



Reimbursement Policies prepared by CSMG Co. and its affiliates (including CareSource) 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, notification and utilization management guidelines. Medically necessary services include, but are not limited to, those

Contents of Policy

<u>REIMBURSEMENT POLICY STATEMENT</u>	1
<u>TABLE OF CONTENTS</u>	1
A. <u>SUBJECT</u>	2
B. <u>BACKGROUND</u>	2
C. <u>DEFINITIONS</u>	2
D. <u>POLICY</u>	2
E. <u>CONDITIONS OF COVERAGE</u>	3
F. <u>RELATED POLICIES/RULES</u>	5
G. <u>REVIEW/REVISION HISTORY</u>	5
H. <u>REFERENCES</u>	5



Telemedicine Services

OHIO MEDICAID

PY-0084

Effective Date: 07/01/2018

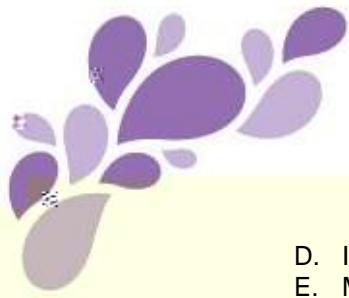
A. SUBJECT

Telemedicine Services

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

Archived



- D. Identify appropriately training professionals to provide local assistance.
- E. Maintain confidentiality, including use of encryption methods.

IV. Reimbursement may be made for the following health care services delivered

Archived

Archiv

Archiv