



Payment Policy

Subject: Kentucky Medicaid Out-of-Network Providers Policy for Medically Necessary Services- KENTUCKY ONLY

Policy

CareSource will reimburse out-of-network providers for preauthorized, medically necessary services in accordance with the guidelines in this policy.

Definitions

N/A

Provider Reimbursement Guidelines

Preauthorized, medically necessary services rendered to CareSource members by out-of-network providers will be reimbursed at 65% of the Kentucky Medicaid fee schedule.

The following items are exceptions to the 65% reimbursement rate and will instead be reimbursed at 90% of the Kentucky Medicaid fee schedule:

- Emergency care (non-participating professional and facility services provided to members in an Emergency Room setting)
- Services provided for family planning
- Services for children in foster care

Related Policies & References

NONE

State Exceptions

THIS PAYMENT POLICY APPLIES TO THE STATE OF KENTUCKY ONLY

Document Revision History
