



## REIMBURSEMENT POLICY STATEMENT OHIO MYCARE

<b>Original Issue Date</b>	<b>Next Annual Review</b>	<b>Effective Date</b>
09/14/2017	06/01/2019	06/01/2018
<b>Policy Name</b>		<b>Policy Number</b>
Enhanced Ambulatory Patient Groups (EAPG)		PY-0368
<b>Policy Type</b>		
Medical	Administrative	Pharmacy
<b>REIMBURSEMENT</b>		

Reimbursement Policies prepared by CSMG Co. and its affiliates (including CareSource) 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.

CSMG Co. 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.

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## A. SUBJECT

### Enhanced Ambulatory Patient Groups (EAPG)

## 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 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.

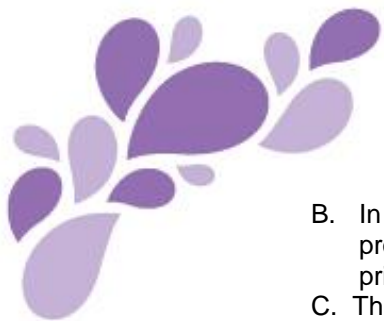
Enhanced ambulatory patient grouping (EAPG) is a group of outpatient procedures, encounters, or ancillary services, which reflect similar patient characteristics and resource utilization and which incorporate the use of ICD-10 diagnosis codes, current procedural terminology (CPT) code set and healthcare common procedure coding system (HCPCS) procedure codes. EAPGs are a patient classification system designed to explain the amount and type of resources used in an ambulatory visit and were developed to encompass the full range of Ambulatory settings including same day surgery units, hospital emergency rooms, and outpatient clinics. Patients in each EAPG have similar clinical characteristics and similar resource use and cost.

## C. DEFINITIONS

- **Ancillary Tests and Procedures** - are tests or procedures ordered by the primary physician to assist in the patient's diagnosis or treatment. (Examples: immunizations, plain film x-rays, laboratory tests).
- **Enhanced ambulatory patient grouping (EAPG)** - is a patient classification system designed to explain the amount and type of resources used in an outpatient ambulatory visit. Patients in each EAPG have similar clinical characteristics and similar resource use and cost.
- **Incidental Procedures** – are procedures that occur during a medical visit usually associated with professional services being given to the recipient. (Example: range of motion measurements)
- **Medical Visit** – is a visit during which a patient receives medical treatment but does not have a significant procedure performed. Evaluation and management (E/M) codes are assigned to one of the medical visit APGs based on the primary diagnosis reported on the claim. (Examples: follow-up visit for patient with congestive heart failure, chronic obstructive pulmonary disease, hypertension).
- **Relative weight** - is a factor specific to each EAPG that represents that EAPG's relative cost compared to an average case.
- **Significant Procedure** – is a procedure/service which constitutes the reason for the visit and dominates the time and resources during the visit. (Examples: excision of skin lesion, stress test, insertion of a central venous catheter, treating fractured limb).

## D. POLICY

- I. CareSource follows the Ohio Department of Medicaid's (ODM) outpatient classification system for ambulatory patient group payment methodology EAPG.
  - A. CareSource will begin processing claims under the EAPG methodology for dates of service on or after 10/1/17.



- B. In order for providers to receive reimbursement prior to 10/1/2017, CareSource will process the current outpatient claims inventory using the payment methodology in place prior to 7/31/17.
- C. This methodology will apply to claims with dates of service 8/1/2017 through 9/30/2017.

**Note:** Once CareSource implements EAPG on 10/1/2017, there will be no adjustments to reconcile variances between the 7/31/17 rates and the rates loaded into EAPG for dates of service 8/1/2017 through 9/30/2017.

- II. EAPGs cannot address nursing home services, inpatient services or miscellaneous services like transportation.
- III. Items that are reimbursed outside of EAPG are:
  - A. Pharmaceuticals
  - B. Durable medical Equipment (DME)
  - C. Independently billed services for drugs or medical supplies and devices
  - D. Dental services
  - E. Vaccines for children (VFC)
  - F. Observation services
  - G. Behavioral health (BH)
  - H. Substance use disorder services (SUD)
- IV. Multiple surgical procedures on the same date of service
  - A. Primary/highest weighted procedure is paid at 100%
  - B. Other payable procedures are paid at 50%
- V. Multiple ancillary services on the same date of service
  - A. Primary/highest weight ancillary procedure is paid at 100%
  - B. Other payable ancillary services are paid at 50%
- VI. For further information please refer to:  
<http://medicaid.ohio.gov/PROVIDERS/FeeScheduleandRates/SchedulesandRates.aspx#1682579-outpatient-hospital-services>
- VII. If you have any questions, please contact Health Partner Services at 1-800-488-0134.

**Note:** CareSource may, through pre and/or post payment audit, request documentation for those services that do not require a prior authorization or those services that do not initially require a prior authorization that supports medical necessity. Appropriate and complete documentation must be presented at the time of review to validate medical necessity.

### E. CONDITIONS OF COVERAGE

Reimbursement is dependent on, but not limited to, submitting Ohio Medicaid approved HCPCS and/or CPT codes along with appropriate modifiers.

### F. RELATED POLICIES/RULES

### G. REVIEW/REVISION HISTORY

DATE		ACTION
Date Issued	09/14/2017	New Policy.
Date Revised		
Date Effective	06/01/2018	



## H. REFERENCES

1. Outpatient hospital reimbursement. (2017, May 30). Retrieved from [http://www.registerofohio.state.oh.us/pdfs/5160/0/2/5160-2-75\\_PH\\_TBR\\_N\\_RU\\_20170530\\_1627.pdf](http://www.registerofohio.state.oh.us/pdfs/5160/0/2/5160-2-75_PH_TBR_N_RU_20170530_1627.pdf)
2. Outpatient hospital services. (2017, August 27). Retrieved from [http://www.registerofohio.state.oh.us/pdfs/5160/0/2/5160-2-75\\_PH\\_TBR\\_N\\_RU\\_20170530\\_1627.pdf](http://www.registerofohio.state.oh.us/pdfs/5160/0/2/5160-2-75_PH_TBR_N_RU_20170530_1627.pdf)

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