Healthy Blue

	Reimbursement Policy
Subject: Site of Service Payment Differential — Professional	

Effective Date: **01/01/20**	Committee Approval Obtained: **01/01/20**	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 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 These policies may be superseded by mandates in provider, state, federal, or CMS contracts and/or requirements.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	Healthy Blue Dual Advantage applies site of service payment differential for professional services based on the setting in which they were provided unless provider, state, federal or CMS contracts and/or requirements indicate otherwise. Reimbursement is based on one of the following: • The applicable fee schedule or contracted/negotiated rate in line with the provider contract, which may include a site of service differential

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	• The applicable out-of-network reimbursement rate for nonparticipating providers Some services, by nature of their description, are performed only in certain settings and have only one maximum allowable fee per code.
History	• 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
Definitions	• **Site of Service Differential:** difference in reimbursement, based on where the professional service is performed; some professional services may be provided either in a facility or a nonfacility; when a professional service is provided in a facility, the costs of the clinical personnel, equipment and supplies are incurred by the facility, not the physician practice; for this reason, reimbursement for professional services provided in a facility may be lower than if the services were performed in a nonfacility setting • **Facility Rate:** the rate paid for professional services performed in a facility setting • **Non-Facility Rate:** the rate paid for professional services performed in a setting that is not a facility • **General Reimbursement Policy Definitions**
Related Policies	• None
Related Materials	• None