

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-071
Subject: Incremental Nursing
Effective Date: March 21, 2022 **End Date:**
Issue Date: October 23, 2023 **Revised Date:** October 2023
Date Reviewed: October 2023
Source: Reimbursement Policy

Applicable Commercial Market	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
Applicable Medicare Advantage Market	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
Applicable Claim Type	UB	<input checked="" type="checkbox"/>	1500	<input type="checkbox"/>				

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

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:

Incremental nursing is defined as extraordinary charges for nursing services assessed in addition to the normal nursing charge associated with the typical room and board unit. The following revenue codes that begin with 023x represent Incremental nursing charges:

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

Outpatient Services:

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

POLICY UPDATE HISTORY INFORMATION:

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

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HISTORY VERSION

Bulletin Number: RP- 071
Subject: Incremental Nursing
Effective Date: March 21, 2022 **End Date:**
Issue Date: September 1, 2022 **Revised Date:** September 2022
Date Reviewed: August 2022
Source: Reimbursement Policy

Applicable Commercial Market PA WV DE NY
Applicable Medicare Advantage Market PA WV DE NY
Applicable Claim Type UB 1500

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POLICY UPDATE HISTORY INFORMATION:

3 / 2021	Implementation
9 / 2022	Make policy applicable to New York Medicare Advantage

HISTORY

Highmark Reimbursement Policy Bulletin



Bulletin Number: RP- 071
Subject: Incremental Nursing
Effective Date: March 21, 2022 **End Date:**
Issue Date: December 20, 2021 **Revised Date:**
Date Reviewed:
Source: Reimbursement Policy

Applicable Commercial Market PA WV DE NY
Applicable Medicare Advantage Market PA WV DE NY
Applicable Claim Type UB 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>

POLICY UPDATE HISTORY INFORMATION:

March / 2021	Implementation
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