



Special Services, Procedures and Reports Payment Policy

Policy

Fallon Community Health Plan will reimburse for the covered professional services provided by contracted providers who are participating through a contracted entity and are within the legal scope of their practice.

Definitions

This policy applies to the payment of special services, procedures and reports rendered by contracted providers.

Benefits application

Commercial

- FCHP Direct Care/FCHP Select Care
- Commonwealth Care
- Companion Care
- FCHP MassHealth
- Major Medical
- Fallon Preferred Care

Senior Plan

- Fallon Senior Plan™
- Fallon Senior Plan Preferred

Reimbursement

1. FCHP will reimburse providers for the following services:
 - a. 99050 – services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (e.g., holidays, Saturday or Sunday) in addition to basic services (when rendered with the following E&M services: 99201-99205 and 99211-99215 and 99241-99245.
 - b. 99051 – service(s) provided in the office during regularly scheduled evening, weekend, or holiday hours, in addition to basic service (when rendered with the following E&M services: 99201-99205 and 99211-99215)
 - c. 99060 – service(s) provided on an emergency basis out of the office, which disrupts other scheduled office services, in addition to basic service (when rendered with the following E& M services: 99201-99205 and 99211-99215)
2. FCHP does not separately reimburse for the following codes:
 - a. 99000 – handling and or conveyance of specimen from transfer from the physicians office to a laboratory
 - b. 99001 – handling and or conveyance of specimen for transfer from the patient other than a physician's office to a laboratory
 - c. 99002 – handling conveyance and or any other service in connection with the implementation of an order involving devices (designing, bidding, packaging, handling, delivery or mailing) when devices such as orthotics, prosthetics are fabricated by an outside laboratory or shop but which items have been designed and or to be fitted and adjusted by the attending physician

- d. 99024 – post-operative follow up visit (included surgical package)
 - e. 99026 – hospital mandated on call service; in hospital, each hour
 - f. 99027 – hospital mandated on call services; out of hospital, each hour
 - g. 99053 – service(s) provided between 10:00 p.m. and 8:00 a.m. at 24-hour facility, in addition to basis service
 - h. 99056 – services provided at the request of the patient at a location other than the physician’s office which are normally provided in the office
 - i. 99058 – office services provided on an emergency basis
 - j. 99070 – if code is submitted, the claim line will be rejected requesting that a specific HCPCS code must be submitted for reimbursement consideration
 - k. 99071 – educational supplies provided by physician for patient’s education at cost to physician
 - l. 99078 – physician educational services rendered to patients in a group setting (e.g., prenatal, obesity, diabetic instruction)
 - m. 99080 – special reports such as insurance forms, more than the information conveyed in the unusual medical communication or standard reporting form
 - n. 99082 – unusual travel (transportation and escort of patient)
 - o. 99091 – collection and interpretation of physiologic data digitally stored and or transmitted by the patient and or caregiver to the physician or other qualified health care professional requiring a minimum of 30 minutes of time
3. FCHP does not cover for the following codes:
- a. 99075 – medical testimony
 - b. 99090 – analysis of clinical data stored in computers

Referral/notification/preauthorization requirements

Prior authorization is not required for above covered services.

Billing/coding guidelines

Professional providers are expected to submit claims on CMS 1500 forms and facility providers are required to submit claims on a UB92 form using industry standard codes and guidelines. (Refer to Coverage and Reimbursement for specific CPT codes).

Place of service

This policy applies to all places of service.

Policy history

Origination date:	11/10/2004
Previous revision date(s):	11/09/2005, 10/25/2006
Current review date & details	6/23/08 - No changes made

This payment policy has been developed to provide information regarding general billing, coding and documentation guidelines for FCHP. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. FCHP reserves the right to apply this payment policy to all FCHP companies and subsidiaries.