

Commercial Reimbursement Policy	
Subject: Outpatient Facility Revenue Code Billing Requirements - Facility	
Policy Number: C-18003	Policy Section: Facilities
Last Approval Date: 09/24/2025	Effective Date: 05/01/2026

Policy

The health plan requires facilities to report current and valid CPT or HCPCS codes with all revenue codes as specified below on outpatient facility claims unless provider, state, or federal contracts and/or requirements indicate otherwise.

The health plan requires the facility to report current and valid CPT or HCPCS codes identified with a ‘Y’ indicator by the National Uniform Billing Committee (NUBC). In addition, we shall also require a current and valid CPT or HCPCS for revenue codes listed in the related coding section.

The facility shall bill the applicable modifiers on outpatient facility claims.

Related Coding

Revenue Code	Description	Comments
0270	Medical/Surgical Supplies and Devices - General	Requires a corresponding HCPCS or CPT
0271	Medical/Surgical Supplies and Devices - Nonsterile	Requires a corresponding HCPCS or CPT
0272	Medical/Surgical Supplies and Devices - Sterile	Requires a corresponding HCPCS or CPT
0273	Medical/Surgical Supplies and Devices - Take-home supplies	Requires a corresponding HCPCS or CPT
0274	Medical/Surgical Supplies and Devices - Prosthetic/orthotic devices	Requires a corresponding HCPCS or CPT
0275	Medical/Surgical Supplies and Devices - Pacemaker	Requires a corresponding HCPCS or CPT
0276	Medical/Surgical Supplies and Devices - Intraocular lens	Requires a corresponding HCPCS or CPT
0277	Medical/Surgical Supplies and Devices - Take-Home Oxygen	Requires a corresponding HCPCS or CPT
0279	Medical/Surgical Supplies and Devices - Other supplies/devices	Requires a corresponding HCPCS or CPT
0280	Oncology - General	Requires a corresponding HCPCS or CPT
0300	Laboratory - General	Requires a corresponding HCPCS or CPT

0920	Other Diagnostic Services - General	Requires a corresponding HCPCS or CPT
0940	Other Therapeutic Services - General	Requires a corresponding HCPCS or CPT

Definitions

National Uniform Billing Committee (NUBC)	Develop and maintain a single billing form and standard data set to be used nationwide by institutional, private, and public providers and payers for handling health care claims.
Revenue Code	Unique 4-digit numbers that are descriptions and dollar amounts charged for hospital services provided to a patient.
General Reimbursement Policy Definitions	

Related Policies and Materials

Facility Guidelines for Claims Related to Professional Services - Facility
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References and Research Materials

<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> American Academy of Professional Coders CMS National Uniform Billing Committee (NUBC)

Policy History

09/24/2025	Review approved 09/24/2025 and effective 05/01/2026: added clarifying language for additional revenue codes; added revenue code 0300 to the Related Coding section
06/12/2024	Review approved 06/12/2024 and effective 11/04/2024: added revenue codes to the Related Coding section to require HCPCS or CPT codes when submitted for reimbursement
03/15/2023	Review approved and effective: definitions section updated to add Modifiers
09/14/2020	Review Approved: added Outpatient to Title, References and Research Materials, Related Policies and Materials
01/01/2019	Initial approval and effective

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a member's benefit plan. The determination that a service, procedure, or item is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must also meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member's state of residence.

Ensure that you use proper billing and submission guidelines, including industry-standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or revenue codes. These codes denote the services and/or procedures performed and when billed, must be fully supported in the medical record and/or office notes. Unless otherwise

noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, we may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date, in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

Use of Reimbursement Policy

This policy is subject to federal and state laws, to the extent applicable, as well as the terms, conditions, and limitations of a member's benefits on the date of service. Reimbursement Policy is constantly evolving, and we reserve the right to review and update these policies periodically.

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