



# REIMBURSEMENT POLICY STATEMENT D-SNP

Policy Name & Number	Date Effective
Interest Payment SNP -PY -1427	05/01/2024
Policy Type	
REIMBURSEMENT	

Reimbursement Policies prepared by CareSource and its affiliates are intended to provide a general reference regarding coding and documentation guidelines. Coding methodology, regulatory requirements, standards and claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, persistent pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

CareSource and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than those that apply to medical conditions as covered under this policy.

### This policy applies to the following Marketplace(s):

Georgia	Ohio
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within the allotted timeframe from Prompt Pay and Interest Regulations will begin accruing when payment is not made within the Prompt Pay timeframe.

- V. CareSource only pays interest on claim payments that are occurring under prompt pay regulations. A contractual adjustment of a claim is not subject to state and federal regulations for interest payment.
- VI. CareSource performs regular reviews of our paid claims to correct claim payment.
  - 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	

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