# Reimbursement Policy:

## Treatment Room

## (Commercial, Medicare and Medicaid)

| POLICY NUMBER | EFFECTIVE DATE: | APPROVED BY |
|---|---|---|
| RPC20220025 | 10/01/2022 | **RPC (Reimbursement Policy Committee)** |

**Reimbursement Guideline Disclaimer: We have policies in place that reflect billing or claims payment processes unique to our health plans. Current billing and claims payment policies apply to all our products, unless otherwise noted. We will inform you of new policies or changes in policies through postings to the applicable Reimbursement Policies webpages on emblemhealth.com and connecticare.com. Further, we may announce additions and changes in our provider manual and/or provider newsletters which are available online and emailed to those with a current and accurate email address on file. The information presented in this policy is accurate and current as of the date of this publication.**

**The information provided in our policies is intended to serve only as a general reference resource for services described and is not intended to address every aspect of a reimbursement situation. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to, legislative mandates, physician or other provider contracts, the member's benefit coverage documents and/or other reimbursement, and medical or drug policies. Finally, this policy may not be implemented the same way on the different electronic claims processing systems in use due to programming or other constraints; however, we strive to minimize these variations.**

**We follow coding edits that are based on industry sources, including, but not limited to, CPT® guidelines from the American Medical Association, specialty organizations, and CMS including NCCI and MUE. In coding scenarios where there appears to be conflicts between sources, we will apply the edits we determine are appropriate. We use industry-standard claims editing software products when making decisions about appropriate claim editing practices. Upon request, we will provide an explanation of how we handle specific coding issues. If appropriate coding/billing guidelines or current reimbursement policies are not followed, we may deny the claim and/or recoup claim payment.**

## Overview:

EmblemHealth/ConnectiCare reimburses facility treatment room services directly related to the procedure(s) that are provided on the same day in which the treatment is rendered.

## Policy Statement:

Treatment Room Services consist of those outpatient services, furnished on hospital premises, which require the use of a bed and periodic monitoring for a relatively brief episode of time in order to carry out certain procedures that are not performed in a specialized suite that is otherwise billable. Recovery from the effects of such a procedure is an appropriate use of the treatment room. The use of the treatment room is an expected part of a minor procedure and replaces the charge for operating room and recovery room.

Per the National Uniform Billing Committee: Data Specifications Manual (UB-04 Manual), revenue code 0760/0761 should only be used when a specific procedure has been performed or treatment has been rendered.

The Plan reimburses treatment room services when a specific, identifiable procedure has been performed or a treatment rendered that is unrelated to inpatient or outpatient services provided within the contracted global reimbursement period.

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Treatment room is not an appropriate setting for the following services:

- Artificial limbs
- Diagnostic procedures, other than those directly related to the performance of a surgical procedure
- Durable medical equipment (DME), for use in the patient's home such as leg, arm, back or neck braces
- Laboratory
- Prosthetic devices
- Radiology

## Exclusions:

- Emblem Health/ConnectiCare does not reimburse treatment room services that are rendered for the sole purpose of performing a laboratory, radiology or other diagnostic test(s).
- The Plan does not separately reimburse treatment room services rendered as part of an:
    - Inpatient stay (within 24–72 hours of admission, according to contracted inpatient global reimbursement rate)
    - Outpatient minor surgical or medical procedure (within 24–72 hours, according to contracted outpatient global reimbursement rate)
    - Outpatient observation stay (within 24–72 hours, according to contracted outpatient global reimbursement rate)
    - Emergency room visit
    - Urgent care/Clinic visit
- The plan does not allow reimbursement for office evaluation and management services when reported on a CMS 1450 (UB-04) with revenue code 0760/0761 (treatment rooms). Modifiers will not override the edit.

## Preauthorization:

Applicable Plan referral, notification and authorization policies and procedures apply.

- An order is required for treatment room services.
- Notification is required for treatment services that result in an inpatient admission

## Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate Membership Agreement or Evidence of Coverage for applicable coverage/benefits.

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| **Coding:** | | |
|---|---|---|
| **Code** | **Description** | **Comments** |
| 0760-0761 | Treatment Room | Bill with applicable HCPCS/CPT codes when a specific procedure has been performed or a treatment rendered. E&M, eye care, and screening and assessment codes will be denied when billed. |
| 0769 | Other specialty services | Not applicable for treatment room billing. |

Ancillary Services

• Bill ancillary services using appropriate ancillary revenue codes and HCPCS codes on the same UB-04 form or electronic 837I, as the treatment room charge.

• Bill diagnostic, radiology, and laboratory services on separate lines from the treatment room revenue code.

Emergency Services

Bill emergency room services that result in a subsequent treatment room visit or a treatment room service that results in a subsequent emergency room visit, on the same UB-04 form or electronic 837I.

Inpatient Admissions

Bill treatment room services that result in an inpatient admission on the same UB-04 form or electronic 837I, as the inpatient admission, using revenue code 761.

Surgical Procedures

• Bill treatment room services that result in a subsequent surgical procedure on the same UB-04 form or electronic 837I, as the surgical procedure.

• Bill surgical procedures that result in the subsequent use of a treatment room on the same UB-04 form or electronic 837I, as the treatment room.

## Revision History

| Company(ies) | DATE | REVISION |
|---|---|---|
| **EmblemHealth ConnectiCare** | 6/2022 | • Reformatted and reorganized policy, transferred content to new template with new Reimbursement Policy Number |