Highmark Reimbursement Policy Bulletin

HISTORY VERSION

Bulletin Number:	RP-055		
Subject:	Nominal Charges		
Effective Date:	February 1, 2020	**End Date:**	
Issue Date:	October 23, 2023	**Revised Date:**	October 2023
Date Reviewed:	October 2023		
Source:	Reimbursement Policy		

Applicable Commercial Market	**PA**	☒	**WV**	☒	**DE**	☒	**NY**	☒
Applicable Medicare Advantage Market	**PA**	☐	**WV**	☐	**DE**	☐	**NY**	☐
Applicable Claim Type	**UB**	☒	**1500**	☒				

A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

PURPOSE:

This policy is to align the process with industry standards and provide direction on the Plan's reimbursement of reporting a Nominal charge on outpatient facility claims.

REIMBURSEMENT GUIDELINES:

When a provider submits a claim to the Plan that includes non-reimbursable amounts (e.g. an item that is reported for informational purposes only, or is reimbursable by another insurance company). The Plan requires providers to report the no cost item with a nominal charge of $1.00 (one dollar) or less for all non-covered claim lines. Reporting no cost line charges in this manner will accomplish the following:

- Communicating the provider is not seeking payment for the no cost item;
- Reflecting, with completeness and accuracy, all services provided to the patient;
- Preventing the line item or claim from being rejected/denied by the Plan's system edits that require an item to be billed in conjunction with an associated procedure (such as implantation or administration procedures);
- Assure the patient and provider are not held liable for any charges for the no cost item;

The Plan will recognize all no pay situations and reject the nominal charge line of $1.00 (one dollar) or less with a description of "The billed Procedure was denied because this procedure is considered to be a non-covered service".

The following procedures will be excluded from this policy:

1. Surgical Procedures
2. Direct Admit to Observation (code G0379)
3. Robotic Surgery (code S2900)

RELATED POLICIES:

Refer to the following Reimbursement Policies for additional information:

- RP-035: Correct Coding Guidelines

REFERENCES:

This policy has been developed through consideration of the following:

- CMS publication 100-04 for institutional billing for no cost items
- CMS Manual Pub 100-04 Medicare Claims Processing Transmittal 3181
- Local Coverage Article: Patients Supplied Donated or Free-of-Charge Drug
- MLN Matters Number MM10521
- MLN Matters issued March 2018 “Billing for Cardiac Device Credits”

POLICY UPDATE HISTORY INFORMATION:

2 / 2020	Implementation
11 / 2021	Added NY region applicable to the policy
6 / 2023	Administrative policy review with no changes in policy direction
10 / 2023	Added policy applicable to professional 1500 claims

Highmark Reimbursement Policy Bulletin

HISTORY VERSION

HISTORY

Bulletin Number:	RP- 055		
Subject:	Nominal Charges		
Effective Date:	February 1, 2020	**End Date:**	
Issue Date:	June 12, 2023	**Revised Date:**	June 2023
Date Reviewed:	May 2023		
Source:	Reimbursement Policy		

Applicable Commercial Market	**PA**	☒	**WV**	☒	**DE**	☒	**NY**	☒
Applicable Medicare Advantage Market	**PA**	☐	**WV**	☐	**DE**	☐	**NY**	☐
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POLICY UPDATE HISTORY INFORMATION:

2 / 2020	Implementation
11 / 2021	Added NY region applicable to the policy
6 / 2023	Administrative policy review with no changes in policy direction

HISTORY

Highmark Reimbursement Policy Bulletin

HISTORY VERSION

Bulletin Number:	RP-055		
Subject:	Nominal Charges		
Effective Date:	February 1, 2020	**End Date:**	
Issue Date:	November 1, 2021	**Revised Date:**	July 2021
Date Reviewed:	July 2021		
Source:	Reimbursement Policy		

Applicable Commercial Market	**PA**	☒	**WV**	☒	**DE**	☒	**NY**	☒
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- MLN Matters issued march 2018 "Billing for Cardiac Device Credits"

POLICY UPDATE HISTORY INFORMATION:

2 / 2020	Implementation
11 / 2021	Added NY region applicable to the policy

History

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Bulletin Number:	RP-055		
Subject:	Nominal Charges		
Effective Date:	February 1, 2020	**End Date:**	
Issue Date:	February 1, 2020	**Revised Date:**	
Date Reviewed:	December 1, 2019		
Source:	Reimbursement Policy		

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Applicable Medicare Advantage Market	**PA**	☐	**WV**	☐		
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POLICY UPDATE HISTORY INFORMATION:

02 / 2020	Implementation

HISTORY