

# Medicare Fee Schedule Adjustment Payment Policy

## Policy

For Plan providers whose contracts provide for claim adjudication in accordance with current Medicare fee schedules, the Plan will not automatically adjust claims that are paid, or statistically adjudicated, at the version of the Medicare fee schedule available and in effect, as published by the Centers for Medicare & Medicaid Services (CMS), at the time of claim adjudication. Exceptions to this policy include, but are not limited to, claims for hospital inpatient and outpatient services.

## Definitions

Medicare fee schedules include, but are not limited to: Medicare Physician Fee Schedule (MPFS); Clinical Laboratory Fee Schedule; Durable Medical Equipment, Prosthetics/Orthotics & Supplies Fee Schedule; Ambulance Fee Schedule; Average Sales Price (ASP) Fee Schedule, etc.

## Reimbursement

Consistent with CMS guidelines, reimbursement will be made at the current Medicare fee schedule that is released by CMS and is in effect at the time of claim adjudication. Should CMS update Medicare fee schedules subsequent to the effective date of the change, the Plan will not adjust claims already adjudicated. However, the Plan will adjust such claims in the instance of specific provider requests.

## Place of service

This policy applies to services rendered in all settings with the exception of inpatient and outpatient hospital settings.

## Policy history

Origination date: June 1, 2022  
Connection date & details: July 2022 – Introduced as a new policy.

*The criteria listed above apply to Fallon Health plan and its subsidiaries. This payment policy has been developed to provide information regarding general billing, coding, and documentation guidelines for the Plan. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. The Plan reserves the right to apply this payment policy to all of the Plan companies and subsidiaries. The Plan routinely verifies that charges billed are in accordance with the guidelines stated in this payment policy and are appropriately documented in the medical records. Payments are subject to post-payment audits and retraction of overpayments.*