

Bureau of TennCare Policy Manual

Revised--1/2/2008

Policy No: BTC-Pol-Enc-200609-001	
Subject: Revenue Codes Requiring Surgical Code	
Approval: Encounter Policy Workgroup	Date: 06/22/2007

PURPOSE OF POLICY STATEMENT: To clarify TennCare's position regarding the submission of claim encounters with revenue codes requiring surgical procedure codes. This policy provides documentation guidelines to the Managed Care Contractors (MCCs) related to the payment of outpatient services when the institutional revenue code billed requires a surgical procedure billed on the same line item.

POLICY:

1. The MCCs should not reimburse providers for outpatient services billed with specified revenue codes unless a surgical procedure code is billed on the same line item with the revenue code. This applies to services billed in the electronic 837I and UBxx paper format. The following Revenue codes require surgical procedure codes:

0360 General Classification - OR SERVICES Operating Room Services

0361 Minor Surgery - OR/MINOR Operating Room Services

0362 Organ Transplant-Other Than - OR/ORGAN TRANS Kidney, Operating Room Services

0367 Kidney Transplant - OR/KIDNEY TRANS, Operating Room Services

0369 Other Operating Room - OR/OTHER, Operating Room Services

0481 Cardiac Cath Lab - CARDIAC CATH LAB Cardiology

0490 Ambulatory Surgical Care, General Classification, AMBUL SURG

0499 Ambulatory Surgical Care, Other Ambulatory Surgical Care, OTHER AMBUL SURG

0750 General Classification - GASTR-INST SVS, Gastro-Intestinal Services

0759 Other Gastro-Intestinal - OTHER GASTRO-INTS, Gastro-Intestinal Services

REFERENCE DOCUMENTS:

Current NUBC Uniform Billing Guide TennCare HIPAA EDI Companion Guides (http://www.tn.gov/tenncare/pro-edi.html)

OFFICES OF PRIMARY RESPONSIBILITY:

- TennCare IS Division—to ensure that encounters are submitted to TennCare in the approved format
- Information Systems Management Contractor to process encounters through the TCMIS
- MCCs to follow transaction and billing requirements