

Clinic Charges

Reimbursement Policy

Policy

Community Health Option (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-O4. Revenue codes O510-O529 (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 Provider Based Billing Replacement Claim Billing

Policy Notations

The guidelines herein were included in the previously published Provider Based Billing policy that was effective 1/1/2018. The Provider Based Billing policy was rewritten under the title Professional Services. This policy was created to provide additional clarification specific to Clinic Charges.

Document Publication History

6/21/2022 Annual review; removed policy notation and added the information under July 2021 update.

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 underpinning direction stated otherwise.