

Indiana Medicaid and Marketplace Plans

# *Policy Updates* April 2018

- Medical Policies
- Reimbursement Policies

*The following policies are effective April 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 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](http://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
<a href="#">Allergy Testing and Allergy Immunotherapy - IN MCD PY-0125</a>	REIMBURSEMENT	APRIL 15, 2018	MEDICAID	<p>CareSource considers specific allergy testing and allergy immunotherapy medically necessary for members with clinically significant allergic symptoms. Based on a review of the medical literature and the position statements of scientific organizations in the field of allergy and immunology, CareSource considers the specific allergy testing and treatment described below medically necessary in accordance with the selection criteria noted.</p>	<p>CareSource does not require an authorization for immunotherapy services administered by a participating provider within the limitation outlined in this policy.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Providers may be reimbursed for the professional services necessary for allergen immunotherapy.</p> <p>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.</p> <p>(CONTINUED)</p>

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
<a href="#">Allergy Testing and Allergy Immunotherapy - IN MCD PY-0125</a>  (continued)	REIMBURSEMENT	APRIL 15, 2018	MEDICAID		<p>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.</p> <p>For reimbursement for the administration (injection) of allergenic extract of stinging insect venom, the provider must use CPT code 95115 or 95117.</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="#">Breast Imaging - IN MCD MM-0137</a>	MEDICAL	APRIL 15, 2018	MEDICAID	<p>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.</p>	<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="#">Breast Imaging - IN MCD PY-0399</a>	REIMBURSEMENT	APRIL 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-0137 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, require a prior authorization.</p> <p>CareSource reimburses for breast imaging based on the criteria found in the Breast Imaging medical policy MM-0137.</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>

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
<a href="#">Breast Imaging - IN MPP MM-0141</a>	MEDICAL	APRIL 15, 2018	MARKETPLACE	<p>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.</p>	<ul style="list-style-type: none"> <li>• Specifies diagnostic breast cancer 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 baseline screening mammography for a person who is less than 40 years of age and determined to be high risk</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="#">Breast Imaging - IN MPP PY-0396</a>	REIMBURSEMENT	APRIL 15, 2018	MARKETPLACE	<p>A screening mammogram typically includes two standard views of each breast (cranio-caudal and medial lateral oblique) and does not require the presence of, or monitoring by the interpreting radiologist. When abnormalities are observed a diagnostic test is required to confirm the presence of malignancy.</p>	<p>CareSource follows the Evidence of Coverage (EOC) document criteria for mammography.</p> <p>Prior authorization is not required for screening and diagnostic mammograms for participating providers.</p> <p>All other breast imaging, other than X-ray mammograms, require a prior authorization.</p> <p>CareSource considers diagnostic mammography medically necessary for any person diagnosed with breast disease.</p>