Aetna Better Health® of Louisiana

Reimbursement Policy Statement Louisiana Medicaid

Original Issue Date	Next Annual Review	Effective Date
01-01-2018	05-03-2019	05-02-2018
Policy Name		**Policy Number**
Revenue Code Policy- Revenue Code-HCPCS Code Links		**ABHLA-RP-0013**
Policy Type		
Medical	**Administrative**	**Pharmacy**	**Reimbursement**

Aetna Better Health of Louisiana reimbursement policies are intended to provide a general reference for claims filing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims logic, benefits design and other factors not listed in this policy statement are considered in the development of reimbursement policies.

In addition to this Policy, reimbursement of rendered services are subject to member benefits, eligibility on the date of service, medical necessity, other plan policies and procedures, claim editing logic, provider contracts and all applicable authorization, notification and utilization management guidelines set forth by the Louisiana department of Health (LDH) and Centers for Medicare and Medicaid Services (CMS).

This policy does not ensure either an authorization or reimbursement of services. Please refer to the plan contract for the service(s) referenced therein. If there is a conflict between either this policy or the plan contract, then the plan contract will be the controlling document used to make an authorization or payment determination.

CONTENTS OF POLICY

Aetna Better Health® of Louisiana

A. Policy

Aetna Better Health of Louisiana implements comprehensive and robust policies to ensure alignment with Louisiana Department of Health (LDH) and to warrant that regulatory standards are met. According to the Official UB-04 Data Specifications Manual, certain revenue codes require an appropriate HCPCS code to be billed on the same line. The reporting the most specific revenue code for the HCPCS/CPT code reported is considered correct coding and care should be taken to code these services correctly. This policy is reflective of our system configuration and is aligned with the LDH provider manual/fee schedule. Claims billed inappropriately will be denied.

B. Overview

For example, on an inpatient admission the room rate, the number of days and the resultant total charge are reported on one line. On a detail bill, all services are itemized at the line level (lines 1 to 22 on the UB -04) by Revenue Code, Date of Service, and Unit of Service and HCPCS code. With the advent of Outpatient, all Medicare/Medicaid hospital outpatient bills list every service by HCPCS Code.

C. Definitions

Revenue Code: Revenue codes categories are four digits with an “x” in the fourth position to denote the subcategory number .The subcategory number provides a more detailed list generally ranging from “0” through “9”.When reporting the revenue code on the claim, the fourth position must include one of the numeric choices available in that category .The reporting of an “x” is not appropriate.

D. Reimbursement Guidelines

Each Service should be assigned a revenue code. For inpatient services involving multiple services for the same item providers should aggregate the services under the assigned revenue code and then report the total number of units that represent those services.For outpatient services providers should report the corresponding HCPCS code for the service along with the date of service as well as the revenue code.

If multiple services are provided on the same day for like services for each day and report the date along with the number of units provided as well as the revenue code. The exception is for Evaluation and Management(E/M) HCPCS .For E/M HCPCS ,report each of these separately but also use Condition Code “GO” to indicate a Distinct Medical Visit.
Services provided on different days should be listed separately along with the date of service, units and revenue code.

E. Codes/Condition of Coverage

https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/r167cp.pdf has examples of HCPCS/Revenue Code Chart 20.5 that reflects HCPCS coding to be reported under OPPS by hospital outpatient departments. This chart is intended only as a guide to be used by hospitals to assist them in reporting services rendered. Hospitals that are currently utilizing different revenue/HCPCS reporting may continue to do so. They are not required to change the way they currently report their services to agree with this chart. Note that this chart does not represent all HCPCS coding subject to OPPS.

F. Frequently Asked Questions

Q: What is a revenue code on a UB-04?
A: A unique 4 Digit Number. Medical coding and billing is a complex procedure. That's where Revenue Codes come into play to help make the whole process smoother and universal. In short, Revenue Codes are descriptions and dollar amounts charged for hospital services provided to a patient.

Q: What is the difference between the CMS 1500 and UB 04?
A: UB-04 is primarily for inpatient billing. When billing medical claim forms, there are various types: the UB-04 & the HCFA-1500. The UB-04 (CMS 1450) is a claim form used by hospitals, nursing facilities, in-patient, and other facility providers. UB-04 requires/include REV codes while the CMS 1500 does not. A specific facility provider of service may also utilize this type of form. It is not typically hospital-oriented.

G. Review/Revision Date

Action	Date	Comments
Date Issued	01-01-2018	
Date Revised	04-16-2018	
Effective Date	05-02-2018	

H. Resources

Louisiana Department of Health State Contract, regulations, Provider Manual, fee schedules and notices
http://www.lamedicaid.com/provweb1/Providermanuals/manuals/PS/PS.pdf

Individual state Medicaid regulations, manuals & fee schedules
http://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.htm

American Medical Association, *Current Procedural Terminology (CPT®) Professional Edition* and associated publications and services

https://www.ama-assn.org/

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
https://www.cms.gov/