

Purpose

To provide billing guidelines and appropriate reimbursement for covered treatment room services.

Policy

Community Health Options reimburses treatment room services in a facility setting that are represented by a specific procedure reportable in a treatment room setting. Reimbursement is subject to prior authorization requirements, coding/billing guidelines, and member eligibility.

Treatment room services are 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, not otherwise billable in a specialized suite. The use of the treatment room is an expected part of a minor procedure and replaces the charge for the operating room and recovery room as patients can also recover in the treatment room.

Billing Guidelines

Claims are required to be submitted on a CMS-1450 (UB-04) claim form for reimbursement of hospital institutional services with appropriate revenue code and procedure coding assignment under Current Procedural Terminology (CPT®), registered trademark of the American Medical Association.

Revenue Code	Description	Note
760-761	Treatment Room	Bill with applicable HCPCS/CPT code for the service performed.
769	Other Specialty Services	Bill with applicable HCPCS/CPT code for the service performed.

Non-Covered Services

There is no separate reimbursement for treatment room services when billed with:

- Emergency room visit
- Inpatient stay
- Laboratory or radiology services (sole purpose)
- Outpatient minor surgical or medical procedure
- Outpatient observation stay
- Urgent care visit

Treatment room is not an appropriate setting for durable medical equipment (DME), prosthetic devices, or artificial limbs.

HCPCS/CPT coding under treatment room will be denied for Evaluation & Management (E&M), eye care, and screening/assessment.

References

American Medical Association, <https://www.ama-assn.org/>

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services.

Current Procedural Terminology (CPT®), 2025

Document Publication History

8/04/2025 Policy creation

This policy provides information on Community Health Options' claims adjudication processing guidelines. As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines when applicable, adherence to plan policies and procedures, and claims editing logic. Community Health Options reserves the right to amend a payment policy at its discretion. Policies are enforced unless underpinning direction stated otherwise.