

Fee Schedule Update Policy

Policy

Annual Updates to Physician and Outpatient Hospital Reimbursement

AllWays Health Partners reviews its physician and outpatient fee schedules quarterly, to ensure that they are current, comprehensive and consistent with industry standards, to the extent supported by its systems. In most cases, changes involve adding fees for new or existing codes to supplement the fees already on the fee schedule

AllWays Health Partners updates its Commercial HMO & PPO physician, ambulance, drug, DME, laboratory, radiology and outpatient hospital fee schedules to incorporate new codes, effective January 1, each year. Existing CPT and HCPCS codes will be updated each year, effective April 1, to incorporate rate changes.

With a few exceptions, AllWays Health Partners will continue to base fees on the Centers for Medicare & Medicaid Services (CMS) and MassHealth fee schedules, adjusted to achieve the contracted level of reimbursement.

Commercial HMO & PPO Physician Fee Schedules

- AllWays Health Partners bases physician reimbursement on CMS RVUs and conversion factors
- AllWays Health Partners bases drug, vaccine and toxoid reimbursement on CMS Part B levels, as indicated on the CMS Part B drug quarterly notices. If no CMS pricing is available, drug pricing will be set in relation to average wholesale price (AWP). Reimbursement for drugs, vaccines and toxoids will continue to be updated on a quarterly basis.

Commercial HMO & PPO Outpatient Fee Schedules

- AllWays Health Partners bases reimbursement on a combination of CMS OPPS, ancillary and surgical fee schedules.
- AllWays Health Partners will continue to base drug, vaccine and toxoid reimbursement on CMS Part B levels, as indicated on the CMS Part B drug quarterly notices. If no CMS pricing is available,

drug pricing is set in relation to average wholesale price (AWP). Reimbursement for drugs, vaccines and toxoids will continue to be updated on a quarterly basis.

Medicaid Fee Schedules

- AllWays Health Partners bases physician reimbursement on MassHealth published rates, where a published rate exists. If no MassHealth published rate exists for a covered & payable service, AllWays Health Partners establishes pricing in relation to CMS.
- AllWays Health Partners updates its Medicaid physician, ambulance, drug, DME, laboratory, radiology and outpatient hospital fee schedules to incorporate new codes, effective January 1, 2018. Rate updates to existing CPT and HCPCS codes will occur within 30 days of receipt of notification of rate change from MassHealth.

If you have questions or would like to obtain a copy of your fee schedule, please contact your AllWays Health Partners Provider Relations Manager.

Reimbursement

Providers are reimbursed in accordance with the plan's network provider reimbursement or contracted rates. Claims are subject to payment edits that are updated at regular intervals.

Covered services are defined by the member's benefit plan. The manner in which covered services are reimbursed is determined by the AllWays Health Partners Payment Policy and by the provider's agreement with AllWays Health Partners. Member liability amounts may include but are not limited to: copayments; deductible(s); and/or co-insurance; and will be applied dependent upon the member's benefit plan.

Various services and procedures require referral and/or prior authorization. Referral and prior authorization requirements can be located [here](#).

Please reference procedure codes from the current CPT, HCPCS Level II, and ICD-10-CM manuals, as recommended by the American Medical Association (AMA), the Centers for Medicare & Medicaid Services (CMS), and the American Hospital Association. CMS and the AMA revise HIPAA medical codes on a pre-determined basis, including changes to CPT, HCPCS, and ICD-10 codes and definitions.

Please refer to the CMS or CPT guidelines for requisite modifier usage when reporting services. The absence or presence of a modifier may result in differential claim payment or denial.

AllWays Health Partners reviews claims to determine eligibility for payment. Services considered incidental, mutually exclusive, integral to the primary service rendered, or part of a global allowance, are not eligible for separate reimbursement. Please refer to [General Coding and Billing](#) for more information.

All claims are subject to audit services and medical records may be requested from the provider.

AllWays Health Partners reimbursement is based on line of business. Unless otherwise specified within the medical policies, please follow the guidelines based on membership type:

Related Documents

[General Coding and Billing](#)

Publication History

Topic: Fee Schedule Update Policy	Owner: Network Management
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February 1, 2018

Original documentation

January 1, 2019

Document restructure; codes, code descriptor and references updated

This document is designed for informational purposes only. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization/notification and utilization management guidelines when applicable, adherence to plan policies and procedures, claims editing logic, and provider contractual agreement. In the event of a conflict between this payment guideline and the provider’s agreement, the terms and conditions of the provider’s agreement shall prevail. Payment policies are intended to assist providers in obtaining AllWays Health Partners ' payment information. Payment policy determines the rationale by which a submitted claim for service is processed and paid. Payment policy formulation takes into consideration a variety of factors including: the terms of the participating providers ‘contract(s); scope of benefits included in a given member’s benefit plan; clinical rationale, industry-standard procedure code edits, and industry-standard coding conventions.

AllWays Health Partners includes AllWays Health Partners, Inc. and AllWays Health Partners Insurance Company.