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

SUMMARY
The Thyroid Testing payment policy outlines how CareSource will reimburse participating providers for medically-necessary thyroid testing through criteria based on the Centers for Medicare and Medicaid (CMS) National Coverage Determination (NCD) 190.22. Reimbursement policies are designed to assist you when submitting claims to CareSource.

IMPACT
- CareSource does not require prior authorization for thyroid testing. Although this service does not require a prior authorization, CareSource may request documentation to support medical necessity. Appropriate and complete documentation must be presented at the time of review to validate medical necessity.
- CareSource considers thyroid testing medically necessary for patients that meet specific criteria outlined in the policy, based on CMS NCD 190.22.
- The policy provides a non-exhaustive list of codes related to thyroid testing claim submissions. Reimbursement is based on submitting a claim with the appropriate ICD-10 diagnosis code to match the thyroid testing CPT code. If the appropriate ICD-10 diagnosis code is not submitted with the CPT code, the claim will be denied.

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 Thyroid Testing 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.

OH-SP-0053