



Non-Participating Provider Reimbursement

Reimbursement Policy ID: RPC.0101.5400

Recent review date: 08/2025

Next review date: 09/2027

AmeriHealth Caritas District of Columbia 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. AmeriHealth Caritas District of Columbia 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 AmeriHealth Caritas District of Columbia or located out of the state.

Exceptions

N/A

Reimbursement Guidelines

AmeriHealth Caritas DC will provide timely approval or denial of requests for authorization of out-of-network service(s) through the assignment of a prior authorization number, which refers to and documents the determination. The enrollee will be liable for the cost of unauthorized use of covered services from non-participating providers, except when seeking care for an emergency medical condition.

AmeriHealth Caritas District of Columbia will reimburse non-participating hospital providers for those emergency room services that are rendered to treat an Emergency Medical Condition.

Note: Out-of-network services are not a covered benefit for Alliance program enrollees.

Non-participating providers are reimbursed at 100% of the Medicaid fee schedule for services requiring prior authorization.

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. District of Columbia Medicaid Fee Schedule(s).
- VI. District of Columbia 2025 Provider Manual.
- VII. 42 C.F.R. §438.114

Attachments

N/A

Associated Policies

N/A

Policy History

08/2025	Reimbursement Policy Committee Approval
06/2025	Minor updates to formatting and syntax
04/2025	Revised preamble
04/2024	Revised preamble
08/2023	Removal of policy implemented by AmeriHealth Caritas District of Columbia from Policy History section
01/2023	Template Revised

	• Revised preamble • Removal of Applicable Claim Types table • Coding section renamed to Reimbursement Guidelines • Added Associated Policies section
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