Reimbursement Policies Effective Sept. 6, 2024

Effective Date: Sept. 6, 2024
Health Plans Affected (unless otherwise noted): Advantage MD, Employer Health Programs (EHP), Priority Partners and US Family Health Plan (USFHP)
Type of Change: Reimbursement

Explanation of Change:
Johns Hopkins Health Plans has released its notification of updated and new <u>reimbursement policies</u>**, as follows:

(RPC.007) Anesthesia Processing Guidelines – Policy update postponed until further notice
Current Anesthesia policy and Anesthesia Processing Guidelines effective Oct. 1, 2016 will continue to remain in effect until further notice.

(RPC.037) Priority Partners Ambulance and Medical Transportation Services – NEW
Policy applies only to Priority Partners for ambulance and/or medical transportation claims billed on a CMS-1500, UB-04/CMS-1450, or their electronic equivalent.

In accordance with MDH and COMAR contracts and guidance, Priority Partners is **_NOT_** responsible to provide reimbursement to a supplier for Medical Transportation or Ambulance Services, as follows (list is not all inclusive) when used to transport sick or injured people to a hospital in an emergency or non-emergent situation via:

- Air Ambulance service
- Ground Ambulance service
- Rotary Air Transport service
- Fixed Wing Transport service
- Water Ambulance service
- Other Ambulance service

In limited situations, medical transportation services furnished to a member may be covered when medically necessary, and in accordance with COMAR and MDH guidance.

Providers must be actively enrolled in <u>ePREP</u>*, when services are rendered.

(RPC.038) Diagnosis Coding Guidelines – NEW
Johns Hopkins Health Plans follows CMS, the National Center for Health Statistics (NCHS), and the Department of Health and Human Services (DHHS), direction on the coding and sequencing of diagnosis codes guidelines based on the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) for Coding and Reporting.

When ICD-10 codes are reported incorrectly or when an inappropriate diagnosis is pointed to or linked as primary on the claim form, Johns Hopkins Health Plans will deny the associated claim line.

ICD-10-CM guidelines that denote mutually exclusive codes, representing two conditions that cannot be reported together, will be denied. Providers are to report codes in alignment with the Excludes 1 or Excludes 2 guidelines when submitting claims.

When coding claims, clinical evidence should be present in the medical record to support code assignment. Issues related to inconsistent, missing, conflicting, or unclear documentation must be resolved by the provider.

Policy format updated, About Section, References and Definition tables added.

REFERENCES*:
- COMAR- Maryland Department of Health- Maryland Medicaid Administration
- ICD-10-CM Official Guidelines for Coding and Reporting
- MDH- Transmittals (maryland.gov)
- MDH Provider Information Site
- Medicare Claims Processing Manual CH. 15- Ambulance
- Medicare Billing Form CMS-1450 and the 837I Booklet
- Medicare Claims Processing Manual CH. 1 - General Billing Requirements
- Medicare Claims Processing Manual CH. 3- Inpatient Hospital Billing
- Medicare Claims Processing Manual CH. 25- Completing and Processing the Form CMS-1450 Data Set
- National Uniform Billing Committee (NUBC)
- Priority Partners Provider Manual
- TRICARE Reimbursement Manual
- TRICARE Manuals - Display Chap 2 Sect 5.4

To view the Johns Hopkins Health Plans Reimbursement Policies on or after the effective date, please go to: ***HopkinsHealthPlans.org > For Providers > Policies > Reimbursement Policies***