BlueCross BlueShield of North Carolina MEDICARE

Blue Cross® and Blue Shield® of North Carolina (Blue Cross NC) | Healthy Blue + Medicare℠ (HMO-POS D-SNP)

Reimbursement Policy	
Subject: **Eligible Billed Charges**	
Policy Number: **G-06001**	Policy Section: **Administration**
Last Approval Date: **11/04/2024**	Effective Date: **11/04/2024**

**** 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 the service is covered by a member's benefit plan. The determination that a service, procedure, or item is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must also meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member's state of residence.

Ensure that you use proper billing and submission guidelines, including industry-standard, compliant codes on all claim submissions. Services should be billed with Current Procedural 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, we may:

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

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. We strive 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 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 reimbursement amount for the eligible charge is based on the applicable fee schedule or contracted/negotiated rate after the application of coinsurance, copayments, deductibles, and coordination of benefits.

Blue Cross NC will not reimburse providers for:

- Items the provider receives free of charge.
- Items the provider provides to the member free of charge.

In the absence of clear language or specific reference to eligible charges in provider contracts, the use of the following terms will default to eligible charges:

- Billed charges
- Covered charges
- Billed charges for covered services
- Allowed charges
- Percent of charge

Related Coding
Standard correct coding applies

Policy History	
11/04/2024	Review approved and effective: no changes
05/16/2022	Review approved: template updated, moved the definition of Eligible Charges to the definition section
01/01/2021	Initial approval and effective

References and Research Materials
This policy has been developed through consideration of the following: • CMS • State contract

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

Related Policies and Materials
Claims Submission – Required Information for Professional Providers