Ohio Medicaid

Policy Updates March 2024

- Administrative
- Medical
- Reimbursement

The following policies are effective April 1, 2024 and May 1, 2024

CareSource™

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** > Providers > Tools & Resources > Provider Policies. Select your plan and state, then the type of policy. Each policy page has an archive where you can find previous versions of policies.

POLICY UPDATES

POLICY NAME & NUMBER	POLICY TYPE	EFFECTIVE DATE	PLAN	PRIOR AUTHORIZATION IMPACT?
Pharmacogenomics -CYP Gene Testing AD-1342	ADMINISTRATIVE	APRIL 1, 2024	MEDICAID	REVISION
Acupuncture Services PY-0152	REIMBURSEMENT	MAY 1, 2024	MEDICAID	REVISION
Airway Clearance Devices MM-1578	MEDICAL	MAY 1, 2024	MEDICAID	NEW POLICY
Claims Editing and Review AD-1175	ADMINISTRATIVE	MAY 1, 2024	MEDICAID	REVISION

POLICY UPDATES

POLICY NAME & NUMBER	POLICY TYPE	EFFECTIVE DATE	PLAN	PRIOR AUTHORIZATION IMPACT?
Diabetes Self-Management Training AD-1109	ADMINISTRATIVE	MAY 1, 2024	MEDICAID	REVISION
Home Health Services MM-1243	MEDICAL	MAY 1, 2024	MEDICAID	REVISION
Medical Necessity Determinations AD-0005	ADMINISTRATIVE	MAY 1, 2024	MEDICAID	REVISION
Medical Record Documentation Standards for Practitioners AD-0753	ADMINISTRATIVE	MAY 1, 2024	MEDICAID	REVISION

POLICY UPDATES

POLICY NAME & NUMBER	POLICY TYPE	EFFECTIVE DATE	PLAN	PRIOR AUTHORIZATION IMPACT?
Molecular Diagnostic Testing AD-1049	ADMINISTRATIVE	MAY 1, 2024	MEDICAID	REVISION
Peripheral Nerve Stimulators for Treatment of Pain MM-1333	MEDICAL	MAY 1, 2024	MEDICAID	REVISION
Preventive Evaluation and Management Services and Acute Care Visit on Same Date of Service PY-0007	REIMBURSEMENT	MAY 1, 2024	MEDICAID	REVISION
Provider Home Visits AD-1165	ADMINISTRATIVE	MAY 1, 2024	MEDICAID	REVISION

POLICY UPDATES

POLICY NAME & NUMBER	POLICY TYPE	EFFECTIVE DATE	PLAN	PRIOR AUTHORIZATION IMPACT?
Readmission–Behavioral Health AD-1018	ADMINISTRATIVE	MAY 1, 2024	MEDICAID	REVISION
Retrospective Authorization Review AD-1334	ADMINISTRATIVE	MAY 1, 2024	MEDICAID	REVISION
Temporary Codes PY-1414	REIMBURSEMENT	MAY 1, 2024	MEDICAID	REVISION
Three-Day Window Payment AD-1001	ADMINISTRATIVE	MAY 1, 2024	MEDICAID	REVISION

POLICY UPDATES

POLICY NAME & NUMBER	POLICY TYPE	EFFECTIVE DATE	PLAN	PRIOR AUTHORIZATION IMPACT?
Against Medical Advice (AMA) AD-0788	ADMINISTRATIVE	MAY 1, 2024	MEDICAID	REVISION
Bilateral Procedures AD-1055	ADMINISTRATIVE	MAY 1, 2024	MEDICAID	REVISION
Durable Medical Equipment Repairs MM-1579	MEDICAL	MAY 1, 2024	MEDICAID	NEW POLICY
Epidural Steroid Injection MM-0007	MEDICAL	MAY 1, 2024	MEDICAID	REVISION

POLICY UPDATES

POLICY NAME & NUMBER	POLICY TYPE	EFFECTIVE DATE	PLAN	PRIOR AUTHORIZATION IMPACT?
Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea MM-1253	MEDICAL	MAY 1, 2024	MEDICAID	REVISION
Intraosseous Basivertebral Nerve Ablation AD-1295	ADMINISTRATIVE	MAY 1, 2024	MEDICAID	REVISION
Non-Emergency Facility to Facility Transfers MM-1473	MEDICAL	MAY 1, 2024	MEDICAID	REVISION
Non-Invasive Vascular Studies AD-1117	ADMINISTRATIVE	MAY 1, 2024	MEDICAID	REVISION

POLICY UPDATES

POLICY NAME & NUMBER	POLICY TYPE	EFFECTIVE DATE	PLAN	PRIOR AUTHORIZATION IMPACT?
Orthotics PY-1151	REIMBURSEMENT	MAY 1, 2024	MEDICAID	REVISION
Peroral Endoscopic Myotomy MM-1245	MEDICAL	MAY 1, 2024	MEDICAID	REVISION
ProACT Adjustable Continence Therapy MM-1305	MEDICAL	MAY 1, 2024	MEDICAID	REVISION
Sacroiliac Joint Procedures MM-0010	MEDICAL	MAY 1, 2024	MEDICAID	REVISION

POLICY UPDATES

POLICY NAME & NUMBER	POLICY TYPE	EFFECTIVE DATE	PLAN	PRIOR AUTHORIZATION IMPACT?
Skin Substitutes MM-1398	MEDICAL	MAY 1, 2024	MEDICAID	REVISION