SECTION 5: BILLING AND REIMBURSEMENT GUIDELINES

of the Member Provider Policy & Procedure Manual

5.21 PASS-THROUGH BILLING AND BILLING FOR SERVICES NOT RENDERED

This is a subsection of Section 5: Billing and Reimbursement Guidelines of the *Member Provider Policy & Procedure Manual*. If Blue Cross and Blue Shield of Louisiana makes any procedural changes, in our ongoing efforts to improve our service to you, we will update the information in this subsection and notify our network providers. For complete *Member Provider Policy & Procedure 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.lablue.com/ilinkblue), our online self-service provider tool. Additional provider resources are available on our Provider page at www.lablue.com/providers.

This manual is provided for informational purposes only and is an extension of your Member 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 our policies. Louisiana Blue retains the right to add to, delete from and otherwise modify the *Member Provider Policy & Procedure Manual* as needed. This manual and other information and materials provided are proprietary and confidential and may constitute trade secrets.

PASS-THROUGH BILLING AND BILLING FOR SERVICES NOT RENDERED

Pass-through billing occurs when the ordering physician, professional provider, facility or ancillary provider requests and bills for a service, but the service is not performed by the ordering physician, professional provider, facility or ancillary provider. You may only bill for services that you or your staff perform.

Louisiana Blue does not permit pass-through billing, and you should not bill any pass-through services to our members.

Per our policy, providers may only bill for the following indirectly performed services:

1. The service of the performing provider is performed at the ordering provider's place of service and is billed by the ordering provider, or
2. The service is provided by an employee of a physician or other professional provider (e.g., physician assistant, surgical assistant, advanced practice nurse, clinical nurse specialist, certified nurse, midwife or registered first assistant, who is under the direct supervision of the ordering provider) and the service is billed by the ordering provider with use of the appropriate modifier when billing.

Additionally, billing for services not rendered, including lab services, is not permissible. Only the performing provider should bill for the services rendered (i.e., their patient).

We do not allow business arrangements of purchasing other entities' receivables, as this type of arrangement creates overpayments and misrepresentations in performing providers' payments.