

Reimbursement Policy: HCPCS and CPT Coding Requirements for Outpatient Claims (Commercial, Medicare and Medicaid)

POLICY NUMBER	EFFECTIVE DATE:	APPROVED BY
RPC20230034	EmblemHealth: 2/01/2021 ConnectiCare: 1/01/2021	RPC (Reimbursement Policy Committee)

Reimbursement Guideline Disclaimer: We have policies in place that reflect billing or claims payment processes unique to our health plans. Current billing and claims payment policies apply to all our products, unless otherwise noted. We will inform you of new policies or changes in policies through postings to the applicable Reimbursement Policies webpages on emblemhealth.com and connecticare.com. Further, we may announce additions and changes in our provider manual and/or provider newsletters which are available online and emailed to those with a current and accurate email address on file. The information presented in this policy is accurate and current as of the date of this publication.

The information provided in our policies is intended to serve only as a general reference resource for services described and is not intended to address every aspect of a reimbursement situation. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to, legislative mandates, physician or other provider contracts, the member’s benefit coverage documents and/or other reimbursement, and medical or drug policies. Finally, this policy may not be implemented the same way on the different electronic claims processing systems in use due to programming or other constraints; however, we strive to minimize these variations.

We follow coding edits that are based on industry sources, including, but not limited to, CPT® guidelines from the American Medical Association, specialty organizations, and CMS including NCCI and MUE. In coding scenarios where there appears to be conflicts between sources, we will apply the edits we determine are appropriate. We use industry-standard claims editing software products when making decisions about appropriate claim editing practices. Upon request, we will provide an explanation of how we handle specific coding issues. If appropriate coding/billing guidelines or current reimbursement policies are not followed, we may deny the claim and/or recoup claim payment.

Policy Statement:

Health Care Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT) codes are required on outpatient claims as indicated below. Outpatient claims for services that are billed without the required HCPCS and/or CPT code(s) and/or claims submitted with invalid HCPCS/CPT and Revenue code combinations will not be paid; and will be returned to the provider for proper resubmission

Note: EmblemHealth/ConnectiCare Medicare and Medicaid lines of business align with CMS guidelines

The table below contains a list of revenue codes that require a HCPCS/CPT procedure code(s) when billed on outpatient claims, UB04.

Revenue Codes Requiring HCPCS/CPT Procedure Code														
0022	0023	0024	0100	0101	0110	0111	0112	0113	0114	0115	0116	0117	0118	0119
0120	0121	0122	0123	0124	0125	0126	0127	0128	0129	0130	0131	0132	0133	0134
0135	0136	0137	0138	0139	0140	0141	0142	0143	0144	0145	0146	0147	0148	0149

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Revenue Codes Requiring HCPCS/CPT Procedure Code														
0150	0151	0152	0153	0154	0155	0156	0157	0158	0159	0160	0164	0167	0169	0170
0171	0172	0173	0174	0179	0180	0182	0183	0185	0189	0190	0191	0192	0193	0194
0199	0200	0201	0202	0203	0204	0206	0207	0208	0209	0210	0211	0212	0213	0214
0219	0220	0221	0222	0223	0224	0229	0230	0231	0232	0233	0234	0235	0239	0240
0241	0242	0243	0249	0253	0256	0261	0274	0277	0278	0279	0290	0291	0292	0293
0294	0299	0300	0301	0302	0303	0304	0305	0306	0307	0309	0310	0311	0312	0314
0319	0320	0321	0322	0323	0324	0329	0330	0331	0332	0333	0335	0339	0340	0341
0342	0349	0350	0351	0352	0359	0360	0361	0362	0367	0369	0374	0380	0381	0382
0383	0384	0385	0386	0387	0389	0391	0400	0401	0402	0403	0404	0409	0410	0412
0413	0419	0420	0421	0422	0423	0424	0429	0430	0431	0432	0433	0434	0439	0440
0441	0442	0443	0444	0449	0450	0451	0452	0456	0459	0460	0469	0470	0471	0472
0479	0480	0481	0482	0483	0489	0490	0499	0510	0511	0512	0513	0514	0515	0516
0517	0519	0520	0523	0526	0529	0530	0531	0539	0540	0541	0542	0543	0544	0545
0546	0547	0548	0549	0550	0551	0552	0559	0560	0561	0562	0569	0570	0571	0572
0579	0580	0581	0582	0589	0590	0600	0601	0602	0603	0604	0609	0610	0611	0612
0614	0615	0616	0618	0619	0634	0635	0636	0637	0640	0641	0642	0643	0644	0645
0646	0647	0648	0649	0650	0651	0652	0655	0656	0657	0658	0659	0670	0671	0672
0679	0690	0691	0692	0693	0694	0695	0696	0699	0722	0723	0724	0729	0730	0731
0739	0740	0750	0760	0761	0769	0770	0771	0780	0790	0800	0811	0812	0813	0814
0820	0822	0823	0830	0831	0832	0833	0834	0835	0839	0840	0841	0842	0843	0844
0845	0849	0850	0851	0852	0853	0854	0855	0859	0880	0881	0882	0889	0900	0901
0902	0903	0904	0911	0912	0913	0914	0915	0916	0917	0918	0919	0920	0921	0922

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Revenue Codes Requiring HCPCS/CPT Procedure Code														
0923	0924	0925	0929	0940	0941	0944	0945	0946	0947	0949	0951	0952	0960	0961
0962	0963	0969	0971	0972	0973	0974	0975	0976	0977	0978	0979	0981	0982	0983
0984	0985	0986	0987	0988	0989									

References:

1. [National Uniform Billing Committee \(NUBC\) 2010 Manual](#)
2. [Centers for Medicare and Medicaid Services, CMS Manual System](#)
3. [Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding, HCPCS Release and Code Sets](#)
4. [Outpatient Code Editor \(OCE\)-CMS](#)

Revision History

Company(ies)	Date	Revision
EmblemHealth ConnectiCare	11/2023	<ul style="list-style-type: none"> Updated Policy Statement to clarify that HCPCS/CPT code and Revenue Code combinations must be valid
EmblemHealth ConnectiCare	9/25/2023	<ul style="list-style-type: none"> Updated Policy to clarify EmblemHealth/ConnectiCare follow CMS guidelines for our Medicare and Medicaid lines of business. Updated references to include CMS
EmblemHealth ConnectiCare	3/21/2023	<ul style="list-style-type: none"> Removed rev code 0001 from “Revenue Codes Requiring HCPCS/CPT Procedure Code” table
EmblemHealth ConnectiCare	1/18/2023	<ul style="list-style-type: none"> Reformatted and reorganized policy, transferred content to new template with new policy number
EmblemHealth	11/2020	<ul style="list-style-type: none"> New Policy

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Company(ies)	Date	Revision
ConnectiCare	11/2020	<ul style="list-style-type: none"> Policy updated with the following revenue codes: 0001 0022 0023 0024 0100 0101 0110 0111 0112 0113 0114 0115 0116 0117 0118 0119 0120 0121 0122 0123 0124 0125 0126 0127 0128 0129 0130 0131 0132 0133 0134 0135 0136 0137 0138 0139 0140 0141 0142 0143 0144 0145 0146 0147 0148 0149 0150 0151 0152 0153 0154 0155 0156 0157 0158 0159 0160 0164 0167 0169 0170 0171 0172 0173 0174 0179 0180 0182 0183 0185 0189 0190 0191 0192 0193 0194 0199 0200 0201 0202 0203 0204 0206 0207 0208 0209 0210 0211 0212 0213 0214 0219 0220 0221 0222 0223 0224 0229 0230 0231 0232 0233 0234 0235 0239 0277 0374 0541 0618 0640 0670 0671 0672 0679 0695 0722 0723 0724 0739 0760 0780 0800 0911 0912 0913 The following revenue codes were <u>removed</u> from the policy: 0251 0252 0254 0255 0257 0258 0259 0260 0262 0263 0264 0269 0280 0289 0343 0344 0390 0392 0399 0500 0509 0521 0522 0524 0525 0527 0528 0583 0621 0622 0623 0624 0631 0632 0633 0720 0732 0810 0819 0821 0824 0825 0829 0905 0906 0907 0942 0943 0948 0953 0964
ConnectiCare	5/16/2018	<ul style="list-style-type: none"> Reformatted and reorganized policy, transferred content to new template with new policy number 3 new codes added : 720 (Labor and Delivery), 729 (Labor and Delivery Other) and 769 (Treatment room other)
ConnectiCare	1/2017	<ul style="list-style-type: none"> Original Policy Effective Date

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