

	Revenue Codes Requiring CPT/HCPCS	
	Policy Number: POL-PP-229	Original Creation Date 2/1/2022
	Version Number: 010	Version Effective Date 2/1/2022
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PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PROFESSIONAL	FACILITY	DME	AMBULATORY SURGERY	LAB	OTHER

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
COMMERCIAL	BLUE MEDICARE ADVANTAGE	ACA QHP¹	SMALL GROUP ACA	JAA²	FEP³	DENTAL

¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

Description/Application

Revenue codes are 4-digit numeric codes used on UB-04 (CMS-1450) claim forms to identify specific hospital departments, locations, or types of services rendered to a patient. Unlike CPT/HCPCS codes that define what procedure was done,

revenue codes indicate where it was done (e.g., ER, radiology, room & board). They are maintained by the National Uniform Billing Committee (NUBC) and are essential for accurate billing and reimbursement, especially for institutional Claim.

Policy

Blue KC requires certain revenue codes to be submitted with an appropriate corresponding CPT/HCPCS code; consistent with CMS, Uniform Billing Editor, and the UB-04 manual.

Billing and Coding Revenue code(s) and corresponding procedure code(s) must be compatible. Blue KC may deny an outpatient facility claims if a revenue code is submitted without the appropriate procedure code(s). when submitted on the following bill types:

- Bill Types: 12x 13x, 14x, 74x, 75x, 76x, 83x, 84x, 85x, and 89

The CPT/HCPCS code should be appropriate to the revenue code assigned. Certain CPT/HCPCS codes are not appropriate with some revenue codes and if submitted together they will be denied.

Example: Evaluation and management codes for office and other outpatient services (99202-99205, 99211-99215, 99242-99245) are not allowed to be submitted with revenue codes 0760 and 0761 (treatment room). Packaged revenue codes are not included in this policy. Packaged revenue codes, when billed, are packaged services for which no separate payment is made. For a complete list of these codes please go to <http://www.cms.gov/regulations-and-guidance/guidance/transmittals/downloads/dwnlds/a03035pdf.pdf>

Coding

Revenue Code	Revenue Code Description
025X	Pharmacy
	0253 - Take-home drugs
	0256 - Experimental drugs
027X	Medical/Surgical Supplies and Devices
	0273 - Take-home supplies
	0274 - Prosthetic/orthotic devices
	0277 - Take-home oxygen
029X	Durable Medical Equipment (Other than Rental)
	0290 - General
	0291 - Rental
	0292 - Purchase of new DME
	0293 - Purchase of used DME

	0294 - Supplies/Drugs for DME
	0299 - Other equipment
030X	Laboratory
	0300 - General
	0301 - Chemistry
	0302 - Immunology
	0303 - Renal patient (home)
	0304 - Nonroutine dialysis
	0305 - Hematology
	0306 - Bacteriology and Microbiology
	0307 - Urology
	0309 - Other
031X	Laboratory Pathology
	0310 - General
	0311 - Cytology
	0312 - Histology
	0314 - Biopsy
	0319 - Other
032X	Radiology Diagnostic
	0320 - General
	0321 - Angiocardiology
	0322 - Arthrography
	0323 - Arteriography
	0324 - Chest X-ray
	0329 - Other
033X	Radiology Therapeutic and Chemotherapy Administration
	0330 - General
	0333 - Radiation therapy
	0339 - Other
034X	Nuclear Medicine
	0340 - General
	0341 - Diagnostic

	0342 - Therapeutic
	0349 - Other
035X	CT scan
	0350 - General
	0351 - Head scan
	0352 - Body scan
	0359 - Other
036X	Operating Room Services
	0367 - Kidney transplant
037X	Anesthesia
	0374 - Acupuncture
038X	Blood and Blood Products
	0380 - General
	0381 - Packed red cells
	0382 - Whole blood and blood products
	0383 - Plasma
	0384 - Platelets
	0385 - Leukocytes
	0386 - Other components
	0387 - Other derivatives (cryoprecipitates)
	0389 - Other
039X	Administration, Processing and Storage for Blood and Blood Components
	0391 - Administration (e.g., transfusions)
040X	Other Imaging Services
	0400 - General
	0401 - Diagnostic mammography
	0402 - Ultrasound
	0403 - Screening mammography
	0404 - Positron Emission Tomography
	0409 - Other
042X	Physical Therapy
	0420 - General
	0421 - Visit charge
	0422 - Hourly charge

	0423 - Group rate
	0424 - Evaluation or reevaluation
	0429 - Other
043X	Occupational Therapy
	0430 - General
	0431 - Visit charge
	0432 - Hourly charge
	0433 - Group rate
	0434 - Evaluation or reevaluation
	0439 - Other
044X	Speech Therapy Language Pathology
	0440 - General
	0441 - Visit charge
	0442 - Hourly charge
	0443 - Group rate
	0444 - Evaluation or reevaluation
	0449 - Other
045X	Emergency Room
	0450 - General
	0451 - EMTALA emergency medical screening services
	0452 - ER beyond EMTALA screening
	0456 - Urgent care
	0459 - Other
046X	Pulmonary Function
	0460 - General
	0469 - Other
047X	Audiology
	0470 - General
	0471 - Diagnostic
	0472 - Treatment
	0479 - Other
048X	Cardiology
	0480 - General
	0481 - Cardiac Cath lab
	0482 - Stress test

	0483 - Echocardiology
	0489 - Other
049X	Ambulatory Surgical Care
	0490 - General
	0499 - Other
050X	Outpatient Services
	0500 - General
	0509 - Other
051X	Clinic
	0510 - General
	0511 - Chronic pain center
	0512 - Dental clinic
	0513 - Psychiatric clinic
	0514 - OB/GYN clinic
	0515 - Pediatric clinic
	0516 - Urgent care clinic
	0517 - Family practice clinic
	0519 - Other
052X	Freestanding Clinic
	0520 - General
	0521 - Clinic visit by member to RHC/FQHC
	0522 - Home visit by RHC/FQHC practitioner
	0523 - Family practice clinic
	0524 - Visit by RHC/FQHC practitioner to member in a Part A covered stay in SNF
	0525 - Visit by RHC/FQHC practitioner to member in a stay not covered by Part A in a SNF, NF or ICF MR or other residential facility
	0526 - Urgent care clinic
	0527 - Visiting nurse services to member's home in a home health shortage area
	0528-Visit by RHC/FQHC practitioner to other non-RHC/FQHC site (e.g., scene of accident)
	0529 - Other
053X	Osteopathic Services
	0530 - General
	0531 - Osteopathic therapy
	0539 - Other

054X	Ambulance
	0540 - General
	0541 - Supplies
	0542 - Medical transport
	0543 - Heart mobile
	0544 - Oxygen
	0545 - Air ambulance
	0546 - Neonatal ambulance
	0547 - Pharmacy
	0548 - EKG transmission
	0549 - Other
055X	Skilled Nursing
	0550 - General
	0551 - Visit charge
	0552 - Hourly charge
	0559 - Other
056X	Home Health Medical Social Services
	0560 - General
	0561 - Visit charge
	0562 - Hourly charge
	0569 - Other
057X	Home Health Aide
	0570 - General
	0571 - Visit charge
	0572 - Hourly charge
	0579 - Other
058X	Home Health Other Visits
	0580 - General
	0581 - Visit charge
	0582 - Hourly charge
	0583 - Assessment
	0589 - Other
059X	Home Health Units of Service
	0590 - General
060X	Home Health Oxygen
	0600 - General

	0601 - Stat/Equip/Supply or contents
	0602 - Stat/Equip/Supply Under 1 LPM
	0603 - Stat/Equip Over 4 LPM
	0604 - Portable Add-on
	0609 - Other
061X	Magnetic Resonance Technology (MRT)
	0610 - General
	0611 - Brain/brain stem
	0612 - Spinal cord/spine
	0614 - Other MRI
	0615 - Head and neck
	0616 - Lower extremities
	0618 - Other MRA
	0619 - Other MRT
063X	Pharmacy - Extension of 025X
	0634 - Erythropoietin (EPO) less than 10,000 units
	0635 - Erythropoietin (EPO) 10,000 or more units
	0636 - Drugs requiring detailed coding
	0637 - Self-administered drugs
064X	Home IV Therapy Services
	0640 - General
	0641 - Nonroutine nursing, central line
	0642 - IV site care, central line
	0643 - IV start/care, peripheral line
	0644 - Nonroutine nursing, peripheral line
	0645 - Training patient/caregiver, central line
	0646 - Training disabled patient, central line
	0647 - Training patient/caregiver, peripheral line
	0648 - Training disabled patient, peripheral line
	0649 - Other
065X	Hospice Service
	0650 - General
	0651 - Routine home care
	0652 - Continuous home care
	0655 - Inpatient respite care
	0656 - General inpatient care (non-respite)
	0657 - Physician services
	0658 - Hospice room and board - nursing facility
	0659 - Other

066X	Respite Care
	0660 - General
	0661 - Hourly charge/nursing
	0662 - Hourly charge/aide/homemaker/companion
	0663 - daily respite charge
	0669 - Other
067X	Outpatient Special Residence Charges
	0670 - General
	0671 - Hospital owned
	0672 - Contracted
	0679 - Other
069X	Pre-Hospice/Palliative Care Services
	0690 - General
	0691 - Visit charge
	0692 - Hourly charge
	0693 - Evaluation
	0694 - Consultation and education
071X	Recovery Room
	0710 – General Classification
072X	Labor Room/Delivery
	0723 - Circumcision
073X	EKG/ECG Electrocardiogram
	0730 - General
	0731 - Holter monitor
	0739 - Other
074X	EEG Electroencephalogram
	0740 - General
075X	Gastrointestinal Services
	0750 - General
077X	Preventive Services
	0770 - General
	0771 - Vaccine administration
078X	Telemedicine
	0780 - General

079X	Extra-Corporeal Shock Wave Therapy (formerly Lithotripsy)
	0790 - General
080X	Inpatient Renal Dialysis
	0800 - General
081X	Acquisition of Body Components
	0811 - Living donor
	0812 - Cadaver donor
	0813 - Unknown donor
	0814 - Unsuccessful organ search - donor bank charges
082X	Hemodialysis - Outpatient or Home
	0820 - General
	0822 - Home supplies
	0823 - Home equipment
083X	Peritoneal Dialysis - Outpatient or Home
	0830 - General
	0831 - Composite or other rate
	0832 - Home supplies
	0833 - Home equipment
	0834 - Maintenance/100%
	0835 - Support Services
	0839 - Other
084X	Continuous Ambulatory Peritoneal Dialysis (CAPD)-Outpatient or Home
	0840 - General
	0841 - Composite or other rate
	0842 - Home supplies
	0843 - Home equipment
	0844 - Maintenance/100%
	0845 - Support Services
	0849 - Other
085X	Continuous Cycling Peritoneal Dialysis (CCPD) - Outpatient or Home
	0850 - General
	0851 - Composite or other rate
	0852 - Home supplies
	0853 - Home equipment
	0854 - Maintenance/100%

	0855 - Support Services
	0859 - Other
086X	Magnetoencephalography
	0860 - General
	0861 - MEG
087X	Cell/Gene Therapy
	0870 - General
	0871 - Cell Collection
	0872 - Specialized Biologic Processing and Storage - Prior To Transport
	0873 - Storage and Processing After Receipt of Cells from Manufacturer
	0874 - Infusion of Modified Cells (Effective 4/1/19)
	0875 - Injection of Modified Cells (Effective 4/1/19)
088X	Miscellaneous Dialysis
	0880 - General
	0881 - Ultrafiltration
	0882 - Home dialysis aid visit
	0889 - Other
089X	Pharmacy - Extension of 025X and 063X
	0890 - Reserved (Use 0250 For General Classification) (Effective 4/1/19)
	0891- Special Processed Drugs - FDA Approved Cell Therapy (Effective 4/1/19)
	0892 - Special Processed Drugs – FDA Approved Gene Therapy (Effective 4/1/20)
090X	Behavioral Health Treatments/Services
	0900 - General
	0901 - Electroshock
	0902 - Milieu therapy
	0903 - Play therapy
	0904 - Activity therapy
	0905 - Intensive outpatient services - psychiatric
	0906 - Chemical dependency
	0907 - Community behavioral health program - day treatment
091X	Behavioral Health Treatments/Services
	0911 - Rehabilitation
	0912 - Partial hospitalization - less intensive
	0913 - Partial hospitalization - intensive

	0914 - Individual therapy
	0915 - Group therapy
	0916 - Family therapy
	0917 – Bio feedback
	0918 - Testing
	0919 – Other Behavioral health treatments
092X	Other Diagnostic Services
	0920 - General
	0921 - Peripheral vascular lab
	0922 - Electromyogram
	0923 - Pap smear
	0924 - Allergy test
	0925 - Pregnancy test
	0929 - Other
093X	Medical Rehabilitation Day Program
	0931 - Half day
	0932 - Full day
094X	Other Therapeutic Services - See also 095X
	0940 - General
	0941 - Recreational
	0945 - Alcohol rehabilitation
	0946 - Complex medical equipment - routine
	0947 - Complex medical equipment - ancillary
	0948 - Pulmonary rehabilitation
	0949 - Other
095X	Other Therapeutic Services
	0951 - Athletic training
	0952 – Kinesiotherapy
	0953 - Chemical dependency (drug and alcohol)
096X	Professional Fees
	0960 - General

References and Resources

Blue KC Provide Reference Guide

Uniform Billing Editor

Centers for Medicare and Medicaid Services

Related Documents

NA

Revision History		
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Version	Date	Summary of Revisions
001	2/1/2022	Initial Version
002	02/5/2022	Update - Added packaged revenue codes to list requiring CPT/HCPCS code.
003	2/1/2023	Annual review, there were no changes or updates made to the policy.
004	4/3/2023	Update - Removed packaged revenue codes from list requiring CPT/HCPC
005	6/23/2023	Update - Removed CPT codes and added bill types
006	10/4/2023	Update - Added updates to remove Rev code 0910 from 2024 UB-04 Data Specifications Manual.
007	10/12/2023	Annual review, there were no changes or updates made to the policy.
008	2/1/2024	Annual review, there were no changes or updates made to the policy.
009	2/1/2025	Annual review, there were no changes or updates made to the policy
010	2/1/2026	Annual review, update – added all revenue codes now require cpt/hcpcs
011	3/10/2026	Annual review, newly updated policy removed from portal, and older version posted