

Non-Participating Provider Reimbursement

Reimbursement Policy ID: RPC.0101.2100

Recent review date: 10/2026

Reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. The health plan may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT®); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Policy Overview

This policy addresses reimbursement for providers not participating with the health plan in state and out of state.

Exceptions

N/A

Reimbursement Guidelines

The health plan will reimburse non-participating in state hospital providers for emergency room services that are rendered to treat an Emergency Medical Condition one hundred percent (100%) of the Medicaid rate for emergency services. The plan will reimburse at 90% of the published Medicaid rate in effect on the date of

service to out-of-network providers for non-emergency services unless a single case agreement for a negotiated rate is in place.

Non-participating out of state hospital providers are reimbursed per diem rates from the Louisiana Medicaid Out-of-State Inpatient Hospital Per Diem Listing.

Definitions

Emergency Medical Condition

The term “emergency medical condition” means a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in— (A) placing the patient’s health in serious jeopardy, (B) serious impairment to bodily functions, or (C) serious dysfunction of any bodily organ or part.

Edit Sources

- I. Current Procedural Terminology (CPT) and associated publications and services.
- II. International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM).
- III. Healthcare Common Procedure Coding System (HCPCS).
- IV. Centers for Medicare and Medicaid Services (CMS)
- V. Applicable Medicaid Fee Schedule(s).
- VI. 42 C.F.R. §438.114

Attachments

N/A

Associated Policies

N/A

Policy History

10/2026	Reimbursement Policy Committee Approval
09/2026	<ul style="list-style-type: none">Removed the next review dateReplaced the plan name with “the health plan”
07/2026	Biennial Review <ul style="list-style-type: none">No major changes
06/2025	Minor updates to formatting and syntax
04/2025	Revised preamble
01/2025	Reimbursement Policy Committee Approval
	<ul style="list-style-type: none">Precedes Act 319