

SECTION 5: BILLING AND REIMBURSEMENT GUIDELINES

of the Member Provider Policy & Procedure Manual

5.20 OUTPATIENT

This is a subsection of Section 5: Billing and Reimbursement Guidelines of the *Member Provider Policy & Procedure Manual*. If Blue Cross and Blue Shield of Louisiana makes any procedural changes, in our ongoing efforts to improve our service to you, we will update the information in this subsection and notify our network providers. For complete *Member Provider Policy & Procedure Manual* information, please refer to the other sections of this manual. Contact information for all manual sections is available in the Manual Reference Section.

For member eligibility, benefits or claims status information, we encourage you to use iLinkBlue (www.lablue.com/ilinkblue), our online self-service provider tool. Additional provider resources are available on our Provider page at www.lablue.com/providers.

This manual is provided for informational purposes only and is an extension of your Member Provider Agreement. You should always directly verify member benefits prior to performing services. Every effort has been made to print accurate, current information. Errors or omissions, if any, are inadvertent. The Member Contract/Certificate contains information on benefits, limitations and exclusions, and managed care benefit requirements. It also may limit the number of days, visits or dollar amounts to be reimbursed.

As stated in your agreement: This manual is intended to set forth in detail our policies. Louisiana Blue retains the right to add to, delete from and otherwise modify the *Member Provider Policy & Procedure Manual* as needed. This manual and other information and materials provided are proprietary and confidential and may constitute trade secrets.

OUTPATIENT

Outpatient Procedure Services (1 through 6 below):

Providers are allowed to file line-item charges; however, each claim line must have a charge greater than \$0. The appropriate CPT/HCPCS code should be placed in the HCPCS/Rate blocks on the UB-04 claim form. If multiple procedures are performed, each procedure should be listed with the appropriate CPT/HCPCS code. The appropriate diagnostic and therapeutic services CPT/HCPCS code(s) and revenue codes should be listed separately. The date of service should be included in Block 45 of the UB-04 claim form.

1. The CPT/HCPCS procedure code range is:

0019T-0020T	0338T-0340T	0643T-0647T	10004-10012	91121-91199	C9700-C9702
0027T	0343T-0345T	0652T-0657T	10021-10022	91201-91299	C9708
0031T-0032T	0355T-0356T	0659T-0661T	10030	92018-92019	C9712-C9716
0046T-0050T	0375T-0377T	0664T-0682T	10035-10036	92242	C9718-C9721
0054T-0057T	0387T-0388T	0686T	10040-20696	92511	C9724-C9725
0061T-0063T	0392T-0393T	0699T	20698-22841	92920-92921	C9728-C9732
0071T-0072T	0396T-0397T	0707T	22843-31626	92924-92925	C9736-C9742
0075T-0076T	0404T	0714T-0715T	31628-33945	92928-92929	C9745-C9761
0084T	0406T-0416T	0717T-0720T	33950	92933-92934	C9764-C9775
0086T	0419T-0421T	0725T-0727T	33960-33961	92937-92938	C9779-C9785
0090T-0102T	0424T-0438T	0730T	33967-33968	92941	C9790
0120T	0440T-0443T	0735T-0737T	33970-33983	92943-92944	C9792
0123T-0124T	0446T-0461T	0739T	33990-34838	92950-92998	C9795-C9797
0133T	0474T	0744T-0748T	34840-35999	93451-93464	C9800
0135T	0479T-0481T	0775T	36002-36399	93501-93575	C9901
0155T-0158T	0483T-0484T	0780T-0782T	36417-36429	93580-93583	G0104-G0105
0163T-0167T	0489T-0492T	0784T-0787T	36431-36539	93590-93597	G0121
0170T-0172T	0494T	0790T	36541-36590	93650-93657	G0167
0176T-0177T	0499T	0793T	36594-36597	96547-96548	G0259-G0260
0184T	0505T	0795T-0803T	36599	96920-96922	G0268
0190T-0193T	0510T-0520T	0805T-0806T	36601-38203	99183	G0277
0200T-0202T	0524T-0527T	0809T-0810T	38205-38899	C1062	G0280
0221T-0222T	0530T-0532T	0813T-0814T	38901-51700	C1088	G0289-G0291
0228T-0231T	0537T-0540T	0816T-0819T	51703-51797	C1300	G0308-G0309
0234T-0238T	0543T-0551T	0823T-0825T	51799-57154	C1718	G0330
0245T-0254T	0553T	0861T-0864T	57157-57464	C1720	G0341-G0343
0256T-0259T	0563T	0867T	57466-63043	C1726	G0364
0262T-0271T	0565T-0574T	0869T-0874T	63045-65756	C2616	G0413-G0415
0274T-0277T	0580T-0588T	0882T-0886T	65758-69990	C2638-C2641	G0448
0281T-0284T	0594T	0888T	77372	C5271-C5278	G0455
0288T-0290T	0596T-0597T	0894T	91000-91009	C7500-C7535	G0561
0293T-0294T	0600T-0601T	0901T	91014-91021	C7537-C7558	G0563-G0565
0299T-0300T	0613T-0614T	0908T-0910T	91023-91033	C7560	G2170-G2171
0302T-0304T	0616T-0619T	0913T-0925T	91041-91055	C7562-C7565	G6018-G6025
0307T-0309T	0620T-0622T	0933T	91100-91110	C8003	G6027-G6028
0312T-0325T	0627T-0630T	0935T-0936T	91114-91116	C9352-C9353	S2066-S2068
0334T-0336T	0632T	0941T-0943T	91118-91119	C9600-C9608	

2. A valid CPT/HCPCS code within the code range listed in No.1 above is required when Revenue codes 36X, 481, 49X, 790, and 799 are billed unless ICD-10-CM diagnosis codes Z53.09, Z53-29, or Z53.8 are present. If multiple 481 revenue codes are billed, only one of the lines has to contain a valid CPT/HCPCS code.

3. Modifiers approved for hospital outpatient use with valid CPT/HCPCS codes are 25, 27, 50, 52, 58, 59, 73, 74, 76-79, 91, CA, E1-E4, FA, F1-F9, GA, GG, GH, LC, LD, LT, QM, QN, RC, RT, TA and T1-T9.
4. For claims with multiple procedures, a charge greater than \$0 is required for each valid CPT/HCPCS code.
5. Since a Value Code and corresponding Value Amount in fields 39-41 on the UB-04 claim form (Louisiana Mandated Service Charge) indicates an outpatient procedure was performed, a claim without a valid CPT/HCPCS code listed in No. 1 will be returned.
6. A valid CPT/HCPCS code is required for the following revenue codes: 420, 430, 440, 45X, 471, 480, 634-636, 750, 759, 761, 829, 940, and 949. The CPT/HCPCS code does not have to but can be a procedure or diagnostic or therapeutic code listed in #1 or #7. When procedures or diagnostic and therapeutic services are performed, the appropriate CPT/HCPCS code must be given.

Diagnostic and Therapeutic Services (7 through 14 below):

Under the Diagnostic and Therapeutic Services Reimbursement Schedule Reimbursement Program, Member Providers must file line-item charges. The appropriate CPT/HCPCS code(s) should be placed in the HCPCS/Rate block on the UB-04 claim form. If multiple services are performed, each service should be listed with the appropriate CPT/HCPCS code. If Diagnostic and Therapeutic services are performed with outpatient procedures, the charges should be listed separately with the appropriate revenue codes and the appropriate CPT/HCPCS code(s). The date of service should be included in Block 45 of the UB-04 claim form.

7. The Diagnostic and Therapeutic CPT/HCPCS code range is:

0001A-0004A	0154T	0378T-0386T	0615T	0868T	33984-33989
0011A-0013A	0159T	0389T-0391T	0623T-0626T	0875T-0881T	34839
0021A-0022A	0162T	0394T-0395T	0631T	0887T	36000
0031A	0168T-0169T	0398T-0402T	0633T-0642T	0890T-0893T	36400-36416
0034A	0183T	0417T-0418T	0648T-0651T	0895T-0900T	36430
0051A-0054A	0185T-0187T	0422T-0423T	0658T	0902T-0905T	36540
0064A	0198T-0199T	0439T	0662T-0663T	0911T-0912T	36591-36593
0071A-0073A	0203T-0204T	0444T-0445T	0683T-0685T	0926T-0932T	36598
0124A	0206T-0218T	0462T-0463T	0687T-0698T	0934T	36600
0134A	0223T-0225T	0469T-0473T	0700T-0706T	0937T-0940T	38204
0001M-0018M	0239T-0244T	0485T-0487T	0708T-0713T	0944T-0947T	38226-38227
0020M	0255T	0495T-0496T	0716T	0006U	38900
0028T-0030T	0272T-0273T	0500T-0504T	0721T-0724T	0084U-0224U	51701-51702
0041T-0043T	0278T-0280T	0506T-0509T	0728T-0729T	0240U-0241U	51798
0058T-0060T	0285T-0287T	0521T-0523T	0731T-0734T	0242U-0354U	57155-57156
0064T-0070T	0291T-0292T	0528T-0529T	0788T-0789T	0364U-0530U	57465
0073T	0295T-0298T	0533T-0536T	0791T-0792T	01937-01942	63044
0082T-0083T	0301T	0541T-0542T	0794T	15013-15014	65757
0085T	0305T-0306T	0552T	0804T	20697	70010-77371
0087T-0089T	0310T-0311T	0554T-0562T	0807T-0808T	22842	77373-89399
0103T-0111T	0326T-0333T	0564T	0811T-0812T	31627	90281-90284
0126T	0337T	0575T-0579T	0815T	33946-33949	90291
0137T	0341T-0342T	0589T-0593T	0820T-0822T	33951-33959	90371
0140T	0346T-0354T	0598T-0599T	0826T-0860T	33962-33966	90375-90376
0144T-0151T	0358T-0374T	0602T-0612T	0865T-0866T	33969	90377

90378-90379	91111-91113	98975-98977	A7049	C8900-C8914	G0122-G0123
90384-90386	91117	98980-98981	A9156	C8918-C8937	G0125
90389	91120	99072	A9268-A9269	C8950-C8955	G0130-G0132
90396	91200	99174	A9285-A9286	C8957	G0136-G0138
90460-90461	91300-91303	99177	A9291-A9293	C9014-C9016	G0140
90465-90468	91305-91307	99184	A9500-A9510	C9021-C9067	G0145-G0146
90470-90474	91312-91313	99188	A9513	C9068-C9080	G0148
90581	92014	99195-99220	A9515-A9518	C9085-C9098	G0202
90584-90586	92025	99224-99226	A9520-A9521	C9101	G0204
90589	92071-92072	99281-99292	A9524-A9535	C9105	G0206
90593	92132-92134	99366-99368	A9537-A9545	C9120-C9122	G0210-G0239
90619-90621	92137	99406-99409	A9547-A9548	C9127-C9142	G0242-G0247
90623-90627	92145	99417	A9551-A9553	C9145-C9173	G0252-G0255
90630	92201-92202	99421-99427	A9555-A9558	C9202-C9203	G0257
90632-90634	92227-92228	99437	A9560-A9566	C9218-C9220	G0261-G0262
90636-90638	92229	99439	A9569	C9223-C9240	G0269
90644-90651	92273-92274	99446-99449	A9572-A9579	C9242	G0274-G0275
90653-90670	92506-92507	99451-99454	A9581-A9610	C9244	G0278-G0279
90671	92517-92519	99457-99459	A9615	C9249-C9298	G0281-G0283
90672-90676	92521-92524	99473-99474	A9697	C9350-C9351	G0288
90677	92537-92538	99477	A9800	C9354-C9369	G0295
90680-90683	92540	99481-99482	B4100-B4105	C9400-C9408	G0297
90685-90689	92543	99485-99491	B4148-B4162	C9410-C9411	G0299-G0300
90690-90694	92549-92550	99495-99498	B4185	C9413-C9415	G0302-G0307
90696-90698	92557-92558	A0425	B4187	C9417-C9433	G0327
90700-90708	92570	A0427	B4189	C9438	G0328-G0331
90710	92585	A2001-A2002	B4193	C9440-C9469	G0338-G0340
90712-90718	92609	A2004-A2029	B4197	C9470-C9494	G0344-G0351
90720-90721	92611-92612	A4100	B4199	C9497	G0353-G0363
90723	92614	A4216-A4217	C1052	C9507	G0365-G0371
90725	92616	A4224-A4226	C1080-C1083	C9610	G0374-G0379
90727	92618	A4238	C1093	C9704	G0383-G0384
90732-90736	92620-92623	A4248	C1204	C9722-C9723	G0389-G0390
90738-90740	92625-92627	A4271	C1600-C1606	C9727	G0392-G0394
90743-90744	92630	A4287	C1713	C9733-C9735	G0396-G0397
90746-90748	92633	A4337	C1734-C1739	C9743-C9744	G0399
90750	92640	A4341-A4342	C1748-C1749	C9762-C9763	G0402-G0405
90756	92650-92653	A4436-A4438	C1774	C9776-C9777	G0416-G0419
90758-90761	92700	A4457	C1821-C1824	C9786-C9789	G0422-G0424
90765-90776	93000-93351	A4467-A4468	C1825	C9791	G0428-G0435
90779-90788	93355-93356	A4540-A4545	C1830	C9793-C9794	G0451-G0454
90853	93584-93588	A4553	C1832-C1834	C9803-C9804	G0456-G0458
90867-90870	93598	A4560	C1839-C1842	C9806-C9809	G0460-G0473
90899	93600-93649	A4563-A4564	C1849	G0001	G0475-G0483
90912-90913	93658-96919	A4593-A4594	C1886	G0011-G0013	G0490
90935	96923-97003	A4596	C1889	G0017-G0019	G0498-G0499
90939	97010-97602	A4641-A4648	C1982	G0022-G0024	G0513-G0560
90945	97605-97608	A4650	C2596	G0027	G0562
90999	97610	A5514	C2613	G0030-G0047	G0659
91010-91013	97760-97763	A6460-A6461	C2623	G0050	G1012-G1023
91022	97810-97811	A6520-A6529	C2633	G0068-G0071	G2010-G2012
91034-91035	97813-97814	A6552-A6591	C2642-C2645	G0088-G0090	G2020
91037-91038	98000-98016	A6593-A6610	C2698-C2699	G0102-G0103	G2023-G2024
91040	98966	A7021	C7903	G0106-G0109	G2058
91060-91065	98970-98972	A7023	C8000-C8002	G0120	G2061-G2077

G2080	G9886-G9888	Q0155	Q3005	Q9991-Q9998	S0128
G2082-G2083	J0120-J9999	Q0161-Q0180	Q3008	S0012-S0014	S0132
G2086-G2088	P9016	Q0187	Q3025-Q3028	S0016-S0017	S0136-S0141
G2102-G2104	P9021	Q0220	Q4074-Q4077	S0020-S0021	S0144-S0148
G2168-G2169	P9027	Q0222	Q4079-Q4081	S0023	S0155-S0195
G2172	P9034-P9035	Q0239-Q0240	Q4083-Q4099	S0028	S1091
G2211-G2216	P9037	Q0243-Q0245	Q4101-Q4143	S0030	S4988
G2250-G2252	P9040-P9041	Q0247	Q4145-Q4199	S0032	S5010-S5014
G3001	P9043	Q0249	Q4200-Q4206	S0034	S5550-S5553
G6001-G6017	P9045-P9048	Q0477	Q4208-Q4222	S0039-S0040	S9002
G6030-G6032	P9070-P9073	Q0480-Q0505	Q4224-Q4242	S0071-S0074	S9901
G6034-G6058	P9099-P9100	Q0507-Q0509	Q4244-Q4250	S0077-S0078	S9443
G8402-G8403	P9612	Q0515-Q0521	Q4254-Q4261	S0080-S0081	S9563
G9017-G9020	Q0081	Q2004-Q2009	Q4265- Q4353	S0088	T1032-T1033
G9033-G9038	Q0084	Q2011-Q2014	Q5101-Q5121	S0090-S0093	U0001-U0005
G9041-G9044	Q0090	Q2017-Q2028	Q5122-Q5125	S0104	
G9141	Q0111-Q0112	Q2033-Q2051	Q5127- Q5146	S0106-S0109	
G9157	Q0114	Q2053	Q9001-Q9003	S0114-S0119	
G9362-G9363	Q0136-Q0139	Q2055-Q2056	Q9941-Q9970	S0122	
G9481-G9489	Q0144	Q3000-Q3001	Q9972-Q9989	S0126	

Professional-only CPT/HCPCS codes are NOT valid for billing radiological facility services. A few examples of these codes follow: 76140, 77427 and 77261-77263.

8. A valid CPT/HCPCS code is required for Diagnostic and Therapeutic Service revenue codes 30X, 31X, 32X, 333, 34X, 35X, 40X, 410-412, 46X, 482, 483, 61X, 730, 731, 74X, 921 and 922.
9. The number of diagnostic and therapeutic tests for each CPT/HCPCS code reported must be provided in the Units block.
10. The quantity of pharmaceutical dispensed must be given in appropriate units for each CPT/HCPCS code reported with revenue code 636.
11. If the revenue code line items exceed 22, the remaining revenue lines must be split into a separate claim(s). If there are more than 22 line items and the services are all performed on the same date of service, then both claims should be filed with the same date of service. However, these claims must be filed as interim claims using the appropriate type of bill code in form locator 4 (132, 133 and 134).
12. Member Provider agrees not to bill member or Plan a separate facility charge for an examining room, treatment room or any other facility charge normally included in the practice component of the physician's charge when outpatient services are rendered to a member.
13. Observation status claims NOT followed by an inpatient admission should be entered on a UB-04 claim form following the Outpatient Submission Guidelines.
14. Medicare Demonstration Project codes should not be billed and are not reimbursable by the Plan.

Louisiana Blue may expand the Diagnostic and Therapeutic Services Reimbursement Schedule for new codes developed by the American Medical Association subsequent to the production of this manual.