

Commercial Reimbursement Policy	
Subject: Expenses included In Facility Services - Professional	
Policy Number: C-17001	Policy Section: Administration
Last Approval Date: 09/15/2020	Effective Date: 08/01/2017

Disclaimer

These reimbursement 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 Wellpoint 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 (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, Wellpoint may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. We strive 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

Wellpoint does not separately reimburse professional providers for the following items or services when reported on a CMS 1500, for the same dates of service as an inpatient stay or outpatient facility visit:

- Counseling Services

- Drugs/Medication/Pharmacy
- Durable Medical Equipment
- Equipment usage
- Facility fees/operational fees
- Laboratory and pathology testing including specimen collection and related supplies
- Maintenance of facility infrastructure
- Miscellaneous supplies
- Nursing and staff time or services
- Observation/treatment rooms
- Overhead costs
- Pre-admission testing/pre-surgical testing
- Radiology studies
- Room and board
- Therapy and rehabilitation services such as physical, occupational, and speech therapy, and cardiac and pulmonary rehabilitation
- Intraoperative neurophysiology monitoring

Wellpoint considers these as included in the payment rate for an inpatient facility stay or outpatient facility visit.

Wellpoint considers professional services reported by independent vendors as part of the payment rate the facility receives for the inpatient stay or outpatient facility visit. This policy is not intended to supersede reimbursement specified in the Plan Compensation Schedule or Agreement.

Related Coding

Standard correct coding applies

Policy History

09/15/2020	Biennial review approved and effective: Language updates including: replaced counseling with psychotherapy and added pharmacy to list of included services, removed Medicare Advantage from disclaimer
06/01/2019	Policy template updated
05/02/2017	Initial policy approved and effective 08/01/17

References and Research Materials

This policy has been developed through consideration of the following:

- Centers for Medicare and Medicaid Services (CMS)

Definitions

General Reimbursement Policy Definitions

Related Policies and Materials

Claims Editing Overview
Observation Services

Use of Reimbursement Policy

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, take precedence over Reimbursement Policy and must be considered first in determining eligibility for coverage. The member's contract benefits in effect on the date that services are rendered must be used. Reimbursement Policy is constantly evolving and we reserve the right to review and update these policies periodically.

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