REIMBURSEMENT POLICY STATEMENT

Reimbursement Policy Statement: Reimbursement Policies prepared by CSMG Co. and its affiliates (including CareSource) are

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A. Subject

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 established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and their office staff are encouraged to use self-service channels to verify member's eligibility.

It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS code(s) for the product or service that is being provided. The inclusion of a code in this policy does not imply any right to reimbursement or guarantee claims payment.

Modifiers can be used to further describe a product or service rendered. Some modifiers are for informational purposes only, while other modifiers are used to report additional information, to the code description, of the prodTtif0 Td(i./62 (i)22)-9.1 (od)718 2Joduct thpto7.3 (o t)7.

3. Report the intended code with modifier 52.

   a. Example, if the planned procedure is a two-view chest x-ray and only one view of the chest is performed, do not report CPT code 71020-52 (for x-ray chest, two views-reduced service). Instead, report CPT code 71010 (x-ray chest, single view).
   b. Example, if a barium swallow is not completed because the patient cannot handle the barium, report CPT code (427 Tc 0 Tw 27 0 Td2 Td( )Tj-0u Tw T3iu.7 (r

- Surgical Care Only

A. Modifier 54 is reported when one physician performed a surgical procedure only; another physician provides the preoperative and/or postoperative management.
B. Modifier 54 must only be appended to the surgical procedure code.
C. Procedure code with modifier 54 appended will reimbursed at 70% of the fee schedule amount.

Medical records are not required with the claim, but must be available upon CareSource's request. Clinical information documented in the patient's records must support to use of this modifier.

- Postoperative Management Only

A.

B. Assistant Surgeon provides full assistance to the primary surgeon and is

necessity of an assistant at surgery and why a qualified resident was not available. If there is no accounting by the surgeon for what was performed by the assistant the claim would be denied.

- Anesthesia

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