

n05658

## Medicare Default Pricing Policy

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### *Values*

Accountability • Integrity • Service Excellence • Innovation • Collaboration

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#### Abstract Purpose:

This reimbursement policy outlines Network Health's process, for the Medicare Advantage line of business, when service(s) are submitted for payment determination that do not have established pricing with the Centers for Medicare & Medicaid Services (CMS).

#### Policy Detail:

- I. As a Medicare Advantage Plan, Network Health will reimburse CPT/HCPC codes at thirty percent (30%) of billed charges if CMS has not established pricing within the fee schedules provided on <https://www.cms.gov/>.
  - a. These CPT/HCPC codes are defined as default pricing codes.
- II. All Providers will accept thirty percent (30%) of billed charges as payment in full, and **may not** seek additional payment from the member.
- III. Payment is subject to the following:
  - A. Coverage guidelines
  - B. Medical necessity determination
  - C. Pre-authorization requirements (which are not a guarantee of payment)
  - D. Correct coding/billing requirements
  - E. Prior authorization requirements
    - a. Prior authorization approvals are not a guarantee of payment
- IV. Documentation may be required to ensure the billed amount accurately reflects all costs associated with the CPT/HCPC code.
- V. Reimbursement may be subject to change if CMS establishes pricing for the CPT/HCPC code, which is provided on <https://www.cms.gov/>.
- VI. Any CPT/HCPC code previously identified as default pricing will be reviewed quarterly to determine if CMS has established pricing on <https://www.cms.gov/>.
  - A. If an established fee is posted, it will be updated within thirty days (30) of the quarter end of review.
    1. Claims received prior to the completion of the rate update will not be reprocessed.
    2. Any additional off-cycle rate adjustments to the CMS fee schedule

applicable to codes under this policy, will be made at the discretion of Network Health.

**Disclaimer:** This policy does not guarantee payment. Providers are responsible for submitting clean and accurate claims. Claims reimbursement may be affected by state and federal law regulations, provider contracts, correct coding, Network Health payment policies, and benefit coverage documents.

**Related Policies:**

Status Code Policy

**Origination Date: 10/1/2020**

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