



Reimbursement Policy

Subject: Site of Service Payment Differential — Professional

Effective Date: **12/06/06**

Committee Approval Obtained:
07/19/17

Section:
Administration

*****The most current version of the Reimbursement Policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to <https://providers.amerigroup.com>. Under Quick Tools, select Reimbursement Policies > Medicaid/Medicare. Note: State-specific exemptions may apply. Please refer to the Exemptions section below for specific exemptions based on your state.*****

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by a member’s Amerigroup 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, Amerigroup may:

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

Amerigroup 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 These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements.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, Amerigroup strives to minimize these variations.

Amerigroup 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.

Policy

Amerigroup applies site of service payment differential for professional services based on the setting in which they were provided unless provider, state, federal or CMS contracts and/or requirements indicate otherwise. Reimbursement is based on one of the following:

	<ul style="list-style-type: none"> • The applicable fee schedule or contracted/negotiated rate in line with the state or provider contract, which may include a site of service differential • The applicable out-of-network reimbursement rate for nonparticipating providers <p>Some services, by nature of their description, are performed only in certain settings and have only one maximum allowable fee per code.</p>
Exemptions	<ul style="list-style-type: none"> • There are no exemptions to this policy
History	<ul style="list-style-type: none"> • Biennial review approved 07/19/17: Policy template updated • Effective 12/31/15: Exited Florida Medicare • Biennial review approved 07/13/15: Policy template updated • Effective 12/13/14: Exited Maryland Medicare • Effective 07/01/13: Exited Ohio • Biennial review approved and effective 05/06/13: Policy template updated • Review approved 03/26/12: Policy template updated • Biennial review approved 02/28/11: Policy language updated; policy template updated • Review approved 12/24/08: Policy template updated • Initial review approved and effective: 12/06/06
References and Research Materials	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> • CMS • State Medicaid • Amerigroup state contracts
Definitions	<ul style="list-style-type: none"> • Site of Service Differential: difference in reimbursement, based on where the professional service is performed; some professional services may be provided either in a facility or a nonfacility; when a professional service is provided in a facility, the costs of the clinical personnel, equipment and supplies are incurred by the facility, not the physician practice; for this reason, reimbursement for professional services provided in a facility may be lower than if the services were performed in a nonfacility setting • Facility Rate: the rate paid for professional services performed in a facility setting • Nonfacility Rate: the rate paid for professional services performed in a setting that is not a facility
Related Policies	<ul style="list-style-type: none"> • None
Related Materials	<ul style="list-style-type: none"> • None