

NETWORK REIMBURSEMENT POLICY

POLICY TITLE	Retroactive Payment Adjustment
POLICY NUMBER	NTWK- P118

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I. DESCRIPTION/BACKGROUND

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This policy documents the approach that Capital BlueCross will follow concerning the reprocessing of claims to consider a rate change that has been introduced by sources outside of Capital BlueCross’ immediate control, i.e., Centers for Medicare and Medicaid Services (CMS), and Redbook, etc.

II. DEFINITIONS

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N/A

III. POLICY

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Capital BlueCross’ payment allowance is based on the most current rates available to the public at the time of claim processing. Claims reported to Capital BlueCross are reimbursed according to the member’s benefit coverage at the time services are rendered. Capital BlueCross will not initiate adjustments to an initial claim payment for previously processed and paid claims based solely due to a rate change by an authoritative source that has occurred subsequent to the original claim processing.

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IV. EXCLUSIONS

N/A

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V. VARIATIONS

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The existence of this reimbursement policy does not mean that a service is covered benefit under the member's contract. Benefit determinations should be based in all cases on the applicable contract language. This reimbursement policy is intended to serve as a guide, other factors may influence reimbursement and in some cases may supersede this policy. The Provider should consult their Capital Provider Agreement for further details of their contractual obligations.

VI. REFERENCES

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N/A