

# *Policy Updates* December 2017

- 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](http://CareSource.com) and click “Health Partner Policies” under Provider Resources.

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POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
<a href="#">Cardiovascular Nuclear Medicine – OH MA PY-0236</a>	Reimbursement Policy	12/01/2017	Medicare Advantage	<p>The Cardiovascular Nuclear Medicine Ohio Medicare payment policy will reimburse participating providers for medically necessary cardiovascular nuclear medicine services according to the Ohio Department of Medicaid Fee Schedule and the Centers for Medicare and Medicaid Services Fee Schedules. Reimbursement policies are designed to assist you when submitting claims to CareSource.</p>	<ul style="list-style-type: none"> <li>• CareSource does not require prior authorizations for the cardiovascular nuclear medicine services covered by this policy but 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>• Although the cardiovascular nuclear imaging covered by this policy already requires 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.</li> <li>• All cardiovascular nuclear tests and stress tests must be referred by a physician or a qualified non-physician provider.</li> <li>• Selection of tests should be made within the context of other tests, scheduled and previously performed, so that the anticipated information obtained is unique and not redundant.</li> <li>• Cardiovascular nuclear imaging is considered a covered service when indicated by the criteria outlined in this policy.</li> <li>• First pass studies will be covered only when the information sought is immediately relevant to the management of the patient’s clinical condition, and has not been previously obtained or likely to be obtained from other planned tests such as echocardiography or equilibrium gated blood pool studies. First pass studies may be indicated for the assessment and identification of shunts.</li> </ul>

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
					<ul style="list-style-type: none"> <li>• Infarct avid scintigraphy is indicated in patients in whom it is not possible to make a definitive diagnosis of myocardial infarction by ECG or enzyme testing. Patient selection should be based on clinical grounds as outlined in this policy.</li> <li>• If criteria are met for selected cardiovascular nuclear imaging to evaluate left ventricular ejection fraction, CareSource covers the evaluation of peripartum cardiomyopathy.</li> <li>• Special equipment is indicated for some cardiovascular nuclear imaging tests and studies, including certification of laboratories used during testing. Provider documentation is required for proper reimbursement as outlined in this policy.</li> <li>• Some cardiovascular nuclear imaging studies and tests may not be considered covered services and will not be reimbursed. Please see corresponding policies for further information and Services Not Covered.</li> </ul>

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
<a href="#">Cardiovascular Nuclear Medicine OH MCD PY-0235</a>	Reimbursement Policy	12/01/2017	Medicaid	<p>The Cardiovascular Nuclear Medicine Ohio Medicaid payment policy will reimburse participating providers for medically necessary cardiovascular nuclear medicine services according to the Ohio Department of Medicaid Fee Schedule and the Centers for Medicare and Medicaid Services Fee Schedules. Reimbursement policies are designed to assist you when submitting claims to CareSource</p>	<ul style="list-style-type: none"> <li>• CareSource does not require prior authorizations for the cardiovascular nuclear medicine services covered by this policy but 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>• Although the cardiovascular nuclear imaging covered by this policy already requires 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.</li> <li>• All cardiovascular nuclear tests and stress tests must be referred by a physician or a qualified non-physician provider.</li> <li>• Selection of tests should be made within the context of other tests, scheduled and previously performed, so that the anticipated information obtained is unique and not redundant.</li> <li>• Cardiovascular nuclear imaging is considered a covered service when indicated by the criteria outlined in this policy.</li> <li>• First pass studies will be covered only when the information sought is immediately relevant to the management of the patient's clinical condition, and has not been previously obtained or likely to be obtained from other planned tests such as echocardiography or equilibrium gated blood pool studies. First pass studies may be indicated for the assessment and identification of shunts.</li> </ul>

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
					<ul style="list-style-type: none"> <li>• Infarct avid scintigraphy is indicated in patients in whom it is not possible to make a definitive diagnosis of myocardial infarction by ECG or enzyme testing. Patient selection should be based on clinical grounds as outlined in this policy.</li> <li>• If criteria are met for selected cardiovascular nuclear imaging to evaluate left ventricular ejection fraction, CareSource covers the evaluation of peripartum cardiomyopathy.</li> <li>• Special equipment is indicated for some cardiovascular nuclear imaging tests and studies, including certification of laboratories used during testing. Provider documentation is required for proper reimbursement as outlined in this policy.</li> <li>• Some cardiovascular nuclear imaging studies and tests may not be considered covered services and will not be reimbursed. Please see corresponding policies for further information and Services Not Covered.</li> </ul>



POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
<a href="#">Glycosylated Hemoglobin A1C - OH MCD PY-0157</a>	Reimbursement Policy	12/01/2017	Medicaid	<p>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. Reimbursement policies are designed to assist you when submitting claims to CareSource.</p>	<p>Prior authorization requirements:</p> <ul style="list-style-type: none"> <li>CareSource does not require prior authorization for glycosylated hemoglobin A1C testing. CareSource may request documentation to support medical necessity.</li> </ul> <p>Medical necessity requirements:</p> <ul style="list-style-type: none"> <li>CareSource considers screening for diagnosis of diabetes as medically necessary for members:</li> <li>Aged 40 to 70 years who are asymptomatic and overweight or obese</li> <li>Members of any age and weight who are asymptomatic and meet high risk criteria outlined in the policy</li> <li>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.</li> </ul> <p>Reimbursement codes:</p> <ul style="list-style-type: none"> <li>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.</li> </ul>

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
<a href="#">Hepatitis Panel - OH MCD PY-0206</a>	Reimbursement Policy	12/01/2017	Medicaid	<p>The Hepatitis Panel Ohio Medicaid payment policy will reimburse participating providers for medically necessary hepatitis panel screenings when policy criteria are met. Reimbursement policies are designed to assist you when submitting claims to CareSource.</p>	<ul style="list-style-type: none"> <li>• Prior authorization is not required for any medically necessary hepatitis panel screenings. However, CareSource may request documentation to support medical necessity.</li> <li>• CareSource will reimburse providers for medically necessary hepatitis screening, diagnoses and subsequent treatments and management as documented in the medical record when policy criteria are met.</li> <li>• CareSource will cover screening for hepatitis with the appropriate laboratory tests when ordered and performed by a provider for these services, and when used in compliance with Clinical Laboratory Improvement Act regulations.</li> <li>• Claims not meeting the necessary criteria as described in the policy document will be denied.</li> </ul>

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
<a href="#">Lipid Testing Assessing Cardiovascular Risk - OH MCD PY-0255</a>	Reimbursement Policy	12/01/2017	Medicaid	<p>Lipid testing is used to indicate the chances of having cardiovascular disease (CVD) and/or of having a coronary event. CareSource members may receive lipid testing without prior authorization. Lipid testing must be medically necessary.</p>	<ul style="list-style-type: none"> <li>• Lipid testing services must be medically necessary and, under accepted standards of medical practice, be considered specific and effective treatment for the patient's condition.</li> <li>• Prior authorization is not required.</li> <li>• Reimbursement is based on submitting a claim with the appropriate ICD-10 diagnosis code to match the speech-language pathology service CPT code.</li> <li>• If the appropriate ICD-10 diagnosis code is not submitted with the CPT code, the claim will be denied.</li> <li>• Routine screening and prophylactic testing for lipid disorder are not covered.</li> <li>• Lipid testing for individuals that are asymptomatic regardless of other risk factors such as family history, tobacco use, etc., is considered to be screening and therefore not covered.</li> </ul>

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
<a href="#">Non-Invasive Vascular Studies - OH MA PY-0168</a>	Reimbursement Policy	12/01/2017	Medicare Advantage	<p>The Non-Invasive Vascular Studies payment policy outlines how CareSource will reimburse participating providers for medically necessary non-invasive vascular studies. Reimbursement criteria is based on the Centers for Medicare and Medicaid (CMS) Local Coverage Determination (LCD) guidelines. Reimbursement policies are designed to assist you when submitting claims to CareSource.</p>	<p>CareSource will reimburse providers for non-invasive vascular studies to CareSource members as set forth in this policy. Non-invasive vascular studies may be used interchangeably with Duplex scan or Duplex ultrasound for the purposes of this policy. The guidelines in the payment policy include the following information:</p> <p>Prior authorization requirements:</p> <ul style="list-style-type: none"> <li>CareSource does not require prior authorization for non-invasive vascular testing. However, CareSource may request documentation to support medical necessity.</li> </ul> <p>Medical necessity requirements:</p> <ul style="list-style-type: none"> <li>To be considered medically necessary, the ordering physician must have reasonable expectation that the non-invasive vascular study results will potentially impact the clinical management of the patient.</li> <li>To be considered medically necessary, the following conditions must be met: significant signs/symptoms of arterial or venous disease are present, the information is necessary for appropriate medical and/or surgical management and the test is not redundant of other diagnostic procedures that must be performed.</li> </ul> <p>Reimbursement codes:</p> <ul style="list-style-type: none"> <li>Reimbursement is based on submitting a claim with the appropriate ICD-10 diagnosis code to match the non-invasive vascular study CPT code. The policy provides a non-exhaustive list of CPT codes that may be used in submitting claims for a non-invasive vascular study.</li> </ul>

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
<a href="#">Non-Invasive Vascular Studies - OH MCD PY-0163</a>	Reimbursement Policy	12/01/2017	Medicaid	<p>The Non-Invasive Vascular Studies payment policy outlines how CareSource will reimburse participating providers for medically necessary non-invasive vascular studies. Reimbursement criteria is based on the Centers for Medicare and Medicaid (CMS) Local Coverage Determination (LCD) guidelines. Reimbursement policies are designed to assist you when submitting claims to CareSource.</p>	<p>CareSource will reimburse providers for non-invasive vascular studies to CareSource members as set forth in this policy. Non-invasive vascular studies may be used interchangeably with Duplex scan or Duplex ultrasound for the purposes of this policy. The guidelines in the payment policy include the following information:</p> <p>Prior authorization requirements:</p> <ul style="list-style-type: none"> <li>CareSource does not require prior authorization for non-invasive vascular testing. However, CareSource may request documentation to support medical necessity.</li> </ul> <p>Medical necessity requirements:</p> <ul style="list-style-type: none"> <li>To be considered medically necessary, the ordering physician must have reasonable expectation that the non-invasive vascular study results will potentially impact the clinical management of the patient.</li> <li>To be considered medically necessary, the following conditions must be met: significant signs/symptoms of arterial or venous disease are present, the information is necessary for appropriate medical and/or surgical management and the test is not redundant of other diagnostic procedures that must be performed.</li> </ul> <p>Reimbursement codes:</p> <ul style="list-style-type: none"> <li>Reimbursement is based on submitting a claim with the appropriate ICD-10 diagnosis code to match the non-invasive vascular study CPT code. The policy provides a non-exhaustive list of CPT codes that may be used in submitting claims for a non-invasive vascular study.</li> </ul>

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
<a href="#">Non-Invasive Vascular Studies - OH MPP PY-0167</a>	Reimbursement Policy	12/01/2017	Marketplace	<p>The Non-Invasive Vascular Studies payment policy outlines how CareSource will reimburse participating providers for medically necessary non-invasive vascular studies. Reimbursement criteria is based on the Centers for Medicare and Medicaid (CMS) Local Coverage Determination (LCD) guidelines. Reimbursement policies are designed to assist you when submitting claims to CareSource.</p>	<p>CareSource will reimburse providers for non-invasive vascular studies to CareSource members as set forth in this policy. Non-invasive vascular studies may be used interchangeably with Duplex scan or Duplex ultrasound for the purposes of this policy. The guidelines in the payment policy include the following information:</p> <p>Prior authorization requirements:</p> <ul style="list-style-type: none"> <li>CareSource does not require prior authorization for non-invasive vascular testing. However, CareSource may request documentation to support medical necessity.</li> </ul> <p>Medical necessity requirements:</p> <ul style="list-style-type: none"> <li>To be considered medically necessary, the ordering physician must have reasonable expectation that the non-invasive vascular study results will potentially impact the clinical management of the patient.</li> <li>To be considered medically necessary, the following conditions must be met: significant signs/symptoms of arterial or venous disease are present, the information is necessary for appropriate medical and/or surgical management and the test is not redundant of other diagnostic procedures that must be performed.</li> </ul> <p>Reimbursement codes:</p> <ul style="list-style-type: none"> <li>Reimbursement is based on submitting a claim with the appropriate ICD-10 diagnosis code to match the non-invasive vascular study CPT code. The policy provides a non-exhaustive list of CPT codes that may be used in submitting claims for a non-invasive vascular study.</li> </ul>

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
<a href="#">Substance Use Disorder Residential Treatment - OH MCD PY-0137</a>	Reimbursement Policy	12/01/2017	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.	<ul style="list-style-type: none"> <li>• Some residential treatment services for SUD require a prior authorization.</li> <li>• 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.</li> <li>• CareSource follows the American Society of Addiction Medicine (ASAM) placement criteria as the standard of measurement for guiding treatment for individuals with SUD conditions.</li> <li>• No SUD services may be billed outside of the per diem.</li> </ul>

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
<a href="#">Sleep Studies - OH MCD PY-0169</a>	Reimbursement Policy	12/01/2017	Medicaid	<p>The Sleep Studies payment policy will reimburse participating providers for medically necessary sleep studies through criteria based on the Centers for Medicare and Medicaid (CMS) Local Coverage Determination (LCD) L36839. Reimbursement policies are designed to assist you when submitting claims to CareSource.</p>	<p>The guidelines in the payment policy include the following information:</p> <ul style="list-style-type: none"> <li>• The definitions and criteria of polysomnography, which includes the stages of sleep</li> <li>• The conditions in which CareSource considers sleep studies/polysomnography to be medically necessary for patients</li> <li>• Prior authorization information: CareSource does not require prior authorization for sleep studies/polysomnography. However, CareSource may request documentation to support medical necessity.</li> <li>• A non-exhaustive list of CPT codes related to submitting sleep studies claims: Reimbursement is dependent on, but not limited to, submitting CMS-approved HCPCS and CPT codes along with appropriate modifiers.</li> <li>• For Ohio Medicaid members: home sleep testing is NOT covered.</li> </ul>



POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
<a href="#">Thyroid Testing - OH MA PY-0223</a>	Reimbursement Policy	12/01/2017	Medicare Advantage	<p>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.</p>	<ul style="list-style-type: none"> <li>• CareSource does not require prior authorization for thyroid testing. Although this service does not require 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.</li> <li>• CareSource considers thyroid testing medically necessary for patients that meet specific criteria outlined in the policy, based on CMS NCD 190.22.</li> <li>• 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.</li> </ul>

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
<a href="#">Thyroid Testing - OH MCD PY-0222</a>	Reimbursement Policy	12/01/2017	Medicaid	<p>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.</p>	<ul style="list-style-type: none"> <li>• CareSource does not require prior authorization for thyroid testing. Although this service does not require 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.</li> <li>• CareSource considers thyroid testing medically necessary for patients that meet specific criteria outlined in the policy, based on CMS NCD 190.22.</li> <li>• 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.</li> </ul>

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
<a href="#">Thyroid Testing - OH MPP PY-0224</a>	Reimbursement Policy	12/01/2017	Marketplace	<p>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.</p>	<ul style="list-style-type: none"> <li>• CareSource does not require prior authorization for thyroid testing. Although this service does not require 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.</li> <li>• CareSource considers thyroid testing medically necessary for patients that meet specific criteria outlined in the policy, based on CMS NCD 190.22.</li> <li>• 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.</li> </ul>

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
<a href="#">Transthoracic Echocardiogram - OH MA PY-0187</a>	Reimbursement Policy	12/01/2017	Medicare Advantage	<p>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. Reimbursement policies are designed to assist you when submitting claims to CareSource.</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• CareSource considers transthoracic echocardiogram testing medically necessary for patients that meet specific criteria outlined in the policy based on CMS LCD L34337.</li> <li>• 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.</li> </ul>

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
<a href="#">Transthoracic Echocardiogram - OH MCD PY-0181</a>	Reimbursement Policy	12/01/2017	Medicaid	<p>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. Reimbursement policies are designed to assist you when submitting claims to CareSource.</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• CareSource considers transthoracic echocardiogram testing medically necessary for patients that meet specific criteria outlined in the policy based on CMS LCD L34337.</li> <li>• 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.</li> </ul>

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
<a href="#">Transthoracic Echocardiogram - OH MPP PY-0185</a>	Reimbursement Policy	12/01/2017	Marketplace	<p>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. Reimbursement policies are designed to assist you when submitting claims to CareSource.</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• CareSource considers transthoracic echocardiogram testing medically necessary for patients that meet specific criteria outlined in the policy based on CMS LCD L34337.</li> <li>• 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.</li> </ul>