



## annual code review policy

### ***description of procedure/service***

This policy applies to the annual code review process to ensure proper coverage assignments for all new procedure codes (CPT, HCPCs, and other industry standard codes etc.) in a calendar year.

### ***policy***

Fallon Community Health Plan (FCHP) will review and assign the appropriate coverage categories and determine prior-authorization for all new codes (CPT, HCPCs, and other industry standard codes) by January 1st.

FCHP will notify all contracted providers of this determination via the March issue of the *Connection* newsletter and on the Fallon Community Health Plan website in the *Provider Manual*.

Consistent with industry standards, FCHP will update coverage determinations *as necessary* unless otherwise directed by CMS.

### ***benefits application***

- FCHP Direct Care / FCHP Select Care
- FCHP Independent Care
- FCHP Flex Care Direct / Select
- Fallon Senior Plan™
- FCHP MassHealth
- Major Medical
- Bill at Home / Direct Enrollment
- Fallon Preferred Care

### ***coverage and reimbursement criteria***

Reimbursement will be according to contract.

### ***preauthorization requirements***

All new procedure codes will require prior authorization until a formal review is performed by Fallon Community Health Plan. Further information will be provided in the March issue of the *Connection* newsletter annually.

### ***billing/coding guidelines***

Fallon Community Health Plan will use current industry standard procedure codes (CPT, HCPCs, etc.) throughout their processing systems.

The Health Insurance Portability & Accountability Act (HIPAA) Transaction & Code Set Rule requires providers to use the medical code set that is valid at the time the service is provided.

### ***place of service***

This policy applies to all services rendered in any place of service to Fallon Community Health Plan members.



***policy implementation***

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