

Commercial Reimbursement Policy		
Subject: Facility Guidelines for Claims Related to Professional Services - Facility		
Policy Number: C-15004	Policy Section: Facilities	
Last Approval Date: 06/28/2023	Effective Date: 12/01/2023	

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by an Anthem Blue Cross and Blue Shield (Anthem) member's benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member's state of residence.

You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or revenue codes. These codes denote the services and/or procedures performed and when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Anthem may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date, in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

Policy

The Health Plan does not allow professional services when billed on a UB-04 claim form unless provider, state, federal contracts and/or mandates indicate otherwise.

C-15004 Commercial Reimbursement Policy Facility Guidelines for Claims Related to Professional Services - Facility Page 1 of 4 Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by Compcare Health Services Insurance Corporation (Compcare) or Wisconsin Collaborative Insurance Corporation (WCIC). Compcare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.



The below services are required to be billed on a CMS-1500 claim form:

- Evaluation and Management services rendered in an office, professional building, medical office building, clinic or a space owned by a hospital or an institutional provider, other than the primary structure on the campus of the hospital or institutional provider, or rented by a professional from the hospital or an institutional provider
- Evaluation and Management services rendered within a primary structure of a facility
- Preventive Counseling services rendered in an outpatient setting of a facility

Revenue codes 960-989 (professional fees) are not allowed for reimbursement when submitted on a UB-04. These professional services should only be billed with the applicable HCPCS code on a CMS-1500 claim form.

Facility Charges for E&M services provided in an Emergency Room and billed with Emergency Room Revenue codes do not apply to the guidelines listed above. Professional services for the Emergency Room must be billed on a CMS-1500 claim form.

Services rendered outside of the primary structure on the campus of a hospital, or an institutional provider shall not be billed or reimbursed on a UB-04 claim form. Services that are rendered outside of the hospital must be billed on a CMS 1500 by the provider rendering the service.

Related Coding

Standard correct coding applies

Exemptions			
Maine	Anthem Blue Cross and Blue Shield (Anthem) allows:		
	 Professional services with revenue code 964 		
	 Professional services billed under revenue codes 984-989 when 		
	submitted on a UB-04		
Wisconsin	Anthem Blue Cross and Blue Shield (Anthem) allows E/M office visit codes		
	to be billed with revenue code 456		

Policy History	
06/28/2023	Review approved 06/28/2023 and effective 12/01/2023: title updated from
	Place of Service - Facility to Facility Guidelines for Claims Related to
	Professional Services – Facility: professional services billed under revenue

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	codes 984-989 are nonreimbursable when submitted on a UB-04; Maine exemption added as TBD due to delayed implementation
04/27/2022	Review approved 04/27/2022 and effective 10/01/2022; professional services billed under revenue codes 960-983 are nonreimbursable when submitted on a UB-04; Maine exemption added; preventive counseling CPTs 99401 – 99404 & 99411 & 99412 when billed in an outpatient setting are nonreimbursable (see update below); Maine exemption added. Title renamed to Place of Service – Facility from Place of Service Evaluation and Management Services – Facility; Wisconsin exemption added to allow E/M office visit codes to be billed with Revenue code 456; Kentucky and Wisconsin exemptions removed to apply the policy
	Review approved 08/01/2022 and effective 11/02/2022: Maine exemption updated to apply the policy and allow professional services with revenue code 964.
	Review approved 10/01/2022 and effective 01/01/2023: Connecticut exemption removed to apply the policy.
	Review approved 11/01/2022 and effective 02/01/2023: Missouri exemption removed to apply the policy; Colorado, Georgia, Kentucky, Indiana, Maine, Nevada, New Hampshire, New York, Ohio, Wisconsin received a corrected communication to reflect accurate codes for preventive counseling CPTs 99401 – 99404 (not 99406-99409) & 99411 & 99412 when billed in an outpatient setting are nonreimbursable.
12/09/2020	Review approved: updated Related Coding section with accompanying review codes, and Related Policies and Materials section. Removed exemptions for Georgia and Indiana effective 06/01/2021.
06/01/2019	Policy template updated; related coding and definition section added. Market exemptions added: Connecticut, Georgia, Kentucky, Indiana, Missouri, and Wisconsin
01/01/2016	Policy approved and effective for Colorado, Maine, New Hampshire, Nevada, and Ohio
09/16/2015	Initial approval and effective

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References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- Optum EncoderPro 2023

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Evaluation and Management Services	Evaluation and management (E/M) coding is the use of CPT® codes from the range 99202-99499 to represent services provided by a physician or other qualified healthcare professional. As the name E/M indicates, these	
	medical codes apply to visits and services that involve evaluating and managing patient health.	

Related Policies and Materials

Clinic Charges - Facility

Office Place of Service - Professional

Place of Service - Professional

Use of Reimbursement Policy

This policy is subject to federal and state laws, to the extent applicable, as well as the terms, conditions, and limitations of a member's benefits on the date of service. Reimbursement Policy is constantly evolving and we reserve the right to review and update these policies periodically.

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