

# *Policy Updates* February 2018

- Reimbursement and Medical Policies



## AT CARESOURCE, WE LISTEN TO OUR HEALTH PARTNERS, AND WE STREAMLINE OUR BUSINESS PRACTICES TO MAKE IT EASIER FOR YOU TO WORK WITH US.

We have worked to create a predictable cycle for releasing policies, so you know what to expect. Check back each month for a consolidated network notification of policy updates from CareSource.

### HOW TO USE THIS NETWORK NOTIFICATION:

- Reference the Table of Contents and click on the policy title to navigate to the corresponding policy summary.
- The summary will indicate the effective date and impacted plans for each policy.
- Within the summary, click on the hyperlinked policy title to open the webpage with the full policy.

### FIND OUR POLICIES ONLINE

To access all CareSource policies, visit [CareSource.com](http://CareSource.com) and click “Health Partner Policies” under the Provider Resources.

### CLAIMS AND APPEALS

As indicated in the health partner manual, if you do not agree with the decision of a processed claim, you will have 365 days from the date of service or discharge to file an appeal. Please submit your appeal through the Provider Portal or in writing. For detailed instructions, please consult your health partner manual.

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POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
<a href="#">Allergy Testing and Allergen Immunotherapy GA MCD PY-0334</a>	REIMBURSEMENT	FEBRUARY 1, 2018	MEDICAID	<p>The Allergy Testing and Allergen Immunotherapy payment policy will outline and define the benefit limit and requirements for members.</p>	<ul style="list-style-type: none"> <li>• CareSource does not require an authorization for immunotherapy services administered by a participating provider within the limitation outlined in this policy.</li> <li>• CareSource will reimburse providers of physician services for the performance and evaluation of allergy sensitivity tests when the criteria outlined in the policy are met.</li> <li>• Percutaneous tests, intra-cutaneous/ intradermal tests, photo patch tests, and patch tests, photo tests, or application tests are reimbursed on a per test basis. When submitting claims the provider must specify the number of tests performed.</li> <li>• Quantitative or semi-quantitative in-vitro allergen specific IgE tests (formerly referred to as RAST tests) are covered if skin testing is not possible or not reliable and they are performed by providers certified under the “Clinical Laboratory Improvement Amendment of 1988” (CLIA ‘88) to perform tests.</li> <li>• Providers may be reimbursed for the professional services necessary for allergen immunotherapy.</li> <li>• Allergen immunotherapy will not be covered for the following antigens: newsprint, tobacco smoke, dandelion, orris root, phenol, formalin, alcohol, sugar, yeast, grain mill dust, goldenrod, pyrethrum, marigold, soybean dust, honeysuckle, wool, fiberglass, green tea or chalk since they are not considered medically necessary.</li> </ul>

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
<a href="#">Allergy Testing and Allergen Immunotherapy GA MCD PY-0334</a> (continued)	REIMBURSEMENT	FEBRUARY 1, 2018	MEDICAID	<p>The Allergy Testing and Allergen Immunotherapy payment policy will outline and define the benefit limit and requirements for members.</p>	<ul style="list-style-type: none"> <li>CareSource recognizes two components of allergen immunotherapy, one being the administration (injection) of the antigen, which includes all professional services associated with the administration of the antigen, and the other being the antigen itself. These two components must be separate on the claim, regardless of whether or not the provider who prescribes and provides the antigen is the same as the provider who administers the antigen.</li> <li>For reimbursement for the administration (injection) of allergenic extract of stinging insect venom, the provider must use CPT code 95115 or 95117.</li> </ul> <p>If required, providers must submit their prior authorization number, their claim form, as well as appropriate HCPCS and/or CPT codes along with appropriate modifiers in accordance with CMS.</p> <p>Claims not meeting the necessary criteria as described in the policy document will be denied.</p>

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
<a href="#">Breast Imaging GA MCD MM- 0135</a>	MEDICAL	FEBRUARY 1, 2018	MEDICAID	Screening mammography aims to reduce morbidity and mortality from breast cancer by early detection and treatment of occult malignancies. Annual screening mammography of age-appropriate asymptomatic women is currently the only imaging modality that has been proven to significantly reduce breast cancer mortality.	<ul style="list-style-type: none"> <li>• Specifies screening mammography frequencies for individuals who are at least 35 years of age but less than 40 years of age and individuals who are at least 40 years of age</li> <li>• Specifies criteria for diagnostic mammography</li> <li>• Specifies the indications for clinical symptoms</li> <li>• Specifies the criteria for an individual being considered high risk</li> <li>• Specifies the criteria for which CareSource may cover a breast MRI</li> </ul> <p>If required, providers must submit their prior authorization number, their claim form, as well as appropriate HCPCS and/or CPT codes along with appropriate modifiers in accordance with CMS.</p> <p>Claims not meeting the necessary criteria as described in the policy document will be denied.</p>

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
<a href="#">Genetic Testing – Polymerase Chain Reaction GA MCD PY-0307</a>	REIMBURSEMENT	FEBRUARY 1, 2018	MEDICAID	<p>PCR plays a diagnostic role when selected pathogens pose difficulties for specimen collection or culture characteristics (time, environment, or substrate constraints). For example, evaluating viral load by PCR technique for HIV helps gauge response to therapies. However, the technique is also so sensitive that amplified contaminant DNA is problematic to achieving valid test results. False positive results may also occur if DNA from one specimen contaminates another. The technique cannot distinguish DNA from colonizing organisms, or even DNA from dead microbes in a specimen, from those causing clinically significant infections. In fact, for many types of microbes the test sensitivities, specificities, and predictive values of PCR gene testing are not reported for large patient groups.</p>	<p>A prior authorization is not required for selected PCR testing, as outlined in the policy</p> <p>If required, providers must submit their prior authorization number, their claim form, as well as appropriate HCPCS and/or CPT codes along with appropriate modifiers in accordance with CMS.</p> <p>Claims not meeting the necessary criteria as described in the policy document will be denied.</p>

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
<a href="#">Minimally Invasive Gastroesophageal Reflux Disease GA MCD MM-0166</a>	MEDICAL	FEBRUARY 1, 2018	MEDICAID	<p>The safety and efficacy of endoscopic therapies for the treatment of GERD have not been established in the published medical literature. Current studies are generally of small to moderate size, lack adequate control or comparison groups, and provide only short-term follow-up. Well-designed clinical trials with long-term follow up are required to establish that endoscopic therapies benefit health outcomes in patients with GERD by eliminating symptoms, preventing recurrence of symptoms or progression of disease, healing esophagitis, and reducing or eliminating the need for pharmacologic therapy.</p>	<p>Endoscopic therapies are unproven and not medically necessary for the treatment of gastroesophageal reflux disease (GERD).</p> <ul style="list-style-type: none"> <li>• Endoscopic therapies include:               <ul style="list-style-type: none"> <li>○ Radiofrequency energy</li> <li>○ Stretta System</li> </ul> </li> <li>• Endoscopic plication or suturing include:               <ul style="list-style-type: none"> <li>○ Bard EndoCinch Endoscopic Suturing System</li> <li>○ Endoscopic Suturing Device (ESD)</li> <li>○ Surgical Endoscopic Plication System (EPS)</li> <li>○ EsophyX™ System with SerosaFuse™ Fastener (transoral incisionless fundoplication (TIF) procedure)</li> </ul> </li> <li>• Injection or implantation techniques include:               <ul style="list-style-type: none"> <li>○ Gatekeeper Reflux Repair System</li> <li>○ Plexiglas (polymethylmethacrylate [PMMA]) procedure</li> <li>○ Durasphere®</li> <li>○ LINX™ Reflux Management System</li> </ul> </li> </ul> <p>If required, providers must submit their prior authorization number, their claim form, as well as appropriate HCPCS and/or CPT codes along with appropriate modifiers in accordance with CMS.</p> <p>Claims not meeting the necessary criteria as described in the policy document will be denied.</p>

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
<a href="#">Nursing Facility Services GA MCD PY-0321</a>	REIMBURSEMENT	FEBRUARY 1, 2018	MEDICAID	<p>The Nursing Facility payment policy will outline reimbursement criteria and eligibility for nursing facility services, as outlined in the GA Provider Manual. This includes services included in the per diem reimbursement that are not separately reimbursable.</p>	<ul style="list-style-type: none"> <li>• Prior authorization is required for all admissions to a Nursing Facility.</li> <li>• Prior to being admitted a PASRR must be completed.</li> <li>• Medical, Mental and Functional status must be assessed and meet the criteria set out in the policy, for admission to be approved.</li> <li>• Reimbursement rates are negotiated at the time of admission and based on an agreed upon percentage of the RUG score.</li> <li>• CareSource will cover for 30 days, any member admitted to a nursing facility prior to their eligibility to allow for clinical review and determination of continued authorization. CareSource is not obligated to authorize the previously approved stay after the 30 days, if the clinical review done by CareSource indicates a continued stay is not medically necessary, regardless of the length of the previous carriers' authorization.</li> <li>• If a member expresses intent to remain in the Nursing Facility and not return to the community, after 3 months, CareSource will initiate disenrollment back to Medicaid Fee for Service.</li> </ul> <p>If required, providers must submit their prior authorization number, their claim form, as well as appropriate HCPCS and/or CPT codes along with appropriate modifiers in accordance with CMS.</p> <p>Claims not meeting the necessary criteria as described in the policy document will be denied.</p>