

**REIMBURSEMENT POLICY STATEMENT**  
**Indiana Medicaid**

<b>Policy Name &amp; Number</b>	<b>Date Effective</b>
Overpayment Recovery-IN MCD-PY-1111	07/01/2024



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

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



- **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.
- **Retroactive Eligibility** – A payment for a member who was retroactively terminated by the state. The member is not eligible for benefits.
- **Improper Payment** – A payment that should not have been made or an overpayment was made. Examples include, but are not limited to:
  - payments made for an ineligible member
  - ineligible service payments
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VI. In the event of any conflict between this policy and any written agreement between the provider and CareSource, that written agreement will be the governing document.

**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**

CareSource Provider Agreement, ARTICLE V. CLAIMS AND PAYMENTS

**G. Review/Revision History**

	<b>DATE</b>	<b>ACTION</b>
<b>Date Issued</b>	04/29/2020	New policy
<b>Date Revised</b>	10/13/2021	Updated definitions. Added D. V. and D. VI. Updated references. Approved at PGC.
	10/26/2022	Updated references. Updated III. C. to 30 days and IV. C. to 30 days.
	01/31/2024	Annual review. Removed IV. C. Updated references. Approved at Committee.
<b>Date Effective</b>	07/01/2024	
<b>Date Archived</b>		

**H. References**

1. Claim Payment Errors, IND. CODE § 27-13-

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