Status **Scheduled** PolicyStat ID **11883744**

Origination	8/29/2021
Last Approved	6/17/2022
Effective	8/1/2022
Last Revised	6/17/2022
Next Review	8/1/2022

Area Provider Payment Policies

Non-Covered/Non-Reimbursable (Not Separately Billable) Codes

Applicable Lines of Business:

✓ Commercial - Health Maintenance Organization (HMO), Preferred Provider Option (PPO) and Point of Service (POS)
✓ Medicare Advantage - SecureCare HMO (includes the Dual Eligible Special Needs Plan [DSNP]) and SecureChoice PPO)
✓ Mountain Health Trust (MHT) including WV Medicaid (Temporary Assistance for Needy Families [TANF], Expansion [WV Health Bridge] and Supplemental Security Income [SSI] populations) and West Virginia Children's Health Insurance Program (WVCHIP)
✓ Self-Funded/Administrative Services Only (ASO)
✓ West Virginia Public Insurance Agency (WV PEIA)

Applicable Claim Type:

Dental

✓ Facility

Pharmacy

✓ Professional

Definitions:

Term	Definition
Bureau for Medical Services (BMS)	BMS is the designated single state agency responsible for the administration of the State of West Virginia's Medicaid program.

Centers for Medicare and Medicaid Services (CMS)	A federal agency that provides health coverage to more than 100 million people through Medicare, Medicaid, the Children's Health Insurance Program, and the Health Insurance Marketplace.
Current Procedural Terminology (CPT) code	CPT codes serve as the coding system by which physicians bill for the various services and procedures that they render. Also known as Level 1 HCPCS codes.
Healthcare Common Procedure Coding System (HCPCS)	A standardized code system utilized for drugs, supplies, durable medical equipment, and for filling in gaps within the CPT coding system. Also known as Level II HCPCS codes.
Medicare Physician Fee Schedule (MPFS)	An online physician fee schedule search tool developed by CMS to provide Medicare payment information.
Resource-Based Relative Value Scale (RBRVS)	A standardized physician payment system established by the federal government which bases payment on a resource-based relative value scale (RBRVS) instead of basing payments on charges. This reimbursement method is used by the Centers for Medicare & Medicaid Services (CMS) and most other payers.

Policy Purpose:

The purpose of this policy is to address general payment guidelines related to non-covered/non-reimbursable (not separately billable) codes as defined by the Centers for Medicare and Medicaid Services (CMS) and the Bureau for Medical Services (BMS).

Policy Description:

The Health Plan (THP) refers to governmental agency fee schedules to establish payment **if a service is covered by THP** under the particular group's plan design.

THP will not cover any Current Procedural Terminology (CPT) code and/or Healthcare Common Procedure Coding System (HCPCS) codes not included, not priced or indicated as non-covered per the appropriate governmental agency's guidelines that THP references.

An exception to the above statement is if benefit or contractual agreements are reached that are inclusive of negotiated rates of non-covered codes.

The presence or absence of a code or service on a reference list does not guarantee coverage, or lack thereof, nor does it take the place of medical necessity or utilization management reviews.

Commercial, Medicare Advantage, Self-Funded (ASO), and WE PEIA Reimbursement Guidelines:

THP references CMS' fee schedules as guides to determine covered codes for all Commercial, Medicare Advantage, Self-Funded (ASO), and WV PEIA lines of business (LOB) per each plan design.

CMS' fee schedules can be accessed online at: https://www.cms.gov/medicare/medicare-fee-for-service-payment/feeschedulegeninfo

Mountain Health Trust Reimbursement Guidelines:

THP references BMS' fee schedules as guides to determine covered codes for all plans under the Mountain Health Trust (MHT)program per each plan design.

The BMS fee schedule can be accessed online at: https://dhhr.wv.gov/bms/FEES/Pages/default.aspx.

Billing Information and Guidelines:

If a provider bills THP for a non-covered/non-reimbursable (not separately billable) code the claim will deny. The member is held harmless and the provider must write off the claim.

CMS Fee Schedules:

CMS maintains multiple fee schedules on their website which are updated quarterly.

Ambulance Fee Schedule:

To access the CMS Ambulance Fee Schedule:

- Click (or copy and paste this web address into your Internet browser): https://www.cms.gov/medicare/medicare-fee-for-service-payment/feeschedulegeninfo
    - Scroll down the page to the header "Related Links"
    - Click on "Ambulance Fee Schedule"
    - Click "Ambulance Fee Schedule Public Use Files" in the blue box on the left side of the page
    - Scroll to "Downloads" at bottom of the page (located in a blue box)
    - Click the correct calendar year file (i.e., CY 2022 File) for the claim date of service
    - You may be required to click the "Accept" button at the bottom of the "License for Use of Current Procedural Terminology, Fourth Edition (“CPT®”)" page
    - Click the zip file that appears on the bottom right of your computer screen
    - In the folder that pops up, click the Excel spreadsheet with the file name beginning "AFS..."

Clinical Laboratory Fee Schedule:

To access the CMS Clinical Laboratory Fee Schedule:

- Click (or copy and paste this web address into your Internet browser): https://www.cms.gov/medicare/medicare-fee-for-service-payment/feeschedulegeninfo
    - Scroll down the page to the header "Related Links"

- Click on "Clinical Laboratory Fee Schedule"
- Click "Clinical Laboratory Fee Schedule Files" in the blue box located on the left side of the page
- Click on the "File Name" in the columnar table on the right side of the page with the appropriate calendar year and appropriate quarter for which the date of service occurred under "Description"
- Click the file under "Related Links"
- You may be required to click the "Accept" button at the bottom of the "License for Use of Current Procedural Terminology, Fourth Edition (“CPT®”)" page
- Click the zip file that appears on the bottom right of your computer screen
- In the folder that pops up, click the Excel spreadsheet with the .xls or .xlsx extension in the file name

Durable Medical Equipment (DME), Prosthetic/Orthotics & Supplies Fee Schedule:

To access the CMS DME Fee Schedule:

- Click (or copy and paste this web address into your Internet browser): https://www.cms.gov/medicare/medicare-fee-for-service-payment/feeschedulegeninfo
    - Scroll down the page to the header "Related Links"
    - Click on "Durable Medical Equipment, Prosthetic/Orthotics & Supplies Fee Schedule"
    - Click "DMEPOS Fee Schedule" at the bottom of the blue box on the left side of the page
    - Click on the "File Name" in the columnar table on the right side of the page with the appropriate calendar year and appropriate quarter for which the date of service occurred under "Description"
    - Click the file under "Downloads"
    - You may be required to click the "Accept" button at the bottom of the "License for Use of Current Procedural Terminology, Fourth Edition (“CPT®”)" page
    - Click the zip file that appears at bottom right of your computer screen
    - In the folder that pops up, click the Excel spreadsheet with the name "DMEPOS..." with the .xlsx extension in the file name

Physician fee schedule:

To access the CMS Physician Fee Schedule:

- Click (or copy and paste this web address into your Internet browser): https://www.cms.gov/medicare/medicare-fee-for-service-payment/feeschedulegeninfo
    - Scroll down the page to the header "Related Links"
    - Click on "Physician Fee Schedule"
    - Click "Physician Fee Schedule Look-Up Tool" in the blue box on the left side of the page

- Click "Medicare Physician Fee Schedule Look-up Tool link highlighted in blue and underlined on right side of the page
- Click "Begin Search" blue button at bottom of the page
- You may be required to click the "Accept" button at the bottom of the "License for Use of Current Procedural Terminology, Fourth Edition (“CPT®”)" page
- Select the appropriate year, HCPCS code, modifier(s) and MAC option (i,e., if you choose "Specific Mac" type the state where the service was performed in the "Specific MAC" box)

All Fee-for-Service Providers fee schedule:

Information related to Medicare fee-for-service payment for services not mentioned above may be accessed on the CMS All Fee-for-Service Providers fee schedule:

- Click (or copy and paste this web address into your Internet browser): https://www.cms.gov/medicare/medicare-fee-for-service-payment/feeschedulegeninfo
  - Scroll down the page to the header "Related Links"
  - Click on "All Fee-for-Service Providers"
  - Access other information related to Medicare fee-for-service payment under "Important Links"

BMS Fee Schedules

The BMS website maintains spreadsheets of billing codes of their various fee schedules.

BMS updates their fee schedules as follows:

- **January 1st**
  - Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC)
  - The West Virginia Children's Health Insurance Program (WV CHIP)
- **April 1st**
  - Physician (RBRVS)
  - Durable Medical Equipment (DME)
  - Clinical Lab
  - Home Health
  - Ambulance
  - Ambulatory Surgical Center (ASC)
  - Dental fee schedules
- **October 1st**
  - Hospice
  - Diagnosis Related Group (DRG)

- **Quarterly**
    - Average Selling Price (ASP)

The BMS website is located at: https://dhhr.wv.gov/bms/FEES/Pages/default.aspx

- Clinical Diagnostic Lab, DME, Home Health and Physician (RBRVS) fee schedules are located in the aqua tool bar at the top of the page.
    - Click on the fee schedule appropriate for the type of service billed
    - Fee schedules are available in Excel and PDF format
        - When selecting the Excel format:
            - Click on the zip file that appears at the bottom left side of your computer screen
            - Click the Excel spreadsheet in the folder that pops up
                - Selecting the Excel format allows the user to sort the data
        - Selecting the PDF format will bring up the data immediately, but the data cannot be sorted
    - Click on the calendar year that is appropriate for the claim date of service
    - The PDF tables and the Excel spreadsheets are search-able by pressing and holding the "Ctrl" button on your keyboard and then pressing the "F" button to display a search box.

Additional fee schedule links are located at the bottom of BMS' website page.

Non-covered/non-reimbursable (not separately billable) codes are noted in BMS' fee schedules.

More billing information may be found in The Health Plan's Provider Manual located at healthplan.org "For Providers," "Resources."

Post-payment Review:

The claim and record must include documentation that reflects the criteria of this policy, and is subject to audit by THP at any time pursuant to the terms of your provider agreement.

Review/Revision History:

	Date	Action
Policy Issue Date	07/30/2021	
Date Revised	12.3.21	Added detailed fee schedule searches for Ambulance, Clinical Laboratory, DME, Physician and All Fee-For-Service Providers under the "CMS Fee Schedules" subsection in the Billing and Information Guidelines section.
	12.3.21	Added detailed fee schedule searches for Clinical Diagnostic Lab, DME, Home Health and Physician (RBRVS) fee schedules under the "BMS Fee Schedules" subsection in the Billing and Information Guidelines section.

Annual Review	5/11/2022	Condensed sections for Commercial, Medicare Advantage, Self-Funded (ASO), and WV PEIA into one section as criteria was the same for each of those LOBs. Reviewed links, criteria, and references.

References and Research Materials:

Centers for Medicare and Medicaid Services Fee Schedule General Information. Centers for Medicare and Medicaid Services. Available online at at: https://www.cms.gov/medicare/medicare-fee-for-service-payment/feeschedulegeninfo

Pre-Authorization Code Look-Up Tool. The Health Plan. Available online at: https://myplan.healthplan.org/provider.

WV Medicaid Physician's Fee Schedules. WV Bureau for Medical Services. Available online at: https://dhhr.wv.gov/bms/FEES/Pages/default.aspx.

Disclaimer:

This policy is intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry standard claims editing logic, benefit design and other factors are considered in developing payment policies. This policy is intended to serve as a guideline only and does not constitute medical advice, any guarantee of payment, plan pre-authorization, an explanation of benefits, or a contract. This policy does not govern whether a specific procedure is covered under any specific member plan or policy, nor is it intended to address every claim situation. The determination that any service, procedure, item, etc., is covered under a member's benefit plan shall not be construed as a determination that a provider will be reimbursed for services provided. Individual claims may be affected by other factors, including but not necessarily limited to state and federal laws and regulations, legislative mandates, provider contract terms, and THP's professional judgement. Reimbursement for any services shall be subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Unless otherwise noted within the policy, THP's policies apply to both participating and non-participating providers and facilities. THP reserves the right to review and revise these policies periodically as it deems necessary in its discretion, and it is subject to change or termination at any time by THP. THP has full and final discretionary authority for its interpretation and application. Accordingly, THP may use reasonable discretion in interpreting and applying this policy to health care services provided in any particular case.