Effective May 1, 2017, CareSource will introduce a new Transthoracic Echocardiogram payment policy for Ohio Medicaid, Ohio Marketplace Plans and Ohio Medicare.

SUMMARY
Reimbursement policies are designed to assist you when submitting claims to CareSource. The Transthoracic Echocardiogram payment policy outlines how CareSource will reimburse participating providers for medically-necessary transthoracic echocardiograms through criteria based on the Centers for Medicare and Medicaid (CMS) Local Coverage Determination (LCD) L34337.

IMPACT
• CareSource does not require prior authorization for a transthoracic echocardiogram. However, compliance with the provisions in this policy may be monitored and addressed through post payment data analysis and subsequent medical review audits.
• CareSource considers transthoracic echocardiogram testing medically necessary for patients that meet specific criteria outlined in the policy based on CMS LCD L34337.
• The policy provides a non-exhaustive list of codes related to billing for a transthoracic echocardiogram. Reimbursement is dependent on, but not limited to, submitting CMS-approved HCPCS and CPT codes along with appropriate modifiers.

NEXT STEPS
The full policy is effective May 1, 2017, and may be found on the CareSource.com Health Partner Policies web page. To access the policy, select the Plan Name and State and reference the Transthoracic Echocardiogram OH Medicaid, OH Marketplace Plans and Ohio Medicare Payment policies. 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.

For the most up to date notifications from CareSource, visit the Updates and Announcements page on CareSource.com.

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