

Payment Integrity Administrative Policy:

Annual Fee Schedule Updates (CMS)

REVIEW DATE:	APPROVED BY
7/18/2025	ConnectiCare's RPC (Reimbursement Policy Committee)

Policy Statement: ConnectiCare updates its systems based upon fee schedules approved by the Centers for Medicare & Medicaid Services (CMS). These updated fee schedules are used to calculate applicable payments to our practitioners.

These updated fee schedules are used to calculate payments to our contracted practitioners and facilities based on the applicable reimbursement schedule.

It is ConnectiCare policy that once the newest schedule is received, it is loaded, tested and available to pay claims within **60-days**. Claims received after the load date are paid using the updated fee schedule, if applicable, and no retroactive adjustments based on this new fee schedule will be made on claims submitted prior to the updated fee schedule load date.

CMS Status C Codes: C codes are temporary HCPCS Level II codes created by CMS for Medicare purposes, specifically for reporting new technology devices, drugs, biologicals, and radiopharmaceuticals that have received transitional pass-through status under the Medicare Hospital Outpatient Prospective Payment System (OPPS). These codes are initially priced at the discretion of the Medicare contractor.

ConnectiCare's Reimbursement for C Codes: ConnectiCare's coverage and reimbursement decisions are typically guided by CMS's policies and guidelines, including National and Local Coverage Determinations. While CMS does not set the fees for C status codes, they are priced based on the discretion of the Medicare Administrative Contractor (MAC), often following a review of documentation like operative reports. ConnectiCare, therefore, follows the MAC's established payment amounts for these services.

This applies to our Medicare contracts and/or Commercial contracts that follow Medicare payment methodology.

Revision history

DATE	REVISION
7/18/2025	<ul style="list-style-type: none"> Added clarification regarding reimbursement of CMS Status C Codes
6/3/2025	<ul style="list-style-type: none"> Transferred policy content to individual company-branded template. Removed policy guidelines in reference to Medicaid.

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1/23/2023	<ul style="list-style-type: none">Reformatted and reorganized policy; transferred content to new template.Updated ConnectiCare to 60 days.
1/21/2022	<ul style="list-style-type: none">Reformatted and reorganized policy, transferred content to new template