

## BCBSTX Admission Type Definitions – Grouper Version 35 (APR-DRG)

Admission Type	Place of Service	Code Sets Used to Determine Reimbursement	Codes	Condition
Behavioral Health	Inpatient	APR-DRG Codes	740, 750-760	Inpatient RC 0114 and/or 0124
<ul style="list-style-type: none"> <li>Residential Treatment Center – Behavioral Health, Eating Disorder</li> </ul>	Inpatient	Revenue Codes	1001	
<ul style="list-style-type: none"> <li>Eating Disorders</li> </ul>	All	Primary ICD-10-CM Diagnosis Code	F5000, F5001, F5002, F502, F5081, F5082, F5089, or F509 ICD-10 Diagnosis Codes	One of the codes must be the primary diagnosis code.
<ul style="list-style-type: none"> <li>IOP (Intensive Outpatient Program)</li> </ul>	Outpatient	Revenue Codes	0905	
<ul style="list-style-type: none"> <li>PHP (Partial Hospitalization Program)</li> </ul>		Revenue Codes	0912 and/or 0913	
Burn	All	APR-DRG Codes	841-844	Primary diagnosis for Burn admission type overlaps into Trauma definition and will always group to Burn admission type.
Cardiac Cath Lab	Outpatient	Revenue Code	0481	
Chemical Dependency	Inpatient	APR-DRG Codes	770, 772-776	Inpatient RC 0116 and/or 0126
<ul style="list-style-type: none"> <li>Residential Treatment Center – Chemical Dependency</li> </ul>	Inpatient	Revenue Code	1002	
<ul style="list-style-type: none"> <li>Chemical IOP (Intensive Outpatient Program)</li> </ul>	Outpatient	Revenue Code	0906	
		Revenue Codes	0912 and/or 0913	

## BCBSTX Admission Type Definitions – Grouper Version 35 (APR-DRG)

Admission Type	Place of Service	Code Sets Used to Determine Reimbursement	Codes	Condition
○ PHP (Partial Hospitalization Program)				
Chemotherapy	All	APR-DRG code	695, 696	Excluded from Inpatient DRG Cap
Diagnostic Services	Outpatient	Revenue Codes	The claim must be billed <b>with only</b> National Uniform Billing Committee (NUBC) revenue codes 030x, 031x, 032x, 0340-0342, 0343, 0349, 035x, 0371, 0372, 040x, 0480, 0482-0489, 061x, 0730, 0731, 0739, 074x, 092x, with or without associated support revenue codes 025x, 0270-0273, 0279, 0621, 0622, 0630-0633, 0636.	<b>Exception:</b> Claims with the following initial outpatient admission types are <b>not</b> subject to diagnostic services method: Behavioral Health, Burns, Cardiac Cath, Chemical Dependency, Chemotherapy, Emergency Room, Hyperbaric, Observation, Outpatient Surgical, Pediatrics, Radiation-Therapy, Rehabilitation, Renal Dialysis, Transplants, Trauma, and Urgent Care.
Dialysis	Outpatient			
– Hemodialysis		Revenue Codes	0821, 0825, 0829	
– Peritoneal Dialysis		Revenue Codes	0831, 0835, 0839	
– CAPD		Revenue Codes	0841, 0845, 0849	
– CCPD		Revenue Codes	0851, 0855, 0859	
Emergency Room	Outpatient	Revenue Codes	0450 through 0452 and/or 0459	
Level 1		CPT/HCPCS Codes	99281	
Level 2		CPT/HCPCS Codes	99282	
Level 3		CPT/HCPCS Codes	99283	
Level 4		CPT/HCPCS Codes	99284	
Level 5		CPT/HCPCS Codes	99285	
Critical Care		CPT/HCPCS Codes	99291 – 99292	

## BCBSTX Admission Type Definitions – Grouper Version 35 (APR-DRG)

Admission Type	Place of Service	Code Sets Used to Determine Reimbursement	Codes	Condition
Emergency Room Non 24/7	Outpatient	Revenue Codes	0450 through 0452 and/or 0459	May include the following CPT/HCPC codes
Level 1		CPT/HCPCS Codes	99201	99281
Level 2		CPT/HCPCS Codes	99202	99282
Level 3		CPT/HCPCS Codes	99203	99283
Level 4		CPT/HCPCS Codes	99204	99284
Level 5		CPT/HCPCS Codes	99205	99285
Hyperbaric Oxygen Therapy	Outpatient	Revenue Code and CPT/HCPCS Code	Revenue Code 0413 and CPT/HCPCS Code 99183/G0277	
Medical/Surgical ICU CCU	All Inpatient Inpatient	Revenue Codes Revenue Codes Revenue Codes	0200-0209 0210-0219	Assigned when one of the other defined Admission Types is not applicable.
Neonatal	Inpatient	APR-DRG Codes	580, 581, 583, 588, 589, 591, 593, 602, 603, 607-609, 611-614, 621-623, 625, 626, 630, 631, 633, 634, 636, 639, 640, 863	
Level 1		Revenue Codes	0170, 0171, 0179	
Level 2			0172	
Level 3			0173	
Level 4			0174	
Other			Any other R&B Code	
Observation	Outpatient	Revenue Codes	0762	
Outpatient Surgical	Outpatient	Revenue Codes	0360, 0361, 0363 through 0366, 0368, 0369, 0490, 0499, 0750, 0759, 0790, and/or 0799	
Pediatric	All	Patient age 0-17 years	All	Pediatric admission type for patient age 0-17 years only applies if the patient is

## BCBSTX Admission Type Definitions – Grouper Version 35 (APR-DRG)

Admission Type	Place of Service	Code Sets Used to Determine Reimbursement	Codes	Condition
				initially admitted as Medical/Surgical admission type.
Physical Rehabilitation	All	APR-DRG Codes Revenue Codes	APR-DRG Codes 850, 860 and/or Revenue Codes 0118, 0128, 0138, 0148, 0158	Either the DRG or one of the Revenue codes must be present
Provider Based Billing Claim	Outpatient	Revenue Code/CPT/HCPCS	0510 – 0529, 0760 – 0761 E&M Office Visit CPT/HCPCS codes (including but not limited to 99201-99205, 99211-99215, 99241-99245, 99354, 99355, 99381-99387, 99391-99397, 99401-99411-99412, 99429, 99450, 99455-99456, 99487-99489, 99499)	Based on contractual provision, Provider Based Billing Claims are not compensated by BCBSTX  <b>Exception:</b> Claims with the following initial outpatient admission types are not subject to provider-based billing method: Behavioral Health, Burns, Cardiac Cath, Chemical Dependency, Chemotherapy, Emergency Room, Hyperbaric, Observation, Pediatrics, Radiation-Therapy, Rehabilitation, Renal Dialysis, Transplants, Trauma, and Urgent Care.
Radiotherapy	All	APR-DRG Code	692	Excluded from Inpatient DRG Cap
Therapy	Outpatient	Revenue Codes	0420-0429, 0430-0439, 0440-0449	<b>Exception:</b> Claims with the following initial outpatient admission types are not subject to therapy services method: Behavioral Health, Burns, Cardiac Cath, Chemical Dependency,

## BCBSTX Admission Type Definitions – Grouper Version 35 (APR-DRG)

Admission Type	Place of Service	Code Sets Used to Determine Reimbursement	Codes	Condition
				Chemotherapy, Emergency Room, Hyperbaric, Observation, Outpatient Surgical, Pediatrics, Radiation-Therapy, Rehabilitation, Renal Dialysis, Transplants, Trauma, and Urgent Care.
Transplant	All	APR-DRG Codes	001-002, 006-008, 440	
Trauma	All	Primary ICD-10-CM Diagnosis Code	Please refer to the Trauma ICD-10-CM Diagnosis Code Listing on the Texas Website.	Primary Diagnosis codes for Burn admission type overlaps into the Trauma definition and when billed will not be considered Trauma
Treatment Room	Outpatient	Revenue Code/ CPT/HPCPCS codes	0760 or 0761, with appropriate CPT/HPCPCS codes representing the specific procedures performed or treatments rendered within the Treatment Room setting.	<b>Exception:</b> Claims with the following initial outpatient admission types are not subject to treatment room services method: Behavioral Health, Burns, Cardiac Cath, Chemical Dependency, Chemotherapy, Emergency Room, Hyperbaric, Observation, Outpatient Surgical, Pediatrics, Radiation-Therapy, Rehabilitation, Renal Dialysis, Transplants, Trauma, and Urgent Care.
Urgent Care	Outpatient	Revenue Code	0456	