REIMBURSEMENT POLICY STATEMENT
Ohio Marketplace

Policy Name & Number	Date Effective
Modifiers-OH MP-PY-1352	04/01/2022-01/31/2023
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
Modifiers

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 their office staff are encouraged to use self-service channels to verify a member's eligibility.

Reimbursement modifiers are a two-digit code that provide a way for physicians and other qualified health care professionals to indicate that a service or procedure has been altered by some specific circumstance. Modifiers can be found in the appendices of both Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) manuals. Use of a modifier does not change the code or the code's definition. Examples of modifiers' use includes:

- To differentiate between the surgeon, assistant surgeon, and facility fee claims for the same procedure;
- To indicate that a procedure was performed on the left side, right side, or bilaterally;
- To report multiple procedures performed during the same session by the same health care provider;
- To indicate multiple health care professionals participated in the procedure;
- To indicate a subsequent procedure is due to a complication of the initial procedure.

Although CareSource accepts the use of modifiers, use does not guarantee reimbursement. Some modifiers increase or decrease the reimbursement rate, while others do not affect the reimbursement rate. CareSource may verify the use of any modifier through post-payment audit. Using a modifier inappropriately can result in the denial of a claim or an incorrect reimbursement for a product or service. All information regarding the use of these modifiers must be made available upon CareSource's request.

C. Definitions

- **Current Procedural Terminology (CPT)** - codes that are issued, updated and maintained by the American Medical Association (AMA) that provide a standard language for coding and billing medical services and procedures.
- **Healthcare Common Procedure Coding System (HCPCS)** - codes that are issued, updated and maintained by the American Medical Association (AMA) that provide a standard language for coding and billing of products, supplies, and services not included in the CPT codes.
- **Modifier** - two-character codes used along with a CPT or HCPCS code to provide additional information about the service or supply rendered.

D. Policy

It is the responsibility of the submitting provider to submit accurate documentation of services performed. Providers are expected to use the most accurate and appropriate CPT/HCPCS code(s) for the product or service that is being provided according to the following industry standard guidelines (may not be all-inclusive):

- National Correct Coding Initiative (NCCI) editing guidelines;
- American Medical Association (AMA) guidelines;
- American Hospital Association (AHA) billing rules;
- Current Procedural Terminology (CPT);
- Healthcare Common Procedure Coding System (HCPCS);
- ICD-10 CM and PCS;
- National Drug Codes (NDC);
- Diagnosis Related Group (DRG) guidelines; and
- CCI table edits.

The inclusion of a code in a policy does not imply any right to reimbursement or guarantee claims payment.

E. Conditions of Coverage

Reimbursement is dependent on, but not limited to, submitting Centers for Medicare and Medicaid Services (CMS) approved CPT/HCPCS codes along with appropriate modifiers, if applicable. Please refer to the individual CMS fee schedule for appropriate codes.

Providers must follow proper billing, industry standards, and state compliant codes on all claim submissions. The use of modifiers must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, CareSource policies apply to both participating and nonparticipating providers and facilities.

Note: In the event of any conflict between this policy and a provider's contract with CareSource, the provider's contract will be the governing document.

F. Related Policies/Rules

N/A

G. Review/Revision History

	DATE	ACTION
Date Issued	09/01/2019	New policy
Date Revised	12/15/2021	Annual review. Removed modifiers, changed background and policy sections to simplify language. New policy number created and converted from PY-0721 due to extensive edits
Date Effective	04/01/2022	
Date Archived	01/31/2023	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. Billing 340B Modifiers under the Hospital Outpatient Prospective Payment System (OPPS). (2018, April 2). Retrieved November 17, 2021 from www.cms.gov.
2. CPT® overview and code approval. (2019, March 22). Retrieved November 17, 2021 from www.ama-assn.org.
3. Medicare Claims Processing Manual Chapter 12 - Physicians/Nonphysician Practitioners. (2018, November 30). Retrieved November 17, 2021 from www.cms.gov.
4. Medicare Claims Processing Manual Chapter 14 - Ambulatory Surgical Centers. (2017, December 22). Retrieved November 17, 2021 from www.cms.gov.
5. Optum360 EncoderProForPayers.com - Login. (2019, February 18). Retrieved November 17, 2021 from www.encoderprofp.com.