



TO: Outpatient Hospital Providers
 RE: Revised Billing Instructions for Outpatient Claims

The purpose of this bulletin is to inform hospitals of additional instructions related to the requirement to bill valid Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) procedure code when billing a Revenue Center Code (RCC). This requirement has been added as a part of 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). For more information regarding this requirement, please review Provider Bulletin 2014-06 found on www.ctdssmap.com.

The Department of Social Services (DSS) has added the following RCCs to the requirement to be billed with a valid CPT/HCPCS procedure code:

700	721
722	724

This change is effective for dates of service **June 1, 2015 and forward** on outpatient claims. All claim details with these RCCs that are not billed with a valid CPT/HCPCS code will deny for EOB 390 – “Revenue Center Code Requires a HCPCS/Procedure Code.”

In addition, effective for dates of service **June 1, 2015 and forward**, 340B entities will be required to bill a valid HCPCS procedure code when billing specific pharmacy RCCs on an outpatient claim.

Outpatient 340B Pharmacies will be required to bill a valid HCPCS code with the following RCCs:

250	251	252	253
258	259	634	635
636	637		

All claim details with these RCCs that are not billed with a valid HCPCS code will deny for EOB 840 – “HCPC Required when Drug Revenue Code is Billed.”

340B entities will remain **exempt** from the Deficit Reduction Act (DRA) requirements to include the National Drug Code (NDC) on the UB-04 and CMS-1500. When billing for NDCs on outpatient claims, please refer to the provider drug search on the Web to determine the corresponding HCPCS code. A drug search can be performed at the Web site www.ctdssmap.com, by selecting “Provider” then “Drug Search” and entering the NDC.

For those drug products that do not have an associated HCPC code, one of the following HCPC codes should be used: J3490 Unclassified Drugs, J3590 Unclassified Biologics, J8999 Prescription Drug, Oral, Chemotherapeutic, NOS or J9999 Not Otherwise Classified, Antineoplastic Drugs. Although these codes are available for use, providers should attempt to first bill a valid and applicable code.

Please note that the newly required RCCs listed are in addition to existing RCCs, for which the Department 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 Web site, 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”.

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

If you have any questions regarding this bulletin, please contact the HP Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.

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. **As a reminder, DSS will no longer distribute paper communications to providers as of June 30, 2015. Please see PB15-23 for details.**