

Indiana Medicaid and Marketplace Plans

Policy Updates June 2018

- Administrative Policies
- Medical Policies
- Reimbursement Policies

The following policies are effective June 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.

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POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLAN	SUMMARY	IMPACT
Genetic Testing- Polymerase Chain Reaction – IN MPP PY-0309	REIMBURSEMENT	JUNE 15, 2018	MARKETPLACE	<p>Polymerase Chain Reaction (PCR) is a genetic amplification technique that only requires small quantities of DNA, for example, 0.1 mg of DNA from a single cell, to achieve DNA analysis in a shorter laboratory processing time period.</p> <p>Knowing the gene sequence, or at minimum the borders of the target segment of DNA to be amplified, is a prerequisite to a successful PCR amplification of DNA.</p>	<p>No authorization is required for the tests listed within this policy, when the CPT codes are billed with the ICD 10 codes as outlined in the policy.</p> <p>Medical necessity for the tests must be maintained in the medical record documentation.</p>

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLAN	SUMMARY	IMPACT
Medical Necessity – Off Label, Approved Orphan and Compassionate Use Drugs – IN MCD AD-0060	ADMINISTRATIVE	JUNE 15, 2018	MEDICAID	<p>The Medical Necessity – Off Label, Approved Orphan and Compassionate Use Drugs policy will impact all providers that request off label, orphan or compassionate use medications.</p>	<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>

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLAN	SUMMARY	IMPACT
Medical Necessity – Off Label, Approved Orphan and Compassionate Use Drugs IN MPP AD-0062	ADMINISTRATIVE	JUNE 15, 2018	MARKETPLACE	The Medical Necessity – Off Label, Approved Orphan and Compassionate Use Drugs policy will impact all providers that request off label, orphan or compassionate medications.	<p>There are no changes in criteria from previous policy version, only 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>

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLAN	SUMMARY	IMPACT
Minimally Invasive Gastroesophageal Reflux Disease (GERD) Treatment – IN MPP MM-0170	MEDICAL	JUNE 15, 2018	MARKETPLACE	<p>The safety and efficacy of endoscopic therapies for the treatment of gastroesophageal reflux disease (GERD) have not been established in the published medical literature.</p> <p>Current studies are generally of small to moderate size, lack adequate control or comparison groups, and provide only short-term follow-up.</p> <p>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>	<p>Endoscopic therapies are unproven and not medically necessary for the treatment of 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

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLAN	SUMMARY	IMPACT
Multi-Ingredient Compound - IN MCD AD-0045	ADMINISTRATIVE	JUNE 15, 2018	MEDICAID	<p>The Multi-Ingredient Compound policy was created to define coverage criteria of compounded drug products for both providers and members.</p> <p>The Multi-Ingredient Compound policy will impact all providers that write prescriptions for a compounded product.</p> <p>The policy was revised for clarity on coverage criteria and circumstances in which compounds would not be covered.</p>	<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>

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLAN	SUMMARY	IMPACT
Multi-Ingredient Compound - IN MPP AD-0042	ADMINISTRATIVE	JUNE 15, 2018	MARKETPLACE	<p>The Multi-Ingredient Compound policy was created to define coverage criteria of compounded drug products for both providers and members.</p> <p>The Multi-Ingredient Compound policy will impact all providers that write prescriptions for a compounded product.</p> <p>The policy was revised for clarity on coverage criteria and circumstances in which compounds would not be covered.</p>	<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>For prior authorization review, a Compound Prior Authorization form is available on CareSource.com for provider use.</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>

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLAN	SUMMARY	IMPACT
Smoking- Tobacco Cessation - IN MPP PY-0379	REIMBURSEMENT	JUNE 15, 2018	MARKETPLACE	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 calendar year, if necessary; and, • Three individual tobacco cessation counseling attempts per calendar year. • Each attempt may include a maximum of 4 intermediate or intensive sessions, with a total benefit of up to 12 sessions per calendar year per member. • Nicotine replacement or non-nicotine medications prescribed and approved for use for tobacco cessation. <p>(continued)</p>

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLAN	SUMMARY	IMPACT
Smoking-Tobacco Cessation - IN MPP PY-0379 (continued)	REIMBURSEMENT	JUNE 15, 2018	MARKETPLACE		<p>CareSource will not reimburse claims for counseling to prevent or cease tobacco use in excess of 12 sessions within a calendar year, unless prior authorization has been obtained by the provider.</p> <p>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 below are eligible to be reimbursed with any appropriate, associated code.</p> <p>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> <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>