

Fee Schedule Update Policy

Policy

Annual Updates to Physician and Outpatient Hospital Reimbursement

Mass General Brigham Health Plan reviews its physician and outpatient fee schedules quarterly, to ensure that they are current, comprehensive, and consistent with industry standards, to the extent supported by its systems. In most cases, changes involve adding fees for new or existing codes to supplement the fees already on the fee schedule.

Mass General Brigham Health Plan updates its Commercial physician, ambulance, drug, DME, laboratory, radiology, and outpatient hospital fee schedules to incorporate new codes, effective January 1, each year.

For Commercial plans, existing CPT and HCPCS codes will be updated annually, effective July 1, to incorporate RVU changes.

Mass General Brigham Health Plan updates its Medicare Advantage fee schedules as directed by CMS.

With a few exceptions, Mass General Brigham Health Plan will continue to base fees on the Centers for Medicare & Medicaid Services (CMS) and MassHealth fee schedules, adjusted to achieve the contracted level of reimbursement.

Commercial and Medicare Advantage Physician Fee Schedules

- Mass General Brigham Health Plan bases physician reimbursement on CMS RVUs and Mass General Brigham Health Plan's conversion factors.
- Mass General Brigham Health Plan bases drug, vaccine, and toxoid reimbursement on CMS Part B levels, as indicated on the CMS Part B drug quarterly notices. If no CMS pricing is available, drug pricing will be set in relation to average wholesale price (AWP). Reimbursement for drugs, vaccines and toxoids will continue to be updated on a quarterly basis.
- Mass General Brigham Health Plan updates its Medicare Advantage physician fee schedules as directed by CMS.

Provider Payment Guidelines

Commercial and Medicare Advantage Outpatient Fee Schedules

- Mass General Brigham Health Plan bases reimbursement on a combination of CMS OPPS, ancillary and surgical fee schedules.
- Mass General Brigham Health Plan will continue to base drug, vaccine, and toxoid reimbursement on CMS Part B levels, as indicated on the CMS Part B drug quarterly notices. If no CMS pricing is available, drug pricing is set in relation to average wholesale price (AWP). Reimbursement for drugs, vaccines and toxoids will continue to be updated on a quarterly basis.
- Mass General Brigham Health Plan updates its Medicare Advantage outpatient fee schedules as directed by CMS.

Medicaid Fee Schedules

- Mass General Brigham Health Plan bases physician reimbursement on MassHealth published rates, where a published rate exists. If no MassHealth published rate exists for a covered & payable service, Mass General Brigham Health Plan establishes pricing in relation to CMS.
- Mass General Brigham Health Plan updates its Medicaid physician, ambulance, drug, DME, laboratory, radiology, and outpatient hospital fee schedules to incorporate new codes and rates, within 30 days of receipt of notification of rate change from MassHealth.

If you have questions or would like to obtain a copy of your commercial or MassHealth fee schedule, please contact your Mass General Brigham Health Plan Provider Network Account Executive. For Medicare Advantage fee schedule questions, refer to [CMS](#).

Reimbursement

Providers are reimbursed in accordance with the plan's network provider reimbursement or contracted rates. Claims are subject to payment edits that are updated at regular intervals.

Covered services are defined by the member's benefit plan. The manner in which covered services are reimbursed is determined by the Mass General Brigham Health Plan Payment Policy and by the provider's agreement with Mass General Brigham Health Plan. Member liability amounts may include but are not limited to copayments; deductible(s); and/or co-insurance; and will be applied dependent upon the member's benefit plan.

Various services and procedures require referral and/or prior authorization. Referral and prior authorization requirements can be located [here](#).

Provider Payment Guidelines

Please reference procedure codes from the current CPT, HCPCS Level II, and ICD-10-CM manuals, as recommended by the American Medical Association (AMA), the Centers for Medicare & Medicaid Services (CMS), and the American Hospital Association. CMS and the AMA revise HIPAA medical codes on a pre-determined basis, including changes to CPT, HCPCS, and ICD-10 codes and definitions.

Please refer to the CMS or CPT guidelines for requisite modifier usage when reporting services. The absence or presence of a modifier may result in differential claim payment or denial.

Mass General Brigham Health Plan reviews claims to determine eligibility for payment. Services considered incidental, mutually exclusive, integral to the primary service rendered, or part of a global allowance, are not eligible for separate reimbursement. Please refer to [General Coding and Billing](#) for more information.

All claims are subject to audit services and medical records may be requested from the provider.

Mass General Brigham Health Plan reimbursement is based online of business. Unless otherwise specified within the medical policies, please follow the guidelines based on membership type:

Related Documents

[General Coding and Billing](#)

[CMS Resources](#)

[CMS Physician Fee Schedule](#)

Publication History

Topic: Fee Schedule Update Policy	Owner: Network Management
--	----------------------------------

February 1, 2018

Original documentation

January 1, 2019

Document restructure; codes, code descriptor and references updated

January 1, 2020

Code update date

January 1, 2023

Document rebrand; included Medicare Advantage

Provider Payment Guidelines

This document is designed for informational purposes only. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization/notification and utilization management guidelines when applicable, adherence to plan policies and procedures, claims editing logic, and provider contractual agreement. In the event of a conflict between this payment guideline and the provider's agreement, the terms and conditions of the provider's agreement shall prevail. Payment policies are intended to assist providers in obtaining Mass General Brigham Health Plan's payment information. Payment policy determines the rationale by which a submitted claim for service is processed and paid. Payment policy formulation takes into consideration a variety of factors including: the terms of the participating providers' contract(s); scope of benefits included in a given member's benefit plan; clinical rationale, industry-standard procedure code edits, and industry-standard coding conventions.

Mass General Brigham Health Plan includes Mass General Brigham Health Plan, Inc., and Mass General Brigham Health Plan Insurance Company.