

## REVENUE CODE BILLED WITHOUT REQUIRED PROCEDURE CODE

### Scope

This policy applies to:

- |   |   |                                   |
|---|---|-----------------------------------|
| <input checked="" type="checkbox"/> Kaiser Permanente Health Plan of Washington | <input checked="" type="checkbox"/> Kaiser Permanente Health Plan of Washington Options, Inc. | <input type="checkbox"/> Medicaid |
| <input checked="" type="checkbox"/> Commercial                                  | <input checked="" type="checkbox"/> Medicare  |                                   |

### Policy

**Original Effective Date: 10/15/2022**

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) will not reimburse outpatient revenue codes when submitted without the required procedure or HCPCS code.

### Billing/Coding Guidelines

All claims must be billed according to Centers for Medicare & Medicaid Services guidelines.

### Policy Definitions

**NUBC** – National Uniform Billing Committee

**CMS** – Centers for Medicare & Medicaid Services

### Prerequisite(s)

Under National Uniform Billing Committee (NUBC) guidelines, there is a standard set of revenue codes that require HCPCS to identify services being provided. Without a procedure/HCPC code, there is no way to determine if there are duplicates or non-covered services being billed.

### References

[Reporting of Revenue Codes Under the Outpatient Prospective Payment System \(OPPS\)](#)

### Frequently Asked Questions

Not Applicable

## Revision History

05/05/2022 – New Policy

Note: This information is intended to serve only as a general reference resource regarding reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, we may use reasonable discretion in interpreting and applying this policy to services being delivered in a particular case. Further, the policy does not cover all issues related to reimbursement for services rendered to our enrollees as legislative mandates, the provider contracts, the enrollee's benefit coverage documents, and the Provider Manual all may supplement or in some cases supersede this policy. This policy may be modified from time to time by publishing a new version of the policy on Kaiser Permanente provider website; however, the information presented in this policy is believed to be accurate and current as of the date of publication.