



Procedure Code Review Payment Policy

Policy

Fallon Community Health Plan (FCHP) will review and assign the appropriate coverage and determine pre-authorization requirements for all new and revised codes (HCPCS CPT I and II codes along with 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 FCHP Web site in the *Provider Manual*.

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

Definition

This policy applies to the procedure code review process to ensure proper coverage assignments for all new and revised procedure codes (HCPCS CPT I and II codes along with other industry standard codes) in a calendar year. Deleted codes will be deactivated and not be reimbursed for dates of service after the deletion date.

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

Reimbursement will be according to contract.

Referral/notification/preauthorization requirements

All new procedure codes will require pre-authorization until a formal review is performed by FCHP. Further information will be provided in the March issue of the *Connection* newsletter annually. We recognize that new, revised and/or deleted codes can be published on a quarterly basis. We will review these codes within 30 days of the effective date and notify providers of all determinations via the next published *Connection* newsletter.

Billing/coding guidelines

FCHP will use current industry standard procedure codes (HCPCS CPT I and II codes along with other industry standard codes) throughout their processing systems.

The Health Insurance Portability and Accountability Act (HIPAA) Transaction and Code Set Rule requires providers to use the procedure code(s) that are valid at the time the service is provided. FCHP adheres to HIPAA standards.

Providers must only use industry standard code sets.

Place of service

This policy applies to all services rendered in any place of service to FCHP members.

Policy history

Origination date:	11/23/03
Previous revision date(s):	08/04/04, 08/03/05, 07/19/06, 9/12/07
Connection date & details:	01/1/09 – Add statement that providers may only use industry standard codes; retire Home-Grown Codes Payment Policy.

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.