



REIMBURSEMENT POLICY STATEMENT

Indiana Marketplace

Policy Name & Number	Date Effective
Payment to Out of Network Providers-IN MP-PY-1341	05/01/2022-12/31/2022
Policy Type	
REIMBURSEMENT	

Reimbursement Policies prepared by CareSource and its affiliates 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.

CareSource 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.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. Subject

Payment to Out of Network Providers

B. Background

Reimbursement policies are designed to assist providers 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 office staff are encouraged to use self-service channels to verify a 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.

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:
 - Placing the health of the individual or, with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy;
 - Serious impairment to bodily functions; or
 - Serious dysfunction of any bodily organ or part.
- **Unanticipated Out-of-Network Care** – Health care services, including clinical laboratory services, that are covered under a health benefit plan and that are provided by an out-of-network provider when either of the following conditions applies:
 - The covered person did not have the ability to request such services from an in-network provider.
 - The services provided were emergency services.



D. Policy

Services provided by out-of-network providers are not covered under Marketplace Plans, however, exceptions exist. For those situations where CareSource is required to provide out-of-network coverage and the reimbursement methodology is not defined, CareSource's standard reimbursement will be as follows:

- I. Preauthorized, medically necessary services rendered to CareSource members by out-of-network providers will be reimbursed as follows:
 - A. Rates established via Medicare pricing.
 - B. If a service or procedure is covered by CareSource and not priced by Medicare or Medicaid, CareSource will use the Indiana Custom Fee Schedule for Indiana Marketplace payment determinations.
 - C. If the code is not on the Medicare fee schedule, or the custom fee schedule, it will be reimbursed at 135% of the Indiana Medicaid fee schedule.
 - D. If a service or procedure is not priced by Medicare or Medicaid, then it will be reimbursed to the provider at 35% of billed charges.

- 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.
 - B. Reimbursement rates for out of network services will be paid per the Indiana House Bill 1004 at the usual and customary established rate.

- III. In the event of any conflict between this policy and a provider's agreement with CareSource, the provider's agreement will be the governing document.

- IV. Exclusions:
 - A. Provider types whose reimbursement methodology is mandated by state/federal regulation/statute or rule or directive.
 - B. 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, if applicable. Please refer to the individual fee schedule for appropriate codes.

F. Related Policies/Rules

Evidence of Coverage and Health Insurance Contract Indiana

G. Review/Revision History

DATE		ACTION
Date Issued	01/19/2022	New policy
Date Revised		
Date Effective	05/01/2022	
Date Archived	12/31/2022	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.

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

H. References

1. B. Fuchs, J. Hoadley. January 19, 2021. Summary of the No Surprises Act. January 1, 2021. Retrieved 12/16/2021 from www.commonwealthfund.org.
2. IN Code § 27-1-45-8 (2020). Out of Network Practitioner Providing Services at in Network Facility; Reimbursement; Notice; Explanation of Costs if Exceeds Estimate; Emergency Rules. Retrieved on 12/16/2021 from www.law.justia.com.
3. IN Code § 12-15-12 (2020). Managed Care. Retrieved on 12/16/2021 from www.law.justia.com.
4. IN Code § 25-1-9-23 (2020). In Network Practitioner Charges; Good Faith Estimates; Requirements; Reimbursement of Out of Network Practitioners; Notice; Explanation of Costs Exceeding Estimate; Exemption; Rules. Retrieved on 12/16/2021 from www.law.justia.com.
5. Indiana General Assembly 2020 Session. House Bill 1004. Retrieved on 12/16/2021 from www.iga.in.gov.
6. No Surprises Act of the 2021 Consolidated Appropriations Act. Pub. L. No. 116-260, 134 Stat. 1182, Division BB, § 109. Retrieved 12/16/2021 from www.congress.gov.