



REIMBURSEMENT POLICY STATEMENT OHIO MYCARE

Policy Name		Policy Number	Effective Date
Assisted Living Facilities		PY-0348	04/01/2021-02/28/2023
Policy Type			
Medical	Administrative	Pharmacy	REIMBURSEMENT

Reimbursement Policy Statement: 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
Assisted Living Facilities

B. BACKGROUND

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. 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 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.

CareSource will reimburse Assisted Living Facilities for the services provided to CareSource MyCare Ohio members as set forth in this policy.

C. DEFINITIONS

- **Patient Liability** – As referred to in this policy is outlined and defined in its entirety in Ohio Administrative Code 5160-33-03.
- **Assisted Living Waiver** – (ALW) means the home and community based services waiver approved by the Centers for Medicare and Medicaid Services (CMS) that is administered by the Ohio Department of Aging (ODA).

D. POLICY

- I. A Prior Authorization is required for Assisted Living Facility care provided to any CareSource MyCare Ohio member.
- II. For MyCare Ohio Waiver members, CareSource will reimburse the Assisted Living Facility as follows:
 - A. Provider must bill on HCFA 1500 claim form or provider portal with correct HCPCS code(s).
 - B. Provider must submit claim as a single line with Date of Service span and units billed to match.
 - C. If the member has patient liability, that information must be documented on the claim in field 29 (HCFA 1500 Amount Paid), however, patient liability will be applied based on the current 834 report supplied by the Ohio Department of Medicaid. If the claim is submitted on the provider portal, the patient liability is handled through the claims process.

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

G. REVIEW/REVISION HISTORY

	DATE	ACTION
Date Issued	08/24/2017	
Date Revised	12/16/2020	Updated definitions and process
Date Effective	04/01/2021	
Date Archived	02/28/2023	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.

H. REFERENCES

1. Ohio Administrative Code. (2013, June 10). 1173-39-02.16 Assisted Living Service. Retrieved on October 27, 2020 from www.codes.ohio.gov
2. Ohio Administrative Code. (2017, April 1). 5160-33 Definitions for the assisted living home and community based services waiver (HCBS) program. Retrieved November 4, 2020 from www.codes.ohio.gov
3. Ohio Administrative Code (2020, October 17). 5160-33-03 Eligibility for the Medicaid funded component the assisted living program. Retrieved December 2, 2020 from www.codes.ohio.gov

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