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## **Ancillary Codes**

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This section lists ancillary codes in national code order.

### **Itemizing Charges**

Ancillary charges must be itemized on all inpatient hospital claims. Although inpatient hospitals are only separately reimbursed for ancillary services on claims for administrative days, ancillary charges must also be itemized and included in the *Total Charges* field (Box 47). The total charges line is identified with revenue code 001.

### **Billing Administrative Days**

Only ancillary codes marked with a yen sign (¥) on the following pages are reimbursable when billed with level 1 administrative days (revenue code 169, room and board, other) or level 2 administrative days (revenue code 190 or 199, room and board, pediatric subacute and adult subacute, respectively). Level 2 administrative days are reimbursable only to hospitals whose payment is based on the diagnosis-related groups (DRG) methodology. (Refer to the *Diagnosis-Related Groups (DRG): Inpatient Services* section in this manual for DRG information.)

### **Blood Gas Studies**

Ancillary code 460 is used to bill for blood gas studies.

### **OSHPD Ancillary Codes (For Accounting Purposes)**

For questions regarding accounting codes that are sent to the Office of Statewide Health Planning and Development (OSHPD), please contact OSHPD at (916) 326-3854 or visit their website at [www.oshpd.ca.gov](http://www.oshpd.ca.gov).

## **Audiology Ancillary Codes**

Hospital inpatient ancillary codes for audiology services (0470, 0471, 0472 and 0479) cannot be used for billing Newborn Hearing Screening Program (NHSP) services. Facilities providing these services must be certified by the Department of Health Care Services (DHCS) for billing and reporting purposes. NHSP policy information is available in the *California Newborn Hearing Screening Program Provider Manual* on the DHCS website at [www.dhcs.ca.gov](http://www.dhcs.ca.gov).

## **DRG-Reimbursed Hospitals**

Ancillary codes 0470, 0471, 0472 and 0479 billed for the mother on a delivery claim require medical justification in the *Remarks* field (Box 80) on the *UB-04* claim and the *Additional Claim Information* field (Box 19) on the *CMS-1500* claim form, or as an attachment. Only claims documenting a sudden loss of hearing reported by the mother or a comatose patient where measurement of brainstem activity was necessary are reimbursable.

## **Ancillary Codes**

«Table of Ancillary Codes»

<b>Ancillary Code</b>	<b>Description (Modified for Medi-Cal Use)</b>
250 ¥	Pharmacy, General
251 ¥	Pharmacy, Generic Drugs
252 ¥	Pharmacy, Non-Generic Drugs
253 ¥	Pharmacy, Take-Home Drugs  <b>Note:</b> Quantities of take-home drugs furnished to patients must not exceed a 10-day supply. When the amount for this charge exceeds \$50, attach a list of medications, include the name of the drugs, quantities dispensed, dosage prescribed and charges per prescription. For Medicare claims only, take-home drugs must be billed using the non-contract inpatient provider number.
254 ¥	Pharmacy, Drugs Incident to Other Diagnostic Services
255 ¥	Pharmacy, Drugs Incident to Radiology
257 ¥	Pharmacy, Non-Prescription

«Table of Ancillary Codes (continued)»

<b>Ancillary Code</b>	<b>Description (Modified for Medi-Cal Use)</b>
258 ¥	Pharmacy, I.V. Solution
259 ¥	Pharmacy, Other
270	Medical/Surgical Supplies and Devices, General
271	Medical/Surgical Supplies and Devices, Non-Sterile Supply
272	Medical/Surgical Supplies and Devices, Sterile Supply
274	Medical/Surgical Supplies and Devices, Prosthetic/Orthotic
275	Medical/Surgical Supplies and Devices, Pacemaker
276	Medical/Surgical Supplies and Devices, Intraocular Lens
278	Medical/Surgical Supplies and Devices, Other Implants
279	Medical/Surgical Supplies and Devices, Other Supplies/Devices
290	DME (Other Than Renal Equipment), General
291	DME (Other Than Renal Equipment), Rental
292	DME (Other Than Renal Equipment), Purchase of New DME
293	DME (Other Than Renal Equipment), Purchase of Used DME
299	DME (Other Than Renal Equipment), Other Equipment
300 ¥	Laboratory, (Lab) General
301 ¥	Laboratory, Chemistry
302 ¥	Laboratory, Immunology
304 ¥	Laboratory, Non-Routine Dialysis
305 ¥	Laboratory, Hematology
306 ¥	Laboratory, Bacteriology & Microbiology
307 ¥	Laboratory, Urology
310	Laboratory, Pathological, General
311	Laboratory, Pathological, Cytology
314	Laboratory, Pathological, Biopsy
320 ¥	Radiology – Diagnostic, General
321 ¥	Radiology – Diagnostic, Angiocardiology
322 ¥	Radiology – Diagnostic, Arthrography
323 ¥	Radiology – Diagnostic, Arteriography
324 ¥	Radiology – Diagnostic, Chest X-Ray
329 ¥	Radiology – Diagnostic, Other

«Table of Ancillary Codes (continued)»

<b>Ancillary Code</b>	<b>Description (Modified for Medi-Cal Use)</b>
330 ¥	Radiology – Therapeutic, General
331 ¥	Radiology – Therapeutic, Chemotherapy Injected
332 ¥	Radiology – Therapeutic, Chemotherapy – Oral
333 ¥	Radiology – Therapeutic, Radiation Therapy
335 ¥	Radiology – Therapeutic, Chemotherapy – I.V.
339 ¥	Radiology – Therapeutic, Other
340 ¥	Nuclear Medicine, General
341 ¥	Nuclear Medicine, Diagnostic
342 ¥	Nuclear Medicine, Therapeutic
349 ¥	Nuclear Medicine, Other
350	Computed Tomographic Scan, General
351	Computed Tomographic Scan, Head
352	Computed Tomographic Scan, Body
359	Computed Tomographic Scan, Other
360	Operating Room Services, General
361	Operating Room Services, Minor Surgery
362	Operating Room Services, Organ Transplant Other Than Kidney
367	Operating Room Services, Kidney Transplant
369	Operating Room Services, Other Operating Room Services
370	Anesthesia, General
371	Anesthesia, Incident to Radiology
372	Anesthesia, Incident to Other Diagnostic Services
374	Anesthesia, Acupuncture
379	Anesthesia, Other
380	Blood, General
381	Blood, Packed Red Cells
382	Blood, Whole Blood
383	Blood, Plasma

«Table of Ancillary Codes (continued)»

<b>Ancillary Code</b>	<b>Description (Modified for Medi-Cal Use)</b>
384	Blood, Platelets
385	Blood, Leukocytes
386	Blood, Other Components
387	Blood, Other Derivatives (Cryoprecipitates)
389	Blood, Other
390	Blood/Blood Component Administration, Processing and Storage, General Classification
391	Blood/Blood Component Administration, Processing and Storage, Administration
400 ¥	Other Imaging Services, General
401 ¥	Other Imaging Services, Diagnostic Mammography
402 ¥	Other Imaging Services, Ultrasound
403 ¥	Other Imaging Services, Screening Mammography
409 ¥	Other Imaging Services, Other
410	Respiratory Services, General
412	Respiratory Services, Inhalation Services
413	Respiratory Services, Hyperbaric Oxygen Therapy
419	Respiratory Services, Other
420 ¥	Physical Therapy, General
430 ¥	Occupational Therapy, General
439 ¥	Occupational Therapy, Other
440 ¥	Speech/Language Pathology, General
449 ¥	Speech/Language Pathology, Other
450	Emergency Room, General
459	Emergency Room, Other Emergency Room
460	Pulmonary Function, General
470 ¥	Audiology, General
471 ¥	Audiology, Diagnostic
472 ¥	Audiology, Treatment
479 ¥	Audiology, Other
481	Cardiology, Cardiac Catheterization
489	Cardiology, Other

«Table of Ancillary Codes (continued)»

<b>Ancillary Code</b>	<b>Description (Modified for Medi-Cal Use)</b>
610 ¥	Magnetic Resonance Imaging, General
611 ¥	Magnetic Resonance Imaging, Brain (Including Brainstem)
612 ¥	Magnetic Resonance Imaging, Spinal Cord (Including Spine)
619 ¥	Magnetic Resonance Imaging, Other
621	Medical/Surgical Supplies, Incident to Radiology
622	Medical/Surgical Supplies, Incident to Other Diagnostic Services
631 ¥	Single Source Drug
632 ¥	Multiple Source Drug
633 ¥	Restrictive Prescription
634 ¥	Erythropoietin (EPO) less than 10,000 Units
635 ¥	Erythropoietin (EPO) 10,000 or more Units
636 ¥	Drugs Requiring Detailed Coding
710	Recovery Room, General
720	Labor Room/Delivery, General
721	Labor Room/Delivery, Labor
724	Labor Room/Delivery, Birthing Center (Unlicensed Beds)
729	Labor Room/Delivery, Other
730	Electrocardiogram (EKG/ECG), General
731	Electrocardiogram (EKG/ECG), Holter Monitor
740	Electroencephalogram (EEG), General
750	Gastro-Intestinal Services, General
800	Inpatient Renal Dialysis, General
801	Inpatient Renal Dialysis, Hemodialysis
802	Inpatient Renal Dialysis, Peritoneal (Non-CAPD)
803	Inpatient Renal Dialysis, Continuous Ambulatory Peritoneal Dialysis (CAPD)
804	Inpatient Renal Dialysis, Continuous Cycling Peritoneal Dialysis (CCPD)
809	Inpatient Renal Dialysis, Other
922	Other Diagnostic Services, Electromyogram
949	Other Therapeutic Services

**<<Legend>>**

<<Symbols used in the document above are explained in the following table.>>

<b>Symbol</b>	<b>Description</b>
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.
¥	Codes reimbursable when billed with level 1 administrative days (revenue code 169, room and board, other) or level 2 administrative days (revenue code 190 or 199, room and board, pediatric subacute and adult subacute, respectively).