REIMBURSEMENT POLICY STATEMENT
Ohio Marketplace

Policy Name & Number	Date Effective
Evaluation and Management (E&M) Codes Billed with Treatment/Specialty Room Revenue Codes-OH MP-PY-1830	09/01/2026
Policy Type	
REIMBURSEMENT	

Reimbursement Policies are intended to provide a general reference regarding billing, coding, and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design, and other factors are considered in developing Reimbursement Policies. Reimbursement Policies do not guarantee authorization or payment for services. Coverage and payment determinations are subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreements, and applicable referral, authorization, notification, and utilization management guidelines.

Please refer to the plan contract (e.g., Evidence of Coverage, Member Handbook) for the service(s) referenced herein. Except as otherwise required by law, if there is a conflict between the Reimbursement Policy and the plan contract and/or provider agreement, then the plan contract and/or provider agreement will be the controlling document used to make the determination. Reasonable discretion may be used in interpreting and applying this policy to services provided in a particular case and the policy may be modified at any time. Reimbursement policies may be superseded by federal and state laws and regulations, as applicable. In the case of a discrepancy between the Policy Statement's effective date and any applicable legal or regulatory requirement, the law or regulation will govern.

Coverage for mental health and substance use disorder (MH/SUD) benefits are provided at the same level as coverage for medical and surgical (M/S) benefits, as required by the Mental Health Parity and Addiction Equity Act (MHPAEA). MH/SUD benefits are not subject to limits or requirements that are more restrictive than those that apply to M/S benefits.

Table of Contents

A. Subject

Evaluation and Management (E&M) Codes Billed with Treatment/Specialty Room Revenue Codes

B. Background

This policy outlines the guidelines for evaluation and management (E&M) codes billed with treatment/specialty room revenue codes. Treatment/specialty room revenue codes characterize services that are procedure-based in a facility setting. These charges are typically billed using a UB-04 institutional/facility claim form.

E&M codes characterize evaluation and management services performed in an office-based setting and do not represent a specific procedure performed in a treatment/ specialty room. These charges are typically billed using a CMS-1500 practitioner claim form. Billing E&M services using any revenue code outlined within this policy does not align with the UB-04 manual and Uniform Billing Editor (2020) and therefore should be avoided.

C. Definitions

- **CMS-1500** – A standard claim form that professional providers and medical billing professionals use to bill insurance companies for health care services.
- **Evaluation and Management (E&M) Codes** – Services reported by physician and non-physician practitioners which the provider is either evaluating or managing a patient's health.
- **Revenue Code** – A 4-digit number that is used on hospital bills to inform insurance companies either where the patient was when they received treatment, or what type of item a patient may have received as a patient.
- **Treatment/Specialty Room** – A room in a facility where a specific procedure or treatment is rendered.
- **UB-04** – Claim form used by hospitals and other providers to bill for institutional services. A valid procedure code must accompany a revenue code for it to be accepted by the insurance provider.

D. Policy

I. CareSource does not reimburse E&M codes when performed and billed using revenue codes associated with a general room, treatment room or other room.

II. Billing treatment/specialty room revenue codes is incorrect coding when reported for office-based evaluation and management services.

III. Revenue codes not reimbursable when billed with E&M codes

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

IV. CPT/HCPCS codes not reimbursable when billed with revenue codes listed above

CPT/HCPCS Code	Description
99202-99499	Evaluation and Management Services
G0463	Hospital outpatient clinic visit for assessment and management of a patient

E. Conditions of Coverage

Claims submitted with revenue codes in conjunction with an evaluation and management codes (CPT/HCPCS) codes listed within this policy will be denied.

Reimbursement policies are designed to assist providers when submitting claims to CareSource. These policies are routinely updated to promote accurate coding and policy clarification. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and office staff are encouraged to use self-service channels to verify members' eligibility.

Reimbursement is dependent on, but not limited to, submitting approved HCPCS and CPT codes along with appropriate modifiers, if applicable. Codes referenced in this payment policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Please refer to the individual fee schedule for appropriate codes.

F. Related Policies/Rules

NA

G. Review/Revision History

	DATE	ACTION
Date Issued	06/17/2026	New policy. Approved at Committee.
Date Revised		
Date Effective	09/01/2026	
Date Archived		

H. References

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