

Date: 02/11/10

# Web Announcement 307

## Billing Clarification for Provider Type 12, Hospital Outpatient Service Providers

Hospital Outpatient Service Providers: Services provided in hospital outpatient departments (i.e., emergency room, clinic/office, observation, diagnostic) are billed with appropriate descriptive service HCPCS/CPT codes that are cross referenced by an assigned revenue code. Always use the appropriate revenue code for the HCPCS/CPT descriptive service provided not specific to where the service was rendered.

**Example:** When the administration of an injection occurs in an emergency room setting and is followed by the administration of an injection in observation during one continuous encounter, bill the administration procedure code on one claim line with multiple units. Do not bill the same administration procedure code on two separate lines. All repetitive services rendered on the same date are billed in the same manner: one procedure code on one claim line with multiple units when appropriate.

If the same procedure code is billed on two separate claim lines with the same date of service, the entire claim will deny for edit code 303 – Duplicate Payment Request.

This information is applicable to any provider rendering outpatient services and billing on a UB claim.