Keystone First
Family of Health Plans

Revenue Code

Reimbursement Policy ID: RPC.0082.72KF

Recent review date: 07/2024

Next review date: 04/2026

Keystone First Community HealthChoices reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. Keystone First Community HealthChoices may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases,10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

Policy Overview

The policy addresses the requirement to include revenue codes when billing facility services on the UB-04 form, also known as the CMS-1450 form.

Exceptions

N/A

Reimbursement Guidelines

The Official UB-04 Data Specifications Manual is the only official source of UB-04 billing information adopted by the National Uniform Billing Committee (NUBC). Keystone First Community HealthChoices considers no other publication - governmental or private/commercial — to be authoritative. As defined by NUBC, revenue codes are codes that identify specific accommodations, ancillary services, or unique billing calculations or arrangements relevant to the claim. Revenue codes are represented by four digits and are used to indicate the department or place in which a procedure or treatment is performed, such as the emergency room, operating room, or some other department.

Example:

<u>Intensive Care Unit (020X)</u>
0200 — General
0201 — Surgical
0202 — Medical
0203 — Pediatric
0204 — Psychiatric
0206 — Intermediate ICU
0207 — Burn care
0208 — Trauma
0209 — Other

Valid procedure codes must be accompanied by an appropriate revenue code for the claim to be reimbursable. Without the required revenue code (missing or ineligible), the claim will not be reimbursed. Revenue codes must be accompanied by a valid CPT code with the exception of revenue codes exempt this requirement.

Definitions

N/A

Edit Sources

I. Current Procedural Terminology (CPT) and associated publications and services.
II. International Classification of Diseases,10th Revision, Clinical Modification (ICD-10-CM).
III. Healthcare Common Procedure Coding System (HCPCS).
IV. Centers for Medicare and Medicaid Services (CMS).
V. Pennsylvania Medicaid Fee Schedule(s).
VI. https://www.dhs.pa.gov/docs/For-Providers/Pages/PROMISe-Desk-Reference.aspx

Attachments

N/A

Associated Policies

N/A

Policy History

07/2024	Reimbursement Policy Committee Approval
04/2024	Revised preamble
08/2023	Removal of Policy Implemented by Keystone First Community HealthChoices from Policy History section
01/2023	Template Revised • Revised preamble • Removal of Applicable Claim Types table • Coding section renamed to Reimbursement Guidelines • Added Associated Policies section