	Reimbursement Policy	
Subject: Claims with Charge Discrepancies		
Effective Date: **01/30/07**	Committee Approval Obtained: **10/08/20**	Section: **Administration**
*****The most current version of our reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to **https://providers.healthybluela.com**.*****		
These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement by Healthy Blue if the service is covered by a member's Healthy Louisiana benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with CPT® codes, HCPCS codes and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities. If appropriate coding/billing guidelines or current reimbursement policies are not followed, Healthy Blue may: • Reject or deny the claim. • Recover and/or recoup claim payment. Healthy Blue reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Healthy Blue strives to minimize these variations. Healthy Blue reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to this site.		
Policy	Healthy Blue allows reimbursement for claims submitted with an itemized statement where there is a discrepancy in total charges less than $100 unless provider, state, federal or CMS contracts and/or requirements indicate otherwise. Itemized claims with discrepancies totaling more than $100 or claims submitted that are not itemized and contain a discrepancy between the line item and the total amount billed will be denied and returned to the	

	provider as an unclean claim. The provider will be required to resubmit a corrected claim for reimbursement.
History	• Biennial review approved: **10/08/20** • Biennial review approved **10/26/18**: Policy template updated • Policy template updated effective **09/01/17** • Biennial review approved **10/03/16**: Policy template updated • Review approved **11/04/15**: Policy template updated • Biennial review approved **08/18/14**: Policy template updated • Biennial review approved **10/08/12**: Policy template updated • Review approved **06/20/11**: Policy language updated • Biennial review approved **10/25/10**: Policy template updated • Review approved **11/10/08**: Policy template updated • Initial approval and effective **01/30/07**
References and Research Materials	This policy has been developed through consideration of the following: • CMS • State Medicaid • State contracts
Definitions	• **General Reimbursement Policy Definitions**
Related Policies	• Claims Timely Filing
Related Materials	• None