

**Oregon
Outpatient Surgery Category
by Revenue Code
Eff. 04/01/11**

Updated 02/24/11

036X – Operating Room Services

0481 –
Cardiac Cath Lab

049X – Ambulatory Surgical Care

0511 – Pain Management

0723 – Circumcision

075X – GI Services (endo/colo suite, etc.)

079X – Extra-Corporeal Shock Wave Therapy
(formerly Lithotripsy)

***Note: Ambulatory Surgical Centers are to
send ALL cases, as they do not use revenue
codes.

Data Elements Information and Edits For Oregon

Outpatient Data Elements

Outpatient Surgical data are to be reported according to Medicare definition, as those procedures that include incision, excision, amputation, introduction, repair, destruction, endoscopy, suture, or manipulation. This definition is consistent with the Uniform Hospital Discharge Data Set (UHDDS).

- The UB bill types for original outpatient submission will be 131, 431, 851, 731, and 831. Bill type 731 is for a freestanding outpatient clinic.
- IHA/COMPdata has included a specific range of CPT procedure codes that are accepted on the new file formats for outpatient surgical services for inclusion in our database. A patient record must contain one of the following procedure codes to qualify for inclusion in our outpatient surgical database.
- *Category II and Category III codes will be evaluated quarterly for possible new procedures reflecting changes in CMS coding requirements and new technology. Actual submission requirements may be updated each January and July based on the results of the quarterly review.
- These ranges apply to UB-04 FL74 data elements only (Procedure Code and Date fields).
- FL44 (HCPCS/Accommodation Rates/HIPPS Rate Codes) fields should contain any available HCPCS codes related to the cases selected for reporting.

OUTPATIENT SURGICAL (effective 07/01/10)		
CPT Category III Codes (Emerging Technology) *	CPT Category I Codes (Surgical and Invasive Procedures)	CPT Category II Codes (HCPCS Codes) *
0016T – 0017T	10021 – 15999	C9724 – C9728
0019T	16020 – 29086	G0104 – G0105
0048T	29200	G0121
0050T – 0055T	29305 – 29450	G0186
0071T – 0072T	29520	G0268 – G0269
0075T – 0081T	29590 – 35907	G0275
0092T	36002 – 36406	G0278
0095T	36468 – 36510	G0289 – G0291
0098T – 0102T	36555 – 36568	G0297 – G0300
0123T – 0124T	36570 – 36590	G0341 – G0343
0126T	36595 – 36598	G0364 – G0365
0141T – 0143T	36620 – 51700	G0380 – G0384
0155T – 0158T	51703 – 59020	
0163T – 0172T	59030	
0176T – 0177T	59070 – 69205	
0181T	69220 – 69990	
0184T	75894 – 75978	
0186T	75992 – 75996	
0190T – 0193T	92970 – 92998	
0195T – 0196T	10021 – 15999	
	93501 – 93662	

- **Venipuncture and Fetal Monitoring Codes** should NOT be submitted if they are the only procedure on the patient record. They have been removed from the Outpatient Surgical Range, and will only be captured if reported in conjunction with other qualifying Outpatient Surgical procedures.

Procedure Type	CPT-4 Codes
Fetal Monitoring	59025, 59050, 59051
Venipuncture	36415

If the patient was admitted as an *inpatient* as a result of an outpatient surgical procedure, the patient is considered an *inpatient* admission.