

REIMBURSEMENT POLICY STATEMENT

Michigan Health Link

Policy Name & Number	Date Effective
Overpayment Recovery-MI Health Link-PY-1472	06/01/2024
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



- C. Reconciliation of negative balance status will be done through claims payment withholds for otherwise payable claims until the full negative balance has been offset, unless otherwise negotiated.
- D. Providers are notified of negative balances through (EOPs) and 835s. Providers are expected to use this information to reconcile and maintain their Accounts Receivable (AR) to account for the reconciliation of negative balances.
- E. Notification of negative balances and reconciliation of negative balances may not occur concurrently.
- F. Providers are expected to maintain their AR to account for the reconciliation of negative balances when they occur.

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

Overpayment Recovery-MI MCD-PY-1440
CareSource Provider Manual
National Agreement, Article V. Claims and Payments, 5.11 (d).

G. Review/Revision History

DATE		ACTION
Date Issued	12/13/2023	New policy. Approved at Committee.
Date Revised	03/13/2024	Annual review. Updated references. Approved at Committee.

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