Reimbursement/Billing Policy
Reclamation Claims

Policy Number: RM022
Last Review: 10/01/2023

PARAMOUNT

HMO & PPO
MARKETPLACE
MEDICARE – ELITE, MAP

GUIDELINES

- **Reimbursement policies serve as a guide to assist in accurate claims submissions and to outline the basis for reimbursement. This policy is a guideline only and does not constitute a benefit determination, medical advice, guarantee of payment, plan preauthorization, an Explanation of Benefits, or a contract.**
- **Reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements.**
- **Services must meet prior authorization and medical necessity guidelines appropriate to the procedure and diagnosis.**
- **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.**
- **Coding methodology, industry-standard reimbursement logic, regulatory requirements, and benefit design are considered in reimbursement policy development.**
- **This policy is not intended to address every claim situation. Whether a procedure is covered shall be determined based on the terms and provisions of a specific member plan or policy.**

SCOPE:
X Professional
X Facility

DESCRIPTION:
Claims paid by Medicaid as primary that should not have been are sent to Paramount by Health Management Systems (HMS). The file provides the claims identified by HMS as having other primary coverage. ODM is looking to reclaim their funds.

In all cases the claims are reviewed for, but not limited to:

- Member eligibility on the date of service,
- Covered service
- Prior authorization requirement

Claims will be denied when they do not meet eligibility, covered service, or authorization criteria

POLICY:
Paramount Commercial Insurance Plans and Medicare Advantage Plans

Effective 3/1/2021 - If the service requires a prior authorization the following will be implemented;

- Participating provider - When the original provider on the reclamation claim is participating with the plan, and the service provided required a prior authorization and was not obtained, the claim will be denied with no patient liability.

- Non-participating provider - When the original provider on the reclamation claim is non-participating with the plan, a prior authorization is required. If no prior authorization was obtained, the claim will be denied with patient liability.

REVISION HISTORY EXPLANATION | ORIGINAL EFFECTIVE DATE: 01/27/2021

Date	Explanation & Changes
01/27/2021	• Reimbursement Policy created
10/01/2023	• Reimbursement/Billing Policy placed on new policy format

Paramount 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 https://www.paramounthealthcare.com/providers/reimbursement

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs

Centers for Medicare & Medicaid Services (CMS), ICD-10-CM Official Guidelines for Coding and Reporting https://www.cms.gov/medicare/coding/icd10

Centers of Medicare & Medicaid Services (CMS), Medicare Claims Processing Manual, Chapter 23-Fee Schedule administration and coding Requirements https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c23.pdf

Centers for Medicare & Medicaid Services (CMS), National Correct Coding Initiative (NCCI) Policy Manual for Medicare Services https://www.cms.gov/medicare-medicaid-coordination/national-correct-coding-initiative-ncci/ncci-medicare

National Physician Fee Schedule Relative Value File Calendar Year XXXX, Centers for Medicare & Medicaid Services (CMS) https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files

National Uniform Billing Committee (NUBC) https://www.nubc.org/

NCCI Policy Manual for Medicare Services, current version, Chapter 1, General Correct Coding Policies https://www.cms.gov/files/document/medicare-ncci-policy-manual-2023-chapter-1.pdf

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services https://www.ama-assn.org/amaone/cpt-current-procedural-terminology

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update

Industry Standard Review