



Special Services, Procedures and Reports Payment Policy

Policy

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

Benefits application

- FCHP Direct Care/FCHP Select Care
- Commonwealth Care
- Companion Care
- FCHP MassHealth
- Major Medical
- Fallon Preferred Care
- Fallon Senior Plan™
- Fallon Senior Plan Preferred
- Summit ElderCare®
- NaviCareSM

Reimbursement

FCHP will reimburse for the following services:

- 99050 – service(s) 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 evaluation and management (E&M) services 99201-99205, 99211-99215
- 99051 – service(s) provided in the office during regularly scheduled evening, weekend, or holiday hours, in addition to basic service when rendered with the E&M services 99201-99205 and 99211-99215

FCHP does not separately reimburse for the following codes:

- 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 E&M services 99201-99205 and 99211-99215
- 99000 – handling and or conveyance of specimen from transfer from the physicians office to a laboratory
- 99001 – handling and or conveyance of specimen for transfer from the patient other than a physician's office to a laboratory
- 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
- 99024 – post-operative follow up visit (included surgical package)
- 99026 – hospital-mandated on-call service; in hospital, each hour
- 99027 – hospital-mandated on-call services; out of hospital, each hour
- 99053 – service(s) provided between 10:00 p.m. and 8:00 a.m. at 24-hour facility, in addition to basic service

- 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
- 99058 – office services provided on an emergency basis
- 99070 – supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit. If code is submitted, the claim line will be rejected requesting that a specific HCPCS code be submitted for consideration.
- 99071 – educational supplies provided by physician for patient’s education at cost to physician
- 99078 – physician educational services rendered to patients in a group setting (e.g., prenatal, obesity, diabetic instruction)
- 99080 – special reports such as insurance forms, more than the information conveyed in the unusual medical communication or standard reporting form
- 99082 – unusual travel (transportation and escort of patient)
- 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

FCHP does not cover the following codes:

- 99075 – medical testimony
- 99090 – analysis of clinical data stored in computers

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.

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

For other plans, prior authorization is not required for above covered services. PCP referrals are required for all specialty visits for most products. For a description of products and services requiring a PCP referral, please refer to the PCP referral and preauthorization grid located in the Managing Patient Care section of the *Provider Manual* under “PCP Referral and Plan Preauthorization Process.”

Billing/coding guidelines

Professional providers are expected to submit claims on a CMS1500 form and facility providers are required to submit claims on a UB92 form using industry standard codes and guidelines.

Place of service

This policy applies to services rendered in all settings.

Policy history

Origination date:	11/10/2004
Previous revision date(s):	11/09/2005, 10/25/2006
	05/01/2010 - moved to new policy template
Connection date & details:	November 2010 – removed consultation code range from policy and added that 99060 is not reimbursed in addition to basic service when rendered with the E&M services 99201-99205 and 99211-99215.

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.