CareSource | NETWORK Notification

Notice Date: July 13, 2026
To: Ohio Medicaid & Ohio MyCare Providers
From: CareSource
Subject: Appropriate Billing of Services
Effective Date: August 13, 2026

Summary
CareSource is communicating important reimbursement initiatives aligned with Ohio Administrative Code (OAC) rules aimed at ensuring claims are processed in compliance with regulatory guidance. These initiatives support proper reimbursement practices and reduce payment of claims that do not meet OAC policy requirements. Providers serving Ohio Medicaid and MyCare members are reminded to adhere to OAC rules to avoid claim denials.

Impact
These initiatives reflect specific areas where discrepancies between paid claims and OAC regulations have been identified. Providers should review their billing practices to align with the detailed OAC policies below to prevent payment interruptions and ensure compliance.

Importance
Adherence to OAC rules benefits both providers and members by promoting correct billing practices, and supporting the integrity of the Medicaid and MyCare programs. Compliance will minimize claim denials and delays in payment processing.

Initiatives and Supporting OAC Rules/Policies:

1. **Dialysis Center Frequency Limits**
   - OAC Rule 5160-13-02 (A) (6) (a-e) Rule 5160-13-02 - Ohio Administrative Code | Ohio Laws
   - Limits on the number of dialysis sessions and self-care training units allowed per defined periods.
   - CareSource has identified claims exceeding these frequency limits without prior authorization.
2. **Post-Operative Provisions for Evaluation and Management (E&M) Services**
   - OAC Rule 5160-4-06 (B)(6) 2; Rule 5160-4-06 - Ohio Administrative Code | Ohio Laws
   - No separate payment for E&M services provided during the post-operative period of a surgical procedure (including the day of surgery).
   - Claims paid for E&M services during this period may be denied if not compliant with policy.
3. **Incontinence Unit Limits**

- OAC Rule 5160-10-21 (B)2; Rule 5160-10-21 - Ohio Administrative Code | Ohio Laws
- Limits on monthly, bi-monthly, or annual frequency of incontinence products and supplies.
- Payments for units exceeding these limits are subject to denials.

4. **Inpatient Dialysis and E&M Services**
   - OAC Rule 5160-4-22-14 (B)(2)(c) Rule 5160-4-22 - Ohio Administrative Code | Ohio Laws
   - Payment for inpatient dialysis professional services includes all related E&M services; separate payments for E&M services related to inpatient dialysis are not allowed.
5. **Radiology with Conscious Sedation**
   - OAC Rule 5160-4-25 (A)(6)2 Rule 5160-4-25 - Ohio Administrative Code | Ohio Laws
   - No separate payment for conscious sedation administered in connection with radiology or imaging procedures.
6. **Surgical Services with Sedation**
   - OAC Rule 5160-4-22 (A)(1)(a)2 Rule 5160-4-22 - Ohio Administrative Code | Ohio Laws
   - No separate payment for local infiltration, general anesthesia, conscious sedation, or pre/post-operative care when performed by the same provider as the surgical service.
7. **Observation Unit Limits**
   - OAC Rule 5160-2-75 (G)(6)(b/c) Rule 5160-2-75 - Ohio Administrative Code | Ohio Laws
   - Payment limited to maximum 24 units per day or 48 consecutive units (covering up to 2 days) for hourly observation services (HCPCS G0378).
8. **Inpatient Hospital Readmission**
   - OAC 5160-2-65(M)(5); Rule 5160-2-65 - Ohio Administrative Code | Ohio Laws
   - Next-day readmissions to the same hospital should be combined and reimbursed as a single inpatient stay under one DRG payment.
9. **Behavioral Health (BH) Diagnostic Evaluation and Therapy**
   - OAC Rule 5160-8-05 (D)(3)(a)2; Rule 5160-8-05 - Ohio Administrative Code | Ohio Laws
   - Behavioral health diagnostic evaluations are not payable on the same day as therapeutic visits by the same provider unless prior authorization exists.
10. **Hospice/Nursing Facility (NF) Room & Board Overlap**
    - OAC Rule 5160-56-06; Rule 5160-56-06 - Ohio Administrative Code | Ohio Laws
    - Nursing facility room and board payments should be denied when the member is receiving hospice services with overlapping room and board payments to the hospice.
11. **Home and Community-Based Services (HCBS) and Institutional Provider (IP) Overlap**
    - OAC Rule 5160-44-01 Rule 5160-44-01 - Ohio Administrative Code | Ohio Laws
    - OAC Rule 5160-46-04; Rule 5160-46-04 - Ohio Administrative Code | Ohio Laws
    - HCBS personal care aide and home-delivered meal services are not reimbursable during inpatient or skilled nursing facility stays.

12. Opioid Treatment Program (OTP) Unit Limits

- Rule 5122-40-06 | Medication administration Refer to OTP Billing Guidance for daily and weekly iterations of take home doses, as per the Ohio Behavioral Health Provider Manual
- Weekly administration limits for methadone and buprenorphine; payments exceeding allowed units within specified timeframes may be subject to denials.

CareSource remains committed to timely and accurate claims processing consistent with all regulatory requirements. Providers must ensure all claims submitted comply with applicable OAC policies.

If you have questions, please contact CareSource Provider Services at 1-800-488-0134.

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