Clarification Concerning Revenue Code and Procedure Code Requirements for Outpatient Institutional Claims

Information posted September 2, 2011

This is a clarification of articles on this website titled “Procedure Codes Required on Outpatient Hospitals Claims Effective September 1, 2011,” which was published on July 18, 2011, and “Reminder: Revenue Codes Must Be Billed for Outpatient Hospital Services,” which was published on August 16, 2011.

The following information applies to Texas Medicaid, Medicaid Managed Care, Primary Care Case Management (PCCM), and Children with Special Health Care Needs (CSHCN) Services Program institutional providers that submit claims for outpatient services using the CMS-1450 UB-04 paper claim form or electronic equivalent.

Claims Filing for All Providers That Submit Claims on the CMS-1450 UB-04 Paper Claim Form or Electronic Equivalent

Effective for dates of service on or after October 16, 2003, the Health Insurance Portability and Accountability Act (HIPAA) of 1996, requires that a revenue code be billed for outpatient services that are submitted on the CMS-1450 UB-04 paper claim form or electronic equivalent. At that time, certain revenue codes were required to be billed with a corresponding procedure code.

Effective for dates of service on or after September 1, 2011, the following revenue codes are the only codes that providers can submit without a corresponding procedure code:

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<th>Revenue Codes</th>
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<tr>
<td>250 251 252 257 259</td>
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<td>262 263 264 269 270</td>
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<tr>
<td>271 272 621 622 700</td>
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<td>709 710 719 720 721</td>
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<td>729</td>
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All other outpatient services that are submitted on the CMS-1450 UB-04 paper claim form or electronic equivalent must be indicated by the most appropriate revenue code and a corresponding procedure code. Claims must be submitted with the revenue code in Block 42 and the corresponding procedure code in Block 44 for each line item submitted.

**Important:** If a procedure code is required, the revenue code and corresponding procedure code must be on the same line for the claim to process correctly.
The following is an example of correct billing:

The procedure code and revenue code combination that is submitted on the claim must reflect the services that were provided to the client. All claims are subject to retrospective review.

Providers may refer to the 2011 *Texas Medicaid Provider Procedures Manual, Hospital Services Handbook*, subsection 2.6.7, “Revenue Codes (Outpatient Hospital)” for more information.

**Omitted Outpatient Services Revenue Codes No Longer Generated Automatically by TexMedConnect Effective September 1, 2011**

Before September 1, 2011, if a claim for outpatient services that was submitted through TexMedConnect was missing revenue codes, TexMedConnect would generate revenue codes to allow the claim to be processed. Effective September 1, 2011, TexMedConnect will no longer generate revenue codes when they are missing from claims. Claims for outpatient services that are submitted through TexMedConnect without all appropriate revenue codes will be rejected.

**Resources for Revenue Codes**


**Note:** Some of the revenue codes included in the list are not a benefit of Texas Medicaid, Medicaid Managed Care, PCCM, or the CSHCN Services Program. A list of revenue codes that are a benefit for specific provider types will be published in a future article.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.