

# Treatment Room

## Policy

Harvard Pilgrim 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 Definition

*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.

## Prerequisite(s)

Applicable Harvard Pilgrim referral, notification and authorization policies and procedures apply. Refer to *Referral, Notification and Authorization* for more information.

### HMO/POS/PPO

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

### Open Access HMO and POS

For *Open Access HMO* and *Open Access POS* products, no referral is required to see a contracted specialist.

## Harvard Pilgrim Reimburses<sup>1</sup>

### HMO/POS/PPO

Harvard Pilgrim 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.

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

## Harvard Pilgrim Does *Not* Reimburse

### HMO/POS/PPO

- Harvard Pilgrim does not reimburse treatment room services that are rendered for the sole purpose of performing a laboratory, radiology or other diagnostic test.
- Harvard Pilgrim 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 visit

## Member Cost-Sharing

Services subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible).

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PAYMENT POLICIES  
Treatment Room (cont.)

## Provider Billing Guidelines and Documentation

### Coding<sup>2</sup>

Code	Description	Comment
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.

### Other Information

#### 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.

## Related Policies

- Elective Admission Notification
- Emergency Care Payment Policy
- Emergent/Urgent Admission Notification
- Hospital-Based Clinic Payment Policy
- Inpatient Acute Medical Admissions Payment Policy
- Laboratory and Pathology Payment Policy
- Notification Policy
- Outpatient Surgery Payment Policy
- Radiology Payment Policy
- Rehabilitation/Long-Term Acute Care Hospital Payment Policy
- Services Incidental to Admission Policy

### PUBLICATION HISTORY

09/01/00	original documentation
06/01/01	inpatient authorization requirement changed to notification
10/31/08	annual review, minor edits for clarity
09/15/09	annual review; no changes
09/15/10	annual review; no changes
09/15/11	annual review; no changes
01/01/12	removed First Seniority Freedom information from header
09/15/12	annual review; no changes
12/15/13	annual review; no changes
06/15/14	added <i>Connecticut Open Access HMO</i> referral information to Prerequisites
01/15/15	annual review; no changes
01/15/16	annual review; added urgent care to Harvard Pilgrim Does Not Reimburse section; added Rehabilitation/Long-Term Acute Care Hospitals to Related Policies section; updated EDI billing guidelines
01/15/17	annual review; no changes
12/15/17	annual review; no changes
02/01/18	updated Open Access Product referral information under Prerequisites
10/01/18	updated revenue codes E&M will be denied
01/02/19	annual review; no changes
05/01/19	added eye care, and screening and assessment codes will be denied when revenue code 760-761 is billed

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**PAYMENT POLICIES**  
**Treatment Room (cont.)**

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01/02/20	annual review; administrative edit
01/04/21	annual review; removed version 5010; administrative edits

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<sup>1</sup>This policy applies to the products of Harvard Pilgrim Health Care and its affiliates—Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England, and HPHC Insurance Company—for services performed by contracted providers. Payment is based on member benefits and eligibility, medical necessity review, where applicable, and provider contractual agreement. Payment for covered services rendered by contracted providers will be reimbursed at the lesser of charges or the contracted rate. (Does not apply to inpatient per diem, DRG, or case rates.) HPHC reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.

<sup>2</sup>The table may not include all provider claim codes related to treatment room.