Ohio Medicaid, MyCare, Medicare Advantage and Marketplace Plans

Policy Updates May 2018

- Medical Policies
- Reimbursement Policies

The following policies are effective May 1, 2018

CareSource™

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.

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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Assisted Living Facilities - OH MyCare PY-0348	REIMBURSEMENT	MAY 1, 2018	MYCARE OHIO (MEDICARE-MEDICAID)	A prior authorization is required for Assisted Living Facility care provided to any CareSource MyCare Ohio member.	For MyCare Ohio members who have elected CareSource to administer both their Medicare and/or Medicaid benefits, CareSource will reimburse the Assisted Living Facility as follows: • Provider must bill on HCFA 1500 claim form with correct HCPC code(s). • Provider must submit claim as a single line with Date of Service span and units billed to match. • If the member has cost/patient liability, that information must be documented on the claim in field 29 (HCFA 1500 Amount Paid), however, patient liability will be applied based on the current 834 report supplied by the Ohio Department of Medicaid. • A claim submitted which does not include this information may be rejected as unable to be processed. 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. Claims not meeting the necessary criteria as described in the policy document will be denied.

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
Breast Imaging - OH MCD MM-0051	MEDICAL	MAY 1, 2018	MEDICAID	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.	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. 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. 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. Claims not meeting the necessary criteria as described in the policy document will be denied.

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
Breast Imaging - OH MCD PY-0028	REIMBURSEMENT	MAY 1, 2018	MEDICAID	The Breast Imaging reimbursement policy will reimburse participating providers for medically necessary breast imaging services according to Breast Imaging medical policy MM-0051 criteria.	CareSource does not require prior authorization for screening and diagnostic mammograms. All other breast imaging, other than X-ray mammograms, requires a prior authorization. CareSource reimburses for breast imaging based on the criteria found in the Breast Imaging medical policy MM-0051. CareSource considers diagnostic mammography medically necessary for men and women with signs and symptoms of breast disease or a history of breast malignancy. When billing for mammography services, providers should use the appropriate CPT/HCPCS codes and modifiers, if applicable.

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
Breast Imaging - OH MCR MM-0093	MEDICAL	MAY 1, 2018	MEDICARE ADVANTAGE	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.	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. 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. 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. Claims not meeting the necessary criteria as described in the policy document will be denied.

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
Breast Imaging - OH MPP MM-0134	MEDICAL	MAY 1, 2018	MARKETPLACE	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.	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. 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. Claims not meeting the necessary criteria as described in the policy document will be denied.

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
Breast Imaging - OH MPP PY-0076	REIMBURSEMENT	MAY 1, 2018	MARKETPLACE	The Breast Imaging Ohio Marketplace Plans reimbursement policy will reimburse participating providers for medically necessary breast imaging services according to Ohio Evidence of Coverage (EOC) criteria. Reimbursement policies are designed to assist you when submitting claims to CareSource.	CareSource does not require prior authorization for screening and diagnostic mammograms for participating providers. All other breast imaging, other than X-ray mammograms, require a prior authorization. CareSource follows the Evidence of Coverage (EOC) document criteria for mammography. For further information please refer to the EOC document for the member's Marketplace plan located on CareSource.com. CareSource considers diagnostic mammography medically necessary for men and women with signs and symptoms of breast disease or a history of breast malignancy. The total benefit for a screening mammogram shall not exceed one hundred thirty percent (130%) of the Medicare reimbursement rate in the State of Ohio for screening mammograms. If there is more than one Medicare reimbursement rate in the State of Ohio for screening mammograms or a component of a screening mammogram, the reimbursement limit shall be one hundred thirty percent (130%) of the lowest Medicare reimbursement rate in the State of Ohio.

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
Long Acting Reversible Contraceptives (LARCs) - OH MPP PY-0341	REIMBURSEMENT	MAY 1, 2018	MARKETPLACE	CareSource recognizes Long Acting Reversible Contraceptive methods (LARCs) to be among the most effective contraception available to our members in assisting with their reproduction and family planning decisions. While LARCs do not prevent or reduce the likelihood or danger of sexually transmitted infections or their transmission, they do allow sexually active members a greater degree of certainty with a better percentage of success, and generally, less frequent medical maintenance and intervention, than other available contraceptive methods.	Prior authorization is not required for the long acting reversible contraceptives (LARCs) covered by this policy. Services covered under this policy include: • Management and evaluation (office) visits and consultations for the purpose of providing LARCs; • Health education and counseling visits for the purpose of providing LARCs; • Medical/surgical services/procedures provided in association with the provision of LARCs; • Laboratory tests and procedures provided in association with the provision of LARCs; • Drugs administered as part of LARCs; and • Supplies provided as part of LARCs; o Implantable contraceptive capsules and intrauterine devices (see also, the “Long Acting Reversible Contraceptives (LARCs)” policy); o Diaphragms and cervical caps; o Injectable contraceptives; o Hormone patch contraceptives; and, o Male and female condoms (per visit and annual limits apply to these). Covered settings and timing for the insertions or removals of LARCs are: • Insertion or removal of a LARC may be performed and billed in conjunction with an initial or annual comprehensive visit, a follow up comprehensive medical visit, a brief medical visit, or a supply visit by a member to a qualifying provider participant, as detailed in the corresponding CareSource “Family Planning” reimbursement policy. (continued)

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
Long Acting Reversible Contraceptives - OH MPP PY-0341 (continued)	REIMBURSEMENT	MAY 1, 2018	MARKETPLACE		• CareSource will also reimburse providers for LARCs inserted immediately postpartum in a hospital setting, in addition to and separately from the Diagnostic Related Group reimbursement process for the hospital. o In this circumstance, if the provider uses one of the following implantable devices, it must be inserted within ten minutes of birth to decrease the likelihood of expulsion of the device: • J7297 - Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52mg; • J7298 - Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52mg; • J7300 - Intrauterine copper contraceptive; or, • J7301 - Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5mg. Implantable contraceptive capsules and intrauterine devices: • CareSource will reimburse the following providers for the insertion and removal of implantable contraceptive capsules and intrauterine devices, after each has been trained in accordance with the manufacturer's guidelines: o Physicians; o Nurse practitioners; o Midwives; and, o Physicians' assistants. (continued)

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
Long Acting Reversible Contraceptives - OH MPP PY-0341 (continued)	REIMBURSEMENT	MAY 1, 2018	MARKETPLACE		• Documentation of this training must be maintained in the provider's personnel or training record. • The insertion, management and monitoring, and removal of these capsules must be performed in compliance with all manufacturer's recommendations. • Insertions are limited to once per member within any three year period. Claims not meeting the necessary criteria as described in the policy document will be denied.

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
Mastectomy for Gynecomastia - OH MCD MM-0002	MEDICAL	MAY 1, 2018	MEDICAID	The Mastectomy for Gynecomastia policy was revised to provide health partners with medical necessity and policy rationale information consistent with the most up to date evidence based medical literature regarding Mastectomy for Gynecomastia services.	Mastectomy for Gynecomastia may be indicated by 1 or more of the following: • Postpubertal male and all of the following: o Gynecomastia has been present for 12 months or greater. o Gynecomastia did not regress after cessation of medications (e.g., calcium blockers, cimetidine, phenothiazines, spironolactone, theophylline) known to cause condition, or medications cannot be discontinued. o Mammography or needle biopsy results show no evidence of breast cancer. o No evidence of other medical causes for gynecomastia, as indicated by normal results for all of the following tests: • Hormone evaluation (i.e., testosterone, luteinizing hormone, follicle-stimulating hormone, estradiol, prolactin, beta-human chorionic gonadotropin) • Liver enzymes • Serum creatinine • Thyroid function tests • Functional impairment is documented (i.e., chronic skin irritation, pain, paresthesias)

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
Minimally Invasive Gastroesophageal Reflux Disease (GERD) Treatment - OH MPP MM-0171	MEDICAL	MAY 1, 2018	MARKETPLACE	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.	Endoscopic therapies are unproven and not medically necessary for the treatment of gastroesophageal reflux disease (GERD). • Endoscopic therapies include: o Radiofrequency energy o Stretta System • Endoscopic plication or suturing include: o Bard EndoCinch Endoscopic Suturing System o Endoscopic Suturing Device (ESD) o Surgical Endoscopic Plication System (EPS) o EsophyX™ System with SerosaFuse™ Fastener (transoral incisionless fundoplication (TIF) procedure) • Injection or implantation techniques include: o Gatekeeper Reflux Repair System o Plexiglas (polymethylmethacrylate [PMMA]) procedure o Durasphere® o LINX™ Reflux Management System 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. Claims not meeting the necessary criteria as described in the policy document will be denied.

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
Smoking & Tobacco Cessation - OH MCD PY-0256	REIMBURSEMENT	MAY 1, 2018	MEDICAID	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.	Non-participating providers (not contracted with CareSource) should contact CareSource for prior authorization for these services. CareSource will reimburse its participating providers for the following tobacco use intervention and cessation care methods: • 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. 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. • 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. (continued)

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
Smoking & Tobacco Cessation - OH MCD PY-0256 (continued)	REIMBURSEMENT	MAY 1, 2018	MEDICAID		• 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. 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. Claims not meeting the necessary criteria as described in the policy document will be denied.

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
Smoking & Tobacco Cessation - OH MCR PY-0383	REIMBURSEMENT	MAY 1, 2018	MEDICARE ADVANTAGE	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.	Prior authorizations are required for participating (contracted) providers only when the services they are providing for tobacco cessation exceed the limits of the policy. Non-participating providers (not contracted with CareSource) should contact CareSource for prior authorization for these services. CareSource will reimburse its participating providers for the following tobacco use intervention and cessation care methods: • 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. 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. (continued)

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
Smoking & Tobacco Cessation - OH MCR PY-0383 (continued)	REIMBURSEMENT	MAY 1, 2018	MEDICARE ADVANTAGE		• 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. • 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. 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. Claims not meeting the necessary criteria as described in the policy document will be denied.

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
Smoking & Tobacco Cessation - OH MPP PY-0384	REIMBURSEMENT	MAY 1, 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.	Prior authorizations are required for participating (contracted) providers only when the services they are providing for tobacco cessation exceed the limits of the policy. Non-participating providers (not contracted with CareSource) should contact CareSource for prior authorization for these services. CareSource will reimburse its participating providers for the following tobacco use intervention and cessation care methods: • 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. 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. (continued)

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
Smoking & Tobacco Cessation - OH MPP PY-0384 (continued)	REIMBURSEMENT	MAY 1, 2018	MARKETPLACE		• 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. • 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. 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. Claims not meeting the necessary criteria as described in the policy document will be denied.

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
Substance Use Disorder Residential Treatment - OH MyCare PY-0349	REIMBURSEMENT	MAY 1, 2018	MYCARE OHIO (MEDICARE-MEDICAID)	CareSource provides a benefit for treatment services for members with substance use disorder (SUD) in Residential Treatment Facilities (RTF). A referral from a hospital, mental health agency or practitioner is required. Residential treatment may be needed when there is a marked barrier to change, or the living situation is inadequate to meet the member's needs and the member lacks the ability to cope.	Some residential treatment services for SUD require a prior authorization. CareSource follows rules and guidelines set forth by the Ohio Department of Medicaid (ODM), the American Society of Addiction Medicine (ASAM) and MCG and therefore, expects all practitioners to work within their scope of practice and submit claims with the appropriate diagnosis and corresponding HCPCS/CPT codes. CareSource follows the American Society of Addiction Medicine (ASAM) placement criteria as the standard of measurement for guiding treatment for individuals with SUD conditions. No SUD services may be billed outside of the per diem.

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
Obesity Surgery in Adolescents - OH MCD MM-0027	MEDICAL	MAY 1, 2018	MEDICAID	The American Academy of Pediatrics (AAP) recommends patients being considered for bariatric surgery "be physically mature, have a BMI of 50 or > or 40 or > with significant comorbidities, have experienced failure of a formal 6 month weight loss program and be capable of adhering to the long-term lifestyle changes required after surgery." Additionally, the National Institute of Diabetes, Digestive and Kidney Diseases (NIDDK) suggest surgery for youth candidates only when they have tried for at least 6 months to lose weight with no success and meet specified criteria.	No substantive changes made to the policy 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. Claims not meeting the necessary criteria as described in the policy document will be denied.

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
Obesity Surgery - OH MCD MM-0026	MEDICAL	MAY 1, 2018	MEDICAID	Bariatric surgery has been shown to have a positive effect on psychosocial functioning, however 20% of patients fail to achieve significant weight loss. A National Institutes of Health (NIH) consensus panel concluded that patients contemplating bariatric surgery should undergo pre-surgery psychological evaluation along with monitoring and addressing of psychological and behavioral factors pre- and post-surgery.	Changes the number of co-morbid conditions from one to two that are required for a patient who has a BMI of 35 Obesity Class II or greater. Specifies the co-morbid condition of obstructive sleep disorder as a diagnosis, not otherwise well-controlled by standard therapies. 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. Claims not meeting the necessary criteria as described in the policy document will be denied.