Treatment Room Revenue Codes Billed with E&M Services

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plans supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

The description of 0761 falls under codes for Specialty Services (0760-0769) and is defined as a Treatment Room, which is a room in a facility where a specific procedure or treatment is rendered. According to the UB-04 manual and Uniform Billing Editor (2020), revenue code 0761 should be used solely to represent specialty services, and the appropriate Healthcare Common Procedure Coding System (HCPCS) must be included. Facility evaluation and management (E/M) charges billed with 0761 are not reimbursable since E/M services do not represent a specific procedure performed in a treatment room. Revenue Code 0761 is reimbursable when a specific outpatient procedure is carried out in a hospital setting. The billing of Evaluation and Management Services with revenue code 0761 (treatment room) does not align with the definition of Specialty Services and should not be billed together.

Reimbursement Guidelines

Molina Healthcare will assess claims submitted with revenue codes 760, 761, and 769, in conjunction with an evaluation and management service, based on the criteria outlined in this policy. Any incorrectly reported service line will be denied or subject to post-payment review.

Supplemental Information

Coding

Revenue Code	Descriptor
0760	Specialty Services General
0761	Treatment Room
0769	Other Specialty Services

CPT/HCPCS Codes	Descriptor
99202-99215	Office Or Other Outpatient Services
99217-99226	Hospital Observation Services
99221-99239	Hospital Inpatient Services
99241-99255	Consultation Services
99281-99288	Emergency Department Services
99291-99292	Critical Care Services
99304-99318	Nursing Facility Services
99304-99318	Nursing Facility Services

99324-99340	Domiciliary, Rest Home or Custodial Care Services or Home Care Plan Services
99341-99350	Home Services
99354-99417	Prolonged Services
99366-99368	Case Management Services
99374-99380	Care Plan Oversight Services
99381-99429	Preventative Medicine Services
99439-99491	Care Management E/M Services
99450-99456	Special Evaluation and Management Services
99460-99463	Newborn Care Services
99464-99465	Delivery/Birthing Room Attendance and Resuscitation Services
99466-99486	Inpatient neonatal Intensive Care Services and Pediatric and Neonatal Care Services
99483-99483	Cognitive Assessment and Care Plan Services
99492-99494	General Behavioral Health Integration Care Management
99495-99496	Transitional Care E/M Services
99497-99498	Advance Care Planning E/M Services
99499-99499	Other E/M Services
G0380-G0384	Level 1-5 Hospital Emergency Department Visit
G0463	Hospital outpatient clinic visit for assessment and management of a patient
G2212	Prolonged office or other outpatient E/M service(s) beyond the maximum required time of the primary procedure which has been

Definitions

Term	Definition
CMS	The Centers for Medicare & Medicaid Services is a federal agency under the U.S. Department of Health and Human Services. It administers Medicare and collaborates with state governments to manage Medicaid, the Children's Health Insurance Program (CHIP), and health insurance portability standards.
Revenue Code	A 4-digit number is used on hospital bills to inform insurance companies about the location where the patient received treatment, or the type of item provided to the patient.
Evaluation and Management Service	Services are reported by both physician and non-physician practitioners. Evaluation and Management (E/M) services encompass office and other outpatient services, hospital inpatient services, consultations, emergency room visits, nursing facility services, domiciliary care services, and home services.
Minor Procedure	Minor surgical procedures are minimally invasive and often performed using laparoscopic or arthroscopic techniques. These procedures involve small incisions through which surgical instruments and cameras are inserted into the body. Examples of minor surgeries include biopsies, the repair of cuts or small wounds, and the removal of warts, lesions, hemorrhoids, or abscesses. Such procedures are typically completed within a brief period.
Revenue Code	A revenue code is a four-digit code that influences reimbursement. These codes are utilized on hospital billing forms to provide information to insurance companies regarding either the patient's location at the time of treatment or the type of service or item received by the patient.
UB-04	Hospitals and other healthcare providers utilize specific forms to bill for institutional services. For insurance providers to accept a claim, it is necessary for a valid procedure code to accompany the revenue code.

State Exceptions

State	Exception

Documentation History

Type	Date	Action
Creation Date	02/17/2025	New Policy
Revised Date		

References

This policy was developed using.

- CMS
- State Medicaid Regulatory Guidance
- State Contracts
- UB Code Editor Book
- Revenue Codes - JE Part A - Noridian (noridianmedicare.com)

Agency	Link
AZ	**Outpatient Hospital Fee Schedule Reference Extracts**
CA	**Rates**
FL	**Rule 59G-4.002, Provider Reimbursement Schedules and Billing Codes | Florida Agency for Health Care Administration**
IA	**Fee Schedules | Health & Human Services**
ID	**General Billing Instructions**
IL	**Medicaid Reimbursement | HFS**
KY	**Provider Billing Instructions**
MA	**Provider publications | Mass.gov**
MI	**2025 Medicaid Policy Bulletins**
MS	**Fee Schedules and Rates - Mississippi Division of Medicaid**
NE	**Medicaid Provider Rates and Fee Schedules**
NM	**Fee for Service - New Mexico Health Care Authority**
NV	**Nevada Medicaid**
NY	**29-I Billing Manual Version 2022-1**

OH	**Policies & Guidelines**
SC	**South Carolina Department of Health and Human Services**
TX	**Texas Medicaid Provider Procedures Manual | TMHP**
UT	**Coverage and Reimbursement - Medicaid: Utah Department of Health and Human Services - Integrated Healthcare**
VA	**Rate Setting**
WA	**Provider billing guides and fee schedules | Washington State Health Care Authority**
WI	**Reimbursement and Capitation**

CODING DISCLAIMER. Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.