



PROVIDER REIMBURSEMENT GUIDANCE

Individual Consideration Codes

Original Date Approved	Effective Date SCO/ICO	Effective Date MAPD*	Revision Date		
02/10/2022	04/01/2022	04/01/2022	02/01/2022		
<p>Scope: Commonwealth Care Alliance (CCA) Product Lines</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Senior Care Options (MA) <input checked="" type="checkbox"/> One Care (MA) <input type="checkbox"/> CCA Medicare Preferred – (PPO) MA* <input type="checkbox"/> CCA Medicare Value - (PPO) MA* </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> CCA Medicare Preferred – (PPO) RI* <input type="checkbox"/> CCA Medicare Value - (PPO) RI* <input type="checkbox"/> Medicare Maximum – (HMO DNSP) RI* </td> </tr> </table>				<input checked="" type="checkbox"/> Senior Care Options (MA) <input checked="" type="checkbox"/> One Care (MA) <input type="checkbox"/> CCA Medicare Preferred – (PPO) MA* <input type="checkbox"/> CCA Medicare Value - (PPO) MA*	<input type="checkbox"/> CCA Medicare Preferred – (PPO) RI* <input type="checkbox"/> CCA Medicare Value - (PPO) RI* <input type="checkbox"/> Medicare Maximum – (HMO DNSP) RI*
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PAYMENT POLICY SUMMARY:

Commonwealth Care Alliance © (CCA) covers medically necessary individual consideration codes as defined by MassHealth Regulation 130 CMR 433 and neither CCA nor MassHealth have an established compensation rate.

REIMBURSEMENT REQUIREMENTS:

CCA will reimburse 100% of the invoice cost unless otherwise contracted. The invoice must be submitted with claim for processing.

Claims submitted without invoice will be reimbursed as follows:

- Leveraging the contracted rate per CCA contract
- Utilizing the rate published by the appropriate MassHealth Regulation
- Leverage the rate published by Medicare for the appropriate date of service; or
- At 50% of the billed rate. Additional compensation may be considered upon receipt of an invoice.

Providers have the right to appeal the compensation rate by submitting the appropriate clinical documentation. The following criteria will be used to evaluate additional compensation:

- The amount of time required to perform the service
- The degree of skill required to perform the service
- The severity and complexity of the member's disease, disorder, or disability
- Any applicable relative-value studies
- Any complications or other circumstances that the MassHealth agency deems relevant
- The policies, procedures, and practices of other third-party insurers
- The payment rate for drugs as set forth in the MassHealth pharmacy regulations at 130 CMR 406.000: *Pharmacy*
- For drugs or supplies, a copy of the invoice from the supplier showing the actual acquisition cost.



DISCLAIMER:

As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management guidelines when applicable and adherence to plan policies, procedures, and claims editing logic. CCA has the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, CCA has the right to expect your office/facility to refund all payments related to non-compliance.

Reimbursement is provided for all medically necessary covered services when the medical criteria and the guidelines for medical necessity are met. CCA reserves the right to request preauthorization or to complete a retrospective review of services provided. In some instances, medical records may be requested for determination of medical necessity. When medical records or clinical information is requested, all supporting documentation to support medical necessity should be included for clinical review.

REFERENCES:

[CMS Website](#)

[CCA Website](#)

MassHealth Regulation 130 CMR 433

Subchapter 6 of the MassHealth Physician's Manual

Payment Policies:

[Massachusetts / Rhode Island](#)

Provider Manuals:

[Massachusetts / Rhode Island](#)

Prior Authorization Forms:

[Massachusetts / Rhode Island](#)

POLICY TIMELINE DETAILS

1. Drafted November 2021 for CCA MAPD