

## Government Business Policy and Procedures Treatment Rooms with Evaluation and Management — New Jersey

New Jersey | Medicaid

### Policy:

The health plan requires the reporting of CPT® or HCPCS codes for treatment room revenue codes 760, 761, and 769, on an outpatient facility claim unless provider, state, federal contracts and/or mandates indicate otherwise.

The health plan does not allow reimbursement for:

- Claims reporting E/M services in conjunction with treatment room revenue codes 760, 761, or 769 on the same day
- HCPCS code G0463 hospital clinic services when reported along with revenue codes 760, 761, or 769
- A treatment room billed with revenue codes 0760, 0761, and 0769 when billed on the same claim with revenue codes:
  - Emergency Room (045X)
  - Outpatient Surgery (036X)
  - Recovery Room (071X)
  - Observation (0762)
  - Clinic (051X or 052X)

This policy applies regardless of reimbursement methodology.

### Definitions:

General Reimbursement Policy Definitions

### Procedure:

1. Treatment room services should only be billed when a certain procedure has been performed or treatment has been rendered and not included in another outpatient service.
2. The health plan will reimburse claims billed with treatment room revenue codes when provided in an outpatient facility setting and associated with a minor procedure.

3. The health plan will not reimburse claims reporting E/M services in conjunction with treatment room revenue codes on the same day.
4. The health plan does not separately reimburse a treatment room when part of emergency room, operating room, recovery room, observation room, or clinic setting.
5. Treatment room services are not reimbursable when reported with CPT/HCPCS codes that are more appropriately billed under a different revenue code.

### References:

This policy has been developed through consideration of the following:

- CMS
- National Uniform Billing Committee (NUBC)
- Optum EncoderPro 2026