

	Retroactive Claim Adjustment for CMS Updates	
	Policy Number: POL-PP-255	Original Creation Date 6/1/2025
	Version Number: 002	Version Effective Date 6/1/2025
	Policy Status: Active	Next Review Date 6/1/2027

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

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

CMS frequently makes retroactive changes. For each posted change, the 60-day period begins with that posting date.

Policy

Blue Cross and Blue Sheild of Kansas City (Blue KC) updates rates within 60 days of CMS published changes. Blue KC will not adjust claims based on CMS changes that are implemented within 60 days of the posting date.

This is applicable, but not limited to,

- Fee schedule
- Prospective Payment System
- Average Sales Price (covered drugs and biologics)
- Geographic Practice Cost Index

For information on CMS changes: <https://www.cms.gov/>

Coding

CPT/HCPCS	Definition
N/A	

References and Resources

Centers for Medicare and Medicaid Services

Related Documents

NA

Revision History

Version	Date	Summary of Revisions
001	6/1/2025	Initial Version
002	6/1/2026	Annual review. No updates or changes were made to the policy