Massachusetts | Commercial

# Commercial Reimbursement Policy

| | |
|---|---|
| Subject: **Treatment Rooms - Facility** | |
| Policy Number: **C-20005** | Policy Section: **Facilities** |
| Last Approval Date: **06/10/2026** | Effective Date: **10/01/2026** |

## Policy

The health plan requires the reporting of CPT® or HCPCS codes for treatment room revenue codes in an outpatient facility setting unless provider, state, federal contracts and/or mandate indicate otherwise.

The health plan does not allow reimbursement for:

- New or established patient office evaluation and management (E/M) or consultation service codes when reported along with revenue codes 0760, 0761 or 0769.
- Revenue codes 0760, 0761, and 0769 when billed on the same claim with the following room revenue codes:
  - Emergency Room (045X)
  - Outpatient Surgery (036X)
  - Recovery Room (071X)
  - Observation (0762)
  - Clinic (051X)
  - Freestanding Clinic (052X)

## Related Coding

Standard correct coding applies.

## Definitions

General Reimbursement Policy Definitions

## Related Policies and Materials

| |
|---|
| Facility Guidelines for Claims Related to Professional Services - Facility |
| Clinic Charges - Facility |
| Outpatient Facility Revenue Code Billing Requirements - Facility |

## References and Research Materials

This policy has been developed through consideration of the following:

- CMS

| |
|---|
| • Optum EncoderPro 2026 |

## Policy History

| | |
|---|---|
| 06/10/2026 | Initial approval 06/10/2026 and effective 10/01/2026 |

## Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a member's benefit plan. The determination that a service, procedure, or item is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must also meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member's state of residence.

Ensure that you use proper billing and submission guidelines, including industry-standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or revenue codes. These codes denote the services and/or procedures performed and when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, we may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date, in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

### Use of Reimbursement Policy

This policy is subject to federal and state laws, to the extent applicable, as well as the terms, conditions, and limitations of a member's benefits on the date of service. Reimbursement Policy is constantly evolving, and we reserve the right to review and update these policies periodically.