

REIMBURSEMENT POLICY STATEMENT

Marketplace

Policy Name & Number	Date Effective
Temporary Codes-MP-PY-1413	GA, IN, KY, WV: 05/01/2023-03/31/2024 OH: 06/01/2023-03/31/2024
Policy	

A. Subject
Temporary Codes

B. Background

Reimbursement policies are designed to assist providers when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and office staff are encouraged to use self-service channels to verify member eligibility.

It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS/ICD-10 code(s) for the product or service that is being provided. The inclusion of a code in this policy does not imply any right to reimbursement or guarantee claims payment.

Temporary codes exist in both CPT and HCPCS manuals and are updated throughout the year. T codes (i.e., Category III codes) are temporary CPT codes for emerging technologies, services, and procedures, which



Set Rule requires providers use the procedure code(s) that are valid at the time the service is provided.

- III. Providers must use industry standard code sets and must use specific HCPCS CPT I and Category II codes when available unless otherwise directed through the provider's (I)-6(i)2.6 (ded.)T041c 0 Tw 533 0 Td()TjEMC 9P MCID 1 7 AMpEMC 22 0 Td(at)Tj0



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