

		Reimbursement Policy
Subject: Emergency Services: Nonparticipating Providers and Facilities		
Effective Date: 01/01/20	Committee Approval Obtained: 01/01/20	Section: Administration
<p>***** 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.*****</p> <p>These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a Healthy Blue Dual Advantage (HMO D-SNP) member's 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 participating providers and facilities; a noncontracting provider who accepts Medicare assignment will be reimbursed for services according to the original Medicare reimbursement rates.</p> <p>If appropriate coding/billing guidelines or current reimbursement policies are not followed, Healthy Blue Dual Advantage may:</p> <ul style="list-style-type: none"> • Reject or deny the claim. • Recover and/or recoup claim payment. <p>Healthy Blue Dual Advantage 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 These policies may be superseded by mandates in provider, state, federal, or CMS contracts and/or requirements.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 set up may prevent the loading of policies into the claims platforms in the same manner as described; however, Healthy Blue Dual Advantage strives to minimize these variations.</p> <p>Healthy Blue Dual Advantage reserves the right to review and revise its policies periodically when necessary. When there is an update, we will publish the most current policy to the website.</p>		
Policy	Healthy Blue Dual Advantage allows reimbursement for emergency services provided by nonparticipating professional providers and facilities unless provider, state, federal or CMS contracts and/or requirements indicate otherwise. Unless otherwise required by federal regulation and/or contract, reimbursement is based on no more than the amount that would have been reimbursed to the provider if the beneficiary were enrolled in original Medicare.	

<https://providers.healthybluela.com>

Healthy Blue is the trade name of Community Care Health Plan of Louisiana, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

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	<p>Healthy Blue Dual Advantage adheres to the requirements of the Emergency Medical Treatment and Labor Act (EMTALA). Healthy Blue Dual Advantage will not limit consideration of reimbursement for emergency services on the basis of lists of diagnoses or symptoms; however, additional medical record documentation may be required in order to clearly identify and determine appropriate reimbursement of emergency services.</p> <p>Claims for emergency services are subject to the Eligible Billed Charges, Code and Clinical Editing Guidelines, and Claims Requiring Additional Documentation reimbursement policies of Healthy Blue Dual Advantage.</p>
History	<ul style="list-style-type: none"> • Initial policy approval and effective date 01/01/20
References and Research Materials	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> • CMS • State contract • DRA of 2005 (Pub. L. No. 109-171) • EMTALA
Definitions	<ul style="list-style-type: none"> • General Reimbursement Policy Definitions
Related Policies	<ul style="list-style-type: none"> • Claims Requiring Additional Documentation • Claims Submissions — Required Information for Facilities • Claims Submissions — Required Information for Professional Providers • Code and Clinical Editing Guidelines • Eligible Billed Charges • Sanctioned and Opt-Out Providers
Related Materials	<ul style="list-style-type: none"> • None