



ADMINISTRATIVE POLICY STATEMENT OHIO MARKETPLACE

| Policy Name | | Policy Number | Date Effective |
|----------------------|-----------------------|---------------|----------------|
| Pass-through Billing | | AD-0813 | 09/01/2020 |
| Policy Type | | | |
| Medical | ADMINISTRATIVE | Pharmacy | Reimbursement |

Administrative Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy 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 Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Administrative Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Administrative Policy Statement. If there is a conflict between the Administrative Policy Statement 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.

Table of Contents

| | |
|--------------------------------------|---|
| Administrative Policy Statement..... | 1 |
| A. Subject..... | 2 |
| B. Background..... | 2 |
| C. Definitions..... | 2 |
| D. Policy..... | 2 |
| E. Conditions of Coverage..... | 2 |
| F. Related Policies/Rules..... | 2 |
| G. Review/Revision History..... | 2 |
| H. References..... | 2 |



A. Subject
Pass-through Billing

B. Background

C. Definitions

- **Pass-through billing** – Pass-through billing occurs when the ordering physician, professional provider, facility or ancillary provider requests and bills for a service, but the service is not performed by the ordering physician, professional provider, facility or ancillary provider. You may only bill for services that you or your staff perform.

D. Policy

- I. CareSource does not permit pass-through billing.
 - A. CareSource will only reimburse providers for services performed by the provider or by the staff that are under the direct supervision of the provider who bills for the services.
 - B. Providers must bill CareSource only for those services which they or their direct employees perform. Providers will not bill, charge, seek payment for or submit any claims to CareSource, nor will they have any recourse against CareSource or any of its members for amounts related to the provision of pass-through billing.

E. Conditions of Coverage

F. Related Policies/Rules

G. Review/Revision History

| DATES | | ACTION |
|-----------------------|------------|---|
| Date Issued | 11/01/2014 | |
| Date Revised | 04/29/2020 | Changed from reimbursement policy. Updated definitions and policy verbiage. |
| Date Effective | 09/01/2020 | |
| Date Archived | | |

H. References

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