

Reimbursement Policy

Subject: **Eligible Billed Charges**

Policy Number: **G-06001**

Policy Section: **Administration**

Last Approval Date: **05/16/2022**

Effective Date: **05/16/2022**

**** 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.anthem.com/kentucky-provider/claims/reimbursement-policies>. ****

Disclaimer

These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement by Anthem Blue Cross and Blue Shield Medicaid (Anthem) if the service is covered by a 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 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 both participating and nonparticipating providers and facilities.

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

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

Anthem 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 These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements.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 setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Anthem strives to minimize these variations.

Anthem 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.



<https://providers.anthem.com/ky>

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KYBCBS-CD-RP-010363-22-CPN6170 December 2022

Policy

Anthem 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.

Anthem 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

History

05/16/2022	Biennial review approved; Template updated, moved definition of Eligible Charges to definition section
05/27/2020	Biennial review approved; Updated history
05/04/2018	Biennial review approved; Policy template updated
07/14/2016	Biennial review approved; Policy template updated
08/24/2015	Biennial review approved; Policy language reorganized; Policy title updated
01/01/2014	Initial approval and effective

References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- State Medicaid
- State contracts

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