Indiana Medicaid and Marketplace Plans

Policy Updates March 2018

- Administrative Policies
- Medical Policies
- Reimbursement Policies

The following policies are effective March 17, 2018

CareSource™

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 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 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.

TABLE OF CONTENTS

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
LONG ACTING REVERSIBLE CONTRACEPTIVES – IN MCD PY-0344	REIMBURSEMENT	MARCH 17, 2018	MEDICAID	CareSource recognizes Long Acting Reversible Contraceptive methods (LARCs) to be among the most effective contraception available to our members in assisting with their reproduction and family planning decisions. While LARCs do not prevent or reduce the likelihood or danger of sexually transmitted infections or their transmission, they do allow sexually active members a greater degree of certainty with a better percentage of success, and generally, less frequent medical maintenance and intervention, than other available contraceptive methods.	• Prior authorization is not required for the long acting reversible contraceptives (LARCs) covered by this policy. • Services covered under this policy include: o Management and evaluation (office) visits and consultations for the purpose of providing LARCs; o Health education and counseling visits for the purpose of providing LARCs; o Medical/surgical services/procedures provided in association with the provision of LARCs; o Laboratory tests and procedures provided in association with the provision of LARCs; o Drugs administered as part of LARCs; and • Supplies provided as part of LARCs; • Implantable contraceptive capsules and intrauterine devices (see also, the “Long Acting Reversible Contraceptives (LARCs)” policy); • Diaphragms and cervical caps; • Injectable contraceptives; • Hormone patch contraceptives; and, • Male and female condoms (per visit and annual limits apply to these). (continued)

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
LONG ACTING REVERSIBLE CONTRACEPTIVES – IN MCD PY-0344 (CONTINUED)	REIMBURSEMENT	MARCH 17, 2018	MEDICAID		• Covered settings and timing for the insertions or removals of LARCs are: o Insertion or removal of a LARC may be performed and billed in conjunction with an initial or annual comprehensive visit, a follow-up comprehensive medical visit, a brief medical visit, or a supply visit by a member to a qualifying provider participant, as detailed in the corresponding CareSource "Family Planning" reimbursement policy. o CareSource will also reimburse providers for LARCs inserted immediately postpartum in a hospital setting, in addition to and separately from the Diagnostic Related Group reimbursement process for the hospital. • In this circumstance, if the provider uses one of the following implantable devices, it must be inserted within ten minutes of birth to decrease the likelihood of expulsion of the device: • J7297 - Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52mg; • J7298 - Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52mg; (continued)

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
LONG ACTING REVERSIBLE CONTRACEPTIVES – IN MCD PY-0344 (CONTINUED)	REIMBURSEMENT	MARCH 17, 2018	MEDICAID		• J7300 - Intrauterine copper contraceptive; or, • J7301 - Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5mg. • Implantable Contraceptive Capsules and Intrauterine Devices o CareSource will reimburse the following providers for the insertion and removal of implantable contraceptive capsules and intrauterine devices, after each has been trained in accordance with the manufacturer's guidelines: • Physicians; • Nurse practitioners; • Midwives; and, • Physicians' assistants. o Documentation of this training must be maintained in the provider's personnel or training record. o The insertion, management and monitoring, and removal of these capsules must be performed in compliance with all manufacturer's recommendations. o Insertions are limited to once per member within any three year period. Claims not meeting the necessary criteria as described in the policy document will be denied.

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
LONG ACTING REVERSIBLE CONTRACEPTIVES – IN MPP PY-0345	REIMBURSEMENT	MARCH 17, 2018	MARKETPLACE	CareSource recognizes Long Acting Reversible Contraceptive methods (LARCs) to be among the most effective contraception available to our members in assisting with their reproduction and family planning decisions. While LARCs do not prevent or reduce the likelihood or danger of sexually transmitted infections or their transmission, they do allow sexually active members a greater degree of certainty with a better percentage of success, and generally, less frequent medical maintenance and intervention, than other available contraceptive methods.	• Prior authorization is not required for the long acting reversible contraceptives (LARCs) covered by this policy. • Services covered under this policy include: o Management and evaluation (office) visits and consultations for the purpose of providing LARCs; o Health education and counseling visits for the purpose of providing LARCs; o Medical/surgical services/procedures provided in association with the provision of LARCs; o Laboratory tests and procedures provided in association with the provision of LARCs; o Drugs administered as part of LARCs; and • Supplies provided as part of LARCs; • Implantable contraceptive capsules and intrauterine devices (see also, the “Long Acting Reversible Contraceptives (LARCs)” policy); • Diaphragms and cervical caps; • Injectable contraceptives; • Hormone patch contraceptives; and, • Male and female condoms (per visit and annual limits apply to these). (continued)

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
LONG ACTING REVERSIBLE CONTRACEPTIVES – IN MPP PY-0345 (CONTINUED)	REIMBURSEMENT	MARCH 17, 2018	MARKETPLACE		• Covered settings and timing for the insertions or removals of LARCs are: o Insertion or removal of a LARC may be performed and billed in conjunction with an initial or annual comprehensive visit, a follow-up comprehensive medical visit, a brief medical visit, or a supply visit by a member to a qualifying provider participant, as detailed in the corresponding CareSource "Family Planning" reimbursement policy. o CareSource will also reimburse providers for LARCs inserted immediately postpartum in a hospital setting, in addition to and separately from the Diagnostic Related Group reimbursement process for the hospital. • In this circumstance, if the provider uses one of the following implantable devices, it must be inserted within ten minutes of birth to decrease the likelihood of expulsion of the device: • J7297 - Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52mg; • J7298 - Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52mg; (continued)

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
LONG ACTING REVERSIBLE CONTRACEPTIVES – IN MPP PY-0345 (CONTINUED)	REIMBURSEMENT	MARCH 17, 2018	MARKETPLACE		• J7300 - Intrauterine copper contraceptive; or, • J7301 - Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5mg. • Implantable Contraceptive Capsules and Intrauterine Devices o CareSource will reimburse the following providers for the insertion and removal of implantable contraceptive capsules and intrauterine devices, after each has been trained in accordance with the manufacturer's guidelines: • Physicians; • Nurse practitioners; • Midwives; and, • Physicians' assistants. o Documentation of this training must be maintained in the provider's personnel or training record. o The insertion, management and monitoring, and removal of these capsules must be performed in compliance with all manufacturer's recommendations. o Insertions are limited to once per member within any three year period. Claims not meeting the necessary criteria as described in the policy document will be denied.

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
MEDICAL NECESSITY DETERMINATIONS – IN MPP AD-0048	ADMINISTRATIVE	MARCH 17, 2018	MARKETPLACE	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. CareSource will follow policies and procedures to meet relevant timelines and notification requirements as appropriate for all urgent and non-urgent requests.	• 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: o Benefit contract language; o Federal or State regulation; o CareSource Medical Policy Statements; o 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). 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. Claims not meeting the necessary criteria as described in the policy document will be denied.

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
SCREENING AND SURVEILLANCE FOR COLORECTAL CANCER – IN MCD MM-0193	MEDICAL	MARCH 17, 2018	MEDICAID	The purpose of the new Screening and Surveillance for Colorectal Cancer Indiana 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.	• 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): o Screening Colonoscopy every 10 years o Flexible sigmoidoscopy every 5 years in combination with FOBT or FIT every 3 years o DCBE every 5 years o FOBT or FIT yearly o Multi-targeted Stool DNA (Cologuard): CareSource will cover, as medically necessary, once every 3 years for members as outlined in this policy • CareSource will cover, as medically necessary, preventive screening tests for members at high risk, including: o A first degree relative (sibling, parent or child) who has had colorectal cancer or an adenomatous polyp o A family history of familial adenomatous polyposis o Inherited risk through a family history of hereditary nonpolyposis colorectal cancer (HNPCC) or familial adenomatous polyposis (FAP) o A personal history of adenomatous polyps o A personal history of colorectal cancer o A personal history of inflammatory bowel disease including Crohn's disease or ulcerative colitis (continued)

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
SCREENING AND SURVEILLANCE FOR COLORECTAL CANCER – IN MCD MM-0193 (CONTINUED)	MEDICAL	MARCH 17, 2018	MEDICAID		• Surveillance in members following resection of CRC: o Although individuals with adenomatous polyps or CRC require surveillance following removal and/or resection, the USPSTF did not address evidence for the effectiveness of any particular regimen. o The USPSTF did not specifically review the evidence on screening in high risk populations, but indicate professional organization recommendations for more frequent and earlier screening for high risk patients with a family history of colorectal cancer (a first-degree relative with early-onset colorectal cancer or multiple first-degree relatives with the disease). o For patients under the age of 50 considered to be at high risk, CareSource requires the provider submit documentation of family history or other risk indicators. • CT Colonography: o The USPSTF concludes that the effectiveness of CT colonography is limited by studies that only define test characteristics. o CareSource considers the use of CT colonography for screening purpose of CRC to be unproven for improving health outcomes and not medically necessary.

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
SCREENING AND SURVEILLANCE FOR COLORECTAL CANCER – IN MPP MM-0195	MEDICAL	MARCH 17, 2018	MARKETPLACE	The purpose of the new Screening and Surveillance for Colorectal Cancer 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.	• 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): o Screening Colonoscopy every 10 years o Flexible sigmoidoscopy every 5 years in combination with FOBT or FIT every 3 years o DCBE every 5 years o FOBT or FIT yearly every 5 years (CT Colonography is not recommended for high risk patients) o CT Colonography o 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: o A personal history of CRC or adenomatous polyp o A predisposition to CRC caused by a genetic syndrome (i.e., hereditary nonpolyposis colorectal cancer [HNPCC], familial adenomatous polyposis [FAP]) o One first-degree relative with CRC or advanced adenoma diagnosed at age <60 years o Two or more first-degree relatives with CRC or advanced adenoma at any age (continued)

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
SCREENING AND SURVEILLANCE FOR COLORECTAL CANCER – IN MPP MM-0195 (CONTINUED)	MEDICAL	MARCH 17, 2018	MARKETPLACE		o A personal history of Inflammatory bowel disease resulting in pancolitis or long-established (>8 to 10 years) active disease o A personal history of childhood cancer requiring abdominal radiation therapy o 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: o DCBE o Sigmoidoscopy o Colonoscopy • Surveillance o Individuals with adenomatous polyps or CRC require surveillance following removal and/or resection. o The USPSTF does not address evidence for the effectiveness of any particular regimen and professional societies continue to vary considerably on surveillance guidelines. o 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. (continued)

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
SCREENING AND SURVEILLANCE FOR COLORECTAL CANCER – IN MPP MM-0195 (CONTINUED)	MEDICAL	MARCH 17, 2018	MARKETPLACE		o The preferred method and frequency of surveillance should be guided by the risk of reoccurrence and the status of the patient. o 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 – IN MCD PY-0405	REIMBURSEMENT	MARCH 17, 2018	MEDICAID	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-0193 criteria.	• 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-0193 • When billing for screening and surveillance services for colorectal cancer, providers should use the appropriate CPT/HCPCS codes and modifiers, if applicable.

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
SCREENING AND SURVEILLANCE FOR COLORECTAL CANCER – IN MPP PY-0406	REIMBURSEMENT	MARCH 17, 2018	MARKETPLACE	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-0195 criteria.	• 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-0195 • When billing for screening and surveillance services for colorectal cancer, providers should use the appropriate CPT/HCPCS codes and modifiers, if applicable.