



Network Notification

Notification Date: March 29, 2017
To: OH Medicaid Health Partners
From: CareSource®
Subject: PY-0157 Glycosylated Hemoglobin A1C Payment Policy
Effective Date: May 3, 2017

Effective **May 3, 2017**, CareSource will introduce a new Glycosylated Hemoglobin A1C payment policy for Ohio Medicaid.

SUMMARY

The Glycosylated Hemoglobin A1C payment policy outlines how CareSource will reimburse participating providers for medically-necessary glycosylated hemoglobin A1C testing through criteria according to the United States Preventive Task Force.

IMPACT

Reimbursement policies are designed to assist you when submitting claims to CareSource.

- **Prior authorization requirements:** CareSource does not require prior authorization for glycosylated hemoglobin A1C testing. CareSource may request documentation to support medical necessity.
- **Medical necessity requirements:**
 - CareSource considers screening for diagnosis of diabetes as medically necessary for members:
 - Aged 40 to 70 years who are asymptomatic and overweight or obese
 - Members of any age or weight who are asymptomatic, in high-risk groups outlined in the policy
 - Members of any age and weight who are asymptomatic and meet high risk criteria outlined in the policy
 - CareSource considers regular, ongoing testing for the management of diabetes as medically-necessary for member groups who have previously been diagnosed with diabetes and meet the criteria outlined in this policy.
- **Reimbursement codes:** Reimbursement is dependent on, but not limited to, submitting Ohio Medicaid-approved HCPCS and CPT codes along with appropriate modifiers. The policy provides a non-exhaustive list of CPT codes that may be used in submitting claims for glycosylated hemoglobin A1C testing.

NEXT STEPS

The policy is effective on **May 3, 2017**, and is located on the [CareSource.com Health Partner Policies](#) web page. To access the policy, select the Plan Name and State and reference the Glycosylated Hemoglobin A1C OH Medicaid payment policy. You may refer to the specific policy for more information on:

- Policy criteria and rationale
- Codes, including CPT and ICD-10
- Conditions of Coverage

Thank you in advance for your cooperation in adhering to this new policy requirement.

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