

# Reimbursement Policy

## Treatment Room Revenue Code Billed with Evaluation and Management Services

REIMBURSEMENT POLICY NUMBER: 28

**Effective Date:** 3/1/2026

**Last Review Date:** 1/2026

**Next Annual Review:** 1/2027

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**INSTRUCTIONS FOR USE:** Company reimbursement policies serve as guidance for the administration of plan benefits, reimbursement methodologies, and acceptable billing practices, intended to help health care providers submit claims accurately in order to reduce delays and ensure more accurate claim adjudication. Reimbursement policies do not constitute a guarantee of coverage. They allow for the consistent application of our member contracts, provider contracts, clinical edits, and medical policies. In the event of a conflict between one of these documents and a reimbursement policy, these documents will take precedent over the reimbursement policy. If contracts and policies are silent, the Company may defer to guidance from the Centers for Medicare & Medicaid Services (CMS) when available and applicable. In addition to correct billing practices, in order to qualify for reimbursement, all services, items, and procedures must be covered member benefits and must also meet applicable authorization and medical necessity guidelines. Company reimbursement policies are reviewed annually. The Companies reserve the right to determine the application of reimbursement policies and make revisions to reimbursement policies at any time.

### SCOPE AND APPLICATION

Provider Type:

All health care services billed on Facility claim form (either a UB-04 or 837I electronic format)

Plan Product:

Commercial  
 Medicare  
 Medicaid/Oregon Health Plan (OHP)

**SCOPE:** Providence Health Plan, Providence Health Assurance, and Providence Plan Partners as applicable (referred to individually as “Company” and collectively as “Companies”).

## **POLICY STATEMENT**

**NOTE:** This policy does **not** apply to hospital facility providers who contract specifically with PHP to pay using Centers for Medicare and Medicaid Services (CMS) Prospective Payment Systems. This policy **is** applicable to hospital facility providers who contract using a percentage of billed charges methodology.

- I. The Company **does not reimburse** for evaluation and management (E&M) codes (99201-99499) or HCPCS clinic visit codes (G0438, G0439 and G0463) when billed in conjunction with a treatment room revenue code (0761). (Exception: For Medicare Advantage Plan members only, HCPCS G0463 is the only E&M code that may be allowed with revenue code 0761.)
- II. If payment is made inadvertently, recovery efforts may be made to recoup the erroneous payment.

## ***POLICY GUIDELINES***

### **BACKGROUND**

The revenue code range 0760-0769 represents "specialty services," and revenue code 0761 specifically is defined as a "Treatment Room." Therefore, revenue code 0761 should be used solely to represent specialty services rendered in a treatment room. This revenue code should include the appropriate HCPCS code to represent the "specialty service" that was rendered. E&M or clinic services do not represent a "specialty service" or procedure. While revenue Code 0761 may be reimbursable when a specific outpatient procedure is carried out in a hospital setting, the reporting of E&M services with revenue code 0761 does not align with the definition of "specialty services," and they will not be allowed if reported together.

## ***CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)***

When possible, the Plan references national or regional industry standards, such as Centers for Medicare & Medicaid Services' (CMS) guidelines, American Medical Association's (AMA) CPT guidelines, the UB-04 manual and Uniform Billing Editor. In the absence of CMS and/or CPT references, the Plan may develop customized payment policies that are based on other accepted industry payment standards, including but not limited to, expert input.

As of 12/17/2025, the following Centers for Medicare & Medicaid (CMS) guidance was identified which addresses revenue codes on hospital claims:

- Noridian website for Revenue Codes.

## BILLING AND CODING GUIDELINES

### GENERAL

Revenue codes are 4-digit codes used on hospital bills to inform health plans either where the patient was located when they received the treatment or the type of item or treatment a patient may have received while a patient. Some examples include, but are not limited to, 036X (operating room services), 017X (nursery), 020X (intensive care unit), 023X (incremental nursing charges), etc.

Revenue codes 0760-0769 represent **specialty services**, and 0761 specifically represents “**treatment room**.”

**Table 1: Revenue codes**

Specialty Services Revenue Codes	
Revenue Code	Description
0760	General
0761	Treatment room
0762	Observation hours
0769	Other

Evaluation and Management (E&M) services are physician services for the evaluation and general management of a patient’s health, such as medical visits and preventive services. E&M codes can be rendered in a number of settings (e.g., office, outpatient hospital, inpatient hospital, skilled nursing facility, etc.). Examples of E&M codes include, but are not limited to, the following:

- 99201-99205: New patient office visits
- 99211-99215: Established patient office visits
- G0438: Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit
- G0439: Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit
- G0463: Hospital outpatient clinic visit for assessment and management of a patient

Note, while revenue code 0761 may not be allowed with E&M services, other revenue codes may be appropriately used with E&M CPT and clinic HCPCS codes.

## CROSS REFERENCES

None

The full Company portfolio of current Reimbursement Policies is available online and can be [accessed here](#).

## REFERENCES

1. Noridian Healthcare Solutions (Noridian). *Revenue Codes*. Updated 7/17/2025. <https://med.noridianmedicare.com/web/jfa/topics/claim-submission/revenue-codes>. Accessed 12/17/2025.

## ***POLICY REVISION HISTORY***

<b>Date</b>	<b>Revision Summary</b>
3/2026	New Reimbursement Policy