peripheral hyperalimentation;</li> <li>Chest tube;</li> </ul> <p>IV bolus or continuous drip therapy for severe physiologic or metabolic instability; and</p> <p>Maintenance of umbilical artery catheters (UACs), peripheral artery catheters (PACs), umbilical vein catheters</p> <p><i>InterQual Neonatal Intensive Care Level III criteria; American Academy of Pediatrics Level IIB/IIIA</i></p>
0174	Newborn – Level IV	<p><b>Level IV Neonatal Intensive Care</b></p> <p>Newborns with complex medical conditions that meet Level III criteria and require:</p> <ul style="list-style-type: none"> <li>Extracorporeal membrane oxygenation (ECMO);</li> <li>High frequency ventilation; and</li> <li>Nitric oxide (NO) or complex pre-surgical/surgical interventions for severe congenital</li> </ul> <p><i>InterQual Neonatal Intensive Care Level III criteria; American Academy of Pediatrics Level IIB/IIIC/IIID guidelines</i></p>
0179	Other Nursery	<p><b>Transitional Care</b></p> <p>Newborns with low complexity care needs who are awaiting finalization of discharge plan to home</p> <p>Some examples of appropriate treatments in this level of care that are planned to be continued in the home or</p> <ul style="list-style-type: none"> <li>IV anti-infective administration;</li> <li>Apnea or bradycardia monitoring;</li> <li>Drug withdrawal therapy;</li> <li>Oxygen therapy;</li> <li>Tube feedings &lt; 50% of daily caloric requirement; and</li> </ul>

Parent or caregiver discharge teaching.  
*InterQual Transitional Care Nursery criteria*

Interim Change Log			
DATE	CHANGE	REV	REQUESTED BY
12/19/2024	OP cov ind = 'Y'	0250	Cole
11/21/2024	IP cov ind ='Y'	0220	Cole
03/05/2024	OP cov ind = 'Y'	0905	DeVries
03/05/2024	OP cov ind = 'Y'	0913	DeVries
10/10/2023	Created new row 5-Stem Cells-Allogenic set IP cov ind = 'N', OP cov ind = 'R', OP PROC CODE REQ: REQ	0815	King
10/10/2023	Change CUP to SUPP	0129	Weiher
10/10/2023	OP cov ind = "R"	0771	Stiltz