

Policy

Community Health Options reimburses sterile environment room and board (isolation or precaution) charges when billing guidelines, clinical criteria, authorization and Member eligibility are met with supporting facility medical record documentation. Inpatient room and board admissions include "routine" items and services furnished to a covered Member, including room and board, dietary and nursing services, minor medical and surgical supplies, medical social services, and the use of certain equipment and facilities for which a separate charge is not customarily made.

Clinical Coverage Guidelines

Please refer to the Adverse Utilization Management Decisions Policy for specific timelines required for all notifications to obtain approved service authorization.

Clinical guidelines allowed for authorizations are limited to:

- Airborne precautions/airborne infection isolation room (AIIR, previously known as negative pressure isolation room)
- Severely immunocompromised patients and need for isolation precautions that require a positive pressure protective environment

Clinical documentation required:

- Diagnosis
- Type of precaution (e.g., airborne, or droplet)
- Suspected or confirmed airborne infectious disease (must provide specific isolation delegation ordered)
- Date and time of precautions/isolation for when specified delegation initiated and discontinued

Billing Guideline

Hospital sterile environment room and board charges are to be billed under revenue code 164 on the CMS UB04/1450 claim form with billed units representing the number of "days".

Resources

[Centers for Disease Control and Prevention \(CDC\)](#)
[Centers for Medicare & Medicaid Services \(CMS\)](#)
[National Uniform Billing Committee \(NUBC\)](#)

Related Policies

[Adverse Utilization Management Decisions](#)
[Facility Revenue Code Requirements](#)
[Itemized Bill Submission](#)
[Routine Supplies, Services, and Medical Equipment](#)

Document Publication History

- 11/28/2022 Annual review: no changes

- 1/4/2022 Initial publication, Effective 3/5/2022

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.