



<b>Reimbursement Policy</b>	
Subject: <b>Sanctioned and Opt-Out Providers</b>	
Policy Number: : <b>G-10002</b>	Policy Section: <b>Section Name</b>
Last Approval Date: <b>12/27/2022</b>	Effective Date: <b>01/01/2021</b>

\*\*\*\* 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 + Medicare<sup>SM</sup> (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<sup>®</sup> (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 does not allow reimbursement to providers who are excluded or debarred from participation in state and federal healthcare programs. Blue Cross NC Medicare 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 that 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.

Blue Cross NC Medicare 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:

- 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.

Modifier GJ is required on claims for emergency or urgent care services when rendered by an opt-out provider.

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.

Blue Cross NC Medicare Advantage screens providers through all applicable state and federal exclusion lists.

### Related Coding

Standard correct coding applies

### Policy History

12/27/2022	Review approved: removed Reimbursement of from title; policy template updated
01/01/2021	Initial approval and effective

### References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- Code of Federal Regulations (CFR)
- Office of Inspector General (OIG)
- *Social Security Act*
- State contract

**Definitions**

General Reimbursement Policy Definitions

**Related Policies and Materials**

Claims Requiring Additional Documentation

Emergency Services: Non-Participating Providers and Facilities

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