

# SECTION 5: BILLING AND REIMBURSEMENT GUIDELINES

## of the Professional Provider Office Manual

### 5.0 TABLE OF CONTENTS

General Billing	Subsection 5.1
Acupuncture	Subsection 5.2
After Hours Care	Subsection 5.3
Ambulance Transport Benefit	Subsection 5.4
Anesthesia	Subsection 5.5
Autism	Subsection 5.6
Behavioral Health	Subsection 5.7
Chiropractic and Physical Medicine Services	Subsection 5.8
Code Editing	Subsection 5.9
Concierge Medicine	Subsection 5.10
Dialysis	Subsection 5.11
Dietitian	Subsection 5.12
Drug Screening Assays	Subsection 5.13
Durable Medical Equipment/Home Medical Equipment	Subsection 5.14
Evaluation and Management Services	Subsection 5.15
Home Health Agency	Subsection 5.16
Incident-to	Subsection 5.17
Infusion Therapy	Subsection 5.18
In-office Procedures	Subsection 5.19
Intra-operative Monitoring Services	Subsection 5.20

*Continued* →

This section provides information about our billing and reimbursement guidelines. If we make any procedural changes, in our ongoing efforts to improve our service to you, we will update the information in this section and notify our network providers. For complete *Professional Provider Office Manual* information, please refer to the other sections of this manual. Contact information for all manual sections is available in the Manual Reference Section.

For member eligibility, benefits or claims status information, we encourage you to use iLinkBlue ([www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue)), our online self-service provider tool. Additional provider resources are available on our Provider page at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers).

This manual is provided for informational purposes only and is an extension of your Professional Provider Agreement. You should always directly verify member benefits prior to performing services. Every effort has been made to print accurate, current information. Errors or omissions, if any, are inadvertent. The Member Contract/Certificate contains information on benefits, limitations and exclusions, and managed care benefit requirements. It also may limit the number of days, visits or dollar amounts to be reimbursed.

As stated in your agreement: This manual is intended to set forth in detail Blue Cross policies. Blue Cross retains the right to add to, delete from and otherwise modify the *Professional Provider Office Manual* as needed. This manual and other information and materials provided by Blue Cross are proprietary and confidential and may constitute trade secrets of Blue Cross.

Laboratory	Subsection 5.21
Maternity Care and Delivery	Subsection 5.22
Medication Substitution	Subsection 5.23
Modifiers	Subsection 5.24
Multiple Procedures	Subsection 5.25
Multiple Service Reduction for Diagnostic Imaging Services	Subsection 5.26
Nasal Endoscopy Procedures	Subsection 5.27
Nucleic Acid Probe Services	Subsection 5.28
Nurse Practitioner and Physician Assistant Services	Subsection 5.29
Ordering/Referring Provider Requirements	Subsection 5.30
Pass-through Billing and Billing for Services Not Rendered	Subsection 5.31
Place of Service	Subsection 5.32
Provider-based Billing	Subsection 5.33
Rural Health Clinic and Federally Qualified Health Clinic	Subsection 5.34
Sleep Study	Subsection 5.35
Specialty Pharmacy	Subsection 5.36
Telemedicine/Telehealth	Subsection 5.37
Urgent Care Centers	Subsection 5.38
Colonoscopy Multiple Procedure Reduction	Subsection 5.39
Pharmaceutical Waste	Subsection 5.40