

Policy

Community Health Options will not allow clinic services rendered to covered Members by qualified healthcare professionals at any clinic owned, operated or controlled by a healthcare facility/system when billed on a UB-04. Revenue codes 0510-0529 (Clinic and Freestanding Clinic) will be denied as provider responsibility. Participating providers and facilities may not balance-bill the patient.

All clinic services provided are required to be billed on a CMS-1500 claim form or electronic equivalent. Professional claims will be reimbursed according to the contracted professional fee schedule.

Related Policies

[Paper Claims Submission](#)

[Professional Services](#)

[Replacement Claim Billing](#)

Document Publication History

- 6/20/2023 Annual review; no changes.
- 6/21/2022 Annual review; removed policy notation "previously published ...".
- 7/9/2021 Initial publication; previously published under Provider-Based Billing policy, effective 1/1/2018, rewritten here to provide additional clarification.

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 the underpinning direction stated otherwise.