



BILLING POLICY No. 009

E/M SERVICES BILLED WITH TREATMENT ROOM REVENUE CODES

Effective date: Nov. 11, 2024

Review dates: 2/2025

Date of origin: Sept. 2024

APPLIES TO

All plans

DEFINITION

Treatment room and specialty room services are outpatient services, furnished on hospital premises that require the use of a bed and periodic monitoring for a brief amount of time in order to carry out minor procedures and allow the patient to recover. The use of the treatment room is an expected part of the minor procedures, unlike major procedures that would require use of an operating room.

POLICY SPECIFIC INFORMATION

Reimbursement specifics

Priority Health doesn't reimburse facility evaluation and management (E/M) charges billed in conjunction with a treatment room revenue code (760, 761 and 769) as these services don't represent a specific procedure performed in a treatment room. Billing treatment room revenue codes is incorrect coding when reported for office-based E/M services. Priority Health will reimburse facility treatment room services directly related to the procedure(s) that are provided on the same day in which the treatment is rendered.

Coding specifics

Revenue code	Description
0760	Specialty Services General
0761	Treatment Room
0769	Other Specialty Services

CPT / HCPCS Codes	Description
99201-99215	Evaluation and Management Services
99221-99223	Evaluation and Management Services
99231-99233	Evaluation and Management Services
99238-99499	Evaluation and Management Services
G0380-G0384	Procedures and Professional Services
G0463	Procedures and Professional Services
G2212	Procedures and Professional Services

Definitions

- **Evaluation and Management service:** Services reported by physician and non-physician practitioners. E/M services include office and other outpatient services, hospital inpatient services, consultations, emergency room visits, nursing facility services, domiciliary care services and home services.
- **Minor procedure:** Minor surgical procedures that are minimally invasive. Some procedures are performed laparoscopically or arthroscopically and consist of small incisions and surgical tools and cameras inserted into the body. Examples of minor surgeries are biopsies, repairs of cuts or small wounds, removal of warts, lesions, hemorrhoids or abscesses. Minor procedures are performed over a brief period.
- **Revenue code:** A revenue code is a four-digit code that affects reimbursement. Revenue codes are used on hospital bills to inform health plans either where the patient was located when they received the treatment or the type of item a patient might have received while a patient.
- **UB-04:** Forms used by hospitals and other providers to bill for institutional services. A valid procedure code must accompany a revenue code for it to be accepted by the health plan.

RESOURCES

- Current Procedural Terminology (CPT®), 2023
- Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services.
- [American Medical Association](#)
- [BCC Claim Payment Policy: Evaluation and Management Services Billed with Treatment Room Revenue Codes \(mibluecrosscomplete.com\)](#)
- [CC.PP.072 - E&M Services Billed with Treatment Room Revenue Codes \(biopolicy.s3.amazonaws.com\)](#)

CHANGE / REVIEW HISTORY

Date	Revisions made
Feb. 4, 2025	Added "Disclaimer" section