

Revenue Codes Requiring Procedure Code Policy, Facility

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement. This reimbursement policy applies to all health care services billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the facility or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication. CPT Copyright American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.

This reimbursement policy applies to services reported using the UB-04 form or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network facilities including, but not limited to, non-network authorized and percent of charge contract facilities.

Policy

Overview

This policy describes revenue codes that require procedure codes based on National Uniform Billing Committee (NUBC) guidelines.

Reimbursement Guidelines

Per NUBC, outpatient UB-04 claims must be billed with both a revenue code and a CPT or Healthcare Common Procedure Coding System (HCPCS) code. A revenue code must be assigned for each line item. If multiple CPT or HCPCS are necessary to reflect multiple, distinct, or independent visits with the same revenue code, repeat the revenue code as required.

Absence of a CPT or HCPCS code for any revenue code not listed on this policy may affect claim payment or result in a claim denial.

Revenue codes exempt from this requirement are listed in the [Attachments Section](#)

This policy applies to all outpatient claims except for the following bill types:

- Skilled Nursing (23X)
- Home Health (33X)
- Religious Non-Medical Healthcare (43X)

- Rural Health Care Clinic (71X)
- Hospital based Clinic (72X)
- Free standing Clinic (73X)
- Federally Qualified Health Center Clinic (77X)
- Hospice (81X, 82X)
- Critical Access Hospital (85X)

State Exceptions

Florida	Florida Medicaid has a custom list of revenue codes that require a procedure code
Idaho	<p>Per state regulations, the following revenue codes are NOT exempt from requiring a procedure code: 0343, 0344, 0762, 0810, 0821, 0942.</p> <ul style="list-style-type: none"> • The revenue codes will deny if a CPT/HCPC is not billed. <p>Per state requirements for Behavioral Health providers, the following revenue codes are exempt from requiring a procedure code: 0114, 0116, 0118, 0124, 0126, 0128, 0134, 0136, 0154, 0156, 0192, 0193, 0194, 0513, 0760, 0769, 0901, 0905, 0906, 0912, 0913, 0944, 0945.</p>
Indiana	Indiana Medicaid has a custom list of revenue codes that require a procedure code
Maryland	Maryland Medicaid has a custom list of revenue codes that require a procedure code
Massachusetts	Massachusetts has a custom list of codes that are exempt from requiring a procedure code
Minnesota	Minnesota has a custom list of revenue codes that are exempt from requiring a procedure code
Mississippi	Mississippi requires hospice bill type 81X and 82X to be billed with revenue codes 651, 652, 655, and 656
New Jersey	<p>New Jersey has a custom list of revenue codes that require a procedure code</p> <p>For the state of New Jersey, this policy applies to hospice bill types</p>
North Carolina	North Carolina Medicaid has a custom list of revenue codes that are exempt from requiring a procedure code. For the state of North Carolina, this policy and editing applies to all bill types.
Rhode Island	Rhode Island Medicaid has a custom list of codes that are exempt from requiring a procedure code
Texas	<p>Texas Medicaid has a custom list of revenue codes that require a procedure code</p> <p>Per state regulations, Texas Medicaid allows donor human milk to be reimbursed to hospital providers for services rendered to inpatient clients. Hospital providers may receive reimbursement for the donor human milk service separate from the inpatient diagnosis-related group (DRG) payment. The hospital may be reimbursed using the following revenue and procedure code combination as an outpatient hospital service using the CMS-1450 (UB-04) claim form with the most appropriate outpatient type of bill (TOB):</p> <ul style="list-style-type: none"> • Revenue Code 220 (special charges) • Revenue Code Procedure Code: T2101
Wisconsin	Wisconsin has a custom list of codes that are exempt from requiring a procedure code

Attachments

Revenue Codes Exempt from Requiring a Procedure Codes	List of revenue codes that are EXEMPT from Requiring a procedure code
Indiana Medicaid Specific Revenue Codes	List of revenue codes that require a procedure code
Florida Medicaid Specific Revenue Codes	List of revenue codes that require a procedure code
Maryland Medicaid Specific Revenue Codes	List of revenue codes that require a procedure code
Massachusetts Medicaid Specific Revenue Codes	List of revenue codes that are EXEMPT from requiring a procedure code
Minnesota Medicaid Specific Revenue Codes	List of revenue codes that are EXEMPT from requiring a procedure code
New Jersey Medicaid Specific Revenue Codes	List of revenue codes that require a procedure code
North Carolina Medicaid Specific Revenue Codes	List of revenue codes that are EXEMPT from requiring a procedure code
RI Medicaid Specific Revenue Codes	List of revenue codes that are EXEMPT from requiring a procedure code
Texas Medicaid Specific Revenue Codes	List of revenue codes that require a procedure code
Wisconsin Medicaid Specific Revenue Codes	List of revenue codes that are EXEMPT from Requiring a procedure code

Resources

Individual state Medicaid regulations, manuals & fee schedules

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

National Uniform Billing Committee (NUBC)

History

1/25/2026	Policy Version Change Attachments Section: Indiana Medicaid Specific Revenue Codes List Updated
1/11/2026	Policy Version Change Attachments Section: Indiana Medicaid Specific Revenue Codes List Updated History Section: Entries prior to 1/11/2024 archived
8/10/2025	Policy Version Change Attachments Section: Indiana Medicaid Specific Revenue Codes List Updated and North Carolina Medicaid Specific Revenue Codes List Updated History Section: Entries prior to 8/10/2023 archived
7/13/2025	Policy Version Change

	Attachments Section: Indiana Medicaid Specific Revenue Codes List Updated and North Carolina Medicaid Specific Revenue Codes List Updated History Section: Entries prior to 7/13/2023 archived
6/29/2025	Policy Version Change Attachments Section: Indiana Medicaid Specific Revenue Codes List Updated
5/25/2025	Policy Version Change State Exceptions Section: Idaho added Attachments Section: Indiana Medicaid Specific Revenue Codes List Updated
4/27/2025	Policy Version Change Attachments Section: Indiana Medicaid Specific Revenue Codes List Updated
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3/09/2025	Policy Version Change Attachments Section: Indiana Medicaid Specific Revenue Codes List Updated
2/09/2025	Policy Version Change Attachments Section: Indiana Medicaid Specific Revenue Codes List Updated
1/12/2025	Policy Version Change Attachments Section: Indiana Medicaid Specific Revenue Codes List Updated
11/25/2024	Policy Version Change State Exceptions Section: RI Medicaid Specific Revenue Codes list Added
10/13/2024	Policy Version Change Attachments Section: Indiana Medicaid Specific Revenue Codes List
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8/25/2024	Policy Version Change Attachments Section: Indiana Medicaid Specific Revenue Codes List
7/14/2024	Policy Version Change State Exceptions Section: Indiana Medicaid Specific Revenue Codes list updated
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