

	Pass Through Billing	
	Policy Number: POL-PP-209	Original Creation Date 3/1/2021
	Version Number: 06	Version Effective Date 3/1/2021
	Policy Status: Active	Next Review Date 3/1/2027

NOTICE

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> PROFESSIONAL	<input checked="" type="checkbox"/> FACILITY	<input checked="" type="checkbox"/> DME	<input type="checkbox"/> AMBULATORY SURGERY	<input checked="" type="checkbox"/> LAB	<input type="checkbox"/> OTHER

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> BLUE MEDICARE ADVANTAGE	<input checked="" type="checkbox"/> ACA QHP¹	<input checked="" type="checkbox"/> SMALL GROUP ACA	<input checked="" type="checkbox"/> JAA²	<input checked="" type="checkbox"/> FEP³	<input type="checkbox"/> DENTAL

¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

Description/Application

Pass-through billing occurs when the ordering physician, professional provider, facility, or ancillary provider requests and bills for a service, but the service is not performed by the ordering physician, professional provider, or ancillary of facility

provider.

Policy

All participating Blue KC providers (or their employees) rendering service to Blue KC covered individuals are required to bill Blue KC directly for that service(s) and should only bill for the component of the services they perform.

Example: When a blood draw is performed in a clinic setting for an outside lab, the provider performing the blood draw would bill for 36415 for the collection of venous blood by venipuncture. The lab would bill for the lab test, example 80061 lipid panel.

Coding

Codes	Description
N/A	

References and Resources

Blue KC Provide Reference Guide
Centers for Medicare and Medicaid Services

Related Documents

N/A

Revision History

Version	Date	Summary of Revisions
001	03/01/2021	Initial Version
002	03/01/2022	Annual review, there were no changes or updates made to the policy.
003	03/01/2023	Annual review, there were no changes or updates made to the policy.
004	03/01/2024	Annual review, there were no changes or updates made to the policy.
005	03/01/2025	Annual review, there were no changes or updates made to the policy.
006	03/01/2026	Annual review, there were no changes or updates made to the policy.