	Reimbursement Policy

Subject: Eligible Billed Charges

Effective Date:	Committee Approval Obtained:	Section:
01/01/20	**05/27/20**	**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 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.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Healthy Blue Dual Advantage may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

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 These policies may be superseded by mandates in provider, state, federal, or CMS contracts and/or requirements.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.

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.

Policy	Eligible charges means charges billed by the provider subject to conditions and requirements which make the service eligible for reimbursement. Healthy Blue Dual Advantage allows reimbursement of eligible charges unless provider, federal or CMS contracts and/or requirements indicate otherwise. Eligibility for reimbursement of the billed service is dependent upon application of the following conditions and requirements: • Member program eligibility • Provider program eligibility • Benefit coverage

	• Authorization requirements • Provider manual guidelines • Healthy Blue Dual Advantage administrative policies • Healthy Blue Dual Advantage clinical policies • Healthy Blue Dual Advantage reimbursement policies • Code editing logic The allowed amount reimbursed for the eligible charge is based on the applicable fee schedule or contracted/negotiated rate after application of coinsurance, copayments, deductibles and coordination of benefits. Healthy Blue Dual Advantage will not reimburse providers for: • Items the provider receives free of charge. • Items the provider provides to the member free of charge. In absence of clear language or specific reference to eligible charges in provider contracts, the use of the following terms will default to eligible charges as stated within this policy: • *Billed charges* • *Covered charges* • *Billed charges for covered services* • *Allowed charges* • *Percent of charge*
History	• Biennial review approved **05/27/20** • Initial approval and effective date **01/01/20**
References and Research Materials	This policy has been developed through consideration of the following: • CMS • State contract • Healthy Blue contract(s) • National Association of Insurance Commissioners Model Regulation, 2013
Definitions	• **General Reimbursement Policy Definitions**
Related Policies	• Claims Submission — Required Information for Professional Providers
Related Materials	• None