

n05648

Contract Pricing and Coding Updates Policy

Values

Accountability • Integrity • Service Excellence • Innovation • Collaboration

Abstract Purpose:

This guideline outlines Network Health's policy for all lines of business, regarding changes to Commercial and Medicare fee schedules as well as coding rules reliant on a third party, or the Centers for Medicare and Medicaid Services (CMS).

Procedure Detail:

- I. Except as required by law, any updates to pricing and coding rules required in connection with rates determined by a third party or governmental agency (e.g., CMS) required by a contract between Network Health (NH) and a provider shall be effective no later than thirty days (30) from the date NH is made aware of such update.
- II. It is not possible to update the NH pricing schedules and coding rules immediately upon implementation of such changes, and in the interest of pricing accuracy, such system updates must be made in a timeframe sufficient to allow importing and testing of these updates.
- III. Network Health will use good faith efforts to update the fee schedules and coding rules as soon as practicable, but in no event shall such updates be effective later than thirty days (30) from the date of notification. Unless otherwise agreed to by NH, claims processed prior to the implementation of the updates will not be reprocessed.

Regulatory Citation:

Centers for Medicare and Medicaid Services (CMS)

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