Payment Policy

Preventive Services

Effective: January 1, 2018

Purpose

The purpose of this payment policy is to define how Health New England (HNE) reimburses for Preventive Services.

Applicable Plans

- ☒ Commercial Self Funded
- ☒ Commercial Fully Funded
- ☒ Medicare Advantage
- ☒ Be Healthy

Definitions

Preventive Services: Preventive service benefits are services such as annual exams and some screenings (see clarifications in Requirements section below). These services are provided to Health New England Members with no cost-sharing responsibility for Members when delivered by a provider in HNE's network.

Modifier 25: Modifier 25 indicates an unrelated evaluation and management service by the same physician or physician in the same group practice.

Requirements

Commercial

Health New England reimburses preventive services based on guidance issued by ACA authorized agencies, such as U. S. Preventive Services Task Force (USPSTF). Claims billed must be conducted in accordance with Current Procedural Terminology (CPT) guidelines, HCPCS, ICD-10 coding definitions and standards, applicable Official Guidelines for Coding and Reporting ICD-10-CM, Coding Clinics, National Correct Coding Initiative (NCCI) and AAPC guidelines, industry standards unless Health New England, CMS guidelines or payment policies state otherwise.

Documentation in the medical record must clearly support the procedures and services coded on the claim.

Health New England provides covered preventive care services for adults, adolescents and children from birth to include screenings, counseling and tests. Members may still be required to pay a copayment, deductible or coinsurance if preventive services are received from out-of-network providers or for non-preventive services received in conjunction with a preventive services visit. If a medical office visit is billed with a preventive exam, HNE will waive the member cost-sharing (copayment, deductible, coinsurance)

responsibility if the medical service is appropriately billed with modifier 25. Members can refer to their handbook for benefit details about benefit limits and restrictions.

The below link is located on healthnewengland.org.

http://healthnewengland.org/preventive-care-services

Medicare Advantage
HNE will follow Medicare reimbursement guidelines.

Medicaid
HNE will follow Medicaid reimbursement guidelines.

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. HNE'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.

HNE 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 HNE 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 HNE Provider Manual, and/or the enrollee's benefit coverage documents.

HNE 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.

Resources

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

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