BlueCross BlueShield of North Carolina

Pricing Development and Maintenance Policy
Opioid Treatment Facility Programs

This Pricing Development and Maintenance Policy applies to Blue Cross and Blue Shield of North Carolina's ("Blue Cross NC's") calculations of contractual allowances ("fees") for services billed on a CMS-1500 or successor claim form. Annual updates will be based upon the applicable pricing and category sources published for January 1 and will be effective for dates of service on and after January 1*, the year of the update. New codes established on current year Medicare for Opioid Treatment Programs Bundled Payments are determined by the 1st published Medicare file and will be effective for dates of service on and after January 1. Blue Cross NC will not adjust pricing once established for the year until the following calendar year.

Pricing Hierarchy

1. Service fees will be reviewed and/or updated on an annual basis. Blue Cross NC will implement such pricing effective for dates of service on and after January 1st of each year for annual updates and effective for dates of service on and after January 1st for new codes.
2. Fees will be determined based upon the following hierarchy and criteria. The first of the following criteria that can be used to establish a price will be the applicable source:
    a. % of Current North Carolina Medicare MLN OTP Locality* or if not available

If none of the above sources contains a price for the applicable code, the Allowed Amount will be based upon:

b. Individual Consideration, or set fee, or if no price can be determined;
c. 75% of your Reasonable Charge

The pricing hierarchy will be applied to all categories with the exceptions of the following categories:

Take Home Supplies Related to OTP Bundled Program

a. 100% of Current North Carolina Medicare MLN OTP Locality* or if not available

If none of the above sources contains a price for the applicable code, the Allowed Amount will be based upon:

b. Individual Consideration, or set fee, or if no price can be determined;
c. 75% of your Reasonable Charge

Fee Determination for General or Unlisted Code and Codes designated Individual Consideration

- If a general code (e.g., 21499) or unlisted code is submitted because a code specific to the service or procedure is nonexistent, or a code is submitted where no pricing source is available, Blue Cross NC will not assign a fee to the code for reimbursement.

- If a general or unlisted code is filed despite the existence of a code specific to the service or procedure, Blue Cross NC will assign the fee for the more specific code to determine the fee under Blue Cross NC's applicable reimbursement policies.

- Blue Cross NC's assignment of a fee for a given general or unlisted code does not preclude Blue Cross NC from assigning a different fee for a subsequent service or procedure under the same code. Blue Cross NC's determination of a fee for a service billed for a given general or unlisted code may vary from a previously determined fee based on new or additional information that subsequently becomes available regarding the service in question or other similar services.

*1st published NC Medicare MLN for OTP file to be effective for dates of service on and after January 1.

- Blue Cross NC's methodology is based on several factors including Blue Cross NC's Payment Guidelines and Reimbursement Policy as described in *The Provider Manual, and Opioid Treatment Program Reimbursement Policy as described in the Medical Policy section of Blue Cross NC website*. Under these guidelines, some procedures charged separately by you may be combined into one procedure for reimbursement purposes. Blue Cross NC may use clinical judgment to make these determinations and may use medical records to determine the specific service(s) rendered.

- Some codes that are listed as specific codes in the CPT/HCPCS manuals relate to services that can have wide variation in the type and/or level of service provided. These codes will be treated by Blue Cross NC in the same manner as general codes.

Fee Determination Based on a Percentage of Your Reasonable Charge

When application of the hierarchy and criteria for the determination of contractual allowances results in a fee for a given service based upon a percentage of your charge, you are obligated to ensure that: (1) all charges billed to Blue Cross NC are reasonable; (2) all charges are consistent with your fiduciary duty to your patient and Blue Cross NC; (3) no charges are excessive in any respect; and (4) all charges are no greater than the amount regularly charged to the general public, including those persons without health insurance.

Additional Fee Determinations

- Blue Cross NC reimburses the lesser of your charge or the applicable fee in accordance with your contract and this Pricing Policy.

- Nothing in this Pricing Policy will obligate Blue Cross NC to make payment on a claim for a service or supply that is not covered under the terms of the applicable benefit plan. Furthermore, the determination of a code-specific fee does not guarantee payment for the service.

- If any External Pricing Source reference listed below changes (e.g., a new Medicare intermediary is selected), references in this Pricing Policy will be deemed to refer to the superseding source.

- Fees for services represented by CPT/HCPCS codes that are introduced after the effective date of this Pricing Policy will be determined based upon the hierarchy and criteria applicable to the Service Category of the new code.

- The fee for any code not previously determined based upon a source established within our hierarchy will be recalculated as if it were a new code if the fee can then be determined based upon the applicable source within hierarchy.

External Pricing Sources

All references in this Pricing Policy to External Pricing Sources refer to the following:

- Medicare OTP Locality-Specific Payment Rate for NC*
    - "https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/Opioid-Treatment-Program/billing-payment"

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