CareSource

REIMBURSEMENT POLICY STATEMENT
Georgia Marketplace

Policy Name & Number	Date Effective
Payment to Out of Network Providers-GA MP-PY-1173	11/01/2026
Policy Type	
REIMBURSEMENT	

Reimbursement Policies 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. Reimbursement Policies do not guarantee authorization or payment for services. Coverage and payment determinations are subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreements, and applicable referral, authorization, notification, and utilization management guidelines.

Please refer to the plan contract (e.g., Evidence of Coverage, Member Handbook) for the service(s) referenced herein. Except as otherwise required by law, if there is a conflict between the Reimbursement Policy and the plan contract and/or provider agreement, then the plan contract and/or provider agreement will be the controlling document used to make the determination. Reasonable discretion may be used in interpreting and applying this policy to services provided in a particular case and the policy may be modified at any time. Reimbursement policies may be superseded by federal and state laws and regulations, as applicable. In the case of a discrepancy between the Policy Statement's effective date and any applicable legal or regulatory requirement, the law or regulation will govern.

Coverage for mental health and substance use disorder (MH/SUD) benefits are provided at the same level as coverage for medical and surgical (M/S) benefits, as required by the Mental Health Parity and Addiction Equity Act (MHPAEA). MH/SUD benefits are not subject to limits or requirements that are more restrictive than those that apply to M/S benefits.

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A. Subject

Payment to Out of Network Providers

B. Background

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

C. Definitions

- **Ambulatory Payment Classification (APC)** – A group of items and services that are similar clinically and in terms of resource paid under the Outpatient Prospective Payment System (OPPS).
- **Average Sales Price (ASP)** – Calculated for each drug and biological product using manufacturers sales data, including discounts, quarterly through the ASP Data Collection System.
- **Out of Network Provider** – Provider not contracted with CareSource**.**

D. Policy

Per CareSource's Evidence of Coverage and with some exceptions, out of network providers are not covered within the Marketplace Plan. For situations in which CareSourceis 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. 60% of Centers for Medicare & Medicaid Services (CMS) Medicare Resource-based Relative Value Scale for Physician Services
   B. 60% of CMS Medicare APC for Ambulatory
   C. 60% of CMS *Medicare Drug Fee Schedule*
   D. 60% of Average Wholesale Price (AWP) - 15%
   E. 60% CMS Durable Medical Equipment, Prosthetics/Orthotics & Supplies and Parenteral and Enteral Nutrition Fee Schedule
   F. 46.5% *CMS Lab Fee Schedule* for independent laboratories
   G. 60% skilled nursing facility, hospice, home health, dialysis facilities

   NOTE: Approved authorization does not ensure payment.

II. In the event of emergency services and unanticipated out of network care, CareSource will adhere to the federal No Surprises Act, January 1, 2022.
   A. No prior authorization is required for Emergency Services.

III. 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.

IV. The following are exclusions from the established non-participating rate:
   A. emergency health care services (reimbursed based on state regulations.)
   B. urgent care

E. Conditions of Coverage

Reimbursement policies are designed to assist providers when submitting claims to CareSource and 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 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/ICD-10 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.

F. Related Policies/Rules

Evidence of Coverage and Health Insurance Contract Georgia

G. Review/Revision History

	DATE	ACTION
Date Issued	05/27/2020	New policy. Approved at Committee.
Date Revised	12/17/2021	No Surprises Act language added. Updated references. Approved by PGC.
	06/22/2022	Updated D.I. percentages. Added IV. Exclusions urgent care and Covid administration. Updated references.
	12/14/2022	Updated D.I. percentages. Updated D. IV. Exclusions. Updated references.
	08/12/2026	Periodic review. Removed Covid testing language. Updated references. Approved at Committee.
Date Effective	11/01/2026	
Date Archived		

H. References

1. Fuchs B, Hoadley J. Summary of the No Surprises Act. Center on Health Insurance Reform, Georgetown University; 2021. Accessed August 3, 2026. www.commonwealthfund.org
2. Managed Care: Out-of-Network Care H-285.904. American Medical Association. Updated 2026. Accessed August 3, 2026. www.policysearch.ama-assn.org
3. Reports, Consolidated Appropriations Act, 2021, Pub. L. No. 116-260, 134 Stat. 2859 (2020). Accessed August 3, 2026. www.govinfo.gov
4. Surprise Billing, GA. COMP. R. & REGS. 120-2-106 (2026).