



AmeriHealth Caritas™

New Hampshire

To: AmeriHealth Caritas New Hampshire Providers
Date: March 2, 2023
Subject: Claim Payment Policy: Evaluation and Management (E/M) Services Billed With Treatment Room Revenue Codes

Summary: Billing treatment room services in conjunction with Evaluation and Management (E/M) services

The purpose of this notice is to provide guidelines when billing treatment room services in conjunction with Evaluation and Management (E/M) services. AmeriHealth Caritas New Hampshire does not reimburse facility E/M services billed in conjunction with treatment room service revenue codes, as these E/M services do not represent the specific treatment or procedure performed.

Example of treatment room revenue codes that would make an E/M code non-reimbursable:

Revenue code	Code description
0760	Specialty Services General
0761	Specialty Services Treatment Room
0769	Other Specialty Services

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 minor procedures, in contrast with major procedures where the use of an operating room is required.

Note: Prior to submitting claims, providers should reference the most up-to-date and professional coding resources when seeking reimbursement for covered services. Use our Prior Authorization Lookup Tool on our website at <https://www.amerhealthcaritasnh.com/provider/resources/prior-authorization-lookup.aspx>.

These guidelines are intended to be used in conjunction with the independent and professional medical judgement of a qualified health care professional and do not constitute the practice of medicine or medical advice.

Questions:

If you have questions about this communication, please contact your Provider Network Management Account Executive or the Provider Services department at **1-888-599-1479**.

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New Hampshire

Frequently Asked Questions (FAQ): Evaluation and Management (E/M) Services Billed With Treatment Room Revenue Codes

Payment Policy ID: MPR.0050

HVO 13124

- 1. When will this policy become effective?**
April 1, 2023
- 2. Will AmeriHealth Caritas New Hampshire reimburse for facility treatment room services directly related to procedures provided on the same day?**
Yes, services rendered in the treatment room are reimbursable when billed without E/M codes. The claim will deny if a facility E/M code is included with a revenue code.
- 3. Why was this policy implemented?**
AmeriHealth Caritas New Hampshire claim payment policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and tools developed by third parties, such as the InterQual® guidelines and other evidence-based medicine tools. This policy was implemented to define reimbursement guidelines for claims billed with Revenue codes 0760, 0761 and 0769 that are billed in conjunction with E/M services.
- 4. Is prior authorization required for these services?**
Prior authorization may be required, depending on the services provided.
- 5. Where can I find out more about this payment policy?**
Please reach out to your Provider Network Account Executive for more information.

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Evaluation and Management (E/M) Services Billed with Treatment Room Revenue Codes

Payment Policy ID: MPR.0050

Recent review date: 08/2022

Next review date: 8/2023

AmeriHealth Caritas Family of Companies claim payment policies and the resulting claim processing edits are based on guidelines from established industry sources such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), State regulatory agencies, and medical specialty professional societies. In making claim payment determinations, AmeriHealth Caritas also uses coding terminology and methodologies that are based on accepted industry standards, including the Healthcare Common Procedure Coding System (HCPCS) manual, the Current Procedural Terminology (CPT) codebook, the International Statistical Classification of Diseases and Related Health Problems (ICD) manual, and the National Uniform Billing Code (NUBC).

Other factors affecting reimbursement may supplement, modify, or in some cases supersede medical/claim payment policy. These factors may include but are not limited to legislative or regulatory mandates, a provider's contract, and/or a member's eligibility to receive covered health care services.

Policy Overview

Treatment Room and Specialty Room services consist of outpatient services, furnished on hospital premises, which 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.

AmeriHealth Caritas does not reimburse for facility Evaluation and Management (E/M) charges billed in conjunction with treatment room services revenue codes as these E/M services do not represent the specific treatment or procedure performed.

Exceptions

N/A

Coding

When the following revenue codes are billed, AmeriHealth Caritas does not reimburse for facility E/M charges that may be billed in conjunction with these revenue codes:

0760	Specialty Services General
0761	Specialty Services Treatment Room
0769	Other Specialty Services

Definitions

Revenue code

Revenue codes are 4-digit numbers that are used on hospital bills to tell the payer, either where the patient was when they received treatment, or what type of service a patient might have received as a patient.

Evaluation and management

Evaluation and management (E/M) coding is the use of CPT® codes to represent services provided by a physician or other qualified healthcare professional and reflect that practitioner's evaluation and/or management of the patient. They are distinguished from codes for procedures, such as surgeries, diagnostic testing and other treatment therapies.

Applicable Claim Types

	Facility	Professional
Medicare	Yes	No
Medicaid	Yes	No
ACA Exchange	Yes	No

Edit Sources

- I. *Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS®), International Statistical Classification of Diseases and Related Health Problems (ICD®), American Medical Association (AMA®)* and associated publications and services.
- II. Centers for Medicare and Medicaid Services (CMS).

Attachments

None

Policy History

Original Effective Date: TBD