

HCPCS Codes are Required with Certain Types of Implant or Device Revenue Codes on Claims

Florida Blue is expanding its list of UB04 revenue codes requiring specific Current Procedural Terminology (CPT)/Healthcare Procedure Coding System (HCPCS).

Revenue codes 274, 275, 276 and 624 identify specific types of implants or devices. Other types of implants that do not fall into the four codes mentioned above are reported under revenue code 278. Here is a description of the codes:

- 274-Prosthetic Devices
- 275-Pacemakers
- 276-Intraocular Lens
- 278-Other Implants
- 624-FDA Investigational Devices

An applicable HCPCS code is needed when these implant or device revenue codes are billed for outpatient services. This is because the HCPCS code identifies the specific implant or device that is being provided. Claims that omit the HCPCS code for these revenue codes often result in incorrect reimbursements.

What you need to know

The Centers for Medicare and Medicaid Services' guidance and Florida Blue's Billing Guidelines show the **HCPCS codes that should be included when revenue codes are billed.**

Claims submitted with the above revenue codes, that are missing the right HCPCS codes for outpatient services, will no longer include payment for the related service line. Those claim line items will deny until they are complete and sent with the required HCPCS codes.

Ensuring the HCPCS code is included can help eliminate the need for corrections. This, in turn, will prevent additional administrative steps and helps maintain an efficient process.