

Indiana Medicaid

Policy Updates January 2019

- Medical

The following policies are effective January 1, 2019



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
Breast Reduction Surgery – IN MCD MM-0255	MEDICAL	JANUARY 1, 2019	MEDICAID	CareSource has developed a new medical policy for breast reduction surgery for medically necessary reasons only. CareSource requires that several criteria be met and a physical exam and radiology imaging (depending on age) be completed on the patient prior to approval. CareSource will not approve for cosmetic indications.
Breast Reduction Surgery – IN MPP MM-0250	MEDICAL	JANUARY 1, 2019	MARKETPLACE	CareSource has developed a new medical policy for breast reduction surgery for medically necessary reasons only. CareSource requires that several criteria be met and a physical exam and radiology imaging (depending on age) be completed on the patient prior to approval. CareSource will not approve for cosmetic indications.

Transcranial Magnetic Stimulation – IN MCD MM-0236	MEDICAL	JANUARY 1, 2019	MEDICAID	CareSource has developed a new medical policy for transcranial magnetic stimulation that allows for approval for patients with severe depressive disorder. CareSource requires that authorization be obtained based on the criteria that is outlined in the medical policy. At this time, CareSource will only approve this procedure for patients with treatment resistant severe depressive disorder along with the additional criteria needing to be met that are outlined in the medical policy.
Transcranial Magnetic Stimulation – IN MPP MM-0237	MEDICAL	JANUARY 1, 2019	MARKETPLACE	CareSource has developed a new medical policy for transcranial magnetic stimulation that allows for approval for patients with severe depressive disorder. CareSource requires that authorization be obtained based on the criteria that is outlined in the medical policy. At this time, CareSource will only approve this procedure for patients with treatment resistant severe depressive disorder along with the additional criteria needing to be met that are outlined in the medical policy.