WORKING WITH CARESOURCE

CHIROPRACTIC HEALTH PARTNER REFRESH

KENTUCKY MARKETPLACE

CareSource®

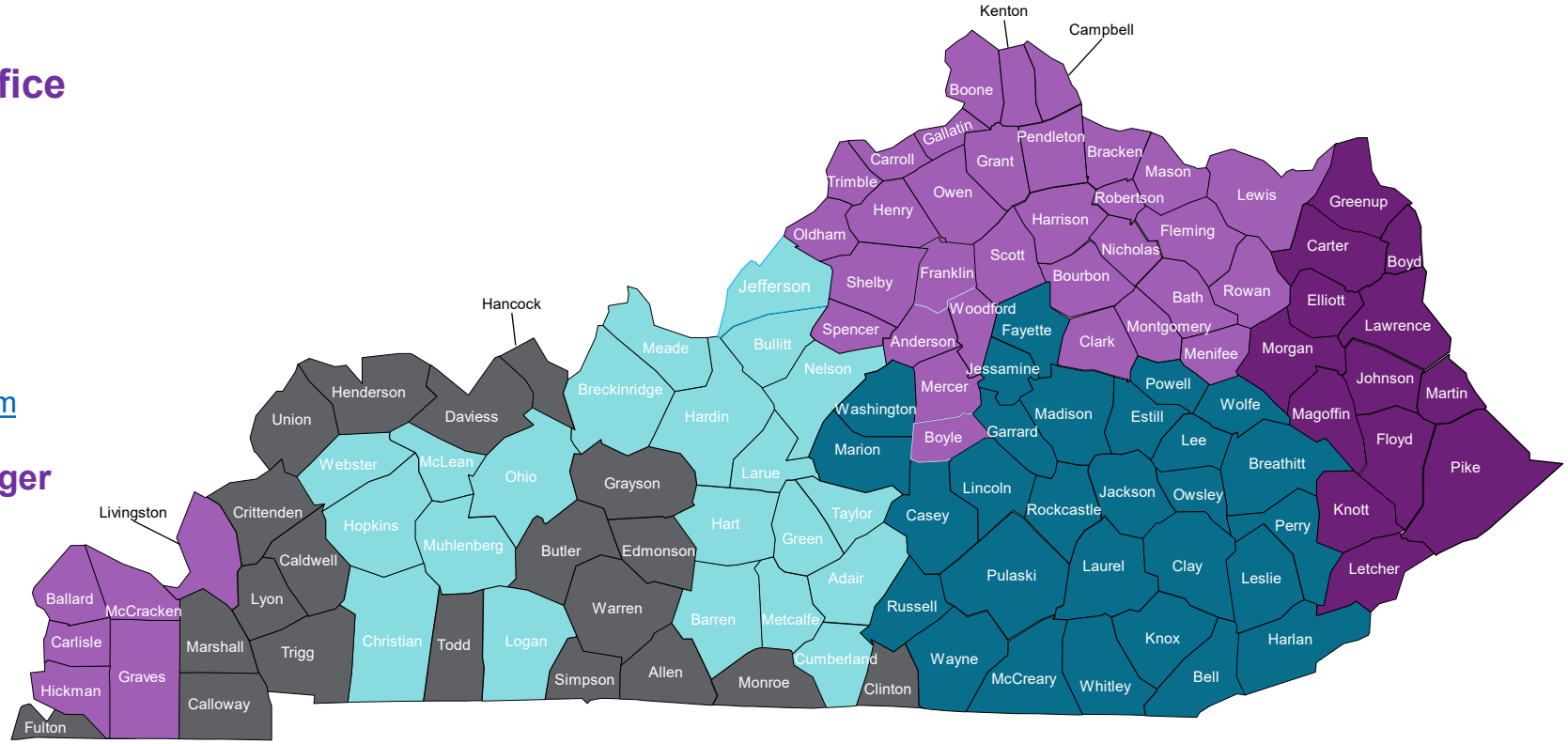
KENTUCKY MARKETPLACE
PROVIDER ENGAGEMENT SPECIALIST COUNTY ASSIGNMENT MAP

CareSource Kentucky Office
101 Enterprise Drive
Suite A
Frankfort, KY 40601
502-213-4700

Kathy Oplinger, Director
Phone: 681-319-9505
Kathy.Oplinger@CareSource.com

Dell Jeter, Contracting Manager
Phone: 502-709-0613
Dell.Jeter@CareSource.com

* Note: Counties in gray are counties that CareSource does not offer Marketplace in and there is no Specialist assigned. For assistance, please contact Provider Services at 1-833-230-2101.



	Angela Taylor 937-952-8181 Angela.Taylor@CareSource.com	Boyd, Carter, Elliott, Floyd, Greenup, Johnson, Knott, Lawrence, Letcher, Magoffin, Martin, Morgan, Pike Systems: Kings Daughters Medical Center (KDMC); Appalachian Regional Healthcare (ARH); Baptist Health System
	Brittany Whitaker, 606-802-4594 Brittany.Whitaker@CareSource.com	Ballard, Bell, Breathitt, Carlisle, Casey, Clay, Estill, Fayette, Garrard, Graves, Harlan, Hickman, Jackson, Jessamine, Knox, Laurel, Lee, Leslie, Lincoln, Madison, Marion, McCracken, McCreary, Perry, Powell, Pulaski, Rockcastle, Russell, Washington, Wayne, Whitley, Wolfe Systems: LifePoint; University of Kentucky (UK)
	Hope Lafavers, 502-216-6314 Hope.Lafavers@CareSource.com	Adair, Barren, Breckinridge, Bullitt, Christian, Cumberland, Green, Hardin, Hart, Hopkins, Jefferson, Larue, Logan, McLean, Meade, Metcalfe, Muhlenberg, Nelson, Ohio, Taylor, Webster Systems: Norton; University of Louisville (U of L); Catholic Health Partners
	Shirley Sorrels 502-919-0446 Shirley.Sorrels@CareSource.com	Anderson, Bath, Boone, Bourbon, Boyle, Bracken, Campbell, Carroll, Clark, Fleming, Franklin, Gallatin, Grant, Harrison, Henry, Kenton, Lewis, Livingston, Mason, Menifee, Mercer, Montgomery, Nicholas, Oldham, Owen, Pendleton, Robertson, Rowan, Scott, Shelby, Spencer, Trimble, Woodford Systems: St. Elizabeth; TPN; KPCA; APCP

Feature Presentation

CareSource

Kentucky Chiropractic Care Reimbursement Policy

Effective April 1, 2023

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. They are routinely updated to promote accurate coding and policy clarification.

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.

It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS/ICD-10 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 of claims payment.

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 services provided to a member and will be determined when the claim is received for processing.

Provider Network & Eligibility

OUT-OF-NETWORK SERVICES

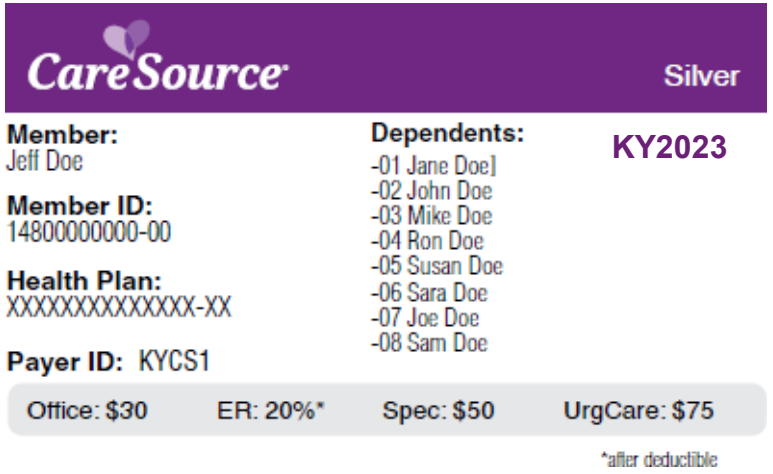
Out-of-network services are NOT covered with the exception of, emergency services, services covered by the No Surprises Act, or services prior authorized by CareSource.

MEMBER ELIGIBILITY

Always ask to see the member's CareSource ID card to ensure your practice and provider are participating with his/her plan, and to confirm member's eligibility before service's are rendered.

Verify member's eligibility prior to treatment via the CareSource provider portal or by calling Provider Services.

ID Cards: ***Kentucky Marketplace Members***


CareSource Silver

Member: Jeff Doe

Member ID: 14800000000-00

Health Plan: XXXXXXXXXXXXX-XX

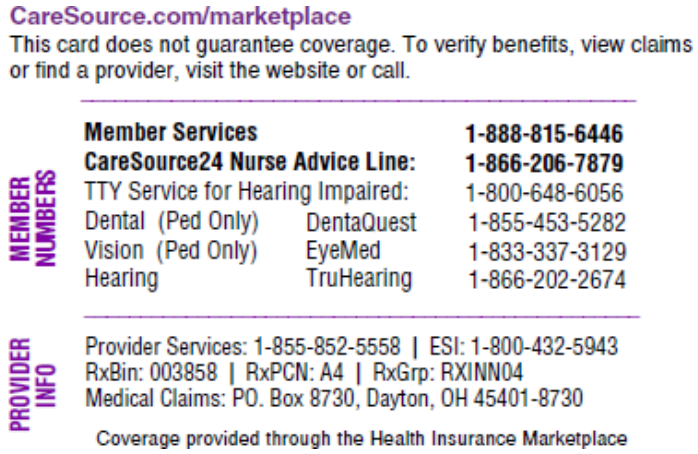
Payer ID: KYCS1

Dependents:
-01 Jane Doe]
-02 John Doe
-03 Mike Doe
-04 Ron Doe
-05 Susan Doe
-06 Sara Doe
-07 Joe Doe
-08 Sam Doe

KY2023

Office: $30 | ER: 20%* | Spec: $50 | UrgCare: $75

*after deductible


CareSource.com/marketplace
This card does not guarantee coverage. To verify benefits, view claims or find a provider, visit the website or call.

MEMBER NUMBERS

Member Services		**1-888-815-6446**
CareSource24 Nurse Advice Line:		**1-866-206-7879**
TTY Service for Hearing Impaired:		1-800-648-6056
Dental (Ped Only)	DentaQuest	1-855-453-5282
Vision (Ped Only)	EyeMed	1-833-337-3129
Hearing	TruHearing	1-866-202-2674

PROVIDER INFO

Provider Services: 1-855-852-5558 | ESI: 1-800-432-5943
RxBin: 003858 | RxPCN: A4 | RxGrp: RXINN04
Medical Claims: PO. Box 8730, Dayton, OH 45401-8730

Coverage provided through the Health Insurance Marketplace

Note: Make sure the state matches your contracted region.
Marketplace dependents are indicated by the member ID + dependent suffix (portion after the "-")

- Example: 14800000000-01 (Jane Doe)

Provider Portal Eligibility Verification

CareSource

CareSource ***Provider Portal***

SAVE TIME AND MONEY

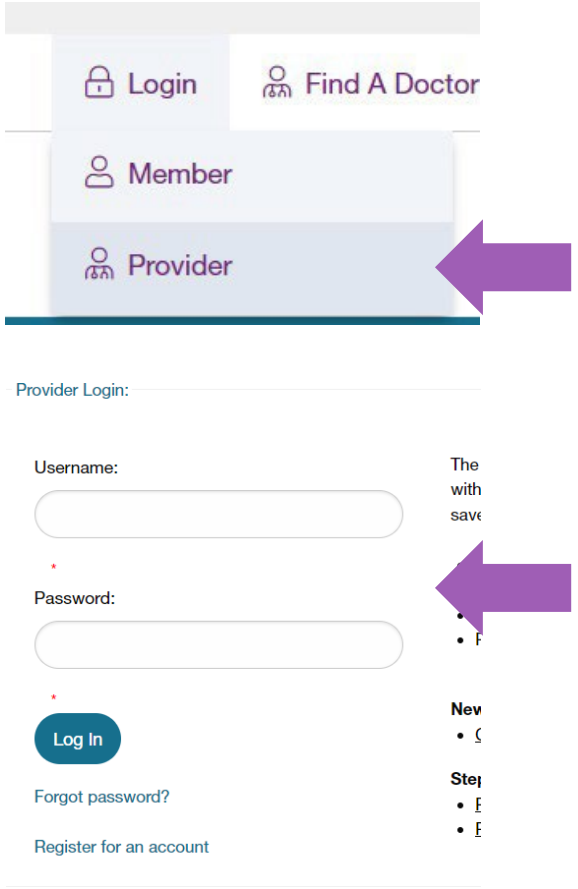
With our secure online Provider Portal, you can:

✓ Check member eligibility and benefit limits	✓ Submit claims and verify claim status
✓ Find prior authorization requirements	✓ Verify or update Coordination of Benefits
✓ Submit prior authorization request and check status	✓ And more!

Access the Provider Portal 24 hours a day, seven days a week at **CareSource.com** > Provider > Log-In.

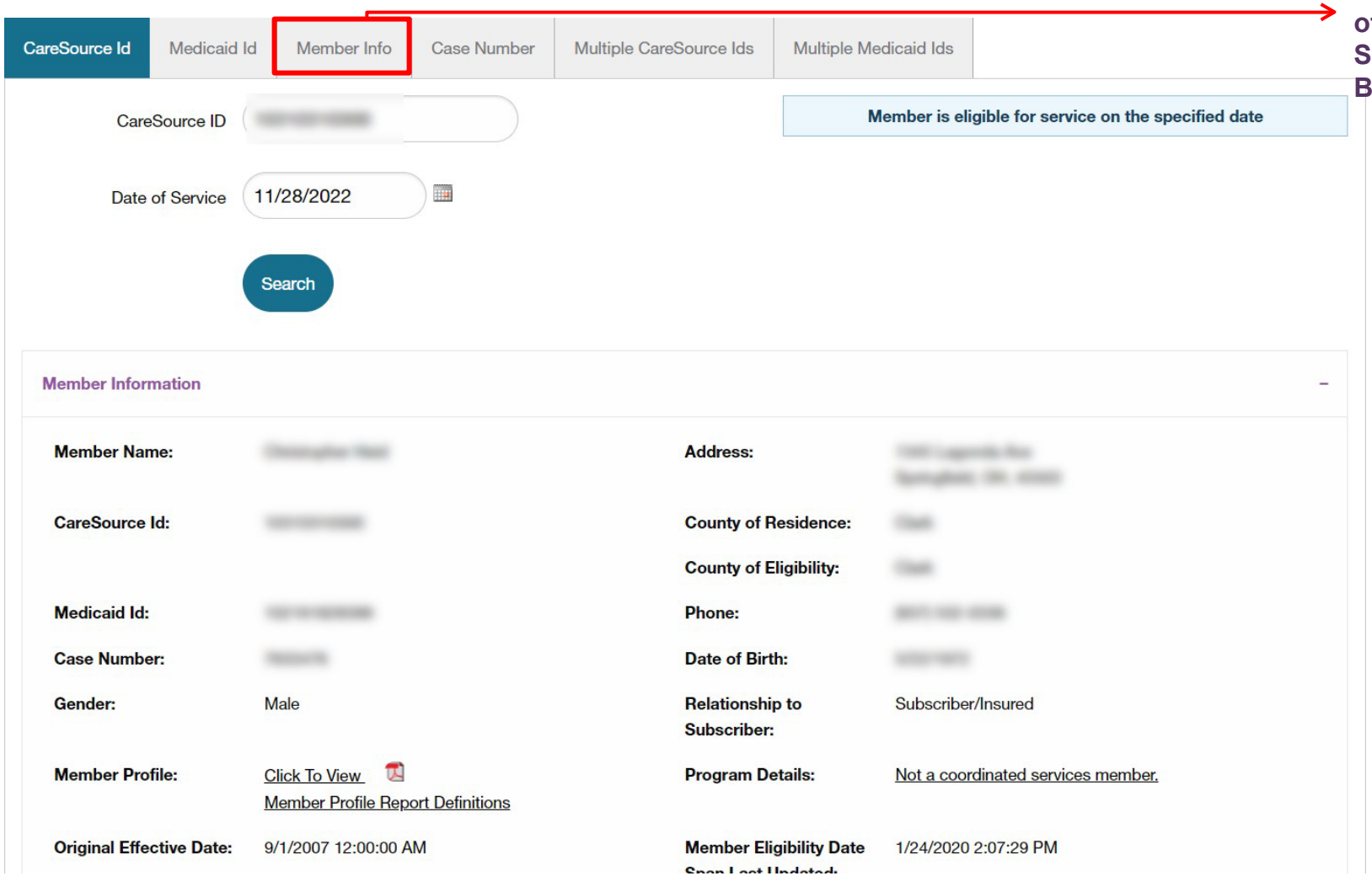
Register for the ***Provider Portal***

Go to **CareSource.com.**
Click **Provider** from the **Log-in** drop-down.
Select **Kentucky.**
Register for the Provider Portal.
Enter your information, including your CareSource Provider Number (located in your welcome letter).
Follow remaining steps to register.

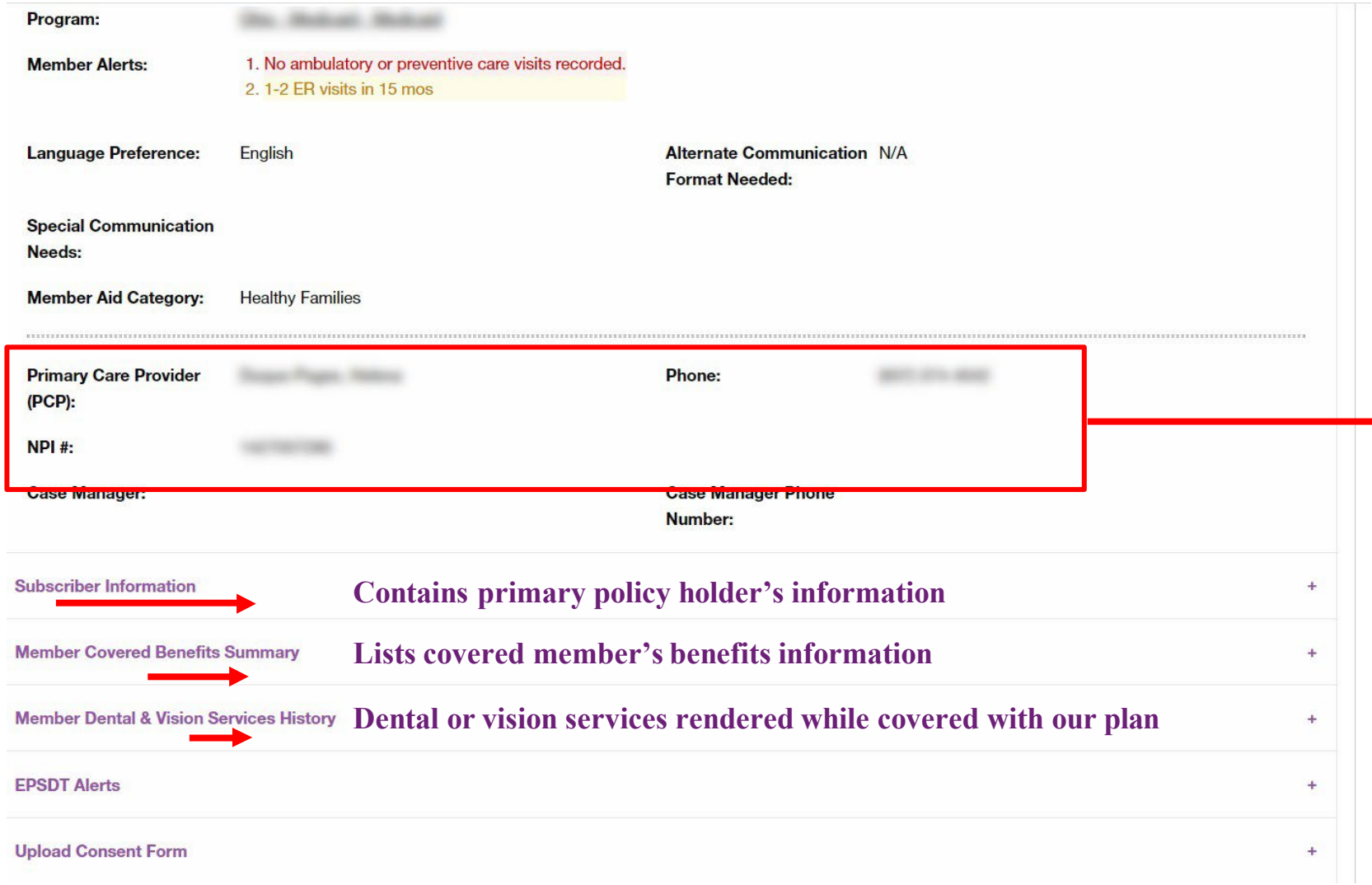


Member Eligibility

Offers ability to search using other member information Social Security #, Date of Birth, Name



Member Eligibility



Member's selected PCP information

Member Financial Responsibility

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Marketplace Member ***Financial Responsibility***

ANNUAL DEDUCTIBLE, COPAYMENTS & COINSURANCE

These cost shares are applicable for most covered services. It is up to the provider to collect the member cost share amount from the member at the time of service.

BALANCE BILLING

Network providers **may not** balance bill CareSource members for covered services.

Balance billing is when a provider bills the patient for the difference between the provider's change and the allowed amount. **For example, if the provider's typical fee is $100, and the allowed billable amount is $70, the provider may not bill the patient for the remaining $30.**

Marketplace Member *Financial Responsibility*

GRACE PERIOD

Members have a federally mandated 90-day grace period if they are receiving Advance Premium Tax Credit (APTC), or a 31-day grace period if they are not receiving APTC in which to make their payment.

- Not applicable for their initial payment
- For APTC-receiving members, 30 days after their due date CareSource will:
    - Flag the member in the eligibility file and
    - On the Provider Portal, suspend pharmacy benefits and pend claims rendered.
- For non-APTC members, the day after their due date, CareSource will:
    - Flag the member in the eligibility file and
    - On the Provider Portal, suspend pharmacy benefits and pend any claims rendered.

If members bring their account into good standing before the expiration of the grace period, pharmacy benefits will start again, and pended claims will be processed.

TERMINATION

After the grace period has expired, the member is terminated for non-payment of premium.

- CareSource will retroactively terminate the member to either the last day of the first month of the grace period (APTC) or the last paid date (non-APTC).
- CareSource will then deny any claims that are pended during the grace period and reserves the right to recover any amounts paid in this period.

Covered Benefits & Services

CareSource

Covered Chiropractic Services

BENEFITS OVERVIEW

Manipulation therapy:
98940-Chiropractic manipulative treatment (CMT); spinal, 1-2 regions
98941-Chiropractic manipulative treatment (CMT); spinal, 3-4 regions
98942-Chiropractic manipulative treatment (CMT); spinal, 5 regions
98943-Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions

Manipulation Therapy Additional Information

A. Includes chiropractic manipulation therapy used for treating problems associated with bones, joints, and the back. Chiropractors would be limited to subluxations of the articulations of the human spine and its adjacent tissue (KRS 312.015 (3)).
B. AT modifier is required to be appended to any manipulation code.
C. Claims should include a primary diagnosis of subluxation and a secondary diagnosis that reflects the patient's neuromusculoskeletal condition.
D. Annual benefit limits apply. It is the provider's responsibility to validate the available remaining quantity before rendering service. Manipulations performed will be counted toward any maximum for manipulation therapy services as specified in the member's Evidence of Coverage (EOC) or Schedule of Benefits regardless if:
    1. billed as the only procedure: or
    2. done in conjunction with an exam and billed as an office visit.
E. The member's plan does not provide benefits for manipulation therapy services provided in the home as part of Home Health Care Services.
F. An annual benefit limit applies at 20 per year.

Covered Chiropractic Services (Continued)

Therapy Codes (when providing chiropractic care)

97012 - Traction

97014 – Electrical Stimulation

97035 - Ultrasound

97110 – Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

97140 – Manual therapy technique

ADDITIONAL BENEFITS

Evaluation & management codes

When manipulation services are provided in addition to an office visit, modifier 25 is required to be appended to the office visit (evaluation and management (E/M) code.) This distinguishes a significant identifiable E/M office visit from the additional manipulation service.

X-Rays for diagnostic purposes

BENEFIT LIMITS

Kentucky Marketplace members are limited to 20 visits per benefit year.

Chiropractic patients whose diagnosis is not within the chiropractic scope of practice, shall be referred by the chiropractor to a medical or other licensed health practitioner for treatment of that condition.

***Prior authorizations will not be required for manipulation therapy or physical therapy/modalities (when combined with manipulation therapy) as long as the member has not exhausted their visit limit for that benefit year.**

Services ***Not Covered***

Medically unnecessary services
Services received from a non-network provider, with specific exceptions
Experimental or investigational services
Alternative or complimentary medicine
Maintenance therapy treatments
Acupuncture including dry needling
The practice of chiropractic care shall not include the practice of medicine or osteopathy

Any service falling outside chiropractic scope of practice such as:

- contagious/communicable disease treatment
- cancer treatment
- performing surgery
- administering prescription drugs/controlled substances
- or treatment by use of x-ray or radiological methods

For more details on each plan's covered services, visit **CareSource.com.**

Services ***Not Covered***

Acupuncture including dry needling

A. 20560 – Needle insertion(s) without injection(s); 1 or 2 muscle(s)-dry needling

B. 20561 – Needle insertion(s) without injection(s); 3 or more muscles-dry needling

1.CareSource follows the Center for Medicare and Medicaid (CMS) analysis that acupuncture includes dry needling.

2. Acupuncture is not a covered benefit.

CareSource ***Benefit Information***

VISIT CARESOURCE.COM FOR MORE DETAILS ON:

Marketplace Plan Benefits
CareSource.com > Marketplace > Benefits & Services

Member Cost Share

What Does the Member Owe?

Manipulation – Deductible then co-insurance

Therapy Codes – Co-Pay

Evaluation and Management (E/M) – Co-Pay

Prior Authorizations

CareSource

Prior Authorization Services

Chiropractic manipulations, therapy codes billed when providing chiropractic care, x-rays for diagnostic purposes, and evaluation and management (E/M) codes **DO NOT** require a prior authorization.

Claim Submissions

CareSource®

Chiropractic Specific Claims Billing

A. AT Modifier is required for all manipulations.

B. Claims should include a primary diagnosis of subluxation and a secondary diagnosis that reflects the patient's neuromusculoskeletal condition.

C. When manipulation services are provided in addition to an office visit, modifier 25 is required to be appended to the office visit (E/M code.) This distinguishes a significant identifiable E/M office visit from the additional manipulation service.

D. Reimbursement is dependent on, but not limited to, submitting approved HCPCS and CPT codes along with appropriate modifiers, if applicable. Codes contained within this policy are subject to change and are not all inclusive.

https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=56273

Claim Submissions

TIMELY FILING

Kentucky Providers will have 90 calendar days from the date of service or date of discharge to file a claim.

ELECTRONIC

CareSource encourages electronic claim submission as the primary submission method. We partner with ECHO Health for electronic funds transfer (EFT). You must enroll with ECHO Health to participate. Find the enrollment form for ECHO Health online at: www.echohealthinc.com. For questions, call ECHO Support at: 1-888-485-6233.

Provider Portal

Providers can submit claims through our secure, online Provider Portal at **CareSource.com** > Provider Log-In.

Here, providers can submit claims along with any documentation, track payments and more.

CLEARINGHOUSES

For electronic data interchange (EDI) transactions, CareSource accepts electronic claims through our clearinghouse, Availity. Providers can find a list of EDI vendors online at: https://www.availity.com/ediclearinghouse

Appeals and Disputes

Appeals & Disputes

TIMELY FILING

Kentucky providers will have 90 calendar days from the date of claim denial to file a claim appeal.

APPEALS

If the appeal is not submitted within the required timeframe, the claim will not be considered, and the appeal will be denied.

The formal appeals process must first be utilized in order for any contested claims payments/denials to be reviewed.
Additional details regarding this process can be found in the provider manual at:

https://www.caresource.com/documents/marketplace-multi-mp-provider-manual/

Communicating with Us

	Marketplace
Provider Services	1-833-230-2101
Hours	Monday-Friday 8 a.m. to 6 p.m. Eastern Time (ET)
Member Services	1-833-230-2099
Hours	Monday – Friday 8 a.m. to 8 p.m. ET

Fraud, Waste & Abuse

Help CareSource stop fraud.
Contact us to report any suspected fraudulent activities.

CALL: Provider Services **1-833-230-2101**

FAX: 800-418-0248

EMAIL: fraud@caresource.com

MAIL:

CareSource

Attn: Program Integrity

P.O. Box 1940

Dayton, OH 45401-1940

Fraud Waste, & Abuse

Fraud

Knowingly submitting or causing to be submitted, false claims or making misrepresentations of the fact to obtain payment for which no entitlement would otherwise exist.

Examples:

- Billing for services at a level of complexity higher than services provided or documented in the medical record
- Billing for services not rendered
- Billing for non-covered services as a covered code
- Billing for duplicate payments
- Providing services that are not medically necessary
- Ordering unnecessary items or services for patients
- Billing for appointments when the patient doesn’t keep their appointment.

Fraud Waste, & Abuse

Waste

Overutilization of services that result in unnecessary costs to the healthcare system.

- Conducting excessive office visits or writing excessive prescriptions
- Prescribing more medications than necessary for treating a condition
- Ordering excessive labs tests

Abuse

Action that results in unnecessary costs to a health care program. Improper, inappropriate, outside the acceptable standards of professional conduct or medically unnecessary.

- Billing for unnecessary medical services
- Charging excessively for services or supplies
- Misusing codes on a claim such as upcoding or unbundling codes

Fraud Waste, & Abuse

False Claims Act

This applies when a person or company knowingly submits or causes submission of a false or fraudulent claims.

- Submission of a fraudulent claim for payment
- Using a false record or statement to get a claim paid
- Falsifying a medical record/chart notation
- Submitting claims for expired drugs
- Submitting claims for physician services performed by a non-physician without regard to the split/shared guidelines.

Provider Resources

CareSource

Provider Resources

Visit CareSource.com to access:

- Downloadable Provider Manual
- Downloadable Provider Orientation
- Newsletters & Network Notifications
- Provider Policies including:
    - Administrative Policies
    - Medical Policies
    - Reimbursement Policies
    - Pharmacy Policies
- Formularies
- Covered benefits
- Quick reference guides
- And more

CARESOURCE PROVIDER PORTAL

CareSource Contacts

	Marketplace
Provider Services	**1-833-230-2101**
Provider Portal	https://providerportal.caresource.com/KY/User/Login.aspx?ReturnUrl=%2fKY%2f
Electronic Funds Transfer	ECHO Health: 1-888-485-6233
Electronic Claims Submission	www.echohealthinc.com
Claim Address	CareSource Attn: Claims Department P.O. Box 8730 Dayton, OH 45401-8730

PARTNER with *Purpose*

References

1. Department of Health and Human Services. Centers for Medicare & MedicaidServices. Use of the AT modifier for Chiropractic Billing (May 7, 2019). Retrieved Nov. 15, 2022 from www.cms.gov.

2. Department of Health and Human Services. Centers for Medicare & MedicaidServices. Local Coverage Determination (LCD L37254). Chiropractic Services(February 3,2022). Retrieved Nov. 15, 2022 from www.cms.gov.

3. Kentucky Revised Statutes. Chapter 312 – Chiropractors. 2021. Retrieved Nov. 15, 2022 from www.law.justia.com.

4. Laws And Regulations Relating to The Kentucky Board of Chiropractic Examiners (November 2021). Retrieved 11/15/2022 from www.kbce.ky.gov.

5. National Coverage Analysis for Acupuncture for Chronic Low Back Pain CAG-00452N. January 21, 2020. Retrieved 11/15/2022 from www.cms.gov.

6. The Association of Chiropractic Colleges. (n.d.). Chiropractic Paradigm/Scope & Practice. Retrieved Nov. 15, 2022 from www.chirocolleges.org.