



Acute Isolation Room & Board Charges

Reimbursement Policy

Policy

Community Health Options (“Health Options”) reimburses Sterile Environment Room & Board (aka. Isolation or Precaution) charges when billing guidelines, clinical criteria, authorization, and member eligibility are met with supporting facility medical record documentation.

Inpatient Room & Board (R&B) admissions include “routine” items and services furnished to a covered member including room and board, dietary and nursing services, minor medical and surgical supplies, medical social services, and the use of certain equipment and facilities for which a separate charge is not customarily made.

Clinical Coverage Guidelines

Please reference the Adverse Utilization Management Decisions Policy for specific timelines required for any and all notifications to obtain an approved authorization for services.

Clinical guidelines allowed for authorizations are limited to:

- Airborne precautions/airborne infection isolation room (AIIR) (previously known as negative pressure isolation room)
- Severely immunocompromised patient and need for isolation precautions that require a positive pressure protective environment

Clinical documentation required:

1. Diagnosis
2. Type of precaution (i.e., airborne, or droplet)
3. Suspected or confirmed airborne infectious disease (needs to provide specific isolation delegation ordered)
4. Date and time of precautions/isolation for when specified delegation initiated and discontinued

Billing Guidelines

Hospital Sterile Environment R&B charges are to be billed under revenue code 164 on the CMS UB04/1450 claim form with billed units representing the number of “days”.

References / Resources

Centers for Disease Control and Prevention (CDC)
Centers for Medicare & Medicaid Services (CMS)
National Uniform Billing Committee (NUBC)

Related Policies

Adverse Utilization Management Decisions
7.9.8 Clinical Guideline: Isolation Precautions
Facility Revenue Code Requirements
Itemized Bill Submission
Routine Supplies, Services, and Medical Equipment

Document Publication History

11/28/2022 Annual review: no changes
1/4/2022 Initial publication, Effective 3/5/2022

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.