

Commercial Reimbursement Policy		
Subject: Treatment Rooms with Office Evaluation and Management Services - Facility		
Policy Number: C-20005	Policy Section: Facilities	
Last Approval Date: 11/23/2020	Effective Date: 07/17/2024	

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These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements.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.

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Treatment Room with Office E/M

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Policy

The Health Plan requires the reporting of CPT® or HCPCS codes for treatment room revenue codes in an outpatient facility setting unless provider, state, federal contracts and/or mandate indicate otherwise.

The Health Plan does not allow reimbursement for office evaluation and management services when reported along with revenue codes 760, 761 or 769.

Related Coding	
Office evaluation	Office evaluation and management and office consultation codes
and management	
and office	
consultation codes	

Exemptions

There are no exemptions from this policy.

Policy History

· oney include	
07/17/2024	Review approved and effective: no changes
10/12/2022	Review approved 10/12/2022 and effective 03/01/2023: added HCPCS
	code G0463 to Related Coding section; review approved 09/14/2022
	and effective 03/15/2023 for Colorado
03/23/2022	Review approved 03/23/20222 and effective 09/01/2022: policy
	language updated to expand to revenue codes 760 and 769 when billed
	with office E/M codes; deny a facility claim line if revenue codes 760,
	761 or 769 is not billed with an accompanying CPT® or HCPCS code
	on a UB-04
11/23/2020	Initial approval 11/23/2020 and effective 05/01/2021

References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- Optum EncoderPro 2024

Definitions

General Reimbursement Policy Definitions

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Related Policies and Materials

Facility Guidelines for Claims Related to Professional Services - Facility

Clinic Charges - Facility

Outpatient Facility Revenue Code Billing Requirements - Facility

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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