REVENUE CODE BILLED WITHOUT REQUIRED PROCEDURE CODE

Scope

This policy applies to:

☒ Kaiser Permanente Health Plan of Washington

☒ Kaiser Permanente Health Plan of Washington Options, Inc.

☒ Commercial   ☒ Medicare   ☐ Medicaid

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