PROVIDER REIMBURSEMENT GUIDANCE			
Revenue Codes Requiring Procedure Codes			
Original Date Approved	Effective Date Senior Care Options/One Care	Effective Date Medicare Advantage*	Revision Date
04/08/2022	08/01/2022	08/01/2022	

Scope: Commonwealth Care Alliance (CCA) Product Lines

☒ Senior Care Options (MA)
☒ One Care (MA)
☒ Medicare Preferred – (PPO) MA*
☒ Medicare Value - (PPO) MA*
☒ Medicare Preferred – (PPO) RI*
☒ Medicare Value - (PPO) RI*
☒ Medicare Maximum – (HMO DNSP) RI*

PAYMENT POLICY SUMMARY:

This reimbursement policy applies to services reported using the UB-04 claim form or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network outpatient hospital claims, including but not limited to non-network authorized and percent of charge contract facilities. This policy also describes revenue codes that require procedure codes based on National Uniform Billing Committee (NUBC) guidelines.

AUTHORIZATION REQUIREMENTS:

For more information on prior authorizations, please refer to the Prior Authorization Requirements in the plan specific Provider Manual.

REIMBURSEMENT GUIDELINES:

Per NUBC, outpatient UB-04 claims must be billed with both a revenue code and a CPT or HCPCS code. A revenue code must be assigned for each line item. If multiple CPT or HCPCS are necessary to reflect multiple, distinct, or independent visits with the same revenue code, repeat the revenue code as required.

NOTE** Absence of a CPT or HCPCs code for any revenue code not listed on this policy may affect claim payment or result in a claim denial.

Revenue codes exempt from this requirement:

Revenue Codes **EXEMPT** from requiring a Procedure Code				
0250	0269	0370	0525	2105
0251	0270	0371	0527	2106
0252	0271	0372	0682	2109
0254	0272	0272	1000	3101
0255	0273	0379	1001	3102
0257	0275	0390	1002	3103
0258	0276	0392	1003	3104
0259	0278	0399	1004	3105
0260	0279	0500	1005	3109
0261	0280	0509	2100	
0262	0289	0521	2102	
0263	0343	0522	2103	
0264	0344	0524	2104	

REIMBURSEMENT GUIDELINES (cont.):

- Skilled Nursing (23X)
- Home Health (33X)
- Religious Non-Medical Healthcare (43X)
- Rural Health Care Clinic (71X)
- Hospital based Clinic (72X)
- Free standing Clinic (73X)
- Federally Qualified Health Center Clinic (77X)
- Hospice (81X, 82X)
- Critical Access Hospital (85X)

AUDIT and DISCLAIMER:

As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management guidelines when applicable and adherence to plan policies, procedures, and claims editing logic. CCA has the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, CCA has the right to expect your office/facility to refund all payments related to non-compliance.

REFERENCES:

- Centers for Medicare and Medicaid Services, CMS Manual System and other CMS Publications and Services
- Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding, HCPCS Release and Code Sets
- National Uniform Billing Committee (NUBC)

POLICY TIMELINE DETAILS:

Effective 08/01/2022