



Network Notification

Notification Date: April 11, 2017
To: OH MyCare, OH Medicare Advantage Health Partners
From: CareSource®
Subject: PY-0142 Three-Day Window Payment Policy
Effective Date: May 12, 2017

Effective May 12, 2017, CareSource will introduce a new Three-Day Window payment policy for Ohio MyCare and Medicare Advantage plans.

SUMMARY

As a Medicare Advantage plan, it is the CareSource policy that outpatient diagnostic services provided to a CareSource member by a hospital on the date of an inpatient admission or within three days (or one day for non-IPPS hospitals) prior to the date of the inpatient admission are deemed to be inpatient services and included in the inpatient payment.

IMPACT

Reimbursement policies are designed to assist you when submitting claims to CareSource. The policy provides the following information:

- **Services subject to this rule:** diagnostic services, clinical lab services and non-diagnostic services as described in the policy.
- **Compliance with the three day (and one-day) payment rule:** all outpatient claims submitted by a hospital are subject to this rule and will be denied if rendered within three calendar days (or one calendar day for non-IPPS hospitals) prior to an inpatient admission of the same patient receiving the outpatient services.

NEXT STEPS

The full policy is effective on May 12, 2017. The [Three-Day Window Payment Policy](#) may be found on the **CareSource.com** [Health Partner Policies](#) web page. To access the policy, navigate to the Reimbursement Policies section of the page, click on the appropriate Plan Name and State, then reference the Three-Day Window reimbursement policy. You may refer to the specific policy for more information on:

- Policy criteria and rationale
- Codes, including CPT and ICD-10
- Conditions of Coverage

Thank you for your cooperation in adhering to this new policy requirement.

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