HIGHMARK						HIS	TORY	VERSI	ON
Bulletin Number: Subject: Effective Date: Issue Date: Date Reviewed: Source:	RP-071 Incremental Nursing March 21, 2022 October 23, 2023 October 2023 Reimbursement Policy	End Date: Revised Dat	e:	Octob	er 202	3			
Applicable Claim T	re Advantage Market	PA PA UB o that market eithe	⊠ ⊠ ⊠	WV WV 1500	⊠ ⊠ ⊡	DE DE	ted with	NY NY in the p	

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

PURPOSE:

This policy defines incremental nursing and addresses the Plans position when charges are submitted for consideration on reimbursement for services.

REIMBURSEMENT GUIDELINES:

Rev Code	Description	
0230	General Classification	
0231	Nursery	
0232	OB	
0233	ICU	
0234	CCU	
0235	Hospice	
0239	Other	

When reporting Incremental nursing for services rendered on an outpatient basis, the facility must report the revenue code with the appropriate HCPCS code for services to be considered for reimbursement.

Inpatient Services:

The revenue codes for incremental nursing typically are bundled into the room and board charge reported on the claim. The Plan will not make separate reimbursement for these services.

RELATED POLICIES:

Refer to the following Reimbursement Policies for additional information:

• RP-035: Correct Coding Guidelines

REFERENCES:

• Centers for Medicare and Medicaid, Pub. 100-4 Medicare Claims Processing; Transmittal 1395

3 / 2021	Implementation
9 / 2022	Make policy applicable to New York Medicare Advantage
10 / 2023	Administrative policy review with no changes in policy direction

HIGHMARK.

HISTORY VERSION

Bulletin Number:	RP- 071						
Subject:	Incremental Nursing						
Effective Date:	March 21, 2022	End Date:					
Issue Date:	September 1, 2022	Revised Date:	September 202	22			
Date Reviewed:	August 2022						
Source:	Reimbursement Policy		1				
Applicable Comme	rcial Market	PA 🗵		DE	\square	NY	\square
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Applicable Claim T	уре	UB	1500				
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9 / 2022	Make policy applicable to New York Medicare Advantage

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Bulletin Number:	RP- 071							
Subject:	Incremental Nursing							
Effective Date:	March 21, 2022	End Date:						
Issue Date:	December 20, 2021	Revised Dat	te:					
Date Reviewed:								
Source:	Reimbursement Policy					\square		
Applicable Commer	cial Market	PA	\square	WV	DE		NY	\square
Applicable Medicare	e Advantage Market	PA	\square	WV	DE DE		NY	
Applicable Claim Ty	ре	UB	\square	1500)		
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REFERENCES:

CMS Manual System, Pub. 100-4 Medicare Claims Processing; Transmittal 1395 https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1840A3.pdf

March / 2021	Implementation	

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