



Kansas City

An Independent Licensee of the Blue Cross and Blue Shield Association

Electronic Funds Transfer

Policy Number: POLPP103

Last Review: 7/1/2019

Effective Date: 7/1/2019

Next Review: 7/1/2020

Description

One way Blue KC reimburses contracted providers is by electronic funds transfer. Electronic funds transfer (EFT) is the electronic transfer of money from one bank account to another, either within a single financial institution or across multiple institutions, through computer-based systems and without the direct intervention of bank staff. Electronic funds transfer is the electronic communication used to transfer cash from one bank account to another. EFTs don't require paper or checks to transfer cash between accounts.

Policy

Electronic funds transfer (direct deposit) is not a requirement for Blue KC participating providers but does offer its advantages. By enrolling in EFT, payment will be received in less time than waiting for a paper check to clear and ensures that providers receive funds sooner.

Payment received

Services and subsequent payment are based on the member's benefit plan and provider agreement. Providers and their office staff may use our electronic technologies to verify effective dates and members' co-payment's before initiating services.

Member liability may include, but is not limited to;

- copayments,
- deductibles, and
- co-insurance

(This will be applied depending on member's benefit plan.)

Certain services may require prior authorization or referral. Please refer to the member's subscriber certificate for more information

Blue KC reimburses health care providers based on:

- Network provider reimbursement or contracted rates and
- Member benefits

When submitting claims for reimbursement, report all services with:

- Up-to-date industry-standard procedure and diagnosis codes
- Modifiers that affect payment in the first modifier field, followed by informational modifiers

Coverage

The following applies to all claim submissions:
All coding and reimbursement is subject to all terms of the Provider Service Agreement and subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (HCPCS, CPT, ICD), only codes valid for the date of service may be submitted or accepted. Reimbursement for all Health Services is subject to the current Blue KC Medical Policy criteria, policies found under Provider Payment Policy, Provider Office Guide and all other provisions of the Provider Service Agreement. In the event that any new codes are developed during the course of the Provider's Agreement, such new codes will be paid according to the standard or applicable Blue KC fee schedule until such time as a new agreement is reached and supersedes the provider's current agreement. Eligible services will be subject to the subscriber

All payment for codes based on Relative Value Units (RVU) will include a site of service differential and will be calculated, if appropriate, using the appropriate facility or non-facility components, based on the site of service identified, as submitted by provider.

Policy History

DATE	DESCRIPTION
	Approval Date
7/1/19	Effective Date
