Data Requests

Ambulatory/Outpatient Required Procedures and Coding Guidelines

Effective Q1 2024 through to Present

Claim records that meet all criteria listed below are included in the quarterly Ambulatory/Outpatient procedure submission files:

- The Statement Cover Period – Through Date is in the submission quarter.
- At least one revenue line item with a Revenue Code within the specified code list (see below) and a HCPCS Level I (CPT-4) or Level II Code within the specified code ranges (see below). Note: Unlimited number of procedure codes are captured per claim in the HCPCS field by revenue code.

Revenue Code:

Revenue Codes				
0260	0322	0335	0369	0490
0280	0323	0360	0370	0499
0289	0330	0361	0480	0511
0320	0331	0362	0481	0750
0321	0333	0367	0489	0790

HCPCS Level I and Level II Code:

HCPCS Code	Description
HCPCS Level I (CPT-4)	
10004 – 36410	Surgery and surgical procedures divided by body system*
36420 – 36590	
36593 – 69990	
92920 – 92998	Cardiovascular therapeutic services and procedures (e.g., PCIs)
93451 – 93598	Cardiovascular cardiac catheterizations
93650 – 93657	Catheter-based intracardiac ablation procedures
96401 – 96549	Chemotherapy
HCPCS Level II	
C1052 – C9899	Procedures of interest (e.g., PCIs with drug-eluting stent)
G0008 – G9999	Procedures of interest (e.g., colonoscopy for cancer screening)
Q0083 – Q0085	Chemotherapy administration

** Surgery categories intentionally omit blood specimen collection (HCPCS Level I codes 36415-36416; 36591-36592).*

Effective Q3 2007 through Q4 2023

Claim records that meet the following three criteria are included in the quarterly ambulatory/outpatient procedure submission files:

- The Statement Covers Period – Through Date is in the submission quarter.
- At least one HCPCS Level I (CPT-4) code is within the specified code ranges (see below) or any HCPCS Level II code is used. Note: Unlimited number of procedure codes are captured per claim in the HCPCS field by revenue code.
- The ambulatory/outpatient procedure was performed in any of the following locations within a hospital-based ambulatory/outpatient unit or freestanding ambulatory surgery center: general operating room, ambulatory surgery room, short-term procedure unit, endoscopy or GI lab/unit, cardiac catheterization laboratory, radiology department, outpatient oncology unit, etc. The names of these locations/units listed are intended to be used as general terms. Location names may differ from facility to facility. Emergency room records are not submitted.

Procedure Codes:

HCPCS Level I (CPT-4) Procedure Code Ranges**
Surgery / Endoscopy: • All procedures within the range of 10021 – 69990 (effective Q3 2007 – Q4 2018) • All procedures within the range of 10004 – 69990 (effective Q1 2019)
Chemotherapy: • All procedures within the range of 96401 – 96549 (effective Q3 2007)

Cardiovascular:
• Cardiac catheterization procedures:
  ○ within the range of 93501 – 93581 (effective Q3 2007 – Q4 2010)
  ○ within the range of 93451 – 93581 (effective Q1 2011 – Q4 2013)
  ○ within the range of 93451 – 93583 (effective Q1 2014 – Q4 2016)
  ○ within the range of 93451 – 93592 (effective Q1 2017 – Q4 2021)
  ○ within the range of 93451 – 93598 (effective Q1 2022)
• Cardiovascular therapeutic procedures:
  ○ within the range of 92950 – 92998 (effective Q3 2007 – Q4 2012)
  ○ within the range of 92920 – 92998 (effective Q1 2013)

HCPCS Level II Procedure Code Ranges:
All procedures (effective Q3 2007)

***If the only qualifying CPT-4 code in the claim was 36415 - Collection of venous blood by venipuncture (i.e., the claim was for an outpatient laboratory encounter), the claim was not required.*

Effective Q1 1996 through Q2 2007

Claim records that meet the following criteria are included in the quarterly ambulatory/outpatient procedure submission files:

- At least one of CPT-4 code or ICD-9-CM procedure code within the specific code ranges (see below). Note: Procedure codes are captured per claim in the principal and secondary procedure code fields.

Procedure Codes:

CPT-4 Code Ranges:

Surgery / Endoscopy:
- All procedures within the range of 10000 – 69999

Chemotherapy:
- All procedures within the range of 96400 – 96569

Cardiovascular
- Cardiac catheterization procedures within the range of 93501 – 93599
- Cardiovascular therapeutic procedures within the range of 92950 – 92999

ICD-9-CM Code Ranges:

Surgery / Endoscopy / Cardiovascular:
All procedures within the range 01.0 – 86.99 **EXCEPT**:
- 23.0 to 23.99 Removal and restoration of teeth
- 24.1 to 24.19 Diagnostic procedures on teeth, gums, and alveoli
- 29.11 Pharyngoscopy
- 29.19 Other diagnostic procedures on pharynx
- 37.26 Cardiac electrophysiologic stimulation studies
- 39.95 Hemodialysis
- 41.31 Bone marrow biopsy
- 51.1 to 51.19 Diagnostic procedures on the biliary tract
- 52.13 Endoscopic retrograde pancreatography (ERP)
- 84.4 to 84.9 Implantation or fitting of prosthetic limb device

Chemotherapy:
- 99.25 Injection or infusion of cancer chemotherapeutic substance
- 99.29 Injection or infusion of other therapeutic or prophylactic substance