

REIMBURSEMENT POLICY STATEMENT

North Carolina Marketplace

Policy Name & Number	Date Effective
Interest Payments-NC MP-PY-1403	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.

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 Equi-5.9 (T) TETQq67.08 711.12 441.841 13.68 reWB0.004 Tc -0.002 Tw 9 -0 0 9 353.52 710

Related Policies/Rules 3

Review/Revision History 3

References 3

A. Subject
Interest Payments

B. Background

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

- federal regulations for interest payment. CareSource performs regular audits to correct claim payment.
- A. Audits on retroactive eligibility updates, authorization updates, coordination of benefits (COB) updates, and fee schedule updates.
 - B. Audits 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		ACTION
Date Issued	09/28/2022	
Date Revised	11/08/2023 01/31/2024	Updated references. Approved at Committee. Updated references. Approved at Committee.
Date Effective	05/01/2024	
Date Archived		

H. References

1. Interest, 41 U.S.C. § 7109 (2023).
2. Interest Penalties, 31 U.S.C. § 3902 (2023).
3. Interest rates. Bureau of the Fiscal Service. Updated August 15, 2023. Accessed October 30, 2023. www.fiscal.treasury.gov
- 4.

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