



ADMINISTRATIVE POLICY STATEMENT OHIO MYCARE

Policy Name	Policy Number	Date Effective	
Provider Home Visits	AD-1069	10/01/2021-06/30/2022	
Policy Type			
Medical	ADMINISTRATIVE	Pharmacy	Reimbursement

Administrative Policy Statements prepared by CareSource and its affiliates 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 CareSource and its affiliates 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.

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

Provider Home Visits

B. Background

Provider home visits are medical care visits rendered in the home setting to an individual for the examination, diagnosis, and/or treatment of an injury or illness. For the purposes of this policy, home is defined as the individual's place of residence, including, private residence/domicile, assisted living facility, group homes, custodial care facility, long-term care facility, or skilled nursing facility.

C. Definitions

- **Home** – An individual's place of residence, including, private residence/domicile, assisted living facility, group homes, custodial care facility, long-term care facility, or skilled nursing facility.
- **Participating Provider** – A provider that is contracted with Caresource to service our members.
- **Place of Service (POS)** – A two-digit code that indicates the setting in which a service was provided.
- **Provider** – A physician with an MD or DO, a podiatrist, a nurse practitioner or a physician assistant.
- **Non-participating Provider** – A provider that is not contracted to service our members.
- **Services** – Services that occur in the member's place of residence that normally would be performed in an office/outpatient setting, such as, evaluation and management (E&M) visits, wound care, podiatry care, eye care, etc.

D. Policy

- I. CareSource reimburses participating or non-participating provider's for services performed in a member's place of residence that usually can be performed at an office visit.
 - A. CareSource will only reimburse non-participating providers standard participating provider reimbursement rates. No non-participating single case agreements will be negotiated.
 - B. Durable medical equipment (DME) services in the place of residence are subject to medical necessity review and must be provided by in network (participating) providers.
 - C. Ancillary services such as labs and x-ray services must be provided by participating providers and may be subject to medical necessity review.
- II. Claim submission must include the appropriate Current Procedural Terminology (CPT) codes along with any applicable modifier with the appropriate place of service (POS) code.
 - A. Place of service (POS) for provider services in the member's place of residence should include one of the following:

1. POS 12 – Home
2. POS 13 – Assisted Living
3. POS 14 – Group Home
4. POS 31 – Skilled Nursing Facility (SNF)
5. POS 32 – Long-term Facility
6. POS 33 – Custodial Care/Rest Home

- III. CareSource reimburses for services that occur in the member's place of residence that normally would be performed in an office/outpatient setting, such as, E&M visits, wound care, podiatry care, eye care, etc.
- A. CareSource members do not need to be confined to their place of residence to receive services, provided by a physician.
 - B. The CareSource member's medical record must document the medical necessity of the visit made in place of residence in lieu of an office or outpatient visit.
 - C. A visit cannot be billed by a physician unless the physician was actually present in the beneficiary's place of residence.
- IV. Services that are performed in the member's place of residence may be subject to review. CareSource may request documentation of services performed. Appropriate and complete documentation must be presented at the time of review to validate medical necessity. If medical necessity is not confirmed based on the documentation submitted, recoupment may occur.

E. Conditions of Coverage

NA

F. Related Policies/Rules

NA

G. Review/Revision History

DATES		ACTION
Date Issued	06/09/2021	New policy
Date Revised		
Date Effective	10/01/2021	
Date Archived	06/30/2022	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.

H. References

NA

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