

# *Policy Updates* September 2017

- Medical and Reimbursement Policies



## 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 medical and reimbursement policies, so you know what to expect. Check back each month for a consolidated network notification of medical and reimbursement policy updates from CareSource.

### HOW TO USE THIS NETWORK NOTIFICATION:

- Reference the [Table of Contents](#) and click on 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 on 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 on “Health Partner Policies” under the “Provider Resources” menu.

### CLAIMS AND APPEALS

As indicated in the applicable 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 applicable Health Partner Manual.

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POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
<p><b>BREAST PUMPS &amp; LACTATION SERVICES</b></p> <p>To view the policies, visit the links below:</p> <p><a href="#">MEDICAID POLICY #: MM-0108</a></p> <p><a href="#">MARKETPLACE POLICY #: MM-0110</a></p>	<p>MEDICAL</p>	<p>SEPTEMBER 1, 2017</p>	<p>OHIO MEDICAID, OHIO MARKETPLACE</p>	<p>The purpose of the new Breast Pumps and Lactation Services medical policy is to provide health partners with medical necessity and policy rationale information consistent with the most up-to-date evidence-based medical literature regarding breast pumps and lactation services.</p>	<ul style="list-style-type: none"> <li>• CareSource considers comprehensive lactation services by a trained health partner and the use of standard electric or manual breast pumps along with supplies to be medically necessary. They are a Patient Protection and Affordable Care Act Women’s Preventive Health Services mandate, as effective August 1, 2012.</li> <li>• Standard electric or manual pumps are covered services.</li> <li>• CareSource considers breast pump supplies as covered services, as outlined in this policy.</li> <li>• CareSource does not consider breast feeding supplies that are for the purposes of convenience as covered services. These include supplies such as storage or freezer bags and containers, bottles and nipples.</li> <li>• CareSource considers hospital-grade and heavy-duty breast pumps as covered services for the following indications:             <ul style="list-style-type: none"> <li>○ Confined to the hospital.</li> <li>○ The breastfeeding infant has a medical or congenital condition that impedes breastfeeding as outlined in this policy.</li> </ul> </li> </ul>

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
<p><a href="#">BILATERAL PROCEDURES</a></p> <p>POLICY #: PY-0012</p>	REIMBURSEMENT	SEPTEMBER 1, 2017	OHIO MEDICAID	<p>The Bilateral Procedures reimbursement policy outlines how CareSource will reimburse participating health partners for medically necessary bilateral procedures. The policy is based on the Ohio Administrative Code coverage guidelines for surgical services.</p>	<ul style="list-style-type: none"> <li>• CareSource will reimburse for bilateral procedures when medically necessary.</li> <li>• CareSource will reimburse for bilateral procedures when health partners submit claims with appropriate CPT/HCPCS codes and modifiers, as outlined in this policy.</li> <li>• Surgical codes that are considered bilateral codes but are performed unilaterally on only one side of the body should be billed on one line unmodified or on one line with either the LT or the RT modifier indicating the side of the body on which the procedure was performed.</li> <li>• Surgical codes that are considered bilateral codes but are performed more than once on one or each side of the body and/or body part indicated by the code definition must be billed using only the LT and RT modifiers on each line to demonstrate the procedure was performed more than once on one or each side.</li> <li>• The CareSource maximum for bilateral procedures is 150 percent of the contracted amount allowed for the same procedures performed unilaterally when the code is billed on a single line with the 50 modifier.</li> </ul>

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
<p><a href="#">LIPID TESTING ASSESSING CARDIOVASCULAR RISK</a></p> <p>POLICY #: PY-0247</p>	REIMBURSEMENT	SEPTEMBER 1, 2017	OHIO MEDICARE	<p>The Lipid Testing Assessing Cardiovascular Risk reimbursement policy outlines how CareSource will reimburse participating health partners for medically necessary lipid testing to assess cardiovascular risk. The reimbursement policy is based on criteria from the Centers for Medicare and Medicaid Services National Coverage Determination (NCD) 190.23.</p>	<ul style="list-style-type: none"> <li>• CareSource does not require prior authorization for lipid testing for cardiovascular risk services covered by this policy. However, CareSource may request documentation to support medical necessity. Appropriate and complete documentation must be presented at the time of review to validate medical necessity.</li> <li>• The policy outlines conditions in which lipid testing may be indicated.</li> <li>• Lipid testing services must be medically necessary and be considered specific and effective treatment for the patient's condition, according to accepted standards of medical practice.</li> <li>• Monitoring long term anti-lipid dietary or pharmacologic therapy and following patients with borderline high total or LDL cholesterol levels must meet the criteria outlined in this policy.</li> <li>• <b>Non-covered services:</b> <ul style="list-style-type: none"> <li>○ Routine screening and prophylactic testing for lipid disorder are not covered.</li> <li>○ Regardless of other risk factors such as family history, tobacco use, etc., lipid testing is considered to be screening for individuals that are asymptomatic.</li> </ul> </li> </ul>

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
<p><a href="#"><u>POSITIVE AIRWAY PRESSURE DEVICES FOR PULMONARY DISORDERS</u></a></p> <p>POLICY #: PY-0313</p>	REIMBURSEMENT	SEPTEMBER 1, 2017	OHIO MEDICAID	<p>The Positive Airway Pressure Devices for Pulmonary Disorders reimbursement policy outlines how CareSource will reimburse providers for medically necessary continuous positive airway pressure therapy (CPAP) or bilevel positive airway pressure (BiPAP) devices through criteria based on Milliman Care Guidelines (MCG). Health partners must periodically monitor the use of the machine and compliance must be maintained for reimbursement.</p>	<ul style="list-style-type: none"> <li>• Positive airway pressure devices for pulmonary disorders are reimbursed based on the Medicaid fee schedule.</li> <li>• CPAP and BiPAP devices are a 10-month rent-to-purchase.</li> <li>• BiPAP (E0471) is a continuous rental and never caps as a purchase.</li> <li>• CPAP and BiPAP devices do not require a prior authorization for the first three months' rental.</li> <li>• Prior authorization is required for months four through 10 of the rental period.</li> <li>• Non-participating health partners require a prior authorization.</li> <li>• Health partners must submit their prior authorization number on their claim form, as well as appropriate HCPCS and/or CPT codes, along with appropriate modifiers in accordance with CMS.</li> <li>• Claims not meeting the necessary criteria as described in the policy document will be denied.</li> </ul> <p>You may refer to the specific policy for more information on policy criteria and rationale, any applicable HCPCS/CPT codes, and conditions of coverage.</p>

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
<p><a href="#"><u>TRANSCUTANEOUS ELECTRICAL NERVE STIMULATORS (TENS)</u></a></p> <p>MEDICAID POLICY #: PY-0039</p>	REIMBURSEMENT	SEPTEMBER 1, 2017	OHIO MEDICAID	Based on guidance received from the Ohio Department of Medicaid, CareSource has revised its existing TENS policy to reimburse a maximum of one unit of A4595 (TENS supply kit) per month.	<ul style="list-style-type: none"> <li>CareSource will reimburse for one unit of A4595 per month.</li> <li>You may refer to the specific policy for more information on policy criteria and rationale, any applicable CPT and ICD-10 codes, and conditions of coverage.</li> </ul>