

Georgia Medicaid

Policy Updates March 2018

- Administrative Policies
- Medical Policies
- Reimbursement Policies

The following policies are effective March 1, 2018



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 administrative, medical and reimbursement 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 and click “Health Partner Policies” under 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
MEDICAL NECESSITY DETERMINATIONS GA MCD AD-0038	ADMINISTRATIVE	MARCH 1, 2018	MEDICAID	<p>If nationally-recognized, evidence-based criteria or CareSource-developed medical policy statement pertinent to the requested service is available, it is to be used as the basis for decision-making, and this policy is not applicable.</p> <p>CareSource will follow policies and procedures to meet relevant timelines and notification requirements as appropriate for all urgent and non-urgent requests.</p>	<ul style="list-style-type: none"> • This policy does not represent a change to the previous CareSource Medical Necessity Determination policy; it is a state-by-state and line-of-business breakout. • When a request for a service, procedure or product is subject to medical necessity review, the CareSource reviewer will determine based on the following hierarchy: <ul style="list-style-type: none"> ○ Benefit contract language; ○ Federal or State regulation; ○ CareSource Medical Policy Statements; ○ Nationally-accepted evidence-based clinical guideline (MCG). • If the requested service is not addressed by the above hierarchy of review, the CareSource medical or behavioral health reviewer will use professional judgment in the absence of evidence-based methodology to determine appropriate resources or other clinical best practice guidelines identified by the reviewer, which may be deemed applicable to the unique clinical circumstances of the member. Please refer to the policy for a list of potential resources (which is not intended to be wholly inclusive). <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
SCREENING AND SURVEILLANCE FOR COLORECTAL CANCER – GA MCD MM-0192	MEDICAL	MARCH 1, 2018	MEDICAID	<p>The purpose of the new Screening and Surveillance for Colorectal Cancer Georgia Medicaid medical policy is to provide health partners with medical necessity and policy rationale information consistent with the most up-to-date, evidence-based medical literature regarding screening and surveillance for colorectal cancer services.</p>	<ul style="list-style-type: none"> • CareSource will cover, as medically necessary, the following preventive screening tests for members at average risk for CRC between 50-75 years of age (ending at 76th birthday): <ul style="list-style-type: none"> ○ Screening Colonoscopy every 10 years ○ Flexible sigmoidoscopy every 5 years in combination with FOBT or FIT every 3 years ○ DCBE every 5 years ○ FOBT or FIT yearly every 5 years (CT Colonography is not recommended for high risk patients) ○ CT Colonography ○ Multi-targeted Stool DNA (Cologuard): CareSource will cover, as medically necessary, once every 3 years for members as outlined in this policy • Screening for African American members will be covered beginning at the age of 45 due to an increased rate of incidence and higher mortality rate among this group in the United States. • CareSource will cover, as medically necessary, screening tests for members considered at high risk for CRC, which is defined as members with: <ul style="list-style-type: none"> ○ A personal history of CRC or adenomatous polyp ○ A predisposition to CRC caused by a genetic syndrome (i.e., hereditary nonpolyposis colorectal cancer [HNPCC], familial adenomatous polyposis [FAP]) ○ One first-degree relative with CRC or advanced adenoma diagnosed at age <60 years <p>(continued)</p>

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
SCREENING AND SURVEILLANCE FOR COLORECTAL CANCER – GA MCD MM-0192 (CONTINUED)	MEDICAL	MARCH 1, 2018	MEDICAID		<ul style="list-style-type: none"> ○ Two or more first-degree relatives with CRC or advanced adenoma at any age ○ A personal history of Inflammatory bowel disease resulting in pancolitis or long-established (>8 to 10 years) active disease ○ A personal history of childhood cancer requiring abdominal radiation therapy ○ First degree relative (sibling, parent, child) who has had colorectal cancer or adenomatous polyps (screening is considered medically necessary beginning at age 40 years, or 10 years younger than the earliest diagnosis in their family -- whichever is first) ● The following screening tests will be covered as frequently as every 2 years: <ul style="list-style-type: none"> ○ DCBE ○ Sigmoidoscopy ○ Colonoscopy ● Surveillance <ul style="list-style-type: none"> ○ Individuals with adenomatous polyps or CRC require surveillance following removal and/or resection. ○ The USPSTF does not address evidence for the effectiveness of any particular regimen and professional societies continue to vary considerably on surveillance guidelines. ○ The risk and prognosis following resection for CRC is individualized and depends on a variety of factors, including, but not limited to: histology and stage of malignancy. <p>(continued)</p>

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SCREENING AND SURVEILLANCE FOR COLORECTAL CANCER – GA MCD MM-0192 (CONTINUED)	MEDICAL	MARCH 1, 2018	MEDICAID		<ul style="list-style-type: none"> ○ The preferred method and frequency of surveillance should be guided by the risk of reoccurrence and the status of the patient. More frequent testing is advised for patients at higher risk for reoccurrence of CRC.

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
SCREENING AND SURVEILLANCE FOR COLORECTAL CANCER – GA MCD PY-0404	REIMBURSEMENT	MARCH 1, 2018	MEDICAID	<p>The Screening and Surveillance for Colorectal Cancer reimbursement policy will reimburse participating providers for medically necessary screening and surveillance for colorectal cancer services according to Screening and Surveillance for Colorectal Cancer medical policy MM-0192 criteria.</p>	<ul style="list-style-type: none"> CareSource does not require prior authorization for screening and diagnostic colonoscopies for participating providers. CareSource reimburses for colonoscopies and other screening and surveillance services based on the criteria found in the Screening and Surveillance for Colorectal Cancer medical policy MM-0192. When billing for screening and surveillance services for colorectal cancer, providers should use the appropriate CPT/HCPCS codes and modifiers, if applicable.