



Healthy Blue



10040 Regency Circle, Suite 100  
Omaha, NE 68114

## Reimbursement Policy

**Subject: Claims Submission — Required Information for Professional Providers**

Policy Section: **Administration**

Last Approval Date: **04/12/21**

Effective Date: **01/01/21**

\*\*\*\* 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://provider.healthybluene.com>. \*\*\*\*

### Disclaimer

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These policies may be superseded by mandates in provider or state contracts, or state, federal, or CMS requirements.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

Healthy Blue reserves the right to review and revise its policies periodically when necessary. When there is an update, we will publish the most current policy to our provider website.

### Policy

Professional providers of healthcare services are required, unless otherwise stipulated in their contract, to submit an original *CMS-1500 Health Insurance Claim Form* to us for payment of healthcare services.

<https://provider.healthybluene.com>

Healthy Blue is the trade name of Community Care Health Plan of Nebraska, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

BNE-RP-0085-21 October 2022

State approval: 10/13/2022

Providers must submit a properly completed *CMS-1500* for services performed or items/devices provided. If the required information is not submitted, we will deny payment without being liable for interest or penalties. The *CMS-1500* claim form must include the following information, if applicable:

- Patient information (name, address, including ZIP code, date of birth, gender, relationship to insured, and medical condition as related to employment or an accident)
- Insured's information (member ID number, name, address including ZIP code, policy, group or FECA number, name of insurance plan or program, and name of other health benefit plan)
- Coordination of Benefits/other insured's information (name, policy or group number, and name of insurance plan or program)
- Name of referring physician or source
- Indication of outside laboratory
- ICD-10 diagnosis code(s)
- *Clinical Laboratory Improvement Act* certification number
- Date(s) of service(s) rendered
- Place of service
- Procedures, services, or supplies (description of services rendered using CPT-4 codes/HCPSC codes and appropriate modifiers)
- Charge(s) for service(s) rendered
- Day(s) or unit(s) related to service(s) rendered
- Total charges and amount paid by patient
- Federal Tax Identification Number
- Name and address of facility where services were rendered and the National Provider Identifier (NPI) of the service facility, if applicable
- NPI:
  - Individual servicing provider's NPI must be reported as the rendering provider ID, if applicable
  - When billing is from a group, the group's NPI must be reported as the billing provider, if applicable
- NPI and other non-NPI identifier of the referring, ordering, or supervising provider
- Billing provider information (name, address including ZIP code, telephone number)
- Indication of signature on file — a handwritten or computer generated signature for the provider of service or his/her representative – and date the form was signed
- National Drug Code(s) (NDC) to include the NDC number, unit price, quantity, and composite measure per drug

Healthy Blue cannot accept claims with alterations to billing information. Altered claims will be returned to the provider with an explanation of the reason for the return.

Although we prefer the submission of claims electronically through the electronic data interchange (EDI), we will accept paper claims. A paper claim must be submitted on an original claim form with dropout red ink, computer-printed or typed, in a large, dark font in order to be read by Optical Character Reading (OCR) technology. All claims must be legible. If any field on the claim is illegible, the claim will be rejected or denied.

**Policy History**

04/12/21	Biennial review approved: minor administrative updates
01/01/21	Initial approval and effective date

**References and Research Materials**

<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> <li>• CMS</li> <li>• State Medicaid</li> <li>• State contracts</li> <li>• National Uniform Claim Committee</li> </ul>
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**Definitions**

**General Reimbursement Policy Definitions**

**Related Policies and Materials**

<ul style="list-style-type: none"> <li>• Claims Requiring Additional Documentation</li> </ul>
<ul style="list-style-type: none"> <li>• Claims Submission — Required Information for Facilities</li> </ul>
<ul style="list-style-type: none"> <li>• Drugs and Injectable Limits</li> <li>• Modifier Usage</li> <li>• Unlisted, Unspecified or Miscellaneous Codes</li> </ul>
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<ul style="list-style-type: none"> <li>• Company Electronic Data Interchange Manual</li> </ul>