Late Charge Billing

Policy

Mass General Brigham Health Plan accepts corrected claims to report services rendered in addition to the services described on an original claim. Mass General Brigham Health Plan will not accept separate claims containing only late charges.

Mass General Brigham Health Plan will not accept Late Charge claims from institutional (facility) providers, including but not limited to: hospitals; ambulatory surgery centers; skilled nursing facilities (SNF); hospice; home infusion agencies; or home health agencies.

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 Mass General Brigham Health Plan Payment Policy and by the provider's agreement with Mass General Brigham Health Plan. 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.

Mass General Brigham Health Plan 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.

Mass General Brigham Health Plan's reimbursement is based on line of business. Unless otherwise specified within the medical policies, please follow the guidelines based on membership type:

- MassHealth members: Entire policy applies
- Commercial members: Entire policy applies

Provider Payment Guidelines and Documentation

In the event a claim must be submitted to reflect an additional charge, submit late charges on a separate, replacement UB 04 claim form, i.e. submit this information on a Corrected Claim.

Place the three-digit bill type in Form Locator 4.

- To submit an inpatient charge not on the original bill, submit bill type 117.
- To submit an outpatient, charge not on the original bill, submit bill type 137.

On the corrected claim, include both the original charges and the additional charges. Do not use the Late Charges bill type (i.e., Type 115 or type 135) when submitting corrected claims in this context.

Related Documents

General Coding and Billing
Mass General Brigham Health Plan Provider Manual

References

MassHealth Billing Guide for the UB-04 Paper Claim Form
UB 04 Data Specifications Manual

Publication History

Topic: Late Charges Billing	Owner: Network Management

July 21, 2009	*Original documentation*
November 30, 2017	*Template update; addition of guidance for submission of Corrected Claim vs. Late Charge claim*
January 1, 2019	*Document restructure; codes, code descriptor and references updated*
January 1, 2023	*Document rebrand; updated references*
January 1, 2024	*Annual review, no policy change*

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 Mass General Brigham Health Plan's 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.

Mass General Brigham Health Plan includes Mass General Brigham Health Plan, Inc., and Mass General Brigham Health Plan Insurance Company.