

	<b>Revenue Code 0710 Recovery Room</b>	
	<b>Policy Number: POL-PP-330</b>	<b>Original Creation Date 2/1/2026</b>
	<b>Version Number: 02</b>	<b>Version Effective Date 2/1/2026 and 4/1/2026</b>
	<b>Policy Status: Active</b>	<b>Next Review Date 2/1/2027</b>

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PROFESSIONAL</b>	<b>FACILITY</b>	<b>DME</b>	<b>AMBULATORY SURGERY</b>	<b>LAB</b>	<b>OTHER</b>

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>COMMERCIAL</b>	<b>BLUE MEDICARE ADVANTAGE</b>	<b>ACA QHP<sup>1</sup></b>	<b>SMALL GROUP ACA</b>	<b>JAA<sup>2</sup></b>	<b>FEP<sup>3</sup></b>	<b>DENTAL</b>

<sup>1</sup> ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family    <sup>2</sup> JAA: Joint Administrative Account    <sup>3</sup> FEP: Federal Employee Program

**Disclaimer**

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

**Description/Application**

The recovery room, also called the Post-Anesthesia Care Unit (PACU), is where a patient goes right after surgery to wake up from anesthesia, where specially trained nurses monitor vital signs (breathing, heart rate, blood pressure) as the patient

stabilizes. They may receive pain/nausea medication and gradually become alert before being moved to a hospital room or discharged home.

Patients typically spend 45 minutes to 2 hours in the recovery room (PACU), but it can range from 30 minutes to several hours depending on the surgery's complexity, type of anesthesia, and individual patient factors like pain and response to medication.

The table below is from a study performed by the National Institute of Health, and provides average times spent in recovery.

General Stay Type	Average Recovery Room time
National Benchmark	90 minutes (1.5 hours)
Typical Range	60 minutes to 3 hours
Outpatient Surgery Average	30 minutes to 2 hours

## Policy

This policy applies to outpatient surgical procedures submitted by facilities.

The following guidelines will be enforced.

Effective 2/1/2026

- Revenue code 0710 is only allowed on the day of surgery/procedure
- Time should be billed in units, 60 minutes is 60 units
- Recovery Room time stops when a patient's vital signs are stable, they are fully alert and medically cleared to move to a regular hospital room or go home.

Effective 4/1/2026

- Revenue code 0710 requires a CPT/HCPCS code to be submitted in addition to the revenue code.
- When a CPT/HCPCS code is not submitted with revenue code 0710, it will be returned to the facility due to incomplete or incorrect data.
- Recovery room time over 300 units (5 hours) will be denied for review. Documentation will be required to support the patient was unstable/experiencing complications and time spent over the typical time (3 hours) was medically necessary.

## Coding

Codes	Description
0710	Recovery Room-General Classification

## References and Resources

Blue KC Provide Reference Guide
Uniform Billing Editor

Centers for Medicare and Medicaid Services

**Related Documents**

POL-PP-258 Facility Observation G0378 and G0379

POL-PP-229 Revenue Codes Requiring CPT/HCPCs

**Revision History**

<b>Version</b>	<b>Date</b>	<b>Summary of Revisions</b>
001	2/1/2026	Initial Version
002	3/11/2026	Corrected original creation date to 2/1/2026