

Kentucky Marketplace

# *Policy Updates* April 2018

- Reimbursement Policies
- Medical Policies

*The following policies are effective April 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 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 on “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="#">Genetic Testing - Polymerase Chain Reaction - KY MPP PY-0310</a>	Reimbursement	04/01/2018	Marketplace	<p>PCR plays a diagnostic role when selected pathogens pose difficulties for specimen collection or culture characteristics (time, environment, or substrate constraints). For example, evaluating viral load by PCR technique for HIV helps gauge response to therapies. However, the technique is also so sensitive that amplified contaminant DNA is problematic to achieving valid test results. False positive results may also occur if DNA from one specimen contaminates another. The technique cannot distinguish DNA from colonizing organisms, or even DNA from dead microbes in a specimen, from those causing clinically significant infections. 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	PLANS	SUMMARY	IMPACT
<a href="#">Minimally Invasive Gastroesophageal Reflux Disease (GERD) Treatment - KY MPP MM-0173</a>	Medical	04/01/2018	Marketplace	<p>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>	<p>Endoscopic therapies are unproven and not medically necessary for the treatment of gastroesophageal reflux disease (GERD).</p> <p>Endoscopic therapies include:</p> <ul style="list-style-type: none"> <li>• Radiofrequency energy</li> <li>• BardStretta System</li> </ul> <p>Endoscopic plication or suturing include:</p> <ul style="list-style-type: none"> <li>• EndoCinch Endoscopic Suturing System</li> <li>• Endoscopic Suturing Device (ESD)</li> <li>• Surgical Endoscopic Plication System (EPS)</li> <li>• EsophyX™ System with SerosaFuse™ Fastener (transoral incisionless fundoplication (TIF) procedure)</li> </ul> <p>Injection or implantation techniques include:</p> <ul style="list-style-type: none"> <li>• Gatekeeper Reflux Repair System</li> <li>• Plexiglas (polymethylmethacrylate [PMMA]) procedure</li> <li>• Durasphere®</li> <li>• LINX™ Reflux Management System</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="#">Smoking &amp; Tobacco Cessation - KY MPP PY-0382</a>	Reimbursement	04/01/2018	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"> <li>• An encounter for evaluation and management of the member on the same day as counseling to prevent or cease tobacco use; and,</li> <li>• One screening for tobacco use per member per calendar year if necessary; and,</li> <li>• Three individual tobacco cessation counseling attempts per calendar year.</li> <li>• 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.</li> <li>• Nicotine replacement or non-nicotine medications prescribed and approved for use for tobacco cessation.</li> </ul> <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>(continued)</p>

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<a href="#">Smoking &amp; Tobacco Cessation - KY MPP PY-0382</a>  (CONTINUED)	Reimbursement	04/01/2018	Marketplace		<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>