TO: Outpatient Hospital Providers

RE: Revenue Center Codes (RCC) Requiring a Valid CPT or HCPCS Procedure Code on Outpatient Claims

The purpose of this bulletin is to inform hospitals that they will be required to bill a valid CPT or HCPCS procedure code when billing a Revenue Center Code (RCC) for dates of service May 1, 2014 and forward on outpatient claims. As a preliminary step in implementing the Hospital Reimbursement Modernization Project, the Department of Social Services must collect claims data including CPT/HCPCS codes in addition to the RCC. The data collected will permit analysis that will result in an Outpatient Prospective Payment System (OPPS).

The following is a list of additional RCCs that this requirement will be applicable to:

254	335	412	514	800	851	924
255	339	413	515	801	859	925
260	360	419	516	802	881	929
261	361	450	519	803	889	940
262	362	456	530	809	900	943
264	369	460	681	810	901	944
278	380	469	682	819	902	945
280	381	470	720	820	905	948
289	382	471	723	821	906	949
290	383	472	729	823	907	960
291	384	474	730	824	911	961
292	385	479	731	825	912	969
320	386	480	732	829	913	971
321	387	481	739	830	914	975
322	389	482	740	831	915	976
323	390	483	750	839	916	977
324	391	489	760	840	918	981
329	399	490	761	841	919	982
330	401	499	762	842	920	985
331	402	510	769	845	921	986
332	403	511	771	849	922	988
333	410	513	790	850	923	

Please note that the newly required RCCs listed are in addition to existing RCCs, for which we previously communicated the requirement to bill a corresponding CPT or HCPCS. For a complete list of RCCs requiring a CPT or HCPCS go to the www.ctdssmap.com Website, go to Publications > Provider Manuals > Chapter 8. Choose "Hospitals" from the drop down box and refer to Attachment B "List of All Revenue Center Codes Requiring CPT/HCPCS Codes."

As part of the system changes necessary to support the requirement of a CPT/HCPCS code for the identified RCCs, HP has modified the system to ensure more than one detail for the same RCC is payable. This includes modifications to duplicate editing to validate a duplicate service based on the combination of RCC, procedure code, and in some instances modifier. Additionally, the system changes ensure that the payment of these services continue per current Department policies does not change with the addition of the CPT or HCPCS codes. Claim scenarios of how the various payment methodologies will process when procedure codes are submitted in conjunction with an RCC on an outpatient detail can be found attached.

* Providers should continue to bill in accordance with CPT/HCPCS coding guidelines.

Questions? Need assistance? Call the HP Provider Assistance Center Mon.-Fri. 8:00 a.m.-5:00 p.m.
Toll free at 1-800-842-8440 or write to HP, PO Box 2991, Hartford, CT 06104
Program information is available at www.ctdssmap.com

Modifier 27

Modifier 27 "Multiple Outpatient Hospital E/M Encounters on the Same Date" can be used to identify separate visits in the emergency department on the same day. For the second emergency room visit to be considered, the hospital would need to add modifier 27 to the emergency room RCC codes (450 and 456) being billed. Refer to Scenario 3b in the attached scenarios.

Effective for dates of service May 1, 2014 and forward, outpatient claims will **deny** with Explanation of Benefits (EOB) code 390 "Revenue code requires a valid CPT or HCPCS procedure code" when an outpatient claim is submitted without a CPT or HCPCs code when required.

Training

The Department has scheduled webinars on February 6, 2014 and February 13, 2014 for hospital billing staff in order to facilitate understanding of the billing requirements.

Please visit www.ctdssmap.com to sign up for the Hospital Billing Changes Virtual Room Workshops on either Thursday February 6, 2014 at 10 AM – 12:00 PM or Thursday February 13, 2014 at 1:30 PM – 3:30 PM. Once on the Home Page, go to Information, Publications and scroll down to Provider Workshop Invitation forms.

You may also enter the following address into your browser to sign up for the Hospital Billing Changes Workshop.

Thursday February 6, 2014
https://www.surveymonkey.com/s/HospitalBillingChangesWorkshop020614

Thursday February 13, 2014
https://www.surveymonkey.com/s/HospitalBillingChangesWorkshop021314

Please contact the HP Provider Assistance Center if you have any questions regarding this bulletin at 1-800-842-8440.

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Scenario 1

Revenue Center Codes pay a Fixed Fee and maximum units allowed per specific Revenue center codes is >1.

Example 1	DOS	RCC	Units	Procedure Code	Modifiers	Billed Amt.	Paid Amt.	EOB
Prior to 5/1/2014	4/30/2014	352	2	Not billed as rolled up to RCC 352		$1,758	$290.92	
Effective 5/1/2014								
1	5/1/2014	352	1	72192		$885	$145.46	
2	5/1/2014	352	1	74150		$873	$145.46	
Total							*$290.92*	

Scenario 2

Revenue Center Codes pay at a cost to charge ratio and maximum units allowed per revenue center code is > 1.

Example 2	DOS	RCC	Units	Procedure Code	Modifiers	Billed Amt.	Paid Amt.	EOB
Prior to 5/1/2014	4/30/2014	320	2			$225	$143.10	
Effective 5/1/2014								
1	5/1/2014	320	1	73030		$114	72.50	
2	5/1/2014	320	1	73080		$111	70.60	
Total							*$143.10*	

Scenario 3a

Revenue Center Codes pay at a fixed fee and maximum units allowed per revenue center code = 1.

Example 3a	DOS	RCC	Units	Procedure Code	Modifiers	Billed Amt.	Paid Amt.	EOB
Prior to 5/1/2014	4/30/2014	450	1				156.82	
Effective 5/1/2014								
1	5/1/2014	450	1	99284		$120.00	$120.00	
2	5/1/2014	450	1	10060		$100.00	$36.82	9994
3	5/1/2014	450	1	96372		$30.00	$0.00	9994

EOB 9994 - Payment amount reflects fixed fee allowed per RCC per date of service

Scenario 3b

Revenue Center Codes pay at a fixed fee and maximum units allowed per revenue center code = 1.   Example where the client visits the ED twice for 2 distinct services on the same date of service, the provider can now use modifier 27 to indicate that situation.

Example 3b	DOS	RCC	Units	Procedure Code	Modifiers	Billed Amt.	Paid Amt.	EOB
Prior to 5/1/2014 - 1st encounter	4/30/2014	450	1			$355.82	$156.82	
2nd encounter	4/30/2014	450	1			$355.82	$0	5001 Exact Duplicate
Effective 5/1/2014								
1st encounter								
1	5/1/2014	450	1	99284		$120.00	$120.00	
2	5/1/2014	450	1	10060		$100.00	$36.82	9994
2nd encounter								
1	5/1/2014	450	1	99284	27	$120.00	$120.00	
2	5/1/2014	450	1	96372	27	$100.00	$36.82	9994