7.7 WIPOP Coding Guidelines and Definitions for Data Submission

Accurate coding is required for proper billing, reimbursement, and compliance. WHAIC assigns, to the best of our ability, the principal and additional procedure codes based on current coding guidelines and revenue line-item detail.

The **primary/principal diagnosis code** - ICD-10-CM diagnosis code describing the condition established **after study** to be chiefly responsible for occasioning the admission of the patient for care or for the outpatient services provided during the visit. This definition does not apply to the coding of all outpatient encounters. If the physician does not identify a definite condition or problem at the conclusion of an outpatient visit or encounter the coder should report the documented chief complaint as the reason for the encounter/visit.

Additional / Other reportable diagnoses - are defined as those conditions that coexist at the time of the admission/outpatient visit or develop subsequently and affect patient care for the current episode of care. Usually, reportable other diagnoses affect length of stay, total charges or accurate DRG classification.

The 'principal procedure code' - The definition of a principal procedure is part of the Uniform Hospital Discharge Data Set (UHDDS): the standard set of data elements used for inpatient billing and statistical information. It is also included in some of the core measures from the Centers for Medicare & Medicaid Services (CMS) and the Joint Commission. The principal procedure is the procedure performed for definitive treatment, rather than diagnostic or exploratory purposes, or which is necessary to take care of a complication.

The 837 claims file should be properly coded using current coding guidelines for both inpatient and outpatient records. WHAIC will assign outpatient principal procedure codes based on surgical revenue codes in the revenue line-item detail and the current CPT and HCPCS surgical coding guidelines.

'**Additional procedures**' performed during the principal episode of care (or during the length of stay for inpatients) or that may include invasive or exploratory procedures (exploratory surgery is a surgery which is performed exclusively for diagnostic purposes, without the purpose of treating a disease). WHAIC will assign outpatient procedure codes based on the revenue line-item detail, CPT/HCPCS and costs (if duplicated.)

The **outcome of delivery,** Childbirth code Z37+, should be included on all maternal delivery records. It is always a secondary code. Codes in category Z37 should not be used on the newborn record. Newborn records must include diagnosis code Z38+. WHAIC performs periodic audits to compare the number of births to newborns.

Note: This complies with Wisconsin Statute 69.14(1) (d) 1 stating the place of birth is the location where the placenta is delivered. Therefore, if a delivery occurs at home or in-route to the hospital, and the placenta is delivered at the hospital, the "place of birth" is the hospital.

Cancelled Outpatient Surgery - when a patient **presents for outpatient surgery** (same day surgery), the reason for the surgery is coded as the first-listed diagnosis (reason for the encounter), even if the surgery is not performed due to a contraindication. The principal diagnosis is the condition that occasioned the patient's admission for surgery.

Factors influencing health status and contact with health services (Z00-Z99) Chapter 21 of the ICD-10-CM Official Coding Guidelines provides the parameters for use of these codes. Please note there are some codes that can only be used as principal **or** additional diagnosis codes.

Z Codes That May Only be Principal/First-Listed Diagnosis is in Appendix B of the ICD-10 CM Coding Book.

> The Z codes/categories identified in the coding guidelines may only be reported as the principal/first-listed diagnosis, except when there are multiple encounters on the same day and the medical records for the encounters are combined.

Social determinants of health (SDoH) ICD-10 Codes Z55 - Z65. These codes were developed by the World Health Organization to allow better specificity to the circumstances of the patients served in your community.

WHAIC supports and encourages all facilities to collect and report these codes on their claims and encounters sent through WIpop.

Healthcare providers and data users will be able to use these codes to document when and where a patient would benefit from a certain social service, i.e., transportation or access to nutritional food and other services.

Present on Admission (POA) Indicator

The POA Indicator applies to the diagnosis codes for records involving inpatient admission to general acute-care hospitals. The POA indicator is based not only on the conditions known at the time of admission, but also include those conditions that were clearly present, but not diagnosed, until after the admission took place.

Present on admission is defined as present at the time the order for inpatient admission occurs – conditions that develop during an outpatient encounter, including emergency department, are considered as present on admission. The American Health Information Management Association, American Hospital Association, CMS and the National Center for Health Statistics (known as the "Cooperating Parties") publishes a list of ICD-10-CM codes for which the POA indicator does not apply. The indicator can be left unreported only for the codes on this list. This list is included in the POA guidelines published annually in October in the ICD-10-CM Official Guidelines for Coding and Reporting and will be updated in the WHAIC online manual annually:https://www.cdc.gov/nchs/icd/icd10cm.htm

The POA Indicator is applied to the principal diagnosis as well as all secondary diagnoses that are reported. The five reporting options for all diagnosis reporting are as follows:

Code	Definition
Y	Yes, diagnosis was present at time of inpatient admission.
N	No, diagnosis was not present at time of inpatient admission.
U	Documentation insufficient to determine if condition was present at the time of inpatient admission.
W	Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission.
Blank	Exempt from POA reporting. **Do not use 1, or other value.**

7.7.2 REVENUE CODES

Revenue codes in medical billing are 4-digit numeric ids that are used in hospital bills to notify insurance companies what type of services wer4e provided to patients. These are 4-digit numbers always starting with **"0 (Zero)"**. We have updated the **list of Revenue Codes for Medical Billing** as per the latest information effective on 15 March 2020. The revenue codes in medical billing provide information to the insurance company on whether the services were performed like an emergency room service, operating room service, etc.

The revenue codes in the revenue line item detail directs the patient encounter / claim record to the correct place of service.

A more complex example to use would be a simple laceration repair of a wound on the scalp, trunk of the body, or the extremities such as hands and feet CPT 12001, which is the procedure code could be done in multiple places of service.

- Service could be done in the OR; revenue code 360. WHAIC POS = 1
- Service could d be done in the emergency room; revenue code 450. WHAIC POS = 2
- It could be done in the Urgent Care; that would be revenue code 0361 WHAIC POS = 6
- It could be done in a clinic; that would be revenue code 510. WHAIC does not take professional claims unless it is billed on an 837i as a PBL. There are at least 3 other revenue codes where this procedure could be performed. All records containing Revenue Codes require the exact dates of service if they are span dates.

Edits will occur with Revenue Codes 096X through 099x – Professional Fees if submitted to WHAIC.

Service Category	Description	Required Procedure Code for OP records	POS as assigned by WHAIC
010X	**All-inclusive Rate** 0100 – All-inclusive room and board plus ancillary 0101 – All-inclusive room and board	NA	Inpatient
011X	**Room and Board Private (one bed)** • 0110 - General • 0111 - Medical/Surgical/GYN • 0112 - OB • 0113 - Pediatric • 0114 - Psychiatric • 0115 - Hospice • 0116 - Detoxification • 0117 - Oncology • 0118 – Rehabilitation • 0119 - Other	NA	Inpatient
012X	**Room and Board Semiprivate (two beds)** • 0120 - General • 0121 - Medical/Surgical/GYN • 0122 - OB • 0123 - Pediatric • 0124 - Psychiatric • 0125 - Hospice • 0126 - Detoxification • 0127 - Oncology • 0128 – Rehabilitation • 0129 - Other	NA	Inpatient
013X	**Room and Board (3 and 4 beds)** • 0130 - General • 0131 - Medical/Surgical/GYN • 0132 - OB	NA	Inpatient

Service Category	Description	Required Procedure Code for OP records	POS as assigned by WHAIC
	• 0133 - Pediatric • 0134 - Psychiatric • 0135 - Hospice • 0136 - Detoxification • 0137 - Oncology • 0138 – Rehabilitation • 0139 - Other		
014X	**Room and Board Deluxe Private** • 0140 - General • 0141 - Medical/Surgical/GYN • 0142 - OB • 0143 - Pediatric • 0144 - Psychiatric • 0145 - Hospice • 0146 - Detoxification • 0147 - Oncology • 0148 – Rehabilitation • 0149 - Other	NA	Inpatient
015X	**Room and Board Ward** • 0150 - General • 0151 - Medical/Surgical/GYN • 0152 - OB • 0153 - Pediatric • 0154 - Psychiatric • 0155 - Hospice • 0156 - Detoxification • 0157 - Oncology • 0158 – Rehabilitation • 0159 - Other	NA	Inpatient
016X	**Other Room and Board** • 0160 - General • 0164 - Sterile • 0167 - Self-care • 0169 - Other	NA	Inpatient
017X	**Nursery –** refer to the official UB-04 Data Specifications for further information Accommodation charges for nursing care to newborns and premature infants in nurseries. The level of care should be clinically evaluated on a daily basis, typically based on the resources provided to the infant. The assigned revenue code corresponds to the level of care determined during the daily evaluation. The levels of care and resulting revenue codes may, and will, fluctuate during the infants stay in the facility. • 0170 - General • 0171 - Newborn Level I • 0172 - Newborn Level II • 0173 - Newborn Level III • 0174 - Newborn Level IV • 0179 - Other	NA	Inpatient
018X	**Leave of Absence** • 0180 - General • 0182 - Patience convenience - charges billable	NA	Inpatient

Service Category	Description	Required Procedure Code for OP records	POS as assigned by WHAIC
	• 0183 - Therapeutic leave • 0185 - Nursing home (for hospitalization) • 0189 - Other		
019X	**Subacute Care** Accommodations charges for subacute care to inpatients or skilled nursing facilities. *See official UB-04 Data Specification Manual for more information. • 0190 - General • 0191 - Level I • 0192 - Level II • 0193 - Level III • 0194 - Level IV • 0199 – Other	NA	Inpatient
020X	**Intensive Care Unit** Routine service charges 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. (a) Includes hospital inpatient step-down units, Progressive Care Units and Definitive Observation Units. • 0200 - General • 0201 - Surgical • 0202 - Medical • 0203 - Pediatric • 0204 - Psychiatric • 0206 - Intermediate ICU[(a)] • 0207 - Burn Care • 0208 - Trauma • 0209 – Other	NA	Inpatient
021X	**Coronary Care Unit** Routine service charges for medical care provided to patients with coronary illness who require a more intensive level of care than is rendered in the general medical or surgical unit. • 0210 – General classification: Coronary care (CCU) • 0211 – Myocardial Infarction: CCU/MYO INFARC • 0212 – Pulmonary Care: CCU/Pulmonary • 0213 – Heart Transplant: CCU/Transplant • 0214 – Intermediate CCU: CCU/Intermediate • 0215-8: Reserved • 0219 – Other coronary Care CCU: CCU/Other Report when a discrete coronary care unit exists for rendering such services.	NA	Inpatient
022X	**Special Charges** **Charges incurred during an inpatient stay or on a daily basis for certain services**	No	NA – this is not a standalone rev code – POS based on other codes in record.
022X	**Incremental Nursing Charge**	No	NA – this is not a standalone rev code – POS

Service Category	Description	Required Procedure Code for OP records	POS as assigned by WHAIC
	Extraordinary charges for nursing services assessed in addition to the normal nursing charge associated with the typical room and board unity. This code does not support unbundling of nursing charges from standard room and board.		based on other codes in record.
024x	**All Inclusive ancillary** A flat-rate charge that is applied on a daily basis or on a total stay basis for ancillary services only.		NA – this is not a standalone rev code – POS based on other codes in record.
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 • 0259 - Other Pharmacy Note: Submission of a Healthcare Common Procedural Coding System (HCPCS) code with revenue code 0258 requires the appropriate National Drug Code (NDC).	No	6 - Other Outpatient Encounter
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	YES-Op	6 - Other Outpatient Encounter
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 0274 – Medical / Surgical supplies and devices, prosthetic, and orthotic 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. ***Other examples of implants***: Stents, artificial joints, shunts, grafts, pins, plates, screws, anchors, radioactive seeds. [(a)] Implantable: 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.	Yes	6 - Other Outpatient Encounter

Service Category	Description	Required Procedure Code for OP records	POS as assigned by WHAIC
0280	**Oncology** Charges for the treatment of tumors and related diseases.		
0290	**Durable Medical equipment (DME)** 0290 – Durable Medical Equipment, general 0291 – Durable Medical Equipment, rental 0292 – DME – purchase of new 0299 – DME	Yes	NA – this is not a standalone rev code – POS based on other codes in record.
030X	**Laboratory-Clinical Diagnostic** Charges for the performance of diagnostic and routine clinical laboratory tests. 0300 - General Classification 0301 - Chemistry 0302 - Immunology 0303 – renal patient 0304 - Non-Routine Dialysis 0305 - Hematology 0306 - Bacteriology and Microbiology 0307 - Urology 0308 – Reserved Lab 0309 - Lab Note: Lab revenue codes require an HCPCS/CPT code.	Yes	5 – Outpatient Lab/Rad
031X	**Laboratory – Pathological** Charges for diagnostic and routine laboratory tests in tissues and culture. 0310 - General Classification 0311 - Cytology 0312 - Histology 0313 – general class 0314 - Biopsy 0315 – Pathology 0316 – reserved pathology 0317 – Reserved pathology 0319 – Other Lab Path	Yes	5 – Outpatient lab/rad
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 - Angiocardiography 0322 - Arthrography 0323 - Arteriography 0324 - Chest X-Ray 0325 – Reserved, diagnostic 0326 – Reserved diagnostic 0327 – Reserved diagnostic 0328 – Reserved diagnostic 0329 - Other Radiology Diagnostic	Yes	6 - Other Outpatient Encounter
033X	**Radiology – Therapeutic and/or Chemotherapy administration** **C**harges 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	Yes	5 – OLR

Service Category	Description	Required Procedure Code for OP records	POS as assigned by WHAIC
	0331 - Chemotherapy Administration-Injected 0332 - Chemotherapy Administration-Oral 0333 - Radiation Therapy 0335 - Chemotherapy Administration-IV 0339 - Other Radiology Therapeutic Note: When using 0331, 0332, or 0335 there must be RC 0636 on the record.		
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	Yes	5 - OLR
035X	**Computer Tomographic (CT) Scan** Charges for Computerized axial tomography (CAT) CT scans of the head and other parts of the body. 0350 - General 0351 - Head 0352 - Body 0359 - Other	Yes	5
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	Yes	**POS 1 – OPS** ** except for 0361 – 0361 code is assigned to POS 6 according to WHAIC hierarchy.
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	NA	NA – not assigned based on stand- alone codes
038X	**Blood and Blood Components** 0380 - General 0381 - Packed red cells 0382 - Whole blood 0383 - Plasma 0384 - Platelets 0385 - Leucocytes 0386 - Other blood components 0387 - Other derivatives (Cryoprecipitates) 0389 - Other Blood and blood components	Yes	6 - Other Outpatient Encounter
039X	**Blood and blood component admin, processing, and storage**	NA	As a general rule it is not a

Service Category	Description	Required Procedure Code for OP records	POS as assigned by WHAIC
	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) 0392 – Processing and Storage 0399 - Other Blood Handling / Admin		stand-alone code.
040X	**Other Imaging Services** Charges for specialty imaging services for body structures 0400 - General Classification 0401 - Diagnostic Mammography 0402 - Ultrasound 0403 - Screening Mammography 0404 - Positron Emission Tomography (PET) Scan 0409 - Other Imaging Services	Yes	POS = 5 - OLR
041X	**RESPIRATORY SERVICES** Charges for respiratory services including administration of oxygen and certain potent drugs through inhalation or positive pressure and other forms of rehabilitative therapy. 0410 - General Classification 0412 - Inhalation Services 0413 - Hyperbaric Oxygen Therapy **0419 –** Other Respiratory Services	Yes	POS = 4 - Therapy
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. 0420 - General Class Physical Therapy 0421 - Visit Charge 0422 – Hourly 0423 – Group 0424 Evaluation or Re-Evaluation **0429 – Other PT**	Yes	POS = 4 - Therapy
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. 0430 – General – occupational therapy 0431 – OT Visit Charge 0432 – OT hourly charge 0434 – OT Evaluation or reevaluation 0439 – OT	Yes	POS = 4 - Therapy
044X	**SPEECH-LANGUAGE PATHOLOGY (Limited to Age 21 Years and Under)** Charges for services provided to persons with impaired functional communications skills. 0440 – Speech therapy - general 0441 - Visit Charge 0442 – Hourly charge 0443 – group therapy 0444 - Evaluation or Re-Evaluation	Yes	POS = 4 - Therapy

Service Category	Description	Required Procedure Code for OP records	POS as assigned by WHAIC
	0449 – Speech therapy		
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 0452 – ER Beyond EMTALA 0456 – Urgent Care [(a)] 0459 – Other ER	Yes	POS = 2 – ER/ED (a) = OHO POS 6 Urgent Care
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	Yes	POS = 6 - Other Outpatient Encounter
047X	**AUDIOLOGY** Charges for the detection and management of communication handicaps centering in whole or in part on the hearing function. 0470 - General 0471 - Diagnostic 0472 - Treatment 0479 - Audiology	Yes	POS = 6 - Other Outpatient Encounter
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 tests. 0480 - General Classification **0481 - Cardiac Cath Laboratory** 0482 - Stress Test 0483 - Echocardiology 0489 - Other Cardiology	Yes	POS = 6 Other Outpatient data. 0481 classified as OPS – POS 1 for WHAIC.
049X	**AMBULATORY SURGICAL CARE** Charges for ambulatory surgery that are not covered by any other category. 0490 – General Class Ambulatory Surgical Care 0499 – Other Ambulatory Surgical Care Note: Do not report *Observation with this code; report with revenue code 0762*.	Yes	POS = 1 – OPS
051X	**CLINIC** Charges for scheduled non-emergency outpatient clinic visits for the purpose of providing diagnostic, preventative, curative, and rehabilitative services. 0510 - General Classification 0511 – Chronic Pain Center 0512 – Dental Clinic 0513 - Psychiatric Clinic ** 0514 – OB-GYN Clinic 0515 – Pediatric Clinic 0516 – Urgent Care Clinic 0517 – Family Practice Clinic 0519 – Other Clinic	Yes	POS = 6 - Other Outpatient Encounter

Service Category	Description	Required Procedure Code for OP records	POS as assigned by WHAIC
	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		
052X	**Freestanding Clinic RHC/FQHC** • **Do not send this series of rev codes to WHAIC**	NA	NA – RHC/FQHC
053X	**Osteopathic Services** Charges for a structural evaluation of the cranium, entire cervical, dorsal, and lumbar spine by a doctor of osteopathy (DO). 0530 – General classification 0531 – Osteopathic Therapy 0539 – Other *These services are unique to osteopathic hospitals and cannot be accommodated in any of the existing rev codes.*		
054X	**Ambulance** 0540 – Ambulance, general 0541 – Ambulance, supplies 0542 – Ambulance, medical transport 0543 – Ambulance, heart mobile 0544 – Ambulance, oxygen 0545 – Ambulance, air 0546 – Ambulance, neonatal services 0547 – Ambulance, pharmacy 0548 – Ambulance, electrocardiogram (EKG) transmission 0549 – Ambulance *Do not send these to WHAIC as a stand-alone service		
055x	**Skilled Nursing** 0550 – Skilled nursing 0551 – Skilled nursing visit 0552 – Skilled nursing hourly charge 0559 – Other Skilled nursing	Y	
056x	**Home health medical, social services, general** Home Health (HH) charges for services such as counseling patients, interviewing patients, and interpreting problems of social situation rendered to patients on any basis. 0560 – General Classification 0561 – Visit Charge 0562 – Hourly Charge 0569 – other Med. Social Services	Yes	
057x	**Aide/Home health visit** HH Charges for personnel (aides) that are primarily responsible for the personal care of the patient. 0570 – General Classification 0571 – HH Visit Charge 0572 – HH Hourly Charge 0579 – Other HH Aide	Yes	
058X	**Home health (HH) – Other Visits** HH agency charges for visits other than physical therapy, occupational therapy, or speech therapy, requiring specific identification. 0580 – General Classification		

Service Category	Description	Required Procedure Code for OP records	POS as assigned by WHAIC
	0581 – HH Visit Charge 0582 – HH Hourly Charge 0589 – Other HH Aide		
059x	**Home Health (HH) Units of Service** Home Health (HH) charges for services billed according to the units of service provided. 0590 – General Classification	Yes	
060X	**Home Health ((HH) – Oxygen** Home Health (HH) agency charges for oxygen equipment, supplies or contents, excluding purchased equipment. 0600 - General 0601 - Stat/Equip/Supply or contents 0602 - Stat/Equip/Supply Under 1 LPM 0603 - Stat/Equip Over 4 LPM 0604 - Portable Add-on 0609 - Other	Yes	POS = 5 OHO
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	Yes	POS = 4 OLR
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 0624 – U.S. Food and Drug Administration (FDA) investigational devices	Yes	6 - Other Outpatient Encounter
063X	**PHARMACY- DRUGS REQUIRING SPECIFIC IDENTIFICATION** This category is an extension of 025X for reporting detailed coding where needed. 0631 – Drug, single 0632 – Drug, multi 0634 – Pharmacy, extension of 025X Erythropoietin (EPO) less than 10,000 units 0635 - Pharmacy, extension of 025X Erythropoietin (EPO) 10,000 or more units 0636 - Pharmacy, extension of 025X Pharmacy/Coded Drugs	Yes	6 - Other Outpatient Encounter
064X	**Home IV Therapy Services** Charges for intravenous therapy services performed in the patient's residence. For home IV providers enter the HCPCS code for all equipment, and all types of covered therapy.	NA	NA
065X	**Hospice** 0650 – Hospice 0651 – Hospice, Routine home care 0652 – Hospice, continuous home care 0656 – Hospice, general inpatient care (non-respite)		

Service Category	Description	Required Procedure Code for OP records	POS as assigned by WHAIC
	WHAIC does not typically accept straight hospice patient care – distorts quality data.		
066X	**Respite Care** Charge for non-hospice respite care		
067X	**Outpatient Special Residence Charges** Residence Arrangements for patients requiring continuous outpatient care.		
068x	**Trauma Response** Charges representing the activation of the trauma team. Every hospital is assigned a trauma level sub-code from 4 to 1, with 1 being the highest level of trauma capability – there are usually only two or three such facilities per state. These numbers replace the x in revenue code series 68x. The final digit is designated by the state or local government authority authorized to do so, and these assignments are verified by the American College of Surgeons. 0680 - Not used 0681 – Level I Trauma 0682 – Level II Trauma 0683 – Level III Trauma 0684 – Level IV Trauma 0689 – Other Trauma Response		
069X	**Pre-hospice/Palliative Care Services** Services that are provided prior to the formal election of hospice care. These services may consist of evaluation, consultation and education, and support services. No specific therapy is excluded from consideration.	Yes	6 - Other Outpatient Encounter
070X	**CAST ROOM** Charges for services related to the application, maintenance, and removal of casts. 0700 - General Classification	No	6 - Other Outpatient Encounter
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.	No	6 - Other Outpatient Encounter
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 0723 – Circumcision 0724 – labor room delivery birthing center 0729 – labor room delivery	No	
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	Yes	POS = 5 - OLR
074X	**EEG (Electroencephalogram)**	Yes	5 – OLR

Service Category	Description	Required Procedure Code for OP records	POS as assigned by WHAIC
	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		
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	Yes	POS = 1 - OPS
076X	**TREATMENT/OBSERVATION ROOM** Charges for patients requiring treatment room services or patients placed under observation. 0760 – Specialty Services 0761 - Treatment Room 0762 - Observation Room (POS 3) 0769 – Other Specialty Services Observation services are those services furnished by a hospital on the hospital's premises, including use of a bed and periodic monitoring by a hospital's nursing or other staff, which are reasonable and necessary to evaluate an outpatient's condition or determine the need for an admission to the hospital as an inpatient. More information is available in the Official UB-04 Data Specification Manual.	Yes	POS = 6 all *Except 0762 = POS 3
077X	**Preventative Care Services** 0770 – Preventative care services, general 0771 – vaccine administration		6 – Other outpatient
0780	**Telemedicine – Facility Charges related to telemedicine** Facility charges related to the use of telemedicine services.	Yes	6 - Other Outpatient Encounter
0790	**Extra-Corporeal Shock Wave Therapy (Formerly LITHOTRIPSY)** Charges for the use of lithotripsy in the treatment of kidney stones. Extra-corporeal shock wave therapy 0790 - General Classification	Yes	6 - Other Outpatient Encounter
080X	**Inpatient Renal Dialysis** Charges for the use of equipment designed to remove waste when the body's own kidneys have failed. The waste may be removed from the blood (hemodialysis) or indirectly from the blood by flushing a special solution between the abdominal covering and the tissue (peritoneal dialysis). 0800 – General Classification 0801 – Inpatient Hemodialysis 0802 – Inpatien5t Peritoneal (NONCAPD) 0803 – Inpatient Continuous Ambulatory Peritoneal Dialysis (CAPD) 0804 - Inpatient Continuous Cycling Peritoneal Dialysis (CCPD) 0809 – Other Inpatient Dialysis		
081X	**Acquisition of body components** 0811 – Acquisition of body components, living donor 0812 – cadaver donor 0813 – unknown donor 0814 – Acquisition of body components, donor bank 0819 – donor		

Service Category	Description	Required Procedure Code for OP records	POS as assigned by WHAIC
082X	**HEMODIALYSIS – OUTPATIENT** 0820 - Hemodialysis Outpatient/General 0821 - Hemodialysis Outpatient/Composite 0824 - Hemodialysis Outpatient/Maintenance/100 percent 0829 - Other Outpatient Hemodialysis	Yes	6 - Other Outpatient Encounter
083X	**PERITONEAL DIALYSIS - Outpatient** 0830 - Peritoneal Dialysis/General 0831 - Peritoneal Dialysis Outpatient/Composite Rate 0834 - Peritoneal Dialysis/Maintenance/100 percent 0839 - Other outpatient peritoneal dialysis	Yes	6 - Other Outpatient Encounter
084X	**Continuous Ambulatory Peritoneal Dialysis (CAPD) - Outpatient or Home** 0840 - General 0841 - Composite or other rate 0842 - Home supplies 0843 - Home equipment 0844 - Maintenance/100% 0845 - Support Services 0849 - Other	Yes	6 - Other Outpatient Encounter
085X	**Continuous Cycling Peritoneal Dialysis (CCPD) - Outpatient or Home** 0850 - General 0851 - Composite or other rate 0852 - Home supplies 0853 - Home equipment 0854 - Maintenance/100% 0855 - Support Services 0859 - Other	Yes	6 - Other Outpatient Encounter
086X	**Magnetoencephalography** 0860 – General 0861 - MEG	Yes	6 - Other Outpatient Encounter
087X	**Cell/Gene Therapy** For claims submitted on or after April 1, 2019, hospitals may report the CAR T-cell-related revenue codes 087X (Cell/Gene Therapy) and 089X (Pharmacy) established by the National Uniform Billing Committee (NUBC). When billing charges separately for tracking these services when furnished in the outpatient setting, providers must submit: 0871 – HCPCS 0537T with revenue code 0871 0872 – HCPCS 0538T with revenue code 0872 0873 – HCPCS 0539T with revenue code 0873 0874 – Remember that Medicare pays for the administration of CAR T-cells in the hospital outpatient setting separately under CPT code 0540T with Revenue Code 0874, which is assigned to status indicator “S”. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE19009.pdf	Yes	6 – Other Outpatient Encounter
088X	MISCELLANEOUS DIALYSIS Charges for dialysis not identified elsewhere. 0880 - General Classification 0881 - Ultrafiltration 0882 – Home Dialysis Aid Visit 0889 – Misc Dialysis	Yes	6 - Other Outpatient Encounter

Service Category	Description	Required Procedure Code for OP records	POS as assigned by WHAIC
089X	Pharmacy – Extension of 025X and 063X The category is an extension of 025x and 063x for reporting additional breakdown where needed. 0890 – Reserved (se 0250 for general classification) 0891 – Special Processed Drugs FDA Approved CELL Therapy 0892 - Special processed Drugs – FDA Approved GENE Therapy Reference UB-04 Data Specification for more information	NA	
090X	Behavioral Health Treatments/Services (also see 091X, and extension of 090X) Charges for prevention, intervention, and treatment services in the areas of mental health, substance abuse, developmental disabilities, and sexuality. Behavioral Health Care Services are individualized, holistic, and culturally competent and may include on-going care and support non-traditional services. 0900 - General 0901 - Electroshock 0902 - Milieu therapy 0903 - Play therapy 0904 - Activity therapy 0905 - Intensive outpatient services - psychiatric 0906 - Chemical dependency 0907 - Community behavioral health program - day treatment	Yes	6 - Other Outpatient Encounter
091X	**Behavioral Health Treatment / Services – Extension of 090X** Charges for providing nursing care and employee, professional services for emotionally disturbed patients, including patients admitted for diagnosis and those admitted for treatment. Behavioral Health Treatments/Services - Extension of 090X 0911 - Rehabilitation 0912 - Partial hospitalization - less intensive 0913 - Partial hospitalization - intensive 0914 - Individual therapy 0915 - Group therapy 0916 - Family therapy 0917 - Biofeedback 0918 – Testing 0919 - Behavioral health treatments	Yes	6 - Other Outpatient Encounter
092X	Other Diagnostic Services 0920 - General 0921 - Peripheral vascular lab 0922 - Electromyelogram 0923 - Pap smear 0924 - Allergy test 0925 - Pregnancy test 0929 - Other	Yes	4
093X	Medical Rehabilitation Day Program 0931 - Half day 0932 - Full day	Yes	4
094X	**Other Therapeutic Services - See also 095X** 0940 - General 0941 - Recreational 0942 - Education/training 0943 - Cardiac rehabilitation	Yes	5

Service Category	Description	Required Procedure Code for OP records	POS as assigned by WHAIC
	0944 - Drug rehabilitation 0945 - Alcohol rehabilitation 0946 - Complex medical equipment - routine 0947 - Complex medical equipment - ancillary 0948 - Pulmonary rehabilitation 0949 – Other		
095X	**Other Therapeutic Services (Extension of 094X)** 0951 - Athletic training 0952 - Kinesiotherapy	Yes	5
096x – 098X	Professional fees should not be submitted to WIpop	NA	NA