

Health Plus Medical & Claims Payment Bulletin

Bulletin number: CL - 305

Original Bulletin Date: 03/01/06

Updated: 04/20/06

Subject: UB-92 & Outpatient Clinic Services

Definition:

Clinic visits - indicates non-emergency scheduled outpatient visit.

Policy:

Claim Submission:

- For Health Plus participating facilities, the Attending provider's last name, first name, license number, and state MMIS identification number is required to be submitted.
- All facility claims for outpatient clinic services must include the outpatient four digit/three digit clinic revenue code in order for Health Plus to process the claim as a clinic encounter/visit.

Accurate reporting of revenue codes and corresponding five (5) digit CPT/HCPCS codes is necessary to ensure accurate adjudication of the claim.

- Clinic services must include the appropriate clinic revenue codes as follows on the UB-92 paper billing form and/or on the 837I electronic billing:

- 510 – General Classification
- 511 – Chronic Pain Center
- 512 – Dental Clinic
- 513 – Psychiatric Clinic
- 514 – OB-GYN Clinic
- 515 – Pediatric Clinic
- 516 – Urgent Care Clinic
- 517 – Family Practice Clinic
- 519 – Other Clinic

The following revenue codes indicate charges for psychiatric/psychological treatment services:

- 910 – General Psych Services
- 911 – Psych Rehabilitation
- 912 – Psych Partial Hospitalization – less intensive
- 913 – Psych Partial Hospitalization – intensive
- 914 – Individual Therapy
- 915 – Group Therapy
- 916 – Family Therapy
- 917 – Bio Feedback
- 918 – Testing
- 919 – Other

- Any outpatient clinic services filed without the appropriate clinic revenue code will be adjudicated as a non-clinic visit.

Policies in this manual are intended to reflect standard Health Plus procedures. In instances where a provider’s contract contains other policies which may be more or less restrictive than those in this manual, these contractual provisions will apply.

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