

## **Procedure 1235- Lesser Of Participating Provider Reimbursement**

### **Lines of Business: All**

**Purpose:** This guideline describes the process Network Health/Network Health Insurance Corporation (NHIC) follows with regard to all our products whenever participating provider's billed charge amounts are less than any corresponding contractual fixed reimbursement rates.

**Procedure:** Network Health/NHIC will not provide reimbursement to participating providers in excess of their billed charges, regardless of any contractual fixed rate methodology. Network Health/NHIC determines allowed reimbursement amounts based on the lesser of the participating provider's billed charge or the contractual fixed rate.

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**This guideline is not a guarantee of coverage or payment. The claim(s) will be denied if it does not meet with all the terms and provisions of the members Certificate of Coverage. Actual benefits will be determined when the claim(s) or bill(s) are submitted to NHP/NHIC/NHAS. NHP/NHIC/NHAS reserves the right to periodically review and update all claim guidelines, policies and procedures.**

HMO plans underwritten by Network Health Plan. POS Plans underwritten by Network Health Insurance Corporation, or Network Health Insurance Corporation and Network Health Plan. Self-funded HMO and POS plans administered by Network Health Administrative Services, LLC.

Revised/approved: 02/2014; 10/2014; 05/2016; 01/2018