



## Preventive Services Payment Policy

### **Policy**

Members of Fallon Community Health Plan (FCHP) have no member cost-sharing for preventive services that are rendered by an in-network provider. Members may be required to pay a copayment, deductible, or coinsurance for non-preventive services received in conjunction with a preventive service visit, or for PPO members who receive preventive care from out-of-network providers. Claims for services must be submitted with service and diagnosis codes indicating that the service is preventive.

### **Definitions**

Preventive care: services, tests, and immunizations that are intended to screen for diseases or conditions and to improve early detection of disease when there is no diagnosis or symptoms present. This includes immunizations; health maintenance visits (routine physical exams) for adults and children, as well as mammograms, Pap tests and other tests associated with the health maintenance visit; prenatal maternity care; well child care, including vision and auditory screening; voluntary family planning; nutrition counseling; and health education. Services that are considered preventive by FCHP include but are not limited to those indicated in the Patient Protection and Affordable Care Act (PPACA).

### **Benefits application**

- FCHP Direct Care/FCHP Select Care
- Commonwealth Care
- Companion Care
- FCHP MassHealth
- Fallon Preferred Care PPO
- Fallon Senior Plan HMO
- Fallon Senior Plan PPO
- Summit ElderCare®
- NaviCare®

### **Reimbursement**

When services are rendered by an in-network provider, there is no member cost-sharing for preventive services. Members may be required to pay a copayment, deductible, or coinsurance for non-preventive services received in conjunction with a preventive service visit, e.g., when problem focused evaluation and management or diagnostic services are rendered in addition to the preventive care, or for PPO members who receive preventive services from out-of-network providers.

Claims for services must be submitted with service and diagnosis codes indicating that the service is preventive. Preventive ICD-9 codes must be in the primary diagnosis position. If another diagnosis is in the primary position on the claims, the service may be subject to member cost-sharing.

## **Referral/notification/prior authorization requirements**

Summit ElderCare requires prior authorization for all non-emergency outside services. Please contact the referring Summit ElderCare PACE site for assistance.

NaviCare® requires that all non-emergency services be authorized in advance. Please contact an Enrollee Service Representative at 1-877-700-6996 for assistance.

## **Billing/coding guidelines**

In order for a service to be considered preventive care, a preventive diagnosis must be the primary diagnosis on the claim. In addition, each claim line should indicate the applicable diagnosis. In cases where the diagnosis is not preventive in nature, cost-sharing will apply.

## **Place of service**

This policy applies to services rendered in all settings.

## **Policy history**

Origination date:	01/01/2012
Previous revision date(s):	N/A
Connection date & details:	January 2012 – new 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. FCHP routinely verifies that charges billed are in accordance with the guidelines stated in this payment policy and are appropriately documented in the medical records. Payments are subject to post-payment audits and retraction of overpayments.*