



**PROVIDER REIMBURSEMENT GUIDANCE**

Adjunct Professional Services

Original Date Approved	Effective Date Senior Care Options/One Care	Effective Date Medicare Advantage*	Revision Date								
09/01/2022	11/01/2022	11/01/2022									
<p><b>Scope:</b> Commonwealth Care Alliance (CCA) Product Lines</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Senior Care Options MA</td> <td><input checked="" type="checkbox"/> Medicare Preferred – (PPO) RI*</td> </tr> <tr> <td><input checked="" type="checkbox"/> One Care MA</td> <td><input checked="" type="checkbox"/> Medicare Value - (PPO) RI*</td> </tr> <tr> <td><input checked="" type="checkbox"/> Medicare Preferred – (PPO) MA*</td> <td><input checked="" type="checkbox"/> Medicare Maximum – (HMO DNSP) RI*</td> </tr> <tr> <td><input checked="" type="checkbox"/> Medicare Value - (PPO) MA*</td> <td></td> </tr> </table>				<input checked="" type="checkbox"/> Senior Care Options MA	<input checked="" type="checkbox"/> Medicare Preferred – (PPO) RI*	<input checked="" type="checkbox"/> One Care MA	<input checked="" type="checkbox"/> Medicare Value - (PPO) RI*	<input checked="" type="checkbox"/> Medicare Preferred – (PPO) MA*	<input checked="" type="checkbox"/> Medicare Maximum – (HMO DNSP) RI*	<input checked="" type="checkbox"/> Medicare Value - (PPO) MA*	
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**PAYMENT POLICY SUMMARY:**

Commonwealth Care Alliance® (CCA) reimburses Adjunct Professional Services provided by network and non-contracted Anesthesiologists, Pathologists, Laboratory and /or Emergency (APLE) providers and network and non-contracted Radiology providers billing the Professional Component in either inpatient or outpatient places of service, (POS 19, 21, 22, or 24).

**AUTHORIZATION REQUIREMENTS:**

Applicable CCA referral, notification and authorization policies and procedures apply. For more information on prior authorizations, please refer to the Prior Authorization Requirements in the plan specific Provider Manual.

**REIMBURSEMENT GUIDELINES:**

Certain medical services performed by professional providers are an integral but separate adjunct component of an authorized or covered medical service. Separate adjunct medical services performed by an anesthesiologist, pathologist, radiologist, or laboratory, when performed in combination with a covered inpatient admission, surgical procedure or other medical service will be considered for reimbursement.



**BILLING and CODING GUIDELINES:**

Places of Services		
POS Code	POS Name	Description
19	Off Campus-Outpatient Hospital	A portion of an off-campus hospital provider based department which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
21	Inpatient Hospital	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.
22	Outpatient Hospital	A portion of a hospital which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
23	Emergency Room Hospital	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.
24	Ambulatory Surgical Center	A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.

**RELATED SERVICE POLICIES:**

N/A

**AUDIT and 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.

**REFERENCES:**

- [CCA Website](#)
- [CMS Website](#)
- [American Medical Association, CPT®](#)
- Provider Manuals: [Massachusetts](#) / [Rhode Island](#)
- Prior Authorization Forms: [Massachusetts](#) / [Rhode Island](#)

**POLICY TIMELINE DETAILS:**

1. Effective 11/01/2022