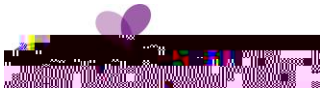


ADMINISTRATIVE POLICY STATEMENT

Ohio MyCare

Policy Name & Number	Date Effective
Provider Home Visits-OH MyCare-AD-1069	09/01/2023
Policy Type	



A. Subject

Provider Home Visits

B. Background

Provider home visits are medical care visits rendered in the home setting to an individual for the examination, diagnosis, and/or treatment of an injury or illness. For the purposes of this policy, home is defined as the individual's place of residence, including private residence/domicile, assisted living facility, group home, custodial care facility, long-term care facility, or skilled nursing facility.

C. Definitions

- **Home** – An individual's place of residence, including private residence/domicile, assisted living facility, group homes, custodial care facility, long-term care facility, or skilled nursing facility.
- **Participating Provider** – A provider that is contracted with CareSource to service members.
- **Place of Service (POS)** – A two-digit code that indicates the setting in which a service was provided.
- **Provider** – A physician with an MD or DO, a podiatrist, a nurse practitioner, or a physician assistant.
- **Non-Participating Provider** – A provider that is not contracted with CareSource to service members.
- **Services** – Services that occur in the member's place of residence that normally would be performed in an office/outpatient setting, such as evaluation and management (E&M) visits, wound care, podiatry care, eye care, etc.

D. Policy

- I. CareSource reimburses participating or non-participating providers for services performed in a member's place of residence that usually can be performed at an office visit.
 - A. CareSource will reimburse providers according to the Medicaid fee schedule.
 - B. Durable medical equipment (DME) services in the place of residence are subject to medical necessity review and should be provided by in network (participating) provider.
 - C. Ancillary services such as labs and x-ray services in the place of residence are subject to medical necessity review and should be provided by in network (participating) provider.
- II. Claim submission must include the appropriate Current Procedural Terminology (CPT) codes along with any applicable modifier with the appropriate place of service (POS) code.
 - A. Place of service (POS) for provider services in the member's place of residence should include one of the following:
 1. POS 12 – Home
 2. POS 13 – Assisted Living
 3. POS 14 – Group Home

