

Updated Payment Policies

Effective October 18, 2017

Absolute Total Care is publishing its payment policies to inform providers about acceptable billing practices and reimbursement methodologies for certain procedures and services. These policies will be applied as medical claims reimbursement edits within our claims adjudication system. This is in addition to all other reimbursement processes that **Absolute Total Care** currently employs.

Absolute Total Care believes that publishing this information will help providers bill claims more accurately, therefore reducing unnecessary denials and delays in claims processing and payments. These policies address coding inaccuracies, including diagnosis to procedure code mismatch, inappropriately modified procedures, unbundling, incidental procedures, duplication of services, medical necessity requirements, and health plan specific payment rules for procedures and services.

These policies are developed based on medical literature and research, industry standards and guidelines as published and defined by the American Medical Association's Current Procedural Terminology (CPT®), Centers for Medicare & Medicaid Services (CMS), and public domain specialty society guidance, unless specifically addressed in the fee-for-service provider manual published by the state of **South Carolina** or regulations.

Visit absolutetotalcare.com/newsroom/updated-payment-policies-effective-october182017.html to find the payment policies. The effective date for the below policies is **October 18, 2017**, unless otherwise stated.

Number	Name	Description	Type	Line of Business	Rationale for Opt-out
CC.PP.053	Non-Emergent ER Services	The purpose of this policy is to define payment criteria for non-emergent emergency room services to be used in making payment decisions and administering benefits.	Payment Policy	Medicaid: Not Applicable MMP: Effective 10/18/17 MAPD: Effective 10/18/17	Medicaid: Prohibited by the SC fee schedule. Attached is the listing of diagnosis codes by ER level which supports the SC Medicaid Fee Schedule Payment policy - (copy of ED-SC ICD-10 translation (2).xlsx)
CC.PP.054	Physician's Consultation Services	The purpose of this policy is to define payment criteria for consultation services to be used in making payment decisions and administering benefits.	Payment Policy	Medicaid: Not Applicable MMP: Effective 10/18/17 MAPD: Effective 10/18/17	Medicaid: Prohibited by the SC Fee Schedule and as referenced in SC Provider Manual - Physicians, Laboratories, and Other Medical Professionals.

Number	Name	Description	Type	Line of Business	Rationale for Opt-out
CC.PP.055	Physician's Office Lab Testing	The purpose of this policy is to define payment criteria for in-office laboratory procedures to be used in making payment decisions and administering benefits.	Payment Policy	Medicaid: Not Applicable MMP: Effective 10/18/17 MAPD: Effective 10/18/17	Medicaid: Prohibited by the SC Fee Schedule
CC.PP.057	Problem Oriented Visits with Preventative Visits	The purpose of this policy is to define payment criteria for problem-oriented visits when billed with preventative visits to be used in making payment decisions and administering benefits.	Payment Policy	Medicaid: Not Applicable MMP: Effective 10/18/17 MAPD: Effective 10/18/17	Medicaid: Prohibited by the SC Fee Schedule and conflicts with actions taken/provider communications to increase in our well-visit rates to achieve our Quality withhold (actions have demonstrated a ROI)
CC.PP.052	Problem Oriented Visits with Surgical Procedures	The purpose of this policy is to define payment criteria for problem-oriented visits when billed on the same day as a surgical procedure to be used in making payment decisions and administering benefits.	Payment Policy	Medicaid: Not Applicable MMP: Effective 10/18/17 MAPD: Effective 10/18/17	Medicaid: Prohibited by the SC Fee Schedule
CP.MP.149	PROM Testing	The policy provides a statement of medical necessity for non-invasive testing for rupture of fetal membranes.	Clinical Policy	Medicaid: Not Applicable MMP: Effective 10/18/17 MAPD: Effective 10/18/17	Medicaid: per the SC Fee Schedule, code 84112 is a payable code and thus cannot be moved to a non-payable/experimental status
CC.PP.056	Urine Specimen Validity Testing	The purpose of this policy is to define payment criteria for urine specimen validity testing to be used in making payment decisions and administering benefits.	Payment Policy	Medicaid: Effective 10/18/17 MMP: Effective 10/18/17 MAPD: Effective 10/18/17	
NA	Biopharm ARQ Change	Change the authorization setup four Biopharm drugs to require authorization for all providers	ARQ Change	Medicaid: Effective 10/18/17 MMP: Effective 10/18/17 MAPD: Effective 10/18/17	Informational only: 3 of 4 of these codes already require PA. Only Brentuximab would be the add (only 2 claims YTD).