

## Reimbursement Policy:

### From/To Date Span Policy, Facility and Professional

#### (Commercial, Medicare, and Medicaid)

POLICY NUMBER	EFFECTIVE DATE:	APPROVED BY
RPC20220029	01/01/2023	RPC (Reimbursement Policy Committee)

**Reimbursement Guideline Disclaimer:** We have policies in place that reflect billing or claims payment processes unique to our health plans. Current billing and claims payment policies apply to all our products, unless otherwise noted. We will inform you of new policies or changes in policies through postings to the applicable Reimbursement Policies webpages on emblemhealth.com and connecticare.com. Further, we may announce additions and changes in our provider manual and/or provider newsletters which are available online and emailed to those with a current and accurate email address on file. The information presented in this policy is accurate and current as of the date of this publication.

The information provided in our policies is intended to serve only as a general reference resource for services described and is not intended to address every aspect of a reimbursement situation. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to, legislative mandates, physician or other provider contracts, the member’s benefit coverage documents and/or other reimbursement, and medical or drug policies. Finally, this policy may not be implemented the same way on the different electronic claims processing systems in use due to programming or other constraints; however, we strive to minimize these variations.

We follow coding edits that are based on industry sources, including, but not limited to, CPT® guidelines from the American Medical Association, specialty organizations, and CMS including NCCI and MUE. In coding scenarios where there appears to be conflicts between sources, we will apply the edits we determine are appropriate. We use industry-standard claims editing software products when making decisions about appropriate claim editing practices. Upon request, we will provide an explanation of how we handle specific coding issues. If appropriate coding/billing guidelines or current reimbursement policies are not followed, we may deny the claim and/or recoup claim payment.

**Overview:** The policy describes how EmblemHealth and ConnectiCare reimburses outpatient CMS 1500 and UB-04 claims submitted with a from and to date. It also addresses the requirement to report valid dates of service on each claim line, which must fall within the from and to date range.

**Policy Statement:** This reimbursement policy applies to services reported using the CMS-1500 and UB-04 Health Insurance Claim Form or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network facilities, including, but not limited to, non-network authorized and percent of charge contract facilities.

In accordance with Centers for Medicare and Medicaid Services (CMS) and National Uniform Billing Committee (NUBC), a valid single date of service must be reported on each claim line, as it represents the date the outpatient service was provided. There must be a single line-item date of service reported for every revenue code, procedure code or drug code on all outpatient claims.

In addition, each service date (MMDDYY) must fall within the from and to date of service on the outpatient facility claim.

If the date of service submitted for a procedure is out of the “From” and “To” date calendar range or not in the correct format claims will deny.

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### References:

1. Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
2. National Uniform Billing Committee (NUBC)

### Revision History

Company(ies)	DATE	REVISION
<b>EmblemHealth ConnectiCare</b>	01/01/2023	<ul style="list-style-type: none"><li>• Reformatted and reorganized policy, transferred content to new template with new Reimbursement Policy Number</li></ul>