

Site of Service

Policy

Harvard Pilgrim applies site of service differentials to procedure codes that are reimbursed from a physician resource based relative value scale (RBRVS) fee schedule. Harvard Pilgrim identifies two levels of relative value units (RVU), facility and non-facility, for each procedure code depending on the site of service.

Definitions

Facility — An acute hospital, including outpatient and ER, a skilled nursing facility or an ambulatory surgical care facility.

Non-Facility — A physician office, a patient home, a non-acute facility or institution such as a residential care setting.

Prerequisite(s)

Refer to the specific payment policy for referral, notification and authorization requirements.

Open Access HMO and POS

For *Open Access HMO* and *Open Access POS* products, no referral is required to see a contracted specialist.

Reimbursement¹

Site of service applies to procedure codes as defined by the Centers for Medicare & Medicaid Services (CMS).

Facility Setting

Reimbursement for physician services that are performed in a facility setting may be lower, consistent with the CMS RVU.

Non-Facility Setting

Reimbursement for physician services that are performed in a non-facility setting may be higher, consistent with the CMS RVU.

PUBLICATION HISTORY

04/01/02	original documentation
10/31/08	annual review; reimbursement change from RBRVS methodology to CMS RVU in facility and non-facility setting
08/15/09	annual review; minor edits made to non-facility under "Definitions"
09/15/10	annual review; minor edit for clarity
09/15/11	annual review; no changes
01/01/12	removed First Seniority Freedom information from header
09/15/12	annual review; no changes
12/15/13	annual review; no changes
06/15/14	added <i>Connecticut Open Access HMO</i> referral information to Prerequisites
01/15/15	annual review; no changes
01/15/16	annual review; no changes
01/15/17	annual review; no changes
12/15/17	annual review; updated footnote section for clarification
01/01/18	updated Open Access Product referral information under Prerequisites
01/02/20	annual review; no changes
01/04/21	annual review; no changes
01/03/22	annual review; no changes
01/02/23	annual review; no changes
01/02/24	annual review; no changes

PAYMENT POLICIES

¹This policy applies to the products of Harvard Pilgrim Health Care and its affiliates—Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England, and HPHC Insurance Company. Payment is based on member benefits and eligibility, medical necessity review, where applicable, and provider contractual agreement. Payment for covered services rendered by contracted providers will be reimbursed at the lesser of charges or the contracted rate. (Does not apply to inpatient per diem, DRG, or case rates.) HPHC reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.