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 (Louisiana Blue) 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	0375T-0377T	0707T	11984-15012	91041-91055	C9600-C9608
0027T	0387T-0388T	0714T-0715T	15015-20696	91100-91110	C9700-C9702
0031T-0032T	0392T-0393T	0717T-0720T	20698-22841	91114-91116	C9708
0046T-0050T	0396T-0397T	0725T-0727T	22843-31626	91118-91119	C9712-C9716
0054T-0057T	0404T	0730T	31628-33945	91121-91199	C9718-C9721
0061T-0063T	0406T-0416T	0735T-0737T	33950	91201-91299	C9724-C9725
0071T-0072T	0419T-0421T	0739T	33960-33961	92018-92019	C9728-C9732
0075T-0076T	0424T-0438T	0744T-0748T	33967-33968	92242	C9736-C9742
0084T	0440T-0443T	0775T	33970-33983	92511	C9745-C9761
0086T	0446T-0461T	0780T-0782T	33990-34838	92920-92921	C9764-C9775
0090T-0102T	0474T	0784T-0787T	34840-35999	92924-92925	C9779-C9785
0120T	0479T-0481T	0790T	36002-36399	92928-92929	C9790
0123T-0124T	0483T-0484T	0793T	36417-36429	92933-92934	C9792
0133T	0489T-0492T	0795T-0803T	36431-36539	92937-92938	C9795-C9797
0135T	0494T	0805T-0806T	36541-36590	92941	C9800
0155T-0158T	0499T	0809T-0810T	36594-36597	92943-92944	C9901
0163T-0167T	0505T	0813T-0814T	36599	92950-92998	G0104-G0105
0170T-0172T	0510T-0520T	0816T-0819T	36601-38203	93451-93464	G0121
0176T-0177T	0524T-0527T	0823T-0825T	38205-38225	93501-93575	G0167
0184T	0530T-0532T	0861T-0864T	38228-38899	93580-93583	G0259-G0260
0190T-0193T	0537T-0540T	0867T	38901-51700	93590-93597	G0268
0200T-0202T	0543T-0551T	0869T-0874T	49186-49190	93650-93657	G0277
0221T-0222T	0553T	0882T-0886T	51703-51797	96547-96548	G0280
0228T-0231T	0563T	0888T	51721-51721	96920-96922	G0289-G0291
0234T-0238T	0565T-0574T	0894T	51799-57154	99183	G0308-G0309
0245T-0254T	0580T-0588T	0901T	53865-53866	C1062	G0330
0256T-0259T	0594T	0908T-0910T	55881-55882	C1088	G0341-G0343
0262T-0271T	0596T-0597T	0913T-0925T	57157-57464	C1300	G0364
0274T-0277T	0600T-0601T	0933T	57466-63043	C1718	G0413-G0415
0281T-0284T	0613T-0614T	0935T-0936T	60660-60661	C1720	G0448
0288T-0290T	0616T-0619T	0941T-0943T	61715-61715	C1726	G0455
0293T-0294T	0620T-0622T	0950T-0960T	63045-65756	C2616	G0561
0299T-0300T	0627T-0630T	0963T-0971T	64466-64469	C2638-C2641	G0563-G0565
0302T-0304T	0632T	0973T-0976T	64473-64474	C5271-C5278	G2170-G2171
0307T-0309T	0643T-0647T	0981T	65758-69990	C7500-C7535	G6018-G6025
0312T-0325T	0652T-0657T	10004-10012	66683-66683	C7537-C7558	G6027-G6028
0334T-0336T	0659T-0661T	10021-10022	77372	C7560	S2066-S2068
0338T-0340T	0664T-0682T	10030	91000-91009	C7562-C7565	
0343T-0345T	0686T	10035-10036	91014-91021	C8003-C8006	
0355T-0356T	0699T	10040-11980	91023-91033	C9352-C9353	

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	0162T	0417T-0418T	0662T-0663T	0977T-0980T	51701-51702
0011A-0013A	0168T-0169T	0422T-0423T	0683T-0685T	0982T-0987T	51798
0021A-0022A	0183T	0439T	0687T-0698T	0006U	57155-57156
0031A	0185T-0187T	0444T-0445T	0700T-0706T	0084U-0224U	57465
0034A	0198T-0199T	0462T-0463T	0708T-0713T	0240U-0241U	63044
0051A-0054A	0203T-0204T	0469T-0473T	0716T	0242U-0354U	65757
0064A	0206T-0218T	0485T-0487T	0721T-0724T	0364U-0520U	70010-77371
0071A-0073A	0223T-0225T	0495T-0496T	0728T-0729T	0531U-0599U	77373-89399
0124A	0239T-0244T	0500T-0504T	0731T-0734T	01937-01942	90281-90284
0134A	0255T	0506T-0509T	0788T-0789T	20697	90291
0001M-0018M	0272T-0273T	0521T-0523T	0791T-0792T	22842	90371
0020M	0278T-0280T	0528T-0529T	0794T	31627	90375-90376
0028T-0030T	0285T-0287T	0533T-0536T	0804T	33946-33949	90377
0041T-0043T	0291T-0292T	0541T-0542T	0807T-0808T	33951-33959	90378-90379
0058T-0060T	0295T-0298T	0552T	0811T-0812T	33962-33966	90382
0064T-0070T	0301T	0554T-0562T	0815T	33969	90384-90386
0073T	0305T-0306T	0564T	0820T-0822T	33984-33989	90389
0082T-0083T	0310T-0311T	0575T-0579T	0826T-0860T	34839	90396
0085T	0326T-0333T	0589T-0593T	0865T-0866T	36000	90460-90461
0087T-0089T	0337T	0598T-0599T	0868T	36400-36416	90465-90468
0103T-0111T	0341T-0342T	0602T-0612T	0875T-0881T	36430	90470-90474
0126T	0346T-0354T	0615T	0887T	36540	90581
0137T	0358T-0374T	0623T-0626T	0890T-0893T	36591-36593	90584-90586
0140T	0378T-0386T	0631T	0895T-0900T	36598	90589
0144T-0151T	0389T-0391T	0633T-0642T	0948T-0949T	36600	90612-90613
0154T	0394T-0395T	0648T-0651T	0961T-0962T	38204	90619-90621
0159T	0398T-0402T	0658T	0972T	38900	90623-90627

90630
90632-90635
90636-90638
90644-90651
90653-90670
90671
90672-90676
90677
90680-90683
90685-90689
90690-90694
90696-90698
90700-90708
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90712-90718
90720-90721
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90732-90736
90738-90740
90743-90744
90746-90748
90750
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90758-90761
90765-90776
90779-90788
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90867-90870
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91060-91065
91111-91113
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91200
91300-91303
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91312-91313
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92025
92071-92072
92132-92134
92145
92201-92202
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92229
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93600-93649
93658-96919
96923-97003
97010-97602
97605-97608
97610
97760-97763
97810-97811
97813-97814
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98975-98977
98980-98981
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99188
99195-99220
99224-99226
99281-99292
99366-99368
99406-99409
99417
99421-99427
99437
99439
99446-99449
99451-99454
99457-99459
99473-99474
99477
99481-99482
99485-99491
99495-99498
A0425
A0427
A2001-A2002
A2004-A2029
A2030-A2039
A4100
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A4238
A4248
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A4287-A4288
A4337
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A4540-A4545
A4553
A4560
A4563-A4564
A4593-A4594
A4596
A4641-A4648
A4650
A5514
A6460-A6461
A6515-A6519
A6520-A6529
A6552-A6591
A6593-A6610
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A9268-A9269
A9285-A9286
A9291-A9293
A9500-A9510
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A9520-A9521
A9524-A9535
A9537-A9545
A9547-A9548
A9551-A9553
A9555-A9558
A9560-A9566
A9569
A9572-A9579
A9581-A9612
A9616
A9697
A9800
B4100-B4105
B4148-B4162
B4185
B4187
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B4193
B4197
B4199
C1052
C1080-C1083
C1093
C1204
C1600-C1606
C1713
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C1748-C1749
C1774
C1821-C1824
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C1830
C1832-C1834
C1839-C1842
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C2642-C2645
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C9101
C9105
C9120-C9122
C9127-C9142
C9145-C9172
C9174-C9175
C9202-C9203
C9218-C9220
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C9507
C9704
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C9803
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G0011-G0013
G0017-G0019
G0022-G0024
G0027
G0030-G0047
G0050
G0068-G0071
G0088-G0090
G0102-G0103
G0106-G0109
G0120
G0122-G0123
G0125
G0130-G0132
G0136-G0138
G0140
G0145-G0146
G0148
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G0202
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G0269
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G0295
G0297
G0299-G0300
G0302-G0307
G0327
G0328-G0331
G0338-G0340
G0344-G0351
G0353-G0363
G0365-G0371
G0374-G0379
G0383-G0384
G0389-G0390
G0392-G0394
G0396-G0397
G0399
G0402-G0405
G0416-G0419
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G0451-G0454
G0456-G0458
G0460-G0473
G0475-G0483
G0490
G0498-G0499
G0513-G0531
G0566-G0567
G0659
G1012-G1023
G2010-G2012
G2020
G2023-G2024
G2058
G2061-G2077
G2080
G2082-G2083
G2086-G2088
G2102-G2104
G2168-G2169
G2172
G2211-G2216
G2250-G2252

G3001	P9043	Q0247	Q4145-Q4199	S0012-S0014	S0132
G6001-G6017	P9045-P9048	Q0249	Q4200-Q4206	S0016-S0017	S0136-S0141
G6030-G6032	P9070-P9073	Q0477	Q4208-Q4222	S0020-S0021	S0144-S0148
G6034-G6058	P9099-P9100	Q0480-Q0505	Q4224-Q4242	S0023	S0155-S0195
G8402-G8403	P9612	Q0507-Q0509	Q4244-Q4250	S0028	S1091
G9017-G9020	Q0081	Q0515-Q0520	Q4254-Q4261	S0030	S4024
G9033-G9038	Q0084	Q2004-Q2009	Q4265- Q4345	S0032	S4988
G9041-G9044	Q0090	Q2011-Q2014	Q4354-Q4373	S0034	S5010-S5014
G9141	Q0111-Q0112	Q2017-Q2028	Q4375-Q4380	S0039-S0040	S5550-S5553
G9157	Q0114	Q2033-Q2051	Q4382-Q4397	S0071-S0074	S9002
G9362-G9363	Q0136-Q0139	Q2053	Q5098-Q5100	S0077-S0078	S9901
G9481-G9489	Q0144	Q2055-Q2058	Q5101-Q5121	S0080-S0081	S9443
G9886-G9888	Q0161-Q0180	Q3000-Q3001	Q5122-Q5125	S0088	S9563
J0120-J9999	Q0187	Q3005	Q5127-Q5138	S0090-S0093	T1032-T1033
P9016	Q0220	Q3008	Q5147-Q5159	S0104	U0001-U0005
P9021	Q0222	Q3025-Q3028	Q9001-Q9003	S0106-S0109	
P9027	Q0235	Q4074-Q4077	Q9941-Q9970	S0114-S0119	
P9034-P9035	Q0237	Q4079-Q4081	Q9972-Q9989	S0122	
P9037	Q0239-Q0240	Q4083-Q4099	Q9991-Q9995	S0126	
P9040-P9041	Q0243-Q0245	Q4101-Q4143	Q9999	S0128	

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.