



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

**** Visit our provider website for the most current version of the reimbursement policies. If you are using a printed version of this policy, please verify the information by going to <https://www.bluecrossnc.com/providers/blue-medicare-providers/healthy-blue-medicare>. ****

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if Blue Cross and Blue Shield of North Carolina (Blue Cross NC) Medicare Advantage covered the service for the Healthy Blue + MedicareSM (HMO-POS D-SNP) member's 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 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 Current Procedure Terminology[®] (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and/or revenue codes. These codes denote the services and/or procedures performed and, when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Blue Cross NC Medicare Advantage may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

<https://www.bluecrossnc.com/providers/networks-programs/blue-medicare/healthy-blue-medicare>

Blue Cross and Blue Shield of North Carolina Senior Health, DBA Blue Cross and Blue Shield of North Carolina, is an HMO-POS D-SNP plan with a Medicare contract and a NC State Medicaid Agency Contract (SMAC). Enrollment in Blue Cross and Blue Shield of North Carolina Senior Health depends upon contract renewal.

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These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. Blue Cross NC Medicare Advantage strives to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

Policy

Blue Cross NC Medicare Advantage 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
- 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.

Blue Cross NC Medicare 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*

Related Coding

Standard correct coding applies

Policy History	
05/16/2022	Biennial review approved; Template updated, moved definition of Eligible Charges to definition section
01/01/2021	Initial approval and effective

References and Research Materials
<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> • CMS • Department of Health and Human Services, DHB 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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