



Network Notification

Date: July 19, 2010

Number: OH-P-2010-15
MI-P-2010-07

To: Ohio and Michigan Providers

From: CareSource

Subject: Unlisted Procedure Code Billing Policy for Outpatient Facility Claims

It is CareSource's policy to perform a manual review and pricing of claims which have been billed with an unlisted procedure code on an outpatient facility claim. To facilitate the review process, the provider must submit specific documentation to support billing the miscellaneous code versus a more specific code designated by Current Procedural Terminology (CPT):

- The provider must submit a copy of the operative report or clinical documentation with the claim when an unlisted/miscellaneous procedure code(s) has been billed.
- Upon receipt, the documentation will be forwarded on for determination of payment.
- Unlisted procedure codes submitted without documentation at the time of claim submission will be denied for operative notes needed. The provider will be required to submit a copy of the operative report within 90 days of the denial for claims payment.

This policy is effective June 1, 2010.

OH-P-290
MI-P-290

This policy is not a guarantee of payment. Benefits may be subject to limitations and/or qualifications and will be determined when the claim is received for processing