COMMUNITY Health Options®

Professional Services

Reimbursement Policy

Purpose

To provide clarification on professional services and appropriate billing guidelines.

Policy

Community Health Options follows national standards for completing the claim forms as follows:

- UB-04 (CMS-1450) paper claim and electronic 8371 (institutional claim) for technical/hospital facility services based on the National Uniform Billing Committee (NUBC).
- CMS-1500 paper claim and electronic 837P (professional claim) for physician, nonphysician practitioner, and other healthcare provider professional services based on the National Uniform Claim Committee (NUCC).

The technical component of a charge addresses the use of equipment, facilities, nonphysician medical staff, supplies, etc. Technical charges do not include the physician's professional fees but include the use of all other services associated with the visit.

The professional component of a charge covers the cost of the physician's professional services. Professional services are performed by a licensed physician, or other qualified healthcare professional, to assist with the prevention, diagnosis or treatment of illness, or maintenance of ongoing health. Professional services are reimbursed using a fee schedule.

Examples of professional services include (not all-inclusive):

- Anesthesia professional services
- Ambulance services
- Behavioral health
- Evaluation and management
- Image readings (CT, MRI, X-ray, etc.)
- Medication-assisted treatment
- Physical, occupational, and speech therapies
- Physician Assistant (PA)
- Surgical professional services and assistant surgeon services

Other services required to be billed on the CMS-1500 (837P) claim form may be facility-type-based or service-type-based services that are paid based on a fee schedule. Durable Medical Equipment (DME) is an example of service-type-based services to be billed on the CMS-1500 (837P) for appropriate reimbursement.

Revenue Codes

UB-04 (CMS-1450) revenue codes identified as "Professional Fees" by NUBC will not be considered for reimbursement by Community Health Options unless billed on the CMS-1500 (837P) for appropriate reimbursement. Example revenue codes include (but not all-inclusive):

- 0960-0969 Professional Fees
- 0970-0979 Professional Fees
- 0980-0989 Professional Fees

Other revenue code categories, where professional services can be found, that should be billed on the CMS-1500 (837P) claim form includes, but are not limited to, the following:

- 0280-0289 Oncology Clinic
- 0300-0309 Laboratory
- 0310-0319 Laboratory Pathological
- 0320-0329 Radiology Diagnostic
- 0330-0339 Radiology - Therapeutic and/or Chemotherapy Administration
- 0340-0349 Nuclear Medicine
- 0350-0359 CT scan
- 0420-0429 Physical Therapy
- 0430-0439 Occupational Therapy
- 0440-0449 Speech Therapy
- 0481-0489 Cardiology Clinic
- 0510-0519 Clinic
- 0520-0529 Freestanding Clinic
- 0530-0539 Osteopathic Services
- 0540-0549 Ambulance Services
- 0610-0619 Magnetic Resonance Technology
- 0630-0637 Pharmacy
- 0740-0749 Sleep Study
- 0760-0769 Treatment or Observation Room and other Specialty Services
- 0770-0779 Preventive Care Services
- 0780-0789 Telemedicine
- 0900-0919 Behavioral Health Treatments/ Services

Place of Service

The "Place of Service" (lines 1-6, CMS-1500 form location 248) identifies the location where the service was rendered. This field allows for the entry of two digits in the unshaded area. Place of Service Codes are available at: https://www.cms.gov/medicare/coding-billing/place-of-service-codes/code-sets

Exceptions

Community Health Options accepts Ambulatory Service Center (ASC) claims to be billed using the UB-04/CMS-1450 (8371) claim form.

Conclusion

All professional services must be billed on a CMS-1500 claim form (electronic 837P), utilizing CPT/HCPCS codes to appropriately identify the rendered services. Professional services include those provided by, but not limited to, hospital-based physicians, radiologists, hospitalists, emergency room physicians, anesthesiologists, Certified Registered Nurse Anesthetists (CRNA), clinical psychologists, independent practitioners, physical therapists, occupational therapists, and speech therapists.

Related Policies

Anesthesia Professional Services
Clinic Charges
Facility Revenue Code Requirements
Outpatient & Professional Service
Paper Claims Submission

COMMUNITY Health Options

Payment Integrity Audit
Physician Assistant Services
Unlisted / Unspecified / Miscellaneous Codes

Document Publication History

- 6/23/2023 Annual review; added to the related policies section
- 6/30/2022 Annual review; no update
- 7/9/2021 Initial publication; policy replaces the previously published Provider-Based Billing Policy effective 1/1/2018.