

REIMBURSEMENT POLICY STATEMENT

North Carolina Marketplace

Policy Name & Number	Date Effective
Overpayment Recovery-NC MP-PY-1399	05/01/2024
Policy Type	
REIMBURSEMENT	

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 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.



IV. .59 63li

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



F. Related Policies/Rules

CareSource Marketplace Provider Manual

CareSource Provider Agreement, Article V. Claims and Payments

G. Review/Revision History

DATE		ACTION
Date Issued	10/26/2022	New policy
Date Revised	02/14/2024	Annual review. Remove IV.C. Updated reference. Approved at Committee.
Date Effective	05/01/2024	
Date Archived		

H. References

1. *Limitation on Recoupment (935) for Provider, Physicians and Suppliers Overpayments*. Center of Medicare & Medicaid Services; 2008. Reviewed 2020. Accessed February 5, 2024. www.cms.gov

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