Commercial Reimbursement Policy

Subject: Place of Service and Evaluation and Management

Policy Number: C-15004  
Policy Section: Facilities

Last Approval Date: 09/16/2015  
Effective Date: 09/16/2015

Disclaimer

These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a member’s Anthem Blue Cross and Blue Shield (Anthem) benefit plan. The determination that a service, procedure, item, etc., is covered under a member’s benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member’s state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or Revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to both participating and non-participating providers and facilities. This reimbursement policy also applies to Employer Group Retiree Medicare Advantage programs.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Anthem may:

- Reject or deny the claim
- Recover and/or recoup claim payment

These policies may be superseded by provider or State contract language, or State, Federal requirements or mandates. We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date, in accordance with the policy. Anthem reserves the right to review and revise its policies periodically when necessary. When there is an update we will publish the most current policy to the website.

Policy

Services that are rendered in an office, professional building, medical office building, clinic or a space owned by a hospital or an institutional provider, other than the primary structure on the campus of the hospital or institutional provider, or rented by a professional from the hospital or an institutional provider must be billed on a CMS-1500 claim form and are not reimbursable if they are billed on a UB-04 claim form.

Anthem shall not separately reimburse a clinic fee or any other facility fee associated with space used to provide E&M services in the event they are billed on a UB-04 claim form.

Anthem does not reimburse for professional E&M charges billed on a UB-04 claim form regardless of where services are rendered; reimbursement for these charges are included in the professional fee allowance.
All professional services must be billed on a CMS-1500 claim form using the appropriate CPT®/HCPCS codes.

Services rendered outside of the primary structure on the campus of a hospital or an institutional provider shall not be billed or reimbursed on a UB-04 claim form. The member is not responsible for these charges.

### Related Coding

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>Standard correct coding applies</td>
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### Exemptions

There are no exemptions to this policy

### Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
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<tbody>
<tr>
<td>06/01/2019</td>
<td>Policy template updated</td>
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<tr>
<td>09/16/2015</td>
<td>Initial policy approval and effective date</td>
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</tbody>
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### References and Research Materials

This policy has been developed through consideration of the following:
- CMS

### Definitions

<table>
<thead>
<tr>
<th>Definition</th>
<th>Description</th>
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<tr>
<td>Primary structure of a hospital or an institutional provider</td>
<td>Is the physical site location where there are state licensed inpatient beds and/or a state licensed emergency room or emergency department, as well as provision of 24 hours per day, seven days a week on site continuous physician and nursing services for diagnosis and treatment of patients</td>
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<tr>
<td>Evaluation and Management Services</td>
<td>Professional services rendered by a physician or other qualified health care professional for the prevention or diagnosis and treatment of illness or injury and the promotion of optimal health.</td>
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### Related Policies and Materials

Clinic Charges

### Use of Reimbursement Policy

This policy is subject to federal and state laws, to the extent applicable, as well as the terms, conditions, and limitations of a member’s benefits on the date of service. Reimbursement Policy is constantly evolving and we reserve the right to review and update these policies periodically.

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