RB.034.A Adjudication of Medicare Claims from Non-Participating Providers

Original Implementation Date : 1/1/2024
Version [A] Date : 1/1/2024
Last Reviewed Date: December 2023

PRODUCT VARIATIONS

This policy only applies to the Medicare line of business.

Application of Claim Payment Policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Payment may vary based on individual contract

POLICY STATEMENT

1. Jefferson Health Plans Medicare HMO Products

We limit coverage to services rendered by participating network providers with few exceptions in their Medicare HMO products.

A. NON-PARTICIPATING PROFESSIONAL PROVIDERS

We will reimburse non-participating professional providers for the following services.

- Emergency care such as an emergency room care, emergent transportation, and Urgent Care Center services.
- Observation Care.
- Professional services during an approved inpatient stay.
- Professional services related to covered outpatient dialysis services.

B. NON-PARTICIPATING FACILITY/ANCILLARY

We will reimburse non-participating facility providers for the following services without a prior authorization:

- Emergency care such as an emergency room visit, emergent transportation, and Urgent Care Center services.
- Observation Care.
- Life sustaining dialysis services.

Claims for all other services by non-participating providers will be denied as non-covered. However, the member or provider can request an out of network prior authorization to justify coverage and payment.

Jefferson Health Plans Medicare POS Products

We limit coverage to services rendered by participating network providers with a few exceptions in their Medicare POS products.

The following point of service (POS) benefits are covered through the *medical benefits* when reported by a non-participating provider with an authorization requirement:

- Podiatry Services
- Physician Specialist @ Office (excluding psychiatric)
- Other Health Care Professional @ Office
- Preventive Services
    - Diabetes Screening
    - Colorectal Cancer Screening
    - Annual Wellness Visit
    - Kidney Disease Education Services
    - Glaucoma Screening
    - Diabetes Self-Management Training
    - Barium Enemas
    - Digital Rectal Exams
    - EKG following preventive services

- Annual Physical Exam
- Eye Exam
- Hearing Exam

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- Observation Care
- Professional services during an approved inpatient stay
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B. <u>NON-PARTICIPATING FACILITY/ANCILLARY</u>

Jefferson Health Plans will reimburse non-participating facility providers for the following services without a prior authorization:

- Emergency care such as an emergency room visit, emergent transportation, and Urgent Care Center services
- Observation Care
- Life sustaining dialysis services

Claims for all other services by non-participating providers will be denied as non-covered. However, the member or provider can request an out of network prior authorization to justify coverage and payment.

2. Jefferson Health Plans PPO Products

Medicare Members with Jefferson Health Plans PPO products can go out-of-network. Cost-sharing may vary based on the individual benefit plan.

Medicare PPO Out of Network (OON) services do not require prior authorization.

We will follow the Centers for Medicare & Medicaid Services (CMS) policies related to coverage, coding, and reimbursement.

We reimburse non-participating facility/ancillary providers in accordance with all applicable CMS methodologies.

POLICY GUIDELINES

To obtain review for services that will be rendered by a non-participating practitioner, prior authorization must be requested by contacting the UM Department (excluding Medicare PPO products). The facts and circumstances related to the request will be reviewed and a coverage determination is issued.

Claims must be submitted reporting the name of the rendering practitioner. Payments are made directly to the provider.

To be eligible for payment, Non-Participating Providers must have the following:

- Active NPI
- Confirmed Tax ID w/ signed W9 form
- Active professional license or certification in the state where service was provided

- No active sanctions
- Not precluded nor opted out from Government Programs

BENEFIT APPLICATION

This Reimbursement Policy does not constitute a description of benefits. Rather, this assists in the administration of the member's benefits which may vary by line of business. Applicable benefit documents govern which services/items are eligible for coverage, subject to benefit limits, or excluded completely from coverage.

DISCLAIMER

Approval or denial of payment does not constitute medical advice and is neither intended to guide nor influence medical decision making.

Policy Bulletins are developed by us to assist in administering plan benefits and constitute neither offers of coverage nor medical advice.

This Policy Bulletin may be updated and therefore is subject to change.

POLICY HISTORY

This section provides a high-level summary of changes to the policy since the previous version.

Summary	Version	Version Date
This is a new policy bulletin.	A	1/1/2024

REFERENCES

N/A

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