## REIMBURSEMENT POLICY STATEMENT Indiana Medicaid

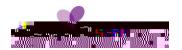
Policy Name & Number	Date Effective
Overpayment Recovery-IN MCD-PY-1111	07/01/2024



## A. Subject Overpayment Recovery

## B. Background

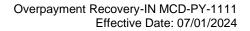
Reimbursement policies are designed to assist you when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be



- 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:
  - o 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

	DATE	ACTION
Date Issued	04/29/2020	New policy
Date Revised	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.
Date Effective	07/01/2024	
Date Archived		

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