

<b>Reimbursement Policy</b>	
<b>Subject: Eligible Billed Charges</b>	
Policy Number: <b>G-06001</b>	Policy Section: <b>Administration</b>
Last Approval Date: <b>05/16/2022</b>	Effective Date: <b>05/16/2022</b>

\*\*\*\* Visit our provider website for the most current version of our reimbursement policies. If you are using a printed version of this policy, please verify the information by going to <https://provider.healthybluel.com>. \*\*\*\*

### Disclaimer

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement by Healthy Blue if the service is covered by a member's Healthy Louisiana benefit 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. 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<sup>®</sup> 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 both participating and nonparticipating providers and facilities.

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

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

Healthy Blue reimbursement policies are developed based on nationally accepted industry standards and coding principles.

Healthy Blue reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to our provider website.

### Policy

Healthy Blue allows for reimbursement of eligible charges unless provider, state, 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
- Our administrative policies

<https://provider.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.

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- Our clinical policies
- Our reimbursement policies
- Code editing logic

The allowed amount of reimbursement 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 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*

### Related Coding

Standard correct coding applies

### Policy History

05/16/2022	Biennial Review: Template updated, moved definition of Eligible Charges to definition section.
05/04/2018	Biennial review approved; Policy template updated
09/01/2017	Review approved; Policy template updated
07/14/2016	Biennial review approved; Policy template updated
08/24/2015	Biennial review approved; Policy language reorganized; Policy template updated
05/20/2013	Biennial review approved; Policy template updated
04/09/2012	Review approved; Policy template updated
04/11/2011	Review approved; Policy template updated
04/01/2010	Review approved and effective. Allowed amount and default terms for eligible charges clarified, and non-reimbursement for items free of charge added; policy template updated
02/27/2007	Review approved and effective; Policy template updated
03/02/2006	Initial approval and effective

### References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- State Medicaid
- State contract

### Definitions

Eligible Charges	Charges billed by the provider subject to conditions and requirements, which make the service eligible for reimbursement.
General Reimbursement Policy Definitions	

**Related Policies and Materials**

Claims Submission – Required Information for Professional Providers
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