



## REIMBURSEMENT POLICY STATEMENT GEORGIA MARKETPLACE

Policy Name		Policy Number	Effective Date
Payment to Out of Network Providers		PY-1173	11/01/2020-12/31/2021
Policy Type			
Medical	Administrative	Marketplace	<b>REIMBURSEMENT</b>

Reimbursement Policy Statement: Reimbursement Policies prepared by CSMG Co. and its affiliates (including CareSource) are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

CSMG Co. and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

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## A. Subject

### Payment to Out of Network Providers

## B. Background

Reimbursement policies are designed to assist you when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and their office staff are encouraged to use self-service channels to verify member's eligibility.

It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS code(s) for the product or service that is being provided. The inclusion of a code in this policy does not imply any right to reimbursement or guarantee claims payment.

This policy is intended to define the reimbursement rate for claims received from providers who are not contracted (out of network) providers with CareSource.

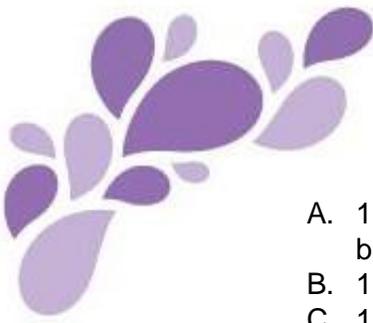
## C. Definitions

- **Emergency Services** – Emergency health care services are used to treat an emergency medical condition.
- **Emergency Medical Condition** – A medical condition that manifests itself by signs and symptoms of sufficient severity or acuity, including severe pain, such that a prudent layperson would reasonably have cause to believe constitutes a condition that the absence of immediate medical attention could reasonably be expected to result in:
  - Serious impairment to bodily functions;
  - Serious dysfunction of any bodily organ or part; or
  - In the case of a pregnant woman who is having contractions:
    - A situation in which there is inadequate time to effect a safe transfer to another hospital before delivery; or
    - A situation in which transfer may pose a threat to the health or safety of the woman or the unborn child.
- **ASP** – Average Sales Price
- **APC** – Ambulatory Payment Classification

## D. Policy

Per our Evidence of Coverage contract and with some exceptions, out of network providers are not covered within the Marketplace Plans. For those situations where we are required to provide out of network coverage, and the reimbursement approach is not defined, CareSource's standard reimbursement approach is as follows:

- I. Preauthorized, medically necessary services rendered to CareSource members, by out-of-network providers, will be reimbursed at:



- A. 100% of Centers for Medicare & Medicaid Services (CMS) Medicare Resource-based Relative Value Scale for Physician Services
  - B. 100% of CMS Medicare APC for Ambulatory
  - C. 100% of CMS LAB Fee Schedule for Laboratory Services
  - D. 100% of CMS Medicare ASP Drug schedule
  - E. 71.5% of CMS Medicare ASP for Injectables Drugs
  - F. 60.8% CMS Durable Medical Equipment, Prosthetics/Orthotics & Supplies; and Parenteral and Enteral Nutrition Fee Schedule
  - G. 46.5% CMS Lab Fee Schedule for Independent LABs
  - H. 71.5% Skilled Nursing facility, Hospice, Home Health, Dialysis Facilities
- II. If a service or procedure is covered by CareSource and not priced by Medicare, CareSource will use the Georgia Custom Fee Schedule for Georgia Marketplace for payment determinations.
- III. Exclusions:
- A. Emergency Health Care Services will be reimbursed based on state regulations.

**E. Conditions of Coverage**

Reimbursement is dependent on, but not limited to, submitting approved HCPCS and CPT codes along with appropriate modifiers. Please refer to the individual fee schedules for appropriate codes.

**F. Related Policies/Rules**

Evidence of Coverage and Health Insurance Contract Georgia

**G. Review/Revision History**

	DATE	ACTION
<b>Date Issued</b>	5/27/2020	New policy
<b>Date Revised</b>	07/20/2020	Updated D. I. And II.
<b>Date Effective</b>	11/01/2020	
<b>Date Archived</b>	12/31/2021	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy

**H. References**

**The Reimbursement Policy Statement detailed above has received due consideration as defined in the Reimbursement Policy Statement Policy and is approved.**