

Georgia Medicaid

Policy Updates August 2018

- Administrative
- Medical

The following policies are effective August 15, 2018



AT CARESOURCE, WE LISTEN TO OUR PROVIDERS, 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 list of policy updates.
- Note the effective date and impacted plans for each policy.
- Click 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. 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.

POLICY UPDATES

POLICY NAME & NUMBER	POLICY TYPE	EFFECTIVE DATE	PLAN	SUMMARY
Applied Behavior Analysis/Services (ABA/ABS) – GA MCD MM-0212	MEDICAL	AUGUST 15, 2018	MEDICAID	<p>Autism Spectrum Disorder (ASD) can vary widely in severity and symptoms, depending on the developmental level and chronological age of the patient. Autism is often defined by specific impairments that affect socialization, communication and stereotyped (repetitive) behavior, which collectively are called the “core” symptoms of autism.</p> <p>Children with autism spectrum disorders have pervasive, clinically-significant deficits which are present in early childhood in areas such as intellectual functioning, language, social communication and interactions, as well as restricted, repetitive patterns of behavior, interests and activities.</p> <p>Individuals with a well-established diagnosis of autistic disorder, Asperger’s disorder or pervasive developmental disorder not otherwise specified under previous diagnostic criteria should be given the diagnosis of ASD.</p>
Continuous Glucose Monitoring Systems (CGMS) – GA MCD MM-0223	MEDICAL	AUGUST 15, 2018	MEDICAID	<p>The Continuous Glucose Monitoring policy was created to provide medical necessity and policy rationale information consistent with the most up-to-date, evidence-based medical literature regarding continuous glucose monitoring services.</p>
Drugs Requiring Professional Administration - GA MCD AD-0056	ADMINISTRATIVE	AUGUST 15, 2018	MEDICAID	<p>The Drugs Requiring Professional Administration policy was created to clarify benefits and coverage of drugs for both providers and members.</p>

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Involuntary Hospitalization/Form 1013 – GA MCD AD-0090	ADMINISTRATIVE	AUGUST 15, 2018	MEDICAID	<p>Any physician within the state of Georgia may execute a certificate stating that he or she has personally examined a person within the preceding 48 hours and found that, based upon observations set forth in the certificate, such person appears to be a mentally ill person requiring involuntary treatment.</p>
Medical Necessity – Off Label, Approved Orphan and Compassionate Use Drugs - GA MCD AD-0061	ADMINISTRATIVE	AUGUST 15, 2018	MEDICAID	<p>There are no changes in criteria from the previous policy version; only the policy format was changed.</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>
Multi-Ingredient Compound - GA MCD AD-0041	ADMINISTRATIVE	AUGUST 15, 2018	MEDICAID	<p>The Multi-Ingredient Compound policy details coverage criteria for medical necessity for approval of the compounded product.</p> <p>The policy also details circumstances in which a compounded product will not be covered.</p> <p>The safety and efficacy of the compounded product and its route of administration must be supported by FDA indication or scientific evidence.</p> <p>Clinical documentation and literature may also need to be submitted to support use of the compounded product.</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>