

Georgia Medicaid

# *Policy Updates* May 2018

- Medical Policy
- Reimbursement Policy

*The following policies are effective May 15, 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](http://CareSource.com) and click “Health Partner Policies” under Provider Resources. Select the type of policy and the CareSource plan to access current policies. Each policy page has an archive where you can find previous versions of policies.

### 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 30 calendar days from the date the adverse action, denial of payment, remittance advice or initial review determination was mailed to you. 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	PLAN	SUMMARY	IMPACT
<a href="#">Transition of Members – Long Term Care MM-0099</a>	MEDICAL	MAY 15, 2018	MEDICAID	<p>The Transition of Members - Long Term Care Georgia Medicaid Medical policy provides health partners with medical necessity and policy rationale information consistent with the most up-to-date, evidence based medical literature regarding long term transition of care services.</p>	<p>Transition of members provides newly enrolled members meeting specific criteria continued care with a former, non-participating provider, including nursing homes, skilled nursing facilities, psychiatric residential treatment facilities and other facilities that offer long term non-acute care during transition to a participating provider.</p> <p>Transition of members also may apply to existing members who are impacted when a participating provider terminates his or her agreement with CareSource.</p> <p>In order to ensure care is not disrupted or interrupted, the transition of members process becomes a “bridge of coverage” allowing members to transition from their old plan to CareSource or from a terminated provider to a CareSource participating provider.</p> <p>Qualification requires the following:</p> <ul style="list-style-type: none"> <li>You must have been receiving covered services from the non-participating provider at the time of the change in health plans, OR</li> <li>You must have been receiving covered services from the terminated provider on the effective date of contract termination.</li> </ul> <p>CareSource will coordinate COC for members with existing and uncompleted care treatment plans that include scheduled services with non-participating providers or who transition to or from another health plan including members with special health care needs.</p>

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLAN	SUMMARY	IMPACT
<a href="#">Breast Imaging – GA MCD PY-0398</a>	REIMBURSEMENT	MAY 15, 2018	MEDICAID	<p>The Breast Imaging reimbursement policy will reimburse participating providers for medically necessary breast imaging services according to Breast Imaging medical policy MM-0135 criteria.</p>	<p>CareSource does not require prior authorization for screening and diagnostic mammograms.</p> <p>All other breast imaging, other than X-ray mammograms, requires a prior authorization.</p> <p>CareSource reimburses for breast imaging based on the criteria found in the Breast Imaging medical policy MM-0135.</p> <p>CareSource considers diagnostic mammography medically necessary for men and women with signs and symptoms of breast disease or a history of breast malignancy.</p> <p>When billing for mammography services, providers should use the appropriate CPT/HCPCS codes and modifiers, if applicable.</p>