

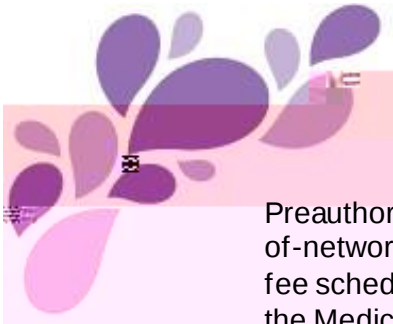
REIMBURSEMENT POLICY STATEMENT KENTUCKY MARKETPLACE			
Policy Name		Policy Number	Effective Date
Payment to Out of Network Providers		PY-1174	06/1/2021-12/31/2021
Policy Type			
Medical	Administrative	Pharmacy	REIMBURSEMENT

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

In addition to this Policy, 0810(l)22(i)22(cy), 0810(l)22(i)22(cy), 0810(l)22(i)22(c.21 18.45 1 o43(e)-43(f)18.4ET07, 0810(l)22(i)22(c.21

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Preauthorized, medically necessary services rendered to CareSource members by out-of-network providers in the state of Kentucky will be reimbursed at 50% of the Medicare fee schedule. If the code is not on Medicare fee schedule, it will be reimbursed at 70% of the Medicaid fee schedule. If a service or procedure is not priced by Medicare or Medicaid, then it will be reimbursed to the provider at 20% of billed charges.

Exclusions:

1. Emergency Health Care Services and RAPHEL providers will be reimbursed based on state regulations.

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

Evidence of Coverage and Health Insurance Contract Kentucky

G. Review/Revision History

DATE		ACTION
Date Issued	04/29/2020	New Policy
Date Revised	04/14/2021	Reimbursement aW*n /P 18 Tm90.77 369.980.800