



REIMBURSEMENT POLICY STATEMENT

Ohio Medicaid

Policy Name & Number	Date Effective
Payment to Out of Network Providers-OH MCD-PY-1343	04/01/2026
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

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 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
 - serious dysfunction of any bodily organ or part
- **Out of Network Provider** – A non-participating provider that is not contracted with CareSource.

D. Policy

CareSource's standard procedure is to start at a 60% reimbursement rate for all out of network providers which includes the following:

- I. Preauthorized, medically necessary services rendered to CareSource members by out-of-network providers will be reimbursed at
 - A. 60% of the Ohio Medicaid Fee schedule charges
 - B. 60% of the Ohio Medicaid Fee schedule for labs
 - C. If a service or procedure is not priced by the Ohio Department of Medicaid fee schedule, then it will be reimbursed to the provider at 20% of billed charges.

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

- II. Out-of-network providers have the option to negotiate a different rate than stated above.
- III. Exclusions/Exceptions are reimbursed at 100% of the current FFS Medicaid rate
 - A. Emergency health care services will be reimbursed based on state regulations.
 - B. Provider types with reimbursement methodology mandated by state/federal regulation/statute or rule or directive.
 - C. hospital referrals
 - D. providers during transitions, and
 - E. qualified family planning providers.
- IV. In the event of any conflict between this policy and any written agreement between the provider and CareSource, the written agreement will be the governing document.

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

NA

G. Review/Revision History

DATE		ACTION
Date Issued	07/02/2021	New policy
Date Revised	09/29/2021	Added III. B. for clarification. Approved at PGC.
	04/12/2023	Removed links from policy. Updated reference. Approved at Committee.
	01/31/2024	Annual review. Updated reference. Approved at Committee.
	11/19/2025	Periodic review. Updated D.I.II.III and references. Approved at Committee.
Date Effective	04/01/2026	
Date Archived		

H. References

1. Managed Care: Definitions, OHIO ADMIN. CODE 5160-26-01 (2022).

Approved by ODM 01/05/2026

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