

		Reim	bursement Policy	
Subject: Claims with Charge Discrepancies				
Effective Date:	Committee Approva	al Obtained:	Section:	
02/01/09	10/26/18		Administration	
*****The most current version of our reimbursement policies can be found on our provider				

*****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://mediproviders.anthem.com/nv.*****

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement by Anthem Blue Cross and Blue Shield Healthcare Solutions (Anthem). 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 These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements.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 this site.

	Anthem allows reimbursement for claims submitted with an itemized statement where there is a discrepancy in total charges less than \$100 unless provider, state, federal or CMS contracts and/or requirements indicate otherwise.
Policy	Itemized claims with discrepancies totaling more than \$100 or claims submitted that are not itemized and contain a discrepancy between the line item and the total amount billed will be denied and returned to the provider as an unclean claim. The provider will be required to resubmit a corrected claim for reimbursement.

https://mediproviders.anthem.com/nv

History	Biennial review approved 10/26/18: Policy template updated			
	• Review 02/01/18 : Policy template updated			
	Biennial review approved 10/03/16			
	Audit review approved 11/04/15: Policy template updated			
	Biennial review approved 08/18/14: Policy template updated			
	Biennial review approved 10/08/12: Policy template updated			
	• Review approved 06/20/11 : Policy language updated			
	Biennial review approved 10/25/10: Background section/policy			
	template updated			
	• Initial approval and effective date: 02/01/09			
	This policy has been developed through consideration of the following: • CMS			
References and				
Research	State Medicaid			
Materials	State contracts			
	American Medical Association			
Definitions	General Reimbursement Policy Definitions			
Related Policies	Claims Timely Filing			
Related Materials	• None			