

		Reimbu	rsement Policy	
Subject: Reimbursement of Services with Obsolete Codes				
Effective Date: 01/01/20	Committee Approva 01/01/20	Committee Approval Obtained: Section: Coding Ol/01/20 Section: Coding		
	rent version of our reimbu	-	n 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.****

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 These policies may be superseded by mandates in provider, state, federal, or CMS contracts and/or requirements.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

	Healthy Blue Dual Advantage does not allow reimbursement for		
	services billed with obsolete codes, in compliance with industry		
	standard coding practices according to HIPAA. Billing with obsolete		
	codes is not HIPAA-compliant.		
Policy			
	Claims submitted for services using obsolete codes will be denied.		
	Providers must resubmit claims with applicable new or replacement		
	codes to have services considered for reimbursement. Resubmitted		
	claims are subject to claims timely filing guidelines.		

https://providers.healthybluela.com

History	Initial review approval and effective date 01/01/20		
References and	This policy has been developed through consideration of the following:		
	• CMS		
	State contract		
Research	• Federal Register Vol. 65, No. 160 45 CFR Parts 160 and 162		
Materials	Health Insurance Reform: Standards for Electronic Transactions		
	National Correct Coding Initiative		
	HIPAA Compliance Guidelines		
Definitions	General Reimbursement Policy Definitions		
Related Policies	Claims Timely Filing		
	Code and Clinical Editing Guidelines		
Related Materials	None		