

Reimbursement Policy

Home Infusion including Parenteral/Tube Fed Enteral Nutritional Therapy

Policy Number: 4.121

Version Number: 9

Version Effective Date: 06/01/2021

Product Applicability

All Plan+ Products

Well Sense Health Plan

Well Sense Health Plan

Boston Medical Center HealthNet Plan

MassHealth MCO

MassHealth ACO

Qualified Health Plans/ConnectorCare/Employer Choice Direct

Senior Care Options

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

Policy Summary

The Plan reimburses covered services based on the provider's contractual rates with the Plan and the terms of reimbursement identified within this policy. This policy does not apply to oral enteral products dispensed and billed by any provider type. This policy also does not apply to any durable medical equipment (DME) when items are dispensed and billed by a DMEPOS provider with the exception of parenteral nutrition products, equipment and supplies. These services are managed by Northwood, Inc. Providers may contact Northwood at www.northwoodinc.com or by phone at 1-866-802-6471.

Prior-Authorization

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

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Provider Reimbursement

Per Diem and Component Billing Criteria

The Plan reimburses providers using either the per diem methodology or the component methodology.

Per Diem Billing Methodology

The Plan reimburses home infusion therapies and home enteral/parenteral therapies as a bundled per diem fee. The per diem fees include all necessary supplies, equipment, and administrative services including:

- Weekly infusion catheter kits
- Cassettes/bags
- Infusion sets
- Syringes and needles
- Alcohol swabs
- IV poles
- Infusion pump and pump supplies
- Gauze and tape
- Enteral feeding supply kits
- Transparent film
- Enteral buttons and extension sets
- Parenteral and TPN formulas (Codes S9364 through S9368 only)

When billing the Plan using a per diem methodology, except where noted, none of the above items may be billed separately. The per diem fees do NOT include enteral formula products, catheter insertion services, nursing visits or drugs which should be separately billed. Specifically, these include:

- All tube fed enteral formulas will be paid separately according to terms stated in this policy.
- Nursing services associated with home enteral nutrition therapy will be paid according to the methodologies established in the Plan's Home Health Policy.
- Insertion of a catheter for nutrition purposes will be paid as a separate procedure from the per diem and nursing service.
- Medications administered as a component of a tube fed enteral service are paid separately but are only reimbursed through the Plan's pharmacy benefit. Medications billed as a part of a tube fed enteral service will be denied if billed through the medical benefit.

Component Billing Methodology

The Plan reimburses home infusion, enteral and parenteral equipment, supplies, administrative services, and formula products based upon the specific HCPCS submitted and payment rules cited in this policy.

The Plan may pay for the replacement of purchased equipment if the item is damaged or defective and no longer covered under warranty, and repairs are more costly than a replacement.

Home Infusion Billing and Coding Requirements

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Providers may be reimbursed separately for home infusion pumps, IV poles and supplies if the provider is billing with the Component Methodology.

The Plan's fees for infusion pumps include reimbursement for an IV pole. An IV pole may be separately reimbursed only with a stationary parenteral infusion pump.

The following items and services may be billed separately from the per diem methodology for home infusion therapy only:

- Injectable medications that are administered, as a part of home infusion, will be reimbursed based on the Plan's BMC HealthNet Plan Formulary.
- PICC and midline insertion and associated supplies will be paid according to the methodologies established in the Plan's Home Health Policy.
- Blood products will be reimbursed separately based on the lower of the provider's charges, or the Plan fee schedule.

The following reimbursement terms apply for home infusion therapy per diem only:

- Multiple-same day per diem home infusion therapies billed must append the applicable modifier for appropriate reimbursement.
- Catheter care per diem will only be paid when provided as a stand-alone therapy, or when no other per diem is billed.
- Catheter care per diem may not be billed for any day on which a catheter insertion procedure is performed.
- Catheter supply per diem codes are not payable when billed on the same date of service as a catheter care per diem code.

In addition to the fee for general infusion pumps, providers may bill separately for catheter supply kits (A4221, A4222) after the initial setup of the equipment, as long as the provider is billing with Component Methodology.

Tube Fed Enteral Nutrition Billing and Coding Guidelines

Providers may be reimbursed for separately for tube fed enteral nutrition equipment and supplies if the provider is billing with the Component Methodology.

The Plan reimburses providers for tube fed enteral nutrition solutions based on the units administered. Enteral formulas that are used in conjunction with parenteral enteral (PEN) services require the BA modifier. For PEN services, one unit equals 100 calories. The calories consumed by a member in a day divided by 100 should be billed as the number of units. Food thickener should be billed as one unit equals 1 ounce. The total number of ounces consumed by a member in a day should be billed as the number of units.

A "Product Classification List" of enteral formulas with corresponding codes is maintained by the Pricing, Data Analysis and Coding (PDAC). Billing for enteral nutrition products using a code that is not identified as applicable to a product name are not payable.

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Supplies Included in the Initial Setup of Tube Fed Enteral Home Therapy

Payment for the first monthly rental of enteral and parenteral pumps includes tubing and any disposable supply necessary for the system to function properly. These items may be billed separately after the initial setup if the provider is billing with the Component Methodology.

Tube Fed Enteral Supply Kit

Enteral supply kits include all necessary disposable supplies except tubing. A provider may bill both the supply kits and tubing separately if billing with the Component Methodology. The following rules also apply to the payment of tube fed enteral supply kits:

- Payment will only be made for one type of enteral supply kit per day.
- The supply kit code billed must match the method of administration authorized.
- Catheter/tube anchoring devices, syringes, tape, and dressings are included in the supply kit and will not be reimbursed separately.

Parenteral/Total Parenteral Nutrition (TPN) Billing and Coding Guidelines

Providers may be reimbursed for separately for total parenteral nutrition equipment, supplies, and formula if the provider is billing with the Component Methodology.

Specialty amino acids, lipids, trace elements added when not from a standard multi-trace element solution, vitamins added when not from a standard multivitamin solution, and products serving non-nutritional purposes are services not included in the per diem reimbursement and will be reimbursed when billed separately.

Non-specialty amino acids, concentrated dextrose, sterile water, electrolytes, standard multi-trace elements solutions, standard multivitamin solutions are included in the per diem reimbursement and should not be billed separately.

Providers are required to use compounded solutions for TPN services, unless other medical conditions require the use of a non-compounded solution.

Service Limitations

The following items and services are not reimbursable:

- Shipping, handling, sales tax, and any insurance costs.
- Maintenance and repair for any item that is being rented.
- Aids for the blind (Massachusetts Commission for the Blind provides assessment and appliances for people who have been certified as blind by an ophthalmologist).
- Services and items for members in an institutional setting for temporary acute treatment purposes - Items provided to members within a facility setting are not payable unless such items are for home use and are supported by documentation in the member's discharge records, or the institution serves as the member's residence.

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Applicable Coding and Billing Guidelines

Applicable coding is listed below, subject to codes being active on the date of service. Because the American Medical Association (AMA), Centers for Medicare & Medicaid Services (CMS), and the U.S. Department of Health and Human Services may update codes more frequently or at different intervals than Plan policy updates, the list of applicable codes may not be all inclusive. These codes are not intended to be used for coverage determinations.

Equipment Rental

When it is determined that less than a month is required, the provider must bill the Plan on a daily basis using 1 unit/day and the appropriate modifier (KR).

Drug, Enteral or Parenteral Products

Use the appropriate HCPCS/CPT code in addition to the National Drug Code (NDC) 11 digit drug code number (if applicable).

Nutrition Invoice Requirements

For any claims submitted for nutrition submitted with the BA modifier, providers must submit an invoice for the product to the Plan. The following information is required on the submitted invoice for accurate pricing:

- Number of calories per day prescribed to the member
- Number of cans dispensed/provided per day to the member
- Number of calories per can (*not fluid ounces*)
- Number of cans in a case
- Cost per case

CPT/ HCPCS Code	Description
Home Infusion Therapy, Enteral Nutrition	
S9340	Home therapy; enteral nutrition; per diem
S9341	Home therapy; enteral nutrition via gravity; per diem
S9342	Home therapy; enteral nutrition via pump; per diem
S9343	Home therapy; enteral nutrition via bolus; per diem
Home Infusion Therapy, Total Parenteral Nutrition (TPN)	
S9364	TPN; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment per diem
S9365	TPN; one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, per diem
S9366	TPN; more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, per diem

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S9367	TPN; more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, per diem		
S9368	TPN; more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, per diem		
Home Infusion Therapy, Catheter Care, Anti-Infective, Chemotherapy, Pain Management, Hydration			
S5497	Home infusion therapy, catheter care / maintenance, not otherwise classified; per diem		
S5498	Home infusion catheter care, simple (single lumen) ; per diem		
S5501	Home infusion catheter care, complex (more than one lumen) ; per diem		
S5502	Home infusion catheter care, implanted access device; per diem		
S5517	Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting supply kit; per diem		
S5518	Home infusion therapy, catheter repair		
S5520	Home infusion therapy, PICC line		
S5521	Home infusion therapy, Midline		
S5522SD	Home infusion therapy, insertion of peripherally inserted central venous catheter (PICC), nursing services only		
S5523SD	Home infusion therapy, insertion of midline central venous catheter, nursing services only		
S9494	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; per diem		
S9497	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 3 hours; per diem		
S9500	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; per diem		
S9501	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; per diem		
S9502	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours, per diem		
S9503	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 6 hours; per diem		
S9504	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 4 hours; per diem		
S9329	Home infusion therapy, chemotherapy infusion; per diem		
S9330	Home infusion therapy, continuous chemotherapy infusion; per diem		
S9331	Home infusion therapy, intermittent chemotherapy infusion; per diem		
S9325	Home infusion therapy, pain management infusion; per diem		
S9326	Home infusion therapy, continuous pain management infusion; per diem		
S9327	Home infusion therapy, intermittent pain management infusion; per diem		
S9328	Home infusion therapy, implanted pump pain management infusion; per diem		
S9373	Home infusion therapy, hydration therapy		
S9374	Home infusion therapy, hydration therapy; one liter per day		
S9375	Home infusion therapy, hydration therapy; more than one liter but no more than two liters per day		
S9376	Home infusion therapy, hydration therapy; more than two liters but no more than three liters per day		
S9377	Home infusion therapy, hydration therapy; more than three liters per day		
Home Infusion Therapy, Other			
S9336	Continuous anticoagulant infusion therapy	S9353	Continuous insulin infusion therapy
S9338	Immunotherapy therapy	S9355	Chelation therapy

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S9345	Anti-hemophilic agent infusion therapy	S9357	Enzyme replacement intravenous therapy
S9346	Alpha-1-proteinase	S9359	Anti-tumor necrosis factor intravenous therapy
S9347	Uninterrupted, long-term, controlled rate intravenous or subcutaneous infusion therapy	S9361	Diuretic intravenous therapy
S9348	Sympathomimetic/inotropic agent infusion therapy	S9363	Anti-spasmodic therapy
S9349	Tocolytic infusion therapy	S9370	Intermittent anti-emetic injection therapy
S9351	Continuous anti-emetic infusion therapy	S9372	Intermittent anticoagulant injection therapy
Infusion Pump Supplies			
A4221	Supplies for maintenance of non-insulin drug infusion catheter, per week (list drugs separately)		
A4222	Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately)		
Home Infusion Pump Equipment			
E0779	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater		
E0780	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours		
E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient		
E0782	Infusion pump, implantable, non-programmable		
E0783	Infusion pump system, implantable, programmable		
E0784	External ambulatory infusion pump, insulin		
E0791	Parenteral infusion pump, stationary, single or multi-channel		
Enteral/Parenteral Nutrition			
B4034	Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape		
B4035	Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape		
B4036	Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape		
B4081	Nasogastric tubing with stylet		
B4082	Nasogastric tubing without stylet		
B4083	Stomach tube - Levine type		
B4087NU	Gastrostomy/jejunostomy tube, standard, any material, any type, each		
B4087UC	Gastrostomy/jejunostomy tube, standard, any material, any type, each (mickey tube)		
B4088NU	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each		
B4088UC	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each (mickey tube)		
B4100	Food thickener, administered orally, per ounce		
B4102	Enteral formula, for adults, used to replace fluids and electrolytes, 500 ml = 1 unit		
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes, 500 ml = 1 unit		
B4104	Additive for enteral formula (e.g., fiber)		
B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each		

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B4149	Enteral formula, manufactured blenderized natural foods with intact nutrients, administered through an enteral feeding tube, 100 calories = 1 unit
B4150	Enteral formula, nutritionally complete with intact nutrients, administered through an enteral feeding tube, 100 calories = 1 unit
B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, administered through an enteral feeding tube, 100 calories = 1 unit
B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), administered through an enteral feeding tube, 100 calories = 1 unit
B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit
B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, administered through an enteral feeding tube, 100 calories = 1 unit
B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, administered through an enteral feeding tube, 100 calories = 1 unit
B4159	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, administered through an enteral feeding tube, 100 calories = 1 unit
B4160	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, administered through an enteral feeding tube, 100 calories = 1 unit
B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, administered through an enteral feeding tube, 100 calories = 1 unit
B4162	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, administered through an enteral feeding tube, 100 calories = 1 unit
B4164	Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit), home mix
B4168	Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) - home mix
B4172	Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) - home mix
B4176	Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) - home mix
B4178	Parenteral nutrition solution: amino acid, greater than 8.5% (500 ml = 1 unit), home mix
B4180	Parenteral nutrition solution: carbohydrates (dextrose), greater than 50% (500 ml = 1 unit), home mix
B4185	Parenteral nutrition solution, not otherwise specified, 10 grams lipids
B4187	Omegaven, 10 grams lipids
B4189	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 g of protein, premix
B4193	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 g of protein, premix
B4197	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 grams of protein – premix

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B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein – premix
B4216	Parenteral nutrition; additives (vitamins, trace elements, Heparin, electrolytes), home mix, per day
B4220	Parenteral nutrition supply kit; premix, per day
B4222	Parenteral nutrition supply kit; home mix, per day
B4224	Parenteral nutrition administration kit, per day
B5000	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, renal - Amirosyn RF, NephroAmine, RenAmine – premix
B5100	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, hepatic - FreAmine HBC, HepatoAmine – premix
B5200	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, stress - branch chain amino acids – premix
Enteral/Parenteral Infusion Pump Equipment	
B9002	Enteral nutrition infusion pump, any type
B9004	Parenteral nutrition infusion pump, portable
B9006	Parenteral nutrition infusion pump, stationary
Nursing Administration	
99601SD	Home infusion/specialty drug administration, per visit (up to two hours) (services provided by registered nurse with specialized, highly technical home infusion training)
99602SD	Home infusion/specialty drug administration, each additional hour (services provided by registered nurse with specialized, highly technical home infusion training) (use in conjunction with (99601SD))

Modifier	Description	Instructions
BA	Item furnished in conjunction with parenteral enteral nutrition (PEN) services	Append to any enteral formula code (B4149 – B4162) or IV Pole (E0776), as applicable.
SH	Second concurrently administered therapy per diem	Reimbursement will be reduced by 50% for any per diem billed with this modifier.
SJ	Third or more concurrently administered therapy per diem	Reimbursement will be reduced by 75% for any per diem billed with this modifier.
KF	Item designated by FDA as class III device	Use as appropriate with infusion pumps as second modifier
KR	Rental item for a partial month	If less than a month is equipment rental is required, bill on a daily basis using 1 unit/day.
NU	New equipment	Use as appropriate with infusion pumps as first modifier
RR	Rental equipment	Use as appropriate with infusion pumps as first modifier
UE	Used purchased equipment	Use as appropriate with infusion pumps as first modifier
MS	Maintenance and servicing fee for reasonable and necessary parts and labor not covered under any manufacturer or supplier warranty	Use as appropriate with purchased infusion pumps

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Policy History

Original Approval Date	Original Effective Date	Policy Owner	Approved by
05/03/2005	01/01/2006	Payment Policy	Payment Policy

Policy Revisions History			
Review Date	Summary of Revisions	Revision Effective Date	Approved by
05/05/2006	Reformatting and reorganization	05/05/2006	Payment Policy Committee
12/06/2006	Modified to support policy changes for 12/1/2006 and the Commonwealth Care product implementation. Updated CPT/HCPCS coding.	12/06/2006	Payment Policy Committee
10/05/2011	Deleted definitions, applicable plan products, updated coding, removed references to oral enteral nutrition	10/05/2011	Payment Policy Committee
12/02/2013	Updated template, product applicability section, and references for BMC HealthNet Plan Qualified Health Plans, including ConnectorCare	12/02/2013	Payment Policy Committee
06/01/2017	Policy put in updated template	12/02/2013	Payment Policy
08/21/2018	Annual Review	10/01/2018	Payment Policy Committee
12/6/2018	Updated product applicability box, updated coding table with new code	01/01/2019	Payment Policy Committee
12/09/2019	Updated coding table	01/01/2020	Payment Policy Committee
05/18/2021	Annual review. Added invoice requirements to billing guidelines section	06/01/2021	Payment Policy Committee

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References

- 101 CMR 322.00 - Durable Medical Equipment, Oxygen, and Respiratory Therapy Equipment
- 130 CMR 409 – Durable Medical Equipment Subchapter 6
- Centers for Medicare and Medicaid, Medicare Claims Processing Manual, Chapter 20 Durable Medical Equipment, Prosthetics, Orthotics, and Supplies
- BMC HealthNet Plan Qualified Health Plans, including ConnectorCare Evidence of Coverage Evidence of Coverage, Commonwealth Care, Form No. BMCHP-CC-8
- Evidence of Coverage, CommChoice, Form No. BMCHP CChoice-1
- Form of Contract between the Commonwealth Health Insurance Connector Authority and Boston Medical Center HealthNet Plan

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 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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