



Facility Revenue Code Requirements

Claim Operations

Purpose

Community Health Options (“Health Options”) requires facilities to report current and accurate CPT or HCPCS codes with all applicable Revenue Codes, as defined by the National Uniform Billing Committee (NUBC).

Facilities are required to report CPT, HCPCS, and modifiers on outpatient facility claims at the highest level of specificity, when an appropriate code exists, that is supported by the medical record.

Policy

Sub-heading

Health Options reimburses acupuncture services to contracted providers when the service is a covered benefit. Acupuncture benefits may vary greatly among employer groups. For benefit determination, call the Provider Service Center at XXX-XXX-XXXX.

Definitions

Health Options reimburses acupuncture services to contracted providers when the service is a covered benefit. Acupuncture benefits may vary greatly among employer groups. For benefit determination, call the Provider Service Center at XXX-XXX-XXXX.

References/Resources

National Uniform Billing Committee (NUBC)

Document Publication History

2/17/2023	Annual review: no changes
1/19/2022	Annual review: no changes
1/15/2021	Initial publication

This policy provides information on Community Health Options’ claims adjudication processing guidelines. As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management guidelines when applicable, adherence to plan policies and procedures, and claims editing logic. Community Health Options reserves the right to amend a payment policy at its discretion. Policies are enforced unless underpinning direction stated otherwise.