



Archive

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

- A. Reviews can include items such as retroactive eligibility updates, authorization updates, coordination of benefits (COB) updates, and fee schedule updates.
- B. Reviews include proactive measures to correct claim payment when it has been determined that a systemic issue has paid claims incorrectly.
- C. Claims are not subject to interest payment when CareSource takes proactive measures to pay claims correctly.
- E. Conditions of Coverage
Reimbursement is dependent on, but not limited to, submitting approved HCPCS and CPT codes along with appropriate modifiers, if applicable. Please refer to the individual fee schedule for appropriate codes.
- F. Related Policies/Rules
NA
- G. Review/Revision History

	DATE	ACTION
Date Issued	04/12/2023	New Policy. Approved at Committee
Date Revised		
Date Effective	IN, GA: 07/01/2023 OH: 08/01/2023	
Date Archived	IN, GA: 04/30/2024 OH: 04/30/2024	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

H. References

1. Bureau of the Fiscal Service. (2013, January- 2021, June). Interest Rates. Retrieved March 21, 2023 from www.fiscal.treasury.gov.
2. Centers for Medicare & Medicaid Services. (2019, January). Notice of New Interest Rate for Medicare Overpayments and Underpayments - 2nd Qtr. Retrieved March 21, 2023 from www.cms.gov.
3. Federal Register. Prompt Payment Interest Rate; Contract Disputes Act. Retrieved March 21, 2023 from www.fiscal.treasury.gov.
4. Legal Information Institute. 42 CFR § 422.520 - Prompt payment by MA organization. Retrieved March 21, 2023 from www.law.cornell.edu.
- 5.

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