

REIMBURSEMENT POLICY STATEMENT

Marketplace

Policy Name & Number	Date Effective
Overpayment Recovery-MP-PY-1393	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



A. Subject

Overpayment Recovery

B. Background

Reimbursement policies are designed to assist you 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 their office staff are encouraged to use self-service channels to verify member's eligibility.

It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS 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.

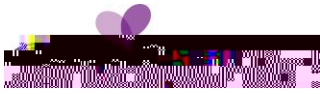
Retrospective review of claims paid to providers assist CareSource with ensuring accuracy in the payment process. CareSource will request voluntary repayment from providers when an overpayment is identified.

Fraud, waste and abuse investigations are an exception to this policy. In these investigations, the look back period may go beyond 2 years.

C. Definitions

- **Claims Adjustment** – Adjustment is defined as a claim that was previously adjudicated and is being updated for one of the following reasons:
 - denied as a zero payment
 - a partial payment
 - a reduced payment
 - a penalty applied
 - an additional payment
 - a supplemental payment
- **Coordination of Benefits (COB)** – A payment from another carrier that is received after a payment from CareSource; and the other carrier is the primary insurance for the member.
- **Credit Balance / Negative Balance** – Funds that are owed to CareSource as a result of a claim adjustment.
- **Explanation of Payment (EOP)** – The EOP or contains the payment and adjustment information for claims the provider has submitted for payment to CareSource.
- **Forwarding Balance (FB)** – An adjustment that occurs within an EOP to a claim with a prior paid amount. The FB amount does not indicate funds have been withheld from the provider's payment for this remittance advice. It only indicates that a past

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



E. State

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