

REIMBURSEMENT POLICY STATEMENT
Ohio Medicaid

Policy Name & Number	Date Effective
Modifiers-OH MCD-PY-1345	02/01/2024
Policy Type	
REIMBURSEMENT	

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



D. Policy

It is the responsibility of the submitting provider to submit accurate documentation of services performed. Providers are expected to use the most accurate and appropriate CPT/HCPCS code(s) for the product or service that is being provided according to the following industry standard guidelines (may not be all-inclusive):

- National Correct Coding Initiative (NCCI) editing guidelines
- American Medical Association (AMA) guidelines
- American Hospital Association (AHA) billing rules
- Current Procedural Terminology (CPT)
- Healthcare Common Procedure Coding System (HCPCS)
- ICD-10 CM and PCS
- National Drug Codes (NDC)
- Diagnosis Related Group (DRG) guidelines
- CCI table edits.

The inclusion of a code in a policy does not imply any right to reimbursement or guarantee claims payment.

E. Conditions of coverage

Reimbursement is dependent upon, but not limited to, submitting approved HCPCS and CPT codes along with appropriate modifiers, if applicable. In the absence of State specific instructions, the CMS guidelines will apply. Please refer to the individual fee schedule for appropriate codes.

Providers must follow proper billing, industry standards, and state compliant codes on all claim submissions. The use of modifiers must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities.

In the event of any conflict between this policy and a provider's contract with CareSource, the provider's contract will be the governing document.

F. Related policies/rules

NA

G. Review/revision history

	DATE	ACTION
Date Issued	09/01/2019	New policy
Date Revised	04/15/2020	Added Place of Service 19 to Modifier SA
	10/13/2021	Removed modifiers, changed background and policy sections to simplify language
	10/12/2022	No changes. Updated references.
	09/27/2023	Updated references. Approved at Committee.
Date Effective	02/01/2024	
Date Archived		

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H. References

1. *Billing 340B Modifiers Under the Hospital Outpatient Prospective Payment System (OPPS)*. US Centers for Medicare and Medicaid Services. March 3, 2023. Accessed September 11, 2023. www.cms.gov
2. CPT® overview and code approval. American Medical Association. Accessed September 11, 2023. www.ama-assn.org
3. *Medicare Claims Processing Manual, XII: Physicians/Nonphysician Practitioners*. US Centers for Medicare and Medicaid Services; 2003. Revised February 9, 2023. Accessed September 11, 2023. www.cms.gov
4. *Medicare Claims Processing Manual, XIV: Ambulatory Surgical Centers*. US Centers for Medicare and Medicaid Services; 2003. Revised March 24, 2023. Accessed September 11, 2023. www.cms.gov
5. Optum Encoder Pro. 2023. Accessed September 11, 2023. www.encoderprofp.com

Approved by ODM 10/26/2023

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