

## COMMERCIAL REIMBURSEMENT POLICY

### Incremental Nursing

Active

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**Policy Number:** Facility – 002  
**Policy Title:** Incremental Nursing  
**Section:** Facility  
**Effective Date:** 11/01/2023

#### Description

This policy addresses incremental nursing charges submitted on an institutional electronic claim format (837I).

#### Definitions

**023x Incremental Nursing Charge:** Extraordinary charges for nursing services assessed in addition to the normal nursing charge associated with the typical room and board unit.

#### Policy Statement

Incremental nursing charge revenue codes (023x) will be reimbursed in addition to normal nursing charges for usual and customary room and board. When the physician or other qualified health care professional's order states the need for a private duty nurse, RN, or LPN to be utilized, documentation must clearly support the need for incremental nursing.

Incremental Nursing Charge revenue codes include:

- 0230 General Classification
- 0231 Nursery
- 0232 OB
- 0233 ICU
- 0234 CCU
- 0235 Hospice
- 0239 Other

Use of the 023X revenue codes does not support unbundling of nursing charges from standard room and board charges.

Incremental nursing service claims with the 023x revenue codes will be reviewed on post-payment audit and are subject to recovery if the policy guidelines are not followed.

#### Documentation Submission

Documentation must identify and describe the services performed. If a denial is appealed, this documentation must be submitted with the appeal.

#### Coverage

Eligible services will be subject to the subscriber benefits, applicable fee schedule amount and any coding edits.



**The following applies to all claim submissions.**

All coding and reimbursement is subject to all terms of the Provider Service Agreement and subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (HCPCS, CPT, ICD), only codes valid for the date of service may be submitted or accepted. Reimbursement for all Health Services is subject to current Blue Cross Medical Policy criteria, policies found in the Provider Policy and Procedure Manual sections, Reimbursement Policies and all other provisions of the Provider Service Agreement (Agreement).

In the event that any new codes are developed during the course of Provider's Agreement, such new codes will be paid according to the standard or applicable Blue Cross fee schedule until such time as a new agreement is reached and supersedes the Provider's current Agreement.

All payment for codes based on Relative Value Units (RVU) will include a site of service differential and will be calculated using the appropriate facility or non-facility components, based on the site of service identified, as submitted by Provider.

**Coding**

The following codes are included below for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply subscriber coverage or provider reimbursement.

- CPT/HCPCS Modifier:** N/A
- ICD-10 Diagnosis:** N/A
- ICD-10 Procedure:** N/A
- CPT/HCPCS:** N/A
- Revenue Codes:** 0230      0231      0232      0233      0234      0235      0239

**Resources**

National Uniform Billing Committee UB-04 Data Specifications Manual
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**Policy History**

10/21/2015	Initial Committee Approval
02/24/2020	Annual Policy Review
03/23/2021	Annual Policy Review
08/23/2022	Annual Policy Review
10/24/2023	Annual Policy Review

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