

Affected Programs: BadgerCare Plus, Medicaid, Wisconsin Chronic Disease Program
To: Hospital Providers, HMOs and Other Managed Care Programs

Revenue Codes Exempt from the Procedure Code Requirement for Outpatient Hospital Services

Effective for claims received by ForwardHealth on and after August 24, 2012, certain revenue codes are exempt from the policy requiring all revenue codes to include a corresponding Healthcare Common Procedure Coding System or *Current Procedural Terminology* procedure code on the same detail of an outpatient hospital claim.

Effective for claims received by ForwardHealth on and after August 24, 2012, certain revenue codes are exempt from the policy requiring all revenue codes to include a corresponding Healthcare Common Procedure Coding System (HCPCS) or *Current Procedural Terminology* (CPT) procedure code on the same detail of an outpatient hospital claim. This policy reinstates the complete exempt revenue code list published in the July 2010 *ForwardHealth Update* (2010-59), titled “Additional Revenue Codes Exempt from Requirement to Include HCPCS or CPT Codes on Outpatient Hospital Claims.”

Providers who received a claim denial for an exempt code that did not include a corresponding HCPCS or CPT procedure code may resubmit the denied claim for reimbursement consideration.

Refer to the Attachment of this *Update* for a complete list of revenue codes for outpatient hospital services that are exempt from the requirement.

Note: All claim details for services provided to Family Planning Only Services members are required to have a procedure code; there are no exempt revenue codes for these claims.

Non-exempt Revenue Codes

For revenue codes that are not exempt, providers are required to indicate valid and most appropriate HCPCS or CPT procedure codes in addition to the revenue codes on outpatient hospital claims. This policy affects providers using the following type of bill codes:

- 120-129 (Inpatient Hospital, Medicare Part B Only).
- 130-139 (Outpatient Hospital).
- 850-859 (Critical Access Hospital).

Outpatient hospital claim details without a valid HCPCS or CPT code indicated for revenue codes requiring a procedure code will be denied.

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements. Members enrolled only in the Wisconsin Chronic Disease Program are not enrolled in MCOs.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at www.forwardhealth.wi.gov/.

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ATTACHMENT

Exempt Outpatient Hospital Revenue Codes

The following table lists the revenue codes that are exempt from the requirement of submitting the corresponding Healthcare Common Procedure Coding System and *Current Procedural Terminology* codes on outpatient hospital claims. The codes listed below are subject to change.

Revenue Codes	
0250	0583
0251	0660
0252	0661
0253	0662
0258	0663
0270	0669
0271	0710
0272	0762
0276	0905
0278	0906
0370	0907
0500	0931
0509	0932
0521	0948
0522	099X
0524	100X
0525	210X
0527	310X
0528	