

PURPOSE

The purpose of this payment policy is to define codes that Minuteman Health Inc.'s (MHI) does not cover unless specified otherwise by MHI provider contracts.

APPLICABLE PLANS

- ✓ MHI MA Plans
- ✓ MHI NH Plans

DEFINITIONS

MHI does not reimburse for certain revenue codes. If these codes are submitted to MHI, they will be denied. The list of non-covered codes includes but is not limited to the revenue codes noted below.

REQUIREMENTS

- 0530 – Osteopathic Services: General Classification
- 0531 – Osteopathic Services: Osteopathic Therapy
- 0539 – Osteopathic Services: Other Osteopathic Services
- 0600 – Home Health (HH) – Oxygen: General Classification
- 0601 – Home Health (HH) – Oxygen: Oxygen – Stat Equip/Supply/Content
- 0602 – Home Health (HH) – Oxygen: Oxygen - Stat Equip/Supply < 1 LPM
- 0603 – Home Health (HH) – Oxygen: Oxygen - Stat Equip/Supply > 4 LPM
- 0604 – Home Health (HH) – Oxygen: Oxygen – Portable Add-on
- 0931 – Medical Rehabilitation Day Program: Half Day
- 0932 – Medical Rehabilitation Day Program: Full Day

MHI uses Hayes Technology to review new technology. MHI does not cover experimental technology.

- 77063– Digital 3 D Breast Imaging (tomosynthesis) screening
- 403 – Other Imaging Services – Screening Mammography billed with CPT Code 77063: Digital 3 D Breast Imaging(tomosynthesis) screening
- 409 – Other Imaging Services billed with CPT Code 77063: Digital 3 D Breast Imaging (tomosynthesis) screening

AUTHORIZATION REQUIREMENTS

Not applicable.

ATTACHMENTS

Not applicable.

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

Providers are responsible for submission of accurate claims. All EDI claims must be submitted in accordance with HIPAA 5010 Standards and Paper claims must be submitted on either CMS1500 or CMS1450 (UB04) claim forms. MHI's reimbursement policy includes the use of Current Procedural Terminology (CPT®¹), guidelines from the Centers for Medicare and Medicaid Services (CMS), and other coding guidelines. Providers will be reimbursed based on the codes(s) that correctly describe the health care services provided.

MHI may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to MHI enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to, legislative mandates, the type of provider agreement and the terms of that agreement, the MHI Provider Manual, and/or the enrollee's benefit coverage documents.

MHI reserves the right to audit any provider and/or facility to ensure compliance with the guidelines stated in this payment policy in accordance with our provider review policy.

MHI reserves the right to modify this Payment Policy in its sole discretion.

¹ CPT® is a registered trademark of the American Medical Association.

RESOURCES

American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services

MHI Provider Manual

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

SUMMARY OF CHANGES

04/27/2017: Updated review data

REVIEW DATES

Updated 11/1/2015, 11/1/2016, 04/27/2017