

Kentucky Marketplace

Policy Updates March 2018

- Reimbursement Policies
- Medical Policies

The following policies are effective March 1, 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 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 on 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 on 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.

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POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
Breast Imaging – KY MPP MM-0140	Medical	3/1/2018	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"> • 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 but under 50 years of age • Specifies criteria for diagnostic mammography • Specifies the indications for clinical symptoms • Specifies the criteria for an individual being considered high risk • Specifies the criteria for which CareSource may cover a breast MRI <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
Breast Imaging – KY MPP PY-0395	Reimbursement	3/1/2018	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>