

# *Policy Updates* July 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 on “Health Partner Policies” under the “Provider Resources” menu.

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POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
<a href="#">ALLERGY TESTING AND ALLERGY IMMUNOTHERAPY</a>  POLICY #: PY-0006	REIMBURSEMENT	JULY 1, 2017	OHIO MEDICAID	<p>The revised Allergy Testing and Allergy Immunotherapy reimbursement policy outlines how CareSource will reimburse participating providers for medically necessary allergy testing and allergy immunotherapy. The reimbursement policy is based on criteria from the Ohio Administrative Code (OAC) and the Ohio Department of Medicaid Fee Schedule and replaces the existing Allergy Testing and Allergy Immunotherapy OH Medicaid reimbursement policy. Reimbursement policies are designed to assist you when submitting claims to CareSource.</p>	<ul style="list-style-type: none"> <li>• CareSource will reimburse health partners for allergy testing and allergy immunotherapy when specific criteria are met as outlined in this policy.</li> <li>• Percutaneous tests, intra-cutaneous/intradermal tests, photo patch tests, and patch tests, photo tests, or application tests are reimbursed on a per test basis.</li> <li>• Quantitative or semi-quantitative in-vitro allergen specific IgE tests (formerly referred to a RAST tests) are covered if skin testing is not possible or not reliable.</li> <li>• For reimbursement for the administration (injection) of allergenic extract, stinging insect venom and antigens, the health partner must use specific codes outlined in this policy.</li> <li>• When submitting claims, the health partner must specify the number of tests performed.</li> </ul>

POLICY NAME	POLICY TYPE	EFFECTIVE DATE	PLANS	SUMMARY	IMPACT
<p><a href="#">BREAST IMAGING</a></p> <p>POLICY #: PY-0028</p>	<p>REIMBURSEMENT</p>	<p>JULY 1, 2017</p>	<p>OHIO MEDICAID</p>	<p>The Breast Imaging Reimbursement Policy defines reimbursement for participating health partners for medically-necessary and preventive screening tests for breast imaging. The policy is based upon state requirements through criteria from the U.S. Preventive Services Task Force (USPSTF) and the American College of Radiology (ACR). 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 screening and diagnostic mammograms.</li> <li>• CareSource considers screening mammography to be a medically-necessary preventive health service for women age 40 and older and for women under 40 years of age, when high risk for breast cancer is established.</li> <li>• CareSource covers one screening mammogram every twelve months for a female who is 40 years of older. Screening mammography in men, and women other than as mentioned above, is considered unproven and not medically necessary.</li> <li>• CareSource considers diagnostic mammography medically-necessary for men and women with signs and symptoms of breast disease or a history of breast malignancy.</li> <li>• CareSource considers the following adjunctive imaging technologies to be unproven and not medically necessary: automated breast ultrasound, computer aided detection (CAD) for MRI or ultrasound, digital tomosynthesis and electrical impedance scanning.</li> <li>• Mammography services may be reimbursed according to state Medicaid guidelines using appropriate CPT and modifier codes.</li> </ul> <p>Claims not meeting the necessary criteria as described in the policy document will be denied.</p>

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<a href="#">CARDIOVASCULAR NUCLEAR MEDICINE</a>  POLICY #: PY-0235	REIMBURSEMENT	JULY 1, 2017	OHIO MEDICAID	<p>The Cardiovascular Nuclear Medicine reimbursement policy outlines how CareSource will reimburse participating providers for medically necessary cardiovascular nuclear medicine services. The policy is based on criteria from 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>	<p>Reimbursement policies are designed to assist you when submitting claims to CareSource. A summary of the reimbursement policy is below:</p> <p><b>Covered Services:</b></p> <ul style="list-style-type: none"> <li>• CareSource covers cardiovascular nuclear imaging services that meet the criteria outlined in this policy.</li> <li>• The policy outlines which cardiovascular nuclear imaging studies and tests may not be considered covered services and will not be reimbursed. Please see the corresponding policies for further information and non-covered services.</li> <li>• CareSource covers first pass studies 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> <li>• Health partners should select tests within the context of other tests, scheduled and previously performed, so that the anticipated information obtained is unique and not redundant.</li> <li>• Infarct avid scintigraphy is indicated in patients in whom it is not possible to make a definitive diagnosis of myocardial infarction by echocardiogram or enzyme testing. Patient selection should be based on clinical grounds as outlined in this policy.</li> <li>• CareSource covers the evaluation of peripartum cardiomyopathy if criteria are met for selected cardiovascular nuclear imaging to evaluate left ventricular ejection fraction.</li> </ul> <p><i>(Continued on next slide)</i></p>

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<a href="#">CARDIOVASCULAR NUCLEAR MEDICINE</a>  POLICY #: PY-0235	REIMBURSEMENT	JULY 1, 2017	OHIO MEDICAID		<p><i>(Continued from previous slide)</i></p> <p><b>Referrals:</b></p> <ul style="list-style-type: none"> <li>All cardiovascular nuclear tests and stress tests must be referred by a physician or a qualified non-physician health partner.</li> </ul> <p><b>Prior Authorizations:</b></p> <ul style="list-style-type: none"> <li>CareSource does not require prior authorizations for the cardiovascular nuclear medicine 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> </ul> <p><b>Reimbursement:</b></p> <ul style="list-style-type: none"> <li>Special equipment is required for some cardiovascular nuclear imaging tests and studies, including certification of laboratories used during testing. For proper reimbursement, health partners must follow the documentation guidelines outlined in this policy.</li> <li>Refer to the policy for a list of related claims codes. The list may not be all-inclusive and is subject to updates.</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>

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<a href="#">LIPID TESTING ASSESSING CARDIOVASCULAR RISK</a>  POLICY #: PY-0255	REIMBURSEMENT	JULY 1, 2017	OHIO MEDICAID	The Lipid Testing Assessing Cardiovascular Risk reimbursement policy outlines how CareSource will reimbursement participating providers for medically necessary lipid testing to assess cardiovascular risk. The policy is based upon criteria from the Centers for Medicare and Medicaid Services National Coverage Determination (NCD) 190.23. Reimbursement policies are designed to assist you when submitting claims to CareSource.	<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>• Conditions in which lipid testing may be indicated are outlined in this policy.</li> <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>• 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 disorders 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>