

		Reimbursement Policy
Subject: Reimbursement of Sanctioned and Opt-Out Providers		
Effective Date: 11/06/20	Committee Approval Obtained: 11/06/20	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.healthybluel.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 These policies may be superseded by mandates in provider, state, federal, or CMS contracts and/or requirements.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	<p>Healthy Blue Dual Advantage does not allow reimbursement to providers who are excluded or debarred from participation in state and federal healthcare programs. Healthy Blue Dual Advantage also does not allow reimbursement to providers who have rendered services to members enrolled in any Medicare program if such provider has opted out from participation in Medicare. Services that are rendered by such a provider who is sanctioned or has opted out of participation in Medicare may only be reimbursed in urgent or emergent situations. Claims received for services other than emergency services submitted by sanctioned or opt-out providers as provided herein will be denied.</p>	

<https://providers.healthybluel.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.

BLACRRP-0109-20 January 2021

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	<p>Healthy Blue Dual Advantage will allow reimbursement to a sanctioned or opt-out provider for emergency items or services only if the claim is accompanied by a sworn statement of the person furnishing the items or services specifying:</p> <ul style="list-style-type: none"> • The nature of the emergency. • Why the items or services could not have been furnished by a provider eligible to furnish or order such items or services. <p>Modifier GJ is required on claims for emergency or urgent care services when rendered by an opt-out provider.</p> <p>Note: Payment may not be made for services furnished by an opt-out physician or practitioner who has signed a private contract with a Medicare beneficiary for emergency or urgent care items.</p> <p>Healthy Blue Dual Advantage screens providers through all applicable state and federal exclusion lists.</p>
History	<ul style="list-style-type: none"> • Biennial review approved and effective 11/06/20: no changes to policy language • Initial 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 • Healthy Blue contract(s)
Definitions	<ul style="list-style-type: none"> • General Reimbursement Policy Definitions
Related Policies	<ul style="list-style-type: none"> • Claims Requiring Additional Documentation • Emergency Services: Nonparticipating Providers and Facilities
Related Materials	<ul style="list-style-type: none"> • None