

Payment Policy

Evaluation and Management Services Denied when Billed with Revenue Code 0761 (Treatment Room) for Outpatient Facility Services	
Original effect date:	Revision date:
11/18/2015	07/01/2023

IMPORTANT INFORMATION

Blue Shield of California payment policy may follow industry standard recommendations from various sources such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), Current Procedural Terminology (CPT) and/or other professional organizations and societies for individual provider scope of practice or other coding guidelines. The above referenced payment policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms or their electronic equivalent. This payment policy is intended to serve as a general overview and does not address every aspect of the claims reimbursement methodology. This information is intended to serve only as a general reference regarding Blue Shield's payment policy and is not intended to address every facet of a reimbursement situation. Blue Shield of California may use sound discretion in interpreting and applying this policy to health care services provided in a particular case. Furthermore, the policy does not address all payment attributes related to reimbursement for health care services provided to a member. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy such as coding methodology, industry-standard reimbursement logic, regulatory/legislative requirements, benefit design, medical and drug policies. Coverage is subject to the terms, conditions and limitation of an individual member's programs benefits.

Application

Blue Shield uses the American Hospital Association, American Medical Association, Centers for Medicare & Medicaid Services, and National Uniform Billing Committee as an industry standard coding source to support and provide guidance and standards for billing inpatient and outpatient facility services. The description of Revenue Code 0761 falls under the revenue code for Specialty Services 0760-0769 and is defined as a Treatment Room, which is a room in a facility where a specific procedure or treatment is provided.

Policy

Blue Shield has determined that the billing of Evaluation and Management Services with Revenue Code 0761 (Treatment Room) would not meet the definition of Specialty Services and will be denied when billed together in accordance with Uniform Billing Editor, American Hospital Association, American Medical Association and National Uniform Billing Manual (NUBC). The following evaluation and management codes apply:

Type	Number	Description
CPT	99202-99350	Evaluation and management codes that are denied based on the industry standard rule.
	99358-99450	
	99461-99462	
	99465-99499	
	G0463, G2212	
CPT	99460	Evaluation and management codes that are allowed based on industry standard rule.
	99463-99464	

Rationale

Blue Shield of California has determined that the billing of Evaluation and Management Services with Revenue Code 0761 (Treatment Room) would not meet the definition of Specialty Services.

Reimbursement Guideline

Blue Shield of California will reference national or regional industry standards, such as Centers for Medicare & Medicaid Services' (CMS) National Correct Coding Initiative (NCCI) and MUE (Medically Unlikely Edits) rules, and American Medical Association's (AMA) CPT guidelines, as coding standards and as guidance for payment policy. In claims payment scenarios where CMS and/or CPT reference is lacking or insufficient, the Payment Policy Committee (PPC) may develop customized payment policies that are based on other accepted or analogous industry payment standards and or expert input.

Resources

- **American Medical Association**
<https://www.ama-assn.org/ama>
- **Centers for Medicare & Medicaid Services**
<https://www.cms.gov/>

Policy History

This section provides a chronological history of the activities, updates and changes that have occurred with this Payment Policy.

Effective Date	Action	Reason
11/18/2015	New Policy Adoption	Payment Policy Committee
01/01/2016	Maintenance	Payment Policy Committee
07/08/2017	Maintenance	Payment Policy Committee
08/03/2018	Maintenance	Payment Policy Committee
01/01/2020	Policy updates: added G0463	Annual Maintenance
01/01/2021	Policy updates: Deleted code 99201 as AMA termed this code eff 01/01/2021. Added G2212 as this is a NEW E/M code published by AMA eff 01/01/2021	Annual Maintenance
07/01/2023	Policy updates: Deleted codes 99356- 99357; 99354- 99355 as AMA termed codes eff 01/01/2023.	Annual Maintenance

The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illness or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under an enrollee's contract.

These Policies are subject to change as new information becomes available.