

	F	Reimbursement Policy	
Subject: Reimbursement of Sanctioned Providers			
Effective Date: 10/03/18	Committee Approval Obtained 10/03/18	d: Section: Administration	
	ent version of our reimbursement po sing a printed version of this policy,	1	

These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement by Anthem Blue Cross and Blue Shield (Anthem) if the service is covered by a BadgerCare Plus 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 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.

going to https://mediproviders.anthem.com/wi.\*\*\*\*

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 These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements.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.

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	Anthem does not allow reimbursement to providers who are excluded or debarred from participation in state and federal health care programs. Claims received for services other than emergency services submitted by sanctioned providers as provided herein will be denied.
Policy	Anthem will allow reimbursement to a sanctioned provider for emergency items or services <b>only</b> if the claim is accompanied by a sworn statement of the person furnishing the items or services specifying:  • The nature of the emergency.

	Why the items or services could not have been furnished by a provider eligible to furnish or order such items or services.	
	Anthem screens providers through all applicable state and federal exclusion lists.	
History	<ul> <li>Biennial review approved and effective 10/03/18: Removed duplicative emergent language</li> <li>Biennial review approved 10/03/16: Policy template updated; Medicare opt-out language removed</li> <li>Review approved 11/09/15: Policy title updated; Policy template updated</li> <li>Review approved 08/18/14: Policy template updated</li> <li>Initial approval and effective 07/01/14</li> </ul>	
References and Research Materials	<ul> <li>This policy has been developed through consideration of the following:</li> <li>CMS</li> <li>State Medicaid</li> <li>State contracts</li> <li>Code of Federal Regulations</li> <li>Social Security Act</li> </ul>	
Definitions	General Reimbursement Policy Definitions	
Related Policies	<ul> <li>Claims Requiring Additional Documentation</li> <li>Emergency Services: Non-Participating Providers and Facilities</li> </ul>	
<b>Related Materials</b>	• None	