

MedPLUS+

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Provider Billing Alert  
**Three Rivers Health Plans, Inc.**  
**Three Rivers Children's Health Plan, Inc.**

### **Revenue Code 761**

Effective 2/15/05, Revenue Code 761 will be programmed to pay as "Treatment Room". Prior to 2/15/05, our system was programmed to treat Revenue Codes 760-765 as Observation and coordinate with the number of hours in the units field to determine payment. Moving forward, Revenue Code 761 will no longer be used for Observation. When 761 is billed, payment will be determined based on the HCPCS or CPT code billed in block 44 of the UB92 claim form. Please be sure to use the correct corresponding Provider ID #. Please continue to utilize 760, as well as 762-765 to bill for Observation.

### **3-D Holograms**

Effective 2/15/05, 3-D Holograms will no longer require separate prior authorization when performed with a radiology procedure. The applicable authorization for the radiology procedure will include the 3-D Hologram, if medically necessary, to be performed. For example, if a network physician orders a CT Scan for a member over 21 years of age, prior-authorization is required. The 3-D Hologram will pay under the authorization for the CT Scan. If a network physician orders a CT Scan for a member under 21 years of age, a referral is required. The 3-D Hologram will pay under that referral.

**Please note the following exception: When a 3-D Hologram is ordered with an ultrasound, it will always require a separate prior-authorization.**

Should you have any questions, please contact Provider Services at 800-600-9007.

Thank you for your cooperation regarding this matter.