

## Claims Requiring Notes/Attachments

The following is a list of claims types and/or services that require the identified attachments when submitting claims to Community Health Center Network. These documents are reviewed to determine payment responsibility and process claims timely and appropriately.

In addition to the items listed below, CHCN may request information or documentation for other services or procedures billed to CHCN.

Type of Claim/Service	CPT Codes	Notes/Attachment
Coordination of Benefits (COB)	All	Other Carrier/payer Explanation of Benefits (EOB)
Hysterectomy	See attached list	Hysterectomy- Informed Consent
Sterilization	See attached list	Consent Form (PM 330)
Unlisted Procedures	“By report” codes	Op/Procedure Report
Unusual Procedure or Multiple Modifiers	All	Op/Procedure Report
Unusual Services	All	Op/Procedure Report
Vaginal Deliveries	01967	Code 01967 billed with 20 units or more on claim will require Anesthesia Report or Time in Attendance (TIA).  Claims with less than 20 units billed do not require an attachment.