

Indiana Medicaid

Policy Updates May 2018

- Medical Policies
- Reimbursement Policies

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 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. 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 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	PLAN	SUMMARY	IMPACT
Genetic Testing Polymerase Chain Reaction - IN MCD PY-0306	REIMBURSEMENT	MAY 15, 2018	MEDICAID	<p>PCR plays a diagnostic role when selected pathogens pose difficulties for specimen collection or culture characteristics (time, environment, or substrate constraints).</p> <p>For example, evaluating viral load by PCR technique for HIV helps gauge response to therapies.</p> <p>However, the technique is also so sensitive that amplified contaminant DNA is problematic to achieving valid test results.</p> <p>False positive results may also occur if DNA from one specimen contaminates another.</p> <p>The technique cannot distinguish DNA from colonizing organisms, or even DNA from dead microbes in a specimen, from those causing clinically significant infections.</p> <p>In fact, for many types of microbes the test sensitivities, specificities, and predictive values of PCR gene testing are not reported for large patient groups.</p>	<p>A prior authorization is not required for selected PCR testing, as outlined in the policy.</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	PLAN	SUMMARY	IMPACT
Minimally Invasive Gastroesophageal Reflux Disease - IN MCD MM-0164	MEDICAL	MAY 15, 2018	MEDICAID	The safety and efficacy of endoscopic therapies for the treatment of GERD have not been established in the published medical literature. Current studies are generally of small to moderate size, lack adequate control or comparison groups, and provide only short-term follow-up. Well-designed clinical trials with long-term follow up are required to establish that endoscopic therapies benefit health outcomes in patients with GERD by eliminating symptoms, preventing recurrence of symptoms or progression of disease, healing esophagitis, and reducing or eliminating the need for pharmacologic therapy.	<p>Endoscopic therapies are unproven and not medically necessary for the treatment of gastroesophageal reflux disease (GERD).</p> <ul style="list-style-type: none"> • Endoscopic therapies include: <ul style="list-style-type: none"> ○ Radiofrequency energy ○ Stretta System • Endoscopic plication or suturing include: <ul style="list-style-type: none"> ○ Bard EndoCinch Endoscopic Suturing System ○ Endoscopic Suturing Device (ESD) ○ Surgical Endoscopic Plication System (EPS) ○ EsophyX™ System with SerosaFuse™ Fastener (transoral incisionless fundoplication (TIF) procedure) • Injection or implantation techniques include: <ul style="list-style-type: none"> ○ Gatekeeper Reflux Repair System ○ Plexiglas (polymethylmethacrylate [PMMA]) procedure ○ Durasphere® ○ LINX™ Reflux Management System <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	PLAN	SUMMARY	IMPACT
Non-Invasive Vascular Testing - IN MCD MM-0177	MEDICAL	MAY 15, 2018	MEDICAID	<p>A duplex ultrasound combines the technologies of traditional ultrasound and Doppler ultrasound to both produce images and indicate rate of blood flow.</p> <p>In addition to being used as a diagnostic tool, duplex ultrasound can be useful in evaluating candidacy for a procedure such as angioplasty, as well as in determining the success of a blood vessel graft or bypass surgery.</p>	<p>Does not require prior authorization for a medically necessary non-invasive vascular study</p> <p>Specifies the criteria for medical necessity:</p> <ul style="list-style-type: none"> • The ordering physician must have reasonable expectation that the non-invasive vascular study results will potentially impact the clinical management of the patient. • The following conditions must be met: <ul style="list-style-type: none"> ○ Significant signs/symptoms of arterial or venous disease are present. ○ The information is necessary for appropriate medical and/or surgical management. ○ The test is not redundant of other diagnostic procedures that must be performed. <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	PLAN	SUMMARY	IMPACT
Smoking & Tobacco Cessation - IN MCD PY-0381	REIMBURSEMENT	MAY 15, 2018	MEDICAID	CareSource encourages all of its members to refrain from the use of tobacco, and if using it in any form, to make concerted and ongoing attempts to quit its use as soon as possible.	<p>Prior authorizations are required for participating (contracted) providers only when the services they are providing for tobacco cessation exceed the limits of the policy.</p> <p>Non-participating providers (not contracted with CareSource) should contact CareSource for prior authorization for these services.</p> <p>CareSource will reimburse its participating providers for the following tobacco use intervention and cessation care methods:</p> <ul style="list-style-type: none"> • An encounter for evaluation and management of the member on the same day as counseling to prevent or cease tobacco use; and, • One screening for tobacco use per member per rolling 12 months; and, • A minimum of 2 and a maximum of 10, 15-minute counseling sessions per member per rolling 12 months • Nicotine replacement or non-nicotine medications prescribed and approved for use for tobacco cessation <p>CareSource will not reimburse claims for counseling to prevent or cease tobacco use which exceed 10 sessions, or 150 minutes per member per rolling 12 months, unless prior authorization has been obtained by the provider.</p> <p>(continued)</p>

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLAN	SUMMARY	IMPACT
Smoking & Tobacco Cessation - IN MCD PY-0381 (continued)	REIMBURSEMENT	MAY 15, 2018	MEDICAID	CareSource encourages all of its members to refrain from the use of tobacco, and if using it in any form, to make concerted and ongoing attempts to quit its use as soon as possible.	<ul style="list-style-type: none"> The number of CPT, HCPCS, and diagnosis codes (ICD-10) potentially associated with the diagnosis and treatment of tobacco use and addiction is too great to list. As such, the specific tobacco cessation codes provided are eligible to be reimbursed with any appropriate, associated code. Evaluation and management service for the member on the same day as counseling to prevent or cease tobacco use should be reported with modifier -25 to indicate that the service is separately identifiable from the counseling. <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>