



<b>Reimbursement Policy</b>	
<b>Subject: Emergency Services: Nonparticipating Providers and Facilities</b>	
Policy Number: <b>G-06092</b>	Policy Section: <b>Administration</b>
Last Approval Date: <b>04/29/2022</b>	Effective Date: <b>04/29/2022</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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Blue Cross and Blue Shield of North Carolina  
Healthy Blue + Medicare (HMO-POS D-SNP)  
Emergency Services: Nonparticipating Providers and Facilities

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 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
- Department of Health and Human Services, DHB 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

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

Claims Submissions — Required Information for Facilities
Claims Submissions — Required Information for Professional Providers
Code and Clinical Editing Guidelines
Eligible Billed Charges
Sanctioned and Opt-Out Providers

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