

n05658

Medicare Default Pricing Policy

Values

Accountability • Integrity • Service Excellence • Innovation • Collaboration

Abstract Purpose:

This reimbursement policy outlines Network Health's process and payment determination, when default procedure codes are submitted for Medicare Advantage members.

Policy Detail:

- I. As a Medicare Advantage Plan, Network Health will reimburse CPT/HCPC codes at thirty percent (30%) of billed charges if the Centers for Medicare & Medicaid Services (CMS) has not established pricing within the CMS fee schedules provided on <https://www.cms.gov/>. These codes are defined as default pricing codes.
- II. Network Health will reimburse default codes at thirty percent (30%) of billed charges.
- III. Providers will accept the thirty percent (30%) of billed charges as payment in full, and **may not** seek additional payment from the member.
- IV. Payment is subject to coverage guidelines, medical necessity determination, and pre-authorization requirements (which are not a guarantee of payment).
- V. Documentation may be required to ensure the billed amount accurately reflects all costs associated with the CPT/HCPC code.
- VI. Pricing may be subject to change if CMS publishes a rate which is posted within the CMS fee schedule on <https://www.cms.gov/> for the CPT/HCPC code.
- VII. Any CPT/HCPC code identified as default pricing as outlined within this policy is reviewed quarterly by Network Health to determine if CMS has updated the fee schedules on <https://www.cms.gov/>. If a fee is posted, it will be updated within thirty days (30) of the quarter end of review.
 - a. Claims received prior to the date of the rate update will not be reprocessed.
 - b. Any other off-cycle update of rates to a CMS fee schedule to codes under this policy will be made at the discretion of Network Health.

Disclaimer: This policy does not guarantee payment. Providers 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.

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