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 (One Through Six 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	0479T-0481T	0809T-0810T	11984-15012	65758-69990	C8003-C8014
0054T-0055T	0483T-0484T	0813T-0814T	15015-20696	66683-66683	C9352-C9353
0071T-0072T	0489T-0492T	0816T-0819T	20698-22841	77372	C9600-C9608
0075T-0076T	0494T	0823T-0825T	22843-31626	91000-91009	C9700-C9702
0095T	0499T	0861T-0864T	31628-33945	91014-91021	C9708
0098T-0102T	0505T	0867T	33950	91023-91033	C9712-C9716
0120T	0510T-0520T	0869T-0874T	33960-33961	91041-91055	C9718-C9721
0123T	0524T-0527T	0882T-0886T	33967-33968	91100-91110	C9724-C9725
0135T	0530T-0532T	0888T	33970-33983	91114-91116	C9728-C9732
0155T-0158T	0537T-0540T	0894T	33990-34838	91118-91119	C9736-C9742
0163T-0167T	0543T-0551T	0901T	34840-35999	91121-91199	C9745-C9761
0171T-0172T	0553T	0908T-0910T	36002-36399	91201-91299	C9764-C9775
0184T	0563T	0913T-0925T	36417-36429	92018-92019	C9779-C9785
0190T-0191T	0565T-0574T	0933T	36431-36539	92242	C9790
0200T-0202T	0580T-0588T	0935T-0936T	36541-36590	92511	C9792
0221T-0222T	0594T	0941T-0943T	36594-36597	92920-92921	C9795-C9797
0228T-0231T	0596T-0597T	0950T-0960T	36599	92924-92925	C9800
0234T-0238T	0600T-0601T	0963T-0971T	36601-38203	92928-92930	C9901
0245T-0254T	0613T-0614T	0973T-0976T	38205-38225	92933-92934	G0104-G0105
0256T-0259T	0616T-0619T	0981T	38228-38899	92937-92938	G0121
0262T-0271T	0620T-0622T	0988T-0991T	38901-51700	92941	G0167
0274T-0277T	0627T-0630T	0994T-0996T	49186-49190	92943-92945	G0259-G0260
0281T-0284T	0632T	0999T-1001T	51703-51797	92950-92998	G0268
0288T-0290T	0643T-0647T	1003T	51721-51721	93451-93464	G0277
0293T-0294T	0652T-0657T	1012T-1015T	51799-57154	93501-93575	G0280
0299T-0300T	0659T-0661T	1019T	52443	93580-93583	G0289-G0291
0302T-0304T	0664T-0682T	1021T-1024T	52597	93590-93597	G0308-G0309
0307T-0309T	0686T	1027T	53865-53866	93650-93657	G0330
0312T-0325T	0699T	1037T-1038T	55707-55715	96547-96548	G0341-G0343
0334T-0336T	0707T	1040T	55881-55882	96920-96922	G0364
0338T-0340T	0714T-0715T	1042T	55868-55869	99183	G0413-G0415
0343T-0345T	0717T-0720T	1044T-1051T	55877	C1062	G0448
0355T-0356T	0725T-0727T	1054T-1059T	57157-57464	C1088	G0455
0375T-0377T	0730T	1062T	57466-63043	C1300	G0561
0387T-0388T	0735T-0737T	1065T-1068T	60660-60661	C1718	G0563-G0565
0392T-0393T	0739T	1080T-1084T	61715-61715	C1720	G0571
0396T-0397T	0744T-0748T	1090T-1095T	62330-62331	C1726	G2170-G2171
0404T	0775T	1098T-1099T	63032	C2616	G6018-G6025
0406T-0416T	0780T-0782T	1108T-1111T	63045-65756	C2638-C2641	G6027-G6028
0419T-0421T	0784T-0787T	10004-10012	64466-64469	C5271-C5278	S2066-S2068
0424T-0438T	0790T	10021-10022	64473-64474	C7500-C7535	
0440T-0443T	0793T	10030	64567	C7537-C7558	
0446T-0461T	0795T-0803T	10035-10036	64654-64659	C7560	
0474T	0805T-0806T	10040-11980	64728	C7562-C7571	

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 (Seven 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	0126T	0301T	0506T-0509T	0700T-0706T	0948T-0949T
0011A-0013A	0137T	0305T-0306T	0521T-0523T	0708T-0713T	0961T-0962T
0021A-0022A	0140T	0310T-0311T	0528T-0529T	0716T	0972T
0031A	0144T-0151T	0326T-0333T	0533T-0536T	0721T-0724T	0977T-0980T
0034A	0154T	0337T	0541T-0542T	0728T-0729T	0982T-0987T
0051A-0054A	0159T	0341T-0342T	0552T	0731T-0734T	0992T-0993T
0064A	0162T	0346T-0354T	0554T-0562T	0788T-0789T	0997T-0998T
0071A-0073A	0168T-0169T	0358T-0374T	0564T	0791T-0792T	1002T
0124A	0183T	0378T-0386T	0575T-0579T	0794T	1004T-1011T
0134A	0185T-0187T	0389T-0391T	0589T-0593T	0804T	1016T-1018T
0001M-0018M	0198T-0199T	0394T-0395T	0598T-0599T	0807T-0808T	1020T-1026T
0020M	0203T-0204T	0398T-0402T	0602T-0612T	0811T-0812T	1028T-1036T
0028T-0030T	0206T-0218T	0417T-0418T	0615T	0815T	1039T
0041T-0043T	0223T-0225T	0422T-0423T	0623T-0626T	0820T-0822T	1041T
0058T-0060T	0239T-0244T	0439T	0631T	0826T-0860T	1043T
0064T-0070T	0255T	0444T-0445T	0633T-0642T	0865T-0866T	1052T-1053T
0073T	0272T-0273T	0462T-0463T	0648T-0651T	0868T	1060T-1061T
0082T-0083T	0278T-0280T	0469T-0473T	0658T	0875T-0881T	1063T-1064T
0085T	0285T-0287T	0485T-0487T	0662T-0663T	0887T	1069T-1079T
0087T-0089T	0291T-0292T	0495T-0496T	0683T-0685T	0890T-0893T	1085T-1089T
0103T-0111T	0295T-0298T	0500T-0504T	0687T-0698T	0895T-0900T	1096T-1097T

1100T-1107T	90623-90627	92071-92072	99406-99409	A7049	C2642-C2645
0006U	90630	92132-92134	99417	A8005-A8006	C2698-C2699
0084U-0224U	90632-90635	92145	99421-99427	A9154	C7903
0240U-0241U	90636-90639	92201-92202	99437	A9156	C8000
0242U-0354U	90644-90651	92227-92228	99439	A9268-A9269	C8900-C8914
0364U-0520U	90653-90670	92229	99445-99449	A9285-A9286	C8918-C8937
0531U-0698U	90671	92273-92274	99451-99454	A9291-A9294	C8950-C8955
01937-01942	90672-90676	92288	99457-99459	A9500-A9510	C8957
20697	90677	92506-92507	99470	A9513	C9014-C9016
22842	90680-90683	92517-92519	99473-99474	A9515-A9518	C9021-C9067
31627	90685-90689	92521-92524	99477	A9520-A9521	C9068-C9080
33946-33949	90690-90694	92537-92538	99481-99482	A9524-A9535	C9085-C9098
33951-33959	90696-90698	92540	99485-99491	A9537-A9545	C9101
33962-33966	90700-90708	92543	99495-99498	A9547-A9548	C9105
33969	90710	92549-92550	A0425	A9551-A9553	C9120-C9122
33984-33989	90712-90718	92557-92558	A0427	A9555-A9558	C9127-C9142
34839	90720-90721	92570	A2001-A2002	A9560-A9566	C9145-C9172
36000	90723	92585	A2004-A2029	A9569	C9174-C9176
36400-36416	90725	92609	A2030-A2050	A9572-A9579	C9202-C9203
36430	90727	92611-92612	A4100	A9581-A9613	C9218-C9220
36540	90732-90736	92614	A4216-A4217	A9616	C9223-C9240
36591-36593	90738-90740	92616	A4224-A4226	A9697	C9242
36598	90743-90744	92618	A4228	A9800	C9244
36600	90746-90748	92620-92623	A4238	B4100-B4105	C9249-C9298
38204	90750	92625-92646	A4248	B4148-B4162	C9300-C9313
38900	90756	92650-92653	A4271	B4185	C9350-C9351
51701-51702	90758-90761	92700	A4287-A4288	B4187	C9354-C9369
51798	90765-90776	93000-93351	A4295-A4297	B4189	C9400-C9408
57155-57156	90779-90788	93355-93356	A4318	B4193	C9410-C9411
57465	90853	93584-93588	A4337	B4197	C9413-C9415
63044	90867-90870	93598	A4341-A4342	B4199	C9417-C9433
65757	90899	93600-93649	A4436-A4438	C1052	C9438
70010-77371	90912-90913	93658-96919	A4457	C1080-C1083	C9440-C9469
77373-89399	90935	96923-97003	A4467-A4468	C1093	C9470-C9494
90281-90284	90939	97007-97602	A4479	C1204	C9497
90291	90945	97605-97608	A4540-A4545	C1600-C1609	C9507
90371	90999	97610	A4553	C1713	C9704
90375-90376	91010-91013	97760-97763	A4560	C1734	C9722-C9723
90377	91022	97810-97811	A4563-A4564	C1740-C1743	C9727
90378-90379	91034-91035	97813-97814	A4593-A4594	C1748-C1749	C9733-C9735
90382	91037-91038	98966	A4596	C1774	C9743-C9744
90384-90386	91040	98970-98972	A4641-A4648	C1821-C1824	C9762-C9763
90389	91060-91065	98975-98977	A4650	C1825	C9776-C9777
90396	91111-91113	98979-98981	A5514	C1830	C9786-C9789
90460-90461	91117	98984-98986	A6460-A6461	C1832-C1834	C9791
90465-90468	91120	99072	A6515-A6519	C1839-C1842	C9793-C9794
90470-90474	91124-91125	99174	A6520-A6529	C1849	C9803
90481-90484	91200	99177	A6548	C1886	C9810-C9818
90581	91300-91303	99184	A6552-A6591	C1889	G0001
90584-90586	91305-91307	99188	A6593-A6610	C1982	G0011-G0013
90589	91312-91313	99195-99220	A6611	C2596	G0017-G0019
90612-90613	91323	99224-99226	A6614	C2613	G0022-G0024
90616	92014	99281-99292	A7021	C2623	G0027
90619-90621	92025	99366-99368	A7023	C2633	G0030-G0047

G0050	G0328-G0331	G2080	P9070-P9073	Q3025-Q3028	S0034
G0068-G0071	G0338-G0340	G2082-G2083	P9099-P9100	Q4074-Q4077	S0039-S0040
G0088-G0090	G0344-G0351	G2086-G2088	P9612	Q4079-Q4081	S0071-S0074
G0102-G0103	G0353-G0363	G2102-G2104	Q0081	Q4083-Q4099	S0077-S0078
G0106-G0109	G0365-G0371	G2168-G2169	Q0084	Q4101-Q4143	S0080-S0081
G0120	G0374-G0379	G2172	Q0090	Q4145-Q4199	S0088
G0122-G0123	G0383-G0384	G2211-G2216	Q0111-Q0112	Q4200-Q4250	S0090-S0093
G0125	G0389-G0390	G2250-G2252	Q0114	Q4254-Q4261	S0104
G0130-G0132	G0392-G0394	G3001	Q0136-Q0139	Q4265- Q4345	S0106-S0109
G0136-G0138	G0396-G0397	G6001-G6017	Q0144	Q4354-Q4373	S0114-S0119
G0140	G0399	G6030-G6032	Q0161-Q0180	Q4375-Q4380	S0122
G0145-G0146	G0402-G0405	G6034-G6058	Q0187	Q4382-Q4429	S0126
G0148	G0416-G0419	G8402-G8403	Q0220	Q4431-Q4433	S0128
G0183	G0422-G0424	G9017-G9020	Q0222	Q4435-Q4440	S0132
G0202	G0428-G0435	G9033-G9038	Q0234-Q0235	Q5098-Q5100	S0136-S0141
G0204	G0451-G0454	G9041-G9044	Q0237-Q0240	Q5101-Q5121	S0144-S0148
G0206	G0456-G0458	G9141	Q0243-Q0245	Q5122-Q5125	S0155-S0195
G0210-G0239	G0460-G0473	G9157	Q0247	Q5127-Q5138	S1091
G0242-G0247	G0475-G0483	G9362-G9363	Q0249	Q5147-Q5162	S4024
G0252-G0255	G0490	G9481-G9489	Q0477	Q5164-Q5173	S4988
G0257	G0498-G0499	G9871	Q0480-Q0505	Q9001-Q9003	S5010-S5014
G0261-G0262	G0513-G0531	G9886-G9888	Q0507-Q0509	Q9941-Q9970	S5550-S5553
G0269	G0566-G0570	J0013	Q0515-Q0520	Q9972-Q9989	S9002
G0274-G0275	G0574-G0575	J0120-J9999	Q2004-Q2009	Q9991-Q9995	S9901
G0278-G0279	G0659-G0678	P9016	Q2011-Q2014	Q9999	S9443
G0281-G0283	G0680-G0685	P9021	Q2017-Q2028	S0012-S0014	S9563
G0288	G1012-G1023	P9027	Q2033-Q2051	S0016-S0017	T1032-T1033
G0295	G2010-G2012	P9034-P9035	Q2053	S0020-S0021	U0001-U0005
G0297	G2020	P9037	Q2055-Q2058	S0023	
G0299-G0300	G2023-G2024	P9040-P9041	Q3000-Q3001	S0028	
G0302-G0307	G2058	P9043	Q3005	S0030	
G0327	G2061-G2077	P9045-P9048	Q3008	S0032	

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.