

Kentucky Marketplace Plans

Policy Updates May 2018

- Administrative Policies

The following policies are effective May 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 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 calendar days from the date of service or discharge to file an appeal. You have 180 days from the date of service or discharge to request a medical necessity 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
Medical Necessity – Off Label, Approved Orphan and Compassionate Use Drugs - KY MPP AD-0066	ADMINISTRATIVE	MAY 1, 2018	MARKETPLACE	The Medical Necessity – Off Label, Approved Orphan and Compassionate Use Drugs policy will impact all providers that requesting off label, orphan or compassionate use medications.	<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
Multi-Ingredient Compound KY MPP AD-0043	ADMINISTRATIVE	MAY 1, 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>