If a conflict arises between a Clinical Payment and Coding Policy ("CPCP") and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP 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. "Plan documents" include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents. BCBSIL may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSIL has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from 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"), ICD-10 CM and PCS, National Drug Codes ("NDC"), Diagnosis Related Group ("DRG") guidelines, Centers for Medicare and Medicaid Services ("CMS") National Correct Coding Initiative ("NCCI") Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

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

Policy Number: CPCP018
Version 2.0
Clinical Payment and Coding Policy Committee Approval Date: October 30, 2020

Plan Effective Date: October 30, 2020

Description

The Plan requires outpatient facility providers and hospitals 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 unless otherwise specified in the provider contract. Revenue codes and procedure code combinations that are submitted on 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, the revenue code should also appear on a separate line.

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

Outpatient facility and hospital claims may be denied when received without the corresponding appropriate HCPCS/CPT codes associated with the following list of revenue codes. If the claim has been denied, it may be resubmitted with the correct HCPCS or CPT code.

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 Angiocardiography

REVENUE CODE	DESCRIPTION
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

REVENUE CODE	DESCRIPTION
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

REVENUE CODE	DESCRIPTION
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

REVENUE CODE	DESCRIPTION
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
051X	**Clinic**
0510	Clinic- General
0511	Clinic-Chronic Pain Center
0512	Clinic-Dental Clinic
0513	Clinic-Psychiatric Clinic
0514	Clinic-OB/GYN Clinic
0515	Clinic-Pediatric Clinic
0516	Clinic-Urgent Care Clinic
0517	Clinic-Family Practice Clinic
0519	Clinic- Other Clinic
052X	**Freestanding Clinic**
0520	Freestanding Clinic- General

REVENUE CODE	DESCRIPTION
0521	Freestanding Clinic- Clinic visit by member to RHC/FQHC
0522	Freestanding Clinic- Home visit by RHC/FQHC Practitioner
0523	Freestanding Clinic- Family Practice Clinic
0524	Freestanding Clinic- Visit by RHC/FQHC Practitioner to a member in a SNF or Skilled Swing Bed in a covered Part A Stay
0525	Visit by RHC/FQHC Practitioner to a member in a SNF (not in a covered part A Stay) or NF or ICF MR or other residential facility
0526	Freestanding Clinic- Urgent Care Clinic
0527	Freestanding Clinic- Visit nurse service to a member's home in a home health shortage area
0528	Freestanding clinic- Visit by RHC/FQHC Practitioner to other non-RHC/FQHC site
0529	Freestanding Clinic- Other Freestanding Clinic
053X	**Osteopathic Services**
0530	Osteopathic Services- General
0531	Osteopathic Services- Osteopathic Therapy
0539	Osteopathic Services- Other Osteopathic Services
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 Cord/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
	Pharmacy
0636	Pharmacy-Drugs requiring detail coding

REVENUE CODE	DESCRIPTION
0637	Pharmacy-Self-Administrable Drugs
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	**Specialty Services-General**
0761	Specialty Services-Treatment room
0769	Specialty Services-Other
0771	**Preventive Services-Vaccine Administration**
078X	**Telemedicine**
0780	Telemedicine-General
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

REVENUE CODE	DESCRIPTION
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- Electromyelogram
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 Services
0941	Other Therapeutic Services- Recreation RX
0942	Other Therapeutic Services- Education training
0944	Other Therapeutic Services- Drug rehabilitation
0949	Other Therapeutic Services- Additional RX SVS
095X	**Other Therapeutic Services- (Extension of 940x)**
0951	Other Therapeutic Services- Athletic training (Extension of 940x)

REVENUE CODE	DESCRIPTION
0952	Other Therapeutic Services - Kinesiotherapy (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, NDC information may be submitted with the related revenue or CPT/HCPCS codes as additional information when NDC information is not contractually required.

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

Paper claim transactions for NDC data (CMS-1500 or UB-04)

CMS-1500: In the shaded portion of line-item field 24A-24G, enter NDC qualifier N4 (left-justified), immediately followed by the NDC. Enter one space for separation. Next enter the appropriate qualifier for the correct dispensing NDC unit of measure (UN, ML GR or F2). Following this, enter the quantity (number of NDC units).

See example below:

UB-04: In line-item field 43, enter NDC qualifier N4 (left-justified), immediately followed by the NDC. Enter one space for separation. Next enter the appropriate qualifier for the correct dispensing NDC unit of measure (UN, ML, GR or F2). Following this, enter the quantity (number of NDC units).

See example below:

42. Rev. CD	43. Description	44.HCPCS/Rate	45. Serv. Date	46. Serv. Units
636	[60126598741][UN][1111.234]	HCPC code	07/01/2008	HCPCS unit

This policy does not apply to Inpatient claims.

References:

Uniform Billing Editor

Policy Update History:

Approval Date	Description
07/12/2018	New policy
06/24/2019	Annual Review
06/16/2020	Annual Review, Disclaimer update
10/30/2020	Added revenue code 078x