



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.

References/Resources

National Uniform Billing Committee (NUBC)

Document Publication History

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|-----------|---------------------------|
| 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.