

Reimbursement Policy	
Subject: Emergency Services: Nonparticipating Providers and Facilities	
Policy Number: G-06092	Policy Section: Administration
Last Approval Date: 04/29/2022	Effective Date: 04/29/2022

**** 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://www.bluecrossnc.com/providers/blue-medicare-providers/healthy-blue-medicare>. ****

Disclaimer

These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement by Blue Cross and Blue Shield of North Carolina (Blue Cross NC) if the service is covered for Healthy Blue + MedicareSM (HMO D-SNP). 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 participating providers and facilities; a noncontracting provider who accepts Medicare assignment will be reimbursed for services according to the original Medicare reimbursement rates.

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.

Blue Cross NC Medicare Advantage 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 These policies may be superseded by mandates in provider, state, federal, or CMS contracts and/or requirements.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, Blue Cross NC Medicare Advantage strives to minimize these variations.

<https://www.bluecrossnc.com/provider-home>

Healthy Blue + MedicareSM (HMO D-SNP) is a Medicare Advantage plan offered by Blue Cross and Blue Shield of North Carolina (Blue Cross NC). Certain administrative services for Healthy Blue + Medicare are provided by Amerigroup Partnership Plan, LLC (Amerigroup) pursuant to an administrative services agreement. References to Blue Cross NC may mean Blue Cross NC or their designee, Amerigroup.
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Blue Cross NC Medicare Advantage 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

Blue Cross NC Medicare Advantage allows reimbursement for emergency services provided by nonparticipating professional providers and facilities unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise. Unless otherwise required by federal regulation and/or contract, reimbursement is based on no more than the amount that would have been reimbursed to the provider if the beneficiary were enrolled in original Medicare.

Blue Cross NC Medicare Advantage adheres to the requirements of the Emergency Medical Treatment and Labor Act (EMTALA). Blue Cross NC Medicare Advantage will not limit consideration of reimbursement for emergency services on the basis of lists of diagnoses or symptoms; however, additional medical record documentation may be required in order to clearly identify and determine appropriate reimbursement of emergency services.

Claims for emergency services are subject to the Eligible Billed Charges, Code and Clinical Editing Guidelines, and Claims Requiring Additional Documentation reimbursement policies of Blue Cross NC Medicare Advantage.

Related Coding

Standard Correct Coding Applies

Policy History

04/29/2022	Biennial review approved and effective
01/01/2021	Initial policy approved

References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- State contract
- Blue Cross NC Medicare Advantage contract(s)
- Deficit Reduction Act of 2005 (Pub.L. No. 109-171)
- Emergency Medical Treatment and Labor Act (EMTALA)

Definitions

General Reimbursement Policy Definitions

Related Policies and Materials

Claims Requiring Additional Documentation

Claims Submissions — Required Information for Facilities

Claims Submissions — Required Information for Professional Providers

Code and Clinical Editing Guidelines

Blue Cross and Blue Shield of North Carolina
Healthy Blue + Medicare (HMO D-SNP)
Emergency Services: Nonparticipating Providers and Facilities

Eligible Billed Charges
Sanctioned and Opt-Out Providers