



In the event of a conflict between a Clinical Payment and Coding Policy and any plan document under which a member is entitled to Covered Services, the plan document will govern. Plan documents include but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents.

In the event of a conflict between a Clinical Payment and Coding Policy and any provider contract pursuant to which a provider participates in and/or provides Covered Services to eligible member(s) and/or plans, the provider contract will govern.

Providers are responsible for accurately, completely, and legibly documenting the services performed including any preoperative workup. Billing office is expected to submit claims for services rendered using valid codes from the Health Insurance Portability and Accountability Act (HIPAA) approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing (UB) Editor, American Medical Association (AMA), Current Procedural Terminology (CPT®), CPT Assistant, Healthcare Common Procedure Coding System (HCPCS), National Drug Codes (NDC), Diagnosis Related Group (DRG) guidelines, Centers for Medicare and Medicaid Services (CMS) National Correct Coding Initiative (CCI) Policy Manual, CCI table edits and other CMS guidelines. Claims are subject to the code auditing protocols for services/procedures billed.

Outpatient Facility and Hospital Claims: Revenue Codes Requiring CPT or HCPCS Codes

Policy Number: CPCP018

Version 3.0

Clinical Payment and Coding Policy Committee Approval Date: 07/12/2018

Effective Date: 11/01/2018 (Blue Cross and Blue Shield of Texas Only)

Description

We require outpatient facility providers and hospitals to indicate the most appropriate Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) code(s) in addition to the revenue code for all electronic outpatient facility claims.

Reimbursement Information:

All electronic claims submitted by an outpatient facility provider or hospital must include a supporting HCPCS or CPT code with a revenue code. Revenue codes and procedure code combinations that are submitted on electronic outpatient claims should reflect the services that were provided to the patient on that date of service. These codes should be submitted on the same line for accurate claims processing. If more than one HCPCS or CPT code is needed for a revenue code you should repeat the revenue code on a separate line.



A revenue code and corresponding HCPCS or CPT code must be compatible. Refer to the current Uniform Billing Editor for appropriate code sets.

Outpatient facility and hospital claims may be denied when received without the corresponding codes associated with the following revenue codes. If the claim has been denied you may resubmit the claim with the correct HCPCS or CPT code. The following is a list of revenue codes that require the appropriate HCPCS or CPT codes:

Revenue Code	Description
0274	Medical/Surgical Supplies: Prosthetic/Orthotic devices
030X	Laboratory - Clinical Diagnostic
0300	Laboratory - General
0301	Laboratory - Chemistry
0302	Laboratory - Immunology
0303	Laboratory - Renal Patient
0304	Laboratory - Nonroutine dialysis
0305	Laboratory - Hematology
0306	Laboratory - Bacteriology and Microbiology
0307	Laboratory - Urology
0309	Laboratory - Other
031X	Laboratory - Pathology
0310	Laboratory - Pathology General
0311	Laboratory - Pathology Cytology
0312	Laboratory - Pathology Histology
0314	Laboratory - Pathology Biopsy
0319	Laboratory - Pathology Other
032X	Radiology - Diagnostic
0320	Radiology - Diagnostic General

0321	Radiology - Diagnostic Angiocardiology
0322	Radiology - Diagnostic Arthrography
0323	Radiology - Diagnostic Arteriography
0324	Radiology - Diagnostic Chest X-ray
0329	Radiology - Diagnostic Other
	Radiology - Therapeutic and/or Chemotherapy Admin
0331	Radiology - Therapeutic and/or Chemotherapy Admin - Chemo Admin - Injection
0332	Radiology - Therapeutic and/or Chemotherapy Admin - Chemo Admin - Oral
0333	Radiology - Therapeutic and/or Chemotherapy Admin - Radiation Therapy
0335	Radiology - Therapeutic and/or Chemotherapy Admin - Chemo Admin- IV
	Nuclear Medicine
0340	Nuclear Medicine - General
0341	Nuclear Medicine - Diagnostic
0342	Nuclear Medicine - Therapeutic
0349	Nuclear Medicine - Other
035X	CT Scan
0350	CT Scan - General
0351	CT Scan - Head Scan
0352	CT Scan - Body Scan
0359	CT Scan - Other
036X	Operating Room Services
0360	Operating Room Services - General
0361	Operating Room Services - Minor Surgery
0362	Operating Room Services - Organ Transplant - other than kidney
0367	Operating Room Services - Kidney Transplant

0369	Operating Room Services - Other
038X	Blood: Blood Products
0380	Blood: Blood Products - General
0381	Blood: Blood Products - Packed red cells
0382	Blood: Blood Products - Whole blood and blood products
0383	Blood: Blood Products - Plasma
0384	Blood: Blood Products - Platelets
0385	Blood: Blood Products - Leukocytes
0386	Blood: Blood Products - Other components
0387	Blood: Blood Products - Other derivatives (cryoprecipitates)
0389	Blood: Blood Products - Other
040X	Other Imaging Services
0400	Other Imaging Services - General
0401	Other Imaging Services - Diagnostic Mammography
0402	Other Imaging Services - Ultrasound
0403	Other Imaging Services - Screening Mammography
0404	Other Imaging Services - Positron Emission Tomography
0409	Other Imaging Services - Other
041X	Respiratory Services
0410	Respiratory Services - General
0412	Respiratory Services - Inhalation Services
0413	Respiratory Services - Hyperbaric Oxygen Therapy
0419	Respiratory Services - Other
042X	Physical Therapy
0420	Physical Therapy - General
0421	Physical Therapy - Visit Charge
0422	Physical Therapy - Hourly Charge
0423	Physical Therapy - Group Rate



0424	Physical Therapy - Evaluation or Reevaluation
0429	Physical Therapy - Other
043X	Occupational Therapy
0430	Occupational Therapy - General
0431	Occupational Therapy - Visit Charge
0432	Occupational Therapy - Hourly Charge
0433	Occupational Therapy - Group Rate
0434	Occupational Therapy - Evaluation or Reevaluation
0439	Occupational Therapy - Other
044X	Speech-Language Pathology
0440	Speech-Language Pathology - General
0441	Speech-Language Pathology - Visit Charge
0442	Speech-Language Pathology - Hourly Charge
0443	Speech-Language Pathology - Group Rate
0444	Speech-Language Pathology - Evaluation or Reevaluation
0449	Speech-Language Pathology - Other
045X	Emergency Room
0450	Emergency Room - General
0451	Emergency Room - EMTALA
0452	Emergency Room - ER Beyond EMTALA Screening
0456	Emergency Room - Urgent Care
0459	Emergency Room - Other
046X	Pulmonary Function
0460	Pulmonary Function - General
0469	Pulmonary Function - Other
047X	Audiology
0470	Audiology - General
0471	Audiology - Diagnostic



0472	Audiology - Treatment
0479	Audiology - Other
048X	Cardiology
0480	Cardiology - General
0481	Cardiology - Cardiac Cath Lab
0482	Cardiology - Stress Test
0483	Cardiology - Echocardiology
0489	Cardiology - Other
049X	Ambulatory Surgery
0490	Ambulatory Surgery - General
0499	Ambulatory Surgery - Other
061X	Magnetic Resonance Tech (MRT)
0610	Magnetic Resonance Tech (MRT) - General
0611	Magnetic Resonance Tech (MRT)- Brain/Brain Stem
0612	Magnetic Resonance Tech (MRT) - Spinal Chord/Spine
0614	Magnetic Resonance Tech (MRT) - Other MRI
0615	Magnetic Resonance Tech (MRT) - Head and Neck
0616	Magnetic Resonance Tech (MRT) - Lower Extremities
0618	Magnetic Resonance Tech (MRT) - Other MRA
0619	Magnetic Resonance Tech (MRT) - Other MRT
0636	Drugs Require Specific ID: Drugs requiring detail coding
073X	EKG/ECG
0730	EKG/ECG - General
0731	EKG/ECG - Holter Monitor
0732	EKG/ECG Telemetry
0739	EKG/ECG - Other
074X	EEG
0740	EEG - General



075X	Gastrointestinal Services
0750	Gastrointestinal Services - General
0760	Treatment/Observation Room
0761	Treatment/Observation Room: Treatment room
0769	Treatment/Observation Room: Other treatment room
079X	Extra-Corp Shock Wave Therapy
0790	Extra-Corp Shock Wave Therapy- General
090X	Psychiatric/Psychological Trt
0900	Psychiatric/Psychological Trt - General
0901	Psychiatric/Psychological Trt - Electroshock
0902	Psychiatric/Psychological Trt - Milieu Therapy
0903	Psychiatric/Psychological Trt - Play Therapy
0904	Psychiatric/Psychological Trt - Activity Therapy
0905	Psychiatric/Psychological Trt - Intensive Outpatient Svcs Psychiatric
0906	Psychiatric/Psychological Trt - Chemical Dependency
0907	Psychiatric/Psychological Trt - Community BH Program- Day Treatment
091X	Psychiatric/Psychological Svcs
0911	Psychiatric/Psychological Svcs - Rehabilitation
0912	Psychiatric/Psychological Svcs - Partial Hospitalization- Less Intensive
0913	Psychiatric/Psychological Svcs - Partial Hospitalization- Intensive
0914	Psychiatric/Psychological Svcs - Individual Therapy
0915	Psychiatric/Psychological Svcs - Group Therapy
0916	Psychiatric/Psychological Svcs - Family Therapy
0917	Psychiatric/Psychological Svcs - Biofeedback
0918	Psychiatric/Psychological Svcs - Testing
0919	Psychiatric/Psychological Svcs - BH Treatments
092X	Other Diagnostic Services
0920	Other Diagnostic Services - General



0921	Other Diagnostic Services - Peripheral Vascular Lab
0922	Other Diagnostic Services - Electromyogram
0923	Other Diagnostic Services - Pap Smear
0924	Other Diagnostic Services - Allergy Test
0925	Other Diagnostic Services - Pregnancy Test
0929	Other Diagnostic Services - Other
	Other Therapeutic Serv
0941	Other Therapeutic Serv: Recreation RX
0943	Other Therapeutic Serv: Cardiac rehab
0949	Other Therapeutic Services - Additional RX SVS
095X	Other Therapeutic Services - (Extension of 940x)
0951	Other Therapeutic Services - (Extension of 940x)
0952	Other Therapeutic Services - (Extension of 940x)

Providers should refer to their contract for additional revenue codes that may not be listed above but are required to be submitted on claims with corresponding HCPCS or CPT, as well as revenue codes that require NDC. The codes outlined in this policy will be updated as needed.

- For voluntary reporting and clinical encounter purposes, when the provider’s contract does not specifically require NDC information, NDC information may still be submitted with the related revenue or CPT/HCPCS codes as additional information.
 - Electronic claim transactions for NDC data (ANSI 5010 8371)

Field Name	Field Description	Loop ID	Segment
Product ID Qualifier	Enter N4 in this field	2410	LIN02
National Drug Code	Enter the 11-digit NDC billing format assigned to the drug administered	2410	LIN03
National Drug Unit Count	Enter the quantity (number of NDC units)	2410	CTP04
Unit or Basis for Measurement	Enter the NDC unit of measure for the prescription drug given (UN, ML, GR, or F2)	2410	CTP05



- ❖ This policy does not apply to inpatient claims.
- ❖ Refer to plan for state laws for paper claim submissions.

References:

Uniform Billing Editor

American Medical Association. Current Procedural Terminology (CPT).

<https://www.ama-assn.org/practice-management/cpt>

Policy Update History:

Approval Date	Description
07/12/2018	New policy