

OUT OF NETWORK PROVIDER SERVICES

Policy

AllWays Health Partners (“AllWays Health Partners”) negotiates rates with physicians, hospitals, and other health care providers. These providers are called in-network, and they agree to accept AllWays Health Partners contracted rates. Physicians, hospitals and other health care providers who do not accept AllWays Health Partners contracted rates are called out-of-network providers.

Policy Definition

Some of the health plans administered or insured by AllWays Health Partners provide out-of-network health care coverage; some of our plans cover out-of-network services only for treatment of an emergency condition. Members with out-of-network benefits may use doctors and other health care providers who are not in the AllWays Health Partners network or participating providers. These providers are called out-of-network for elective services.

Reimbursement

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 s Health Partners Payment Policy. 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 AllWays Health Partners [General Coding and Billing](#) payment guideline, 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.

When our plan members, with out-of-network benefits, receive covered services from out-of-network providers, AllWays Health Partners reimburses for those services using a fee schedule developed specifically for out-of-network claims. This fee schedule is derived using usual and customary fees. If the service submitted is not priced on the AllWays Health Partners out-of-network fee schedule, AllWays Health Partners pays 50% of the out-of-network provider’s charges.

In the event the provider disputes the paid amount, AllWays Health Partners and the provider may negotiate a rate. The rate is memorialized in a single case agreement.

In summary, AllWays Health Partners will pay:

- The lesser of: AllWays Health Partners out-of-network fee schedule rate in effect at the time of service, or the provider’s billed charges or;
- When no AllWays Health Partners out-of-network fee schedule rate exists, AllWays Health Partners will reimburse a rate of 50% of the provider’s billed charges or;
- A negotiated rate, captured in a single case rate, described by AllWays Health Partners as a Letter of Agreement (LOA)

AllWays Health Partners Does *Not* Reimburse

- Unlisted Services and procedures – Unlisted, NOC, NOS, NES and NEC CPT/HCPCS codes are not recognized by AllWays Health Partners
- Services not covered under the member’s benefit plan
- Non-emergent, out-of-network services for HMO members, when not prior authorized

Publication History

Topic: Out-of-Network Provider Services	Owner: Network Management
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May 12, 2016 *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.