

# **REIMBURSEMENT POLICY STATEMENT**

## **North Carolina Marketplace**

<b>Policy Name &amp; Number</b>	<b>Date Effective</b>
Payment to Out of Network Providers-NC MP- PY-1380	01/01/2023
<b>Policy Type</b>	
<b>REIMBURSEMENT</b>	

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, 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, or significant 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

Payment to Out of Network  
Providers-NC MP-PY-1380  
Effective Date: 01/01/2023

The REIMBURSEMENT Policy Statement detailed above has

