



nphies

Onboarding

Public Providers Billing
Guidelines through nphies

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PUBLIC PROVIDERS BILLING GUIDELINES

CCHI-Approved Clinical Standards:

Providers can refer to the CCHI website and nphies community portal for code sets updates and approved standards:

Coding fields required	Codes, classifications, and terminologies to be used
Diagnosis Codes, includes: Ophthalmology, Rehabilitation	ICD-10-AM Tenth Edition
Procedures / Health interventions (in-patient) includes: Ophthalmology, Rehabilitation and allied health services	CCHI Billing System (CCHI-BS)
Outpatient Cost/ Ambulatory Services, Consultation, Room and Board, Inpatient Rounding	
Inpatient Oral Health	
Laboratory tests, observations and Blood Bank products	
Imaging Procedures	
Ambulance and Transportation Services (SRCA)	
Outpatient Oral Health	The Australian Schedule of Dental Services and Glossary (ADA)
Packaged pharmaceuticals	SFDA (GTIN)
Medical devices	SFDA (GMDN)
Diagnosis Related Grouper (DRG)	AR-DRG v9

Diagnosis-Related Group (DRG) - Inpatient:

DRGs shall cover all services provided to insurance policy holder while staying at inpatient departments, including the services provided by the medical practitioner (all physicians, anesthesiologists and consultation of other consultations), medications, diagnostic procedures, consumables, intravenous fluids, blood transfusion, injection, administrative services, booked operation room, booked intensive care unit, hospitalization and any other services provided to the insured while staying in inpatient departments, inclusive of:

- Main medical procedure or surgery.
- Appropriate routine care of case or surgery.
- Complications of medical case or surgical procedure arise, while patient stays at inpatient departments.



Itemized Prices of Health Services - Outpatient:

Itemized health services approved by the CCHI shall cover all services provided to the outpatient holders of insurance policies.

nphies DRG Billing Guidelines - Inpatient:

Providers can follow the below steps to bill inpatient services with DRG codes:

- 1- Map your internal codes to CCHI-approved standards.
- 2- Enter the CCHI-approved service codes of performed services, one-by-one.
- 3- If a provider has implemented DRG Grouper (Australian Diagnosis Related Grouper (AR-DRG), enter the DRG code in the DRG field (in addition to all the provided service codes mentioned in step 2). If the provider does not have a DRG Grouper, leave the DRG field empty, and the insurance company will group the services and price it accordingly.

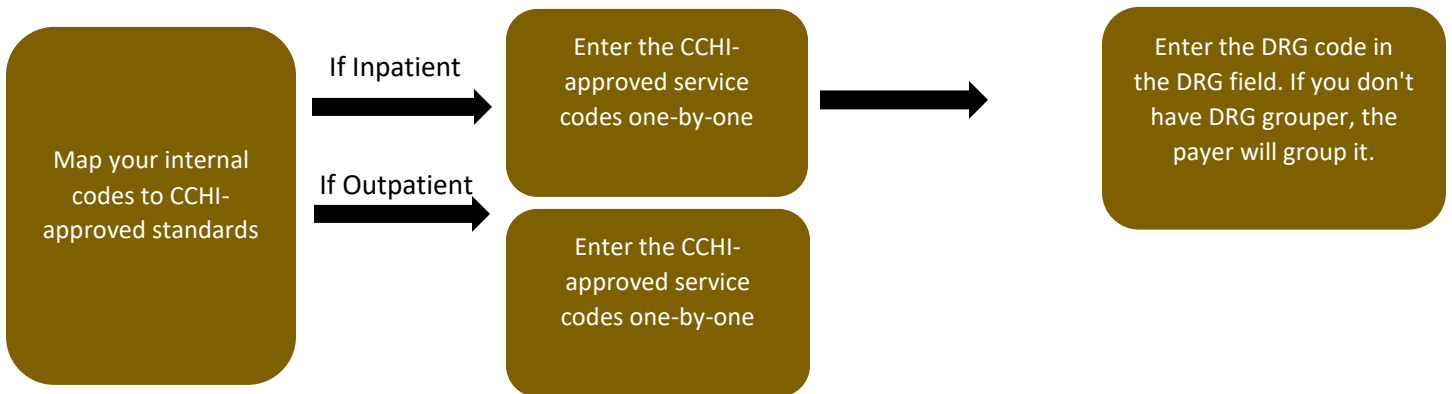
***Note:** To group CCHI-BS codes, the grouper must remove the last two digits of the codes to render them back to ACHI codes.

nphies DRG Billing Guidelines - Outpatient:

Providers can follow the below steps to bill inpatient services with DRG codes:

- 1- Map your internal codes to CCHI-approved standards.
- 2- Enter the CCHI-approved service codes of performed services, one-by-one.

Illustrative Billing Process through nphies (Inpatient and Outpatient):



Unlisted Code Guidelines:

If an internal service code does not have match in the CCHI-approved standards, the provider can report those codes to cchi-bs@cchi.gov.sa .For any other inquiries, please send an email to: onboarding@cchi.gov.sa or reach out to the Onboarding call center at 920004299.



