Evaluation and Management Services Billed with Treatment Room Revenue Codes

Reimbursement Policy ID: RPC.0061.0900

Recent review date: 09/2026

Reimbursement policies and their resulting 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 and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. The health plan may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases,10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Policy Overview

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. These services should not be billed separately.

Exceptions

N/A

Reimbursement Guidelines

The health plan does not separately reimburse Revenue Codes 0760, 0761, or 0769 when reported with a facility evaluation and management (E/M) service for the same outpatient encounter. The denial applies to the treatment-room revenue-code line when the treatment-room service is integral to the E/M service or procedure performed. Reimbursement remains subject to applicable New Hampshire Medicaid requirements, CMS Medicaid National Correct Coding Initiative (NCCI) methodologies, provider contract terms, documentation requirements, and other health plan policies.

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 (E/M)
Evaluation and management (E/M) codes represent services by a physician (or other health care professional) in which the provider is either evaluating or managing a patient's health. Procedures such as diagnostic tests, radiology, surgery and other particular therapies are not considered evaluation and management services.

Edit Sources

I. Current Procedural Terminology (CPT)
II. Healthcare Common Procedure Coding System (HCPCS)
III. International Statistical Classification of Diseases and Related Health Problems (ICD), and associated publications and services.
IV. Centers for Medicare and Medicaid Services (CMS).
V. The National Correct Coding Initiative (NCCI).
VI. Applicable Medicaid Fee Schedule.

Attachments

N/A

Associated Policies

N/A

Policy History

09/2026	Reimbursement Policy Committee Approval
08/2026	Annual review. • Removed the next review date • Replaced plan name with "the health plan".
08/2025	Reimbursement Policy Committee Approval
07/2025	Annual Review • No major changes

06/2025	Minor updates to formatting and syntax
04/2025	Revised preamble
11/2024	Reimbursement Policy Committee Approval
10/2024	Annual update • No major changes
04/2024	Revised preamble
09/2023	Reimbursement Policy Committee Approval