

Reimbursement Policy

Non-Priced Codes

Policy Number: 4.37

Version Number: 3

Version Effective Date: 11/01/2021

Product Applicability	<input type="checkbox"/> All Plan+ Products
Well Sense Health Plan	Boston Medical Center HealthNet Plan
<input type="checkbox"/> Well Sense Health Plan	<input checked="" type="checkbox"/> MassHealth MCO
	<input checked="" type="checkbox"/> MassHealth ACO
	<input checked="" type="checkbox"/> Qualified Health Plans/ConnectorCare/Employer Choice Direct
	<input type="checkbox"/> Senior Care Options

Note: Disclaimer and audit information is located at the end of this document.

Policy Summary

The Plan will reimburse covered services and supplies for which the Executive Office of Health and Human Services (EOHHS) has not published a rate according to the terms of reimbursement identified within this policy.

Prior-Authorization

Please refer to the Plan's Prior Authorization Requirements Matrix at www.bmchp.org.

Definitions

Adjusted Acquisition Cost (AAC) - The price paid by the provider to the manufacturer or any other supplier for Durable Medical Equipment (DME), customized equipment, or medical/surgical supplies, oxygen and respiratory therapy systems or devices and related supplies, enteral and intravenous therapy, equipment, and related supplies excluding all associated costs such as, but not limited to,

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shipping, handling, and insurance costs. Where the manufacturer is the provider, it is the actual cost of manufacturing such DME or supplies.

Provider Reimbursement

For each of the following services, the Plan will calculate the specified rate at the time of the Non-Priced Code rate establishment. The Plan may update non-priced code rates after the initial time of the rate establishment.

Professional Services and Procedures

Covered non-priced professional services and procedures will be priced at 71.17% of the locality average of the current Medicare rate for Massachusetts. Services and procedures include, but are not limited to, minor and major surgeries, and radiology services. This includes services provided by Physicians, Nurse Practitioners, Physician Assistants, Physical Therapists, Occupational Therapists, and Speech Therapists.

Laboratory Services

Covered non-priced laboratory services will be reimbursed at 74.67% of the current Medicare rate for the Massachusetts locality.

Drugs and Biologicals

Covered non-priced drugs and biologicals will be reimbursed at the Average Wholesale Price (AWP) minus 15%.

Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

Covered non-priced DMEPOS will be reimbursed at 80% of the current Medicare rate for the Massachusetts locality. If no Medicare rate exists, the non-priced code will be priced at Adjusted Acquisition Cost (AAC) based upon manufacturers invoice.

Ambulatory Surgery Centers (ASC)

Covered non-priced ASC facilities will be reimbursed at 90% of the current Medicare national rate.

New codes

Covered new codes which have a direct crosswalk to a deleted code will be reimbursed at the rate for the deleted code. If there is not a direct crosswalk, the Plan's standard reimbursement rules for codes without a rate will apply.

Codes without a Medicare Rate

Covered non-priced codes without a Medicare rate will be priced by the Plan based on individual consideration.

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Policy History

Original Approval Date	Original Effective Date	Policy Owner	Approved by
06/13/2017	10/01/2017	Payment Policy	Payment Policy Committee

Policy Revisions History			
Review Date	Summary of Revisions	Revision Effective Date	Approved by
05/21/2019	Annual review, added clarification for invoice pricing, added language to clarify rate is remains at the time of establishment.	07/01/2019	Payment Policy Committee
10/19/2021	Annual review	11/01/2021	Payment Policy Committee

Other Applicable Policies

- All Plan Reimbursement Policies will apply

References

- Contract between The Office of Health and Human Services (EOHHS), and Boston Medical Center HealthNet Plan MassHealth
- Form of Contract between the Commonwealth Health Insurance Connector Authority and Boston Medical Center HealthNet Plan
- BMC HealthNet Plan Qualified Health Plans, including ConnectorCare Evidence of Coverage

Disclaimer Information

This Policy provides information about the Plan's reimbursement/claims adjudication processing guidelines. The use of this Policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement. Member cost-sharing (deductibles, coinsurance and copayments) may apply – depending on the member's benefit plan. Unless otherwise specified in writing, reimbursement will be made at the lesser of billed charges or the contractual rate of payment. Plan policies may be amended from time to time, at Plan's discretion. Plan policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization guidelines (including NCQA). The Plan reserves the right to conduct Provider audits to ensure compliance with this Policy. If an audit determines that the Provider did not comply

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with this Policy, the Plan will expect the Provider to refund all payments related to non-compliance. For more information about the Plan's audit policies, refer to the Provider Manual.

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