

cmi_171613

Title	Facility Fees: Clinic Services, Professional Fees and Specialty Services-Treatment Room		
Number	CP.PP.398.v1.8		
Last Approval Date	03/12/26	Original Effective Date	01/01/16

Coverage of any service is determined by a member's eligibility, benefit limits for the service or services rendered and the application of the Plan's Medical Policy. Final payment is subject to the application of claims adjudication edits common to the industry and the **Plan's professional or facility services claims coding policies**. Reimbursement is restricted to the provider's scope of practice as well as the fee schedule applicable to that provider.

Purpose	To define Plan limitations on applicable Clinic and Professional Revenue Codes when submitted on Inpatient and Outpatient claims.
Scope	Applies to all Premera Blue Cross, Premera Blue Cross Blue Shield of Alaska, LifeWise Health Plan of Washington, LifeWise Assurance Company and Premera Blue Cross HMO lines of business and products.
Policy	<p>Clinic charges submitted with any of the following revenue codes, when billed on a facility claim form, either the UB-04 or an 837I electronic format, will not be reimbursed by the Plan:</p> <ul style="list-style-type: none"> • 0510 – Clinic-General • 0511 – Clinic-Chronic Pain Center • 0512 – Clinic-Dental Clinic • 0513 – Clinic-Psychiatric Clinic • 0514 – Clinic-OB/GYN Clinic • 0515 – Clinic-Pediatric Clinic • 0516 – Clinic-Urgent Care Clinic • 0517 – Clinic-Family Practice Clinic • 0519 – Clinic-Other clinic • 0520 – Freestanding Clinic-General • 0521 – Freestanding Clinic-Clinic visit by member to Rural Health Clinic (RHC)/Federally Qualified Health Center (FQHC) • 0522 – Freestanding Clinic-Home visit by RHC/FQHC practitioner • 0523 – Freestanding Clinic-Family Practice Clinic • 0526 – Freestanding Clinic-Urgent Care Clinic • 0529 – Freestanding Clinic-Other Freestanding Clinic • 0770 – Preventive Care Services-General • 0771 – Preventive Care Services-Vaccine Administration <p>In addition, the Plan does not reimburse the following revenue codes when the listed code criteria are billed.:</p> <ul style="list-style-type: none"> • <u>Revenue Code 0760 – Specialty Services – Treatment /Observation room General Classification</u> <ul style="list-style-type: none"> ○ Effective dates of service on and after July 3, 2026, when submitted with any Evaluation and Management (E&M) CPT code (99201-99499) or HCPCS clinic visit codes (G0438, G0439 and G0463) when billed on a Facility claim. ○ Services billed with revenue code 0760 should reflect the actual treatment or surgical procedure(s) rendered in the treatment room

	<p>and should be submitted with an applicable specific CPT procedure code or HCPCS Level II code to reflect the services rendered.</p> <ul style="list-style-type: none"> • <u>Revenue Code 0761 – Specialty Services – Treatment Room</u> <ul style="list-style-type: none"> ○ When submitted with any Evaluation and Management (E&M) CPT code (99201-99499) or HCPCS clinic visit codes (G0438, G0439 and G0463) when billed on a Facility claim. ○ Services billed with revenue code 0761 should reflect the actual treatment or surgical procedure(s) rendered in the treatment room and should be submitted with an applicable specific CPT procedure code or HCPCS Level II code to reflect the services rendered. • <u>Revenue Code 0769 – Other Treatment /Observation room</u> <ul style="list-style-type: none"> ○ Effective dates of service on and after July 3, 2026, when submitted with any Evaluation and Management (E&M) CPT code (99201-99499) or HCPCS clinic visit codes (G0438, G0439 and G0463) when billed on a Facility claim. ○ Services billed with revenue code 0769 should reflect the actual treatment or surgical procedure(s) rendered in the treatment room and should be submitted with an applicable specific CPT procedure code or HCPCS Level II code to reflect the services rendered. • <u>Revenue Code 0960 – Professional Fees – General Classification</u> <ul style="list-style-type: none"> ○ Effective dates of service on and after July 3, 2026, when submitted with any Evaluation and Management (E&M) CPT code (99201-99499) or HCPCS clinic visit codes (G0438, G0439 and G0463) when billed on a Facility claim. • <u>Revenue Code 0982 – Professional Fees – Outpatient Clinic</u> <ul style="list-style-type: none"> ○ When submitted with any Evaluation and Management (E&M) CPT code (99201-99499) or HCPCS clinic visit codes (G0438, G0439 and G0463) when billed on a Facility claim. • <u>Revenue Code 0983 – Professional Fees – Clinic</u> <ul style="list-style-type: none"> ○ When submitted with any Evaluation and Management (E&M) CPT code (99201-99499) or HCPCS clinic visit codes (G0438, G0439 and G0463) when billed on a Facility claim. <p>The above revenue codes, according to the listed criteria, are considered a provider write-off.</p> <p>All other revenue codes billed in conjunction with these revenue codes on the same claim form will be processed per the terms of the facility’s contract and the member’s benefits.</p>
Violations of Policy	Violations of this policy by any party that enters into a written arrangement with the Plan may result in increased auditing and monitoring, performance guarantee contractual penalties and/or termination of the contract. Disciplinary actions will be determined by the Plan.
Exceptions	<p>This policy does not apply to:</p> <ul style="list-style-type: none"> • Alaska lines of business and products,

	<ul style="list-style-type: none"> Medicare Advantage, Medicare Supplement lines of business and products or Medicare Primary crossover facility claims <p>Exceptions to the policy may also be made where a provider contract dictates otherwise.</p>
Laws, Regulations & Standards	N/A
References	N/A

Policy Owner Review	Payment Integrity Oversight Committee	
Contact	Any questions regarding the contents of this policy or its application should be directed to the Payment Integrity Department.	
Annual Review Dates	03/12/26; 09/08/25; 10/03/24; 01/16/24; 03/13/23; 01/07/22; 01/18/21; 02/10/20; 02/18/19; 02/27/18; 04/10/17; 05/10/16; 08/24/15	
Version History	02/27/18	Moved the exceptions in the SCOPE section to the EXCEPTIONS section; added exception for Medicare Primary crossover facility claims
	02/18/19	Annual review; no changes
	02/10/20	Annual review; no changes
	01/18/21	<ul style="list-style-type: none"> Indicated in the Policy section that the non-reimbursement of the Revenue Codes in the Policy is a provider write-off. Added an Exception to indicate that during the declared Public Health Emergency, the COVID-19 vaccine administration codes will be reimbursed until the Public Health Emergency is declared over or Premera decides to no longer reimburse these vaccine administration codes
	01/07/22	Annual review; no changes
	12/07/22	Annual review; no changes
	03/13/23	In the Exception section of the policy, added a paragraph indicating that effective with dates of service on and after July 8, 2023, COVID-19 vaccines and their administration procedure codes would no longer be reimbursed when submitted with the Revenue Codes in this policy in response to the federal government declaration that the PHE is over.
	01/16/24	Annual review; no changes
	10/03/24	Annual review; no changes
	09/08/25	From exceptions section removed Alaska lines of business and Covid statement from 2023.
	03/12/26	<ul style="list-style-type: none"> From the exceptions section re-added Alaska lines of business as this was removed in error. Added to the policy section Effective dates of service on and after July 3, 2026 Rev codes 0760, 0769, and 0960 when billed with any Evaluation and Management (E&M) CPT code (99201-99499) or HCPCS clinic visit codes (G0438, G0439 and G0463).