REIMBURSEMENT POLICY STATEMENT
Nevada Marketplace

Policy Name & Number	Date Effective
Claim Reimbursement Hierarchy-NV MP-PY-1791	08/01/2026
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
Claim Reimbursement Hierarchy

B. Background
CareSource utilizes Medicare reimbursement methodology for Marketplace covered services. This excludes any incentive add-ons or risk adjustments aka sequestration. Marketplace reimbursement methodology may vary for services not covered by Medicare.

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. Payments for claims may be subject to limitations and/or qualifications. Payment will be determined based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Providers and their office staff are encouraged to use self-service channels to verify member eligibility.

This policy is intended to provide general payment hierarchy information. Where a specific reimbursement policy exists for a particular product or service, that policy shall apply and supersede this policy. In the absence of a more specific service-level policy, the provisions of this policy govern reimbursement.

C. Definitions
NA

D. Policy
I. CareSource will reimburse claims based on the general guidelines and decision hierarchies set forth in this policy
Payment Hierarchy
A. Provider's contracted rate/reimbursement method.
B. If the contract doesn't specify terms for reimbursement for a covered service, then CareSource pays using the Medicare maximum allowable for the specific procedure or service.
C. Codes not covered on Medicare Fee Schedules, but have RVU values, will be reimbursed utilizing the RVU values and/or the Essential RVU gap fill fee schedule. In the absence of Medicare guidance, State guidelines will be consulted.
D. For provider administered medical drugs, provided through the medical benefit, not addressed above, shall be reimbursed at Average Wholesale Price (AWP) minus 15%.
E. CareSource Market Fee Schedule.
1. Rates on the Caresource Market Fee Schedule are developed per industry standards, as follows:
a. Utilize external/ third party, national, or regional fee schedules. This rate will be derived from an analysis of those rates.

2. Annual Rate Review: Rates will undergo a comprehensive review at least annually to align with industry standards and market benchmarks.

II. Reimbursement for authorized medically necessary services:
   A. Approved authorization does not ensure payment.
   B. Where applicable, DME services that do not have Medicare rates, an invoice will need to be submitted for reimbursement.
   C. Specific reimbursement for products and services can be found in individual policies per market.

NOTE: Additional guidance for reimbursement can be found in our Administrative Policies.

III. Guidelines for Out of Network reimbursement
Out of network reimbursement will align with CareSource policies.

IV. Other Regulatory Reimbursement:
CareSource will adhere to any additional reimbursement methodology for Marketplace as outlined in the state or federal requirements. 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. Pre-authorization does not guarantee payment.

E. Conditions of Coverage

The existence of a rate on the CareSource Market Fee schedule does not guarantee payment. Claims will be processed in alignment with contractual and regulatory guidelines, adhering to CareSource's established benefits.

F. Related Policies/Rules

Durable Medical Equipment (DME) Codes and DME Unlisted and Miscellaneous Codes
Unlisted and Miscellaneous Codes
Payment to Out of Network Providers

G. Review/Revision History

	DATE	ACTION
Date Issued	05/06/2026	New policy. Approved at Committee.
Date Revised		
Date Effective	08/01/2026	
Date Archived		

H. References

NA

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