

## **MEMBER BALANCE BILLING**



Providers shall not bill members for any covered/authorized or approved service except for their plan allowed cost-sharing (copay/coinsurance). Providers shall not collect payments from members for non-covered services unless the member has been advised in advance and in writing that such services may not be covered and Vitality has confirmed that the services are not covered.

Medicare Opt-Out providers will only be reimbursed for emergent/urgent claims until the member is stabilized. Provider must submit claims with the appropriate HCPCS code and HCPCS modifier "GJ" (Opt-out physician/practitioner EMERGENCY OR URGENT SERVICES). This modifier is used only when emergent or urgent services are rendered and the beneficiary has not signed a private contract with the physician or practitioner. Claims that are billed without this modifier or billed for services/items not covered by Medicare will be denied.