

Payment Policy

cmi_171613

Title	Facility Fees: Clinic Services, Professional Fees and Specialty Services-Treatment Room		
Number	CP.PP.398.v1.6		
Last Approval Date	10/03/24	Original Effective Date	01/01/16
Replaces			
Cross Reference			

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 select Clinic and Professional Revenue Codes when they are submitted on a UB-04/CMS-1450 paper claim form or an 837I electronic claim form.
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 any of the following revenue codes when the specific code criteria noted is billed.:</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 form, either a UB-04 or 837I electronic format ○ 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 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 form, either a UB-04 or 837I electronic format • <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 form, either a UB-04 or 837I electronic format <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	<p>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 in Plan’s sole discretion.</p> <p>Violations of this policy may also be grounds for corrective action, up to and including termination of employment.</p>
Exceptions	<p>This policy does not apply to:</p> <ul style="list-style-type: none"> • Alaska lines of business and products, • Medicare Advantage, Medicare Supplement lines of business and products or Medicare Primary crossover facility claims <p>Effective with dates of service on and after July 8, 2023, in response to the federal government declaration that the PHE is over, COVID-19 vaccines and vaccine administration codes will no longer be reimbursed when submitted with the revenue Codes in this policy.</p> <p>During the declared Coronavirus Public Health Emergency (PHE), COVID-19 vaccine administration codes, as established by the American Medical Association (AMA) as a new CPT code will be reimbursed when billed with the revenue codes stated in the policy section. When the PHE is declared over or by decision of</p>

	<p>Premiera, COVID-19 vaccine administration codes will no longer be separately reimbursed when submitted with the Revenue Codes in this policy.</p> <p>Exceptions to the policy may also be made where a provider contract dictates otherwise.</p>
Laws, Regulations & Standards	None
References	

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	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 Premiera 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