



Payment Policy

Subject: Unlisted Surgical Procedures for Outpatient Claims – OHIO ONLY

Policy

CareSource provides coverage for, and will reimburse outpatient surgical services with unlisted surgical procedure CPT codes. The providers are responsible for providing CareSource with the appropriate, complete, and accurate documentation required in each instance.

Definitions

“Current Procedural Terminology” (“CPT”) codes are numbers assigned to every task, medical procedure, and service a medical practitioner may provide to a patient. CPT codes are developed, maintained and updated annually, and copyrighted by the American Medical Association. *(From ama-assn.org)*

Provider Reimbursement Guidelines

CareSource certified coding professionals will review all claims with unlisted surgical procedure codes to confirm that correct codes have been used, based on the documentation provided with the claim.

If a claim is denied during this review, a provider can resubmit the claim using the correct surgical CPT code(s).

Related Policies & References

OAC 5160-2-21, “Policies for outpatient hospital services.”

OAC 5160-2-22, “Reasonable cost and cost-related reimbursement for hospital services.”

CareSource - Provider Manual

State Exceptions

This payment policy applies to Ohio only.

Document Revision History

10/31/2013 – OAC Rules renumbered from “5101:3-2-21,” and “5101:3-2-22,” per Legislative Service Commission Guidelines.

This CareSource Management Group proprietary policy is not a guarantee of payment. Payments may be subject to limitations and/or qualifications and will be determined when the claim is received for processing. Page **1** of **1**

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