

Ohio Medicaid, Marketplace, Medicare and MyCare

Policy Updates June 2020

- Administrative
- Medical
- Reimbursement

The following policies are effective September 1, 2020



AT CARESOURCE, WE LISTEN TO OUR PROVIDERS, 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 administrative, medical and reimbursement policies, so you know what to expect.

Check back each month for a consolidated network notification of policy updates from CareSource.

HOW TO USE THIS NETWORK NOTIFICATION

- Reference the list of policy updates.
- Note the effective date and impacted plans for each policy.
- Click the hyperlinked policy title to open the webpage with the full policy.

FIND OUR POLICIES ONLINE

To access all CareSource policies, visit [CareSource.com](https://www.caresource.com) > Providers > Tools & Resources > [Provider Policies](#). Select your plan and state, then the type of policy. Each policy page has an archive where you can find previous versions of policies.

POLICY UPDATES

POLICY NAME & NUMBER	POLICY TYPE	EFFECTIVE DATE	PLAN	PRIOR AUTHORIZATION IMPACT?
Continuous Glucose Monitoring (CGM) MM-0031	MEDICAL	SEPTEMBER 1, 2020	MEDICAID	REVISION NO PA REQUIREMENT CHANGE
Breast Reduction Surgery MM-0020	MEDICAL	SEPTEMBER 1, 2020	MEDICAID	REVISION NO PA REQUIREMENT CHANGE
Breast Pumps and Lactation Services MM-0108	MEDICAL	SEPTEMBER 1, 2020	MEDICAID	REVISION NO PA REQUIREMENT CHANGE
Reimbursement Modifiers PY-0715	REIMBURSEMENT	SEPTEMBER 1, 2020	MEDICAID	REVISION NO PA REQUIREMENT CHANGE
Personal Emergency Response System MM-0029	MEDICAL	SEPTEMBER 1, 2020	MEDICAID	REVISION NO PA REQUIREMENT CHANGE

POLICY UPDATES

POLICY NAME & NUMBER	POLICY TYPE	EFFECTIVE DATE	PLAN	PRIOR AUTHORIZATION IMPACT?
Negative Pressure Wound Therapy (NPWT)MM-0224	MEDICAL	SEPTEMBER 1, 2020	MEDICAID	REVISION NO PA REQUIREMENT CHANGE
Screening and Surveillance for Colorectal Cancer PY-0072	REIMBURSEMENT	SEPTEMBER 1, 2020	MEDICAID	REVISION NO PA REQUIREMENT CHANGE
Screening and Diagnostic Mammography MM-0051	MEDICAL	SEPTEMBER 1, 2020	MEDICAID	REVISION NO PA REQUIREMENT CHANGE
Pass-Through Billing AD-0807	ADMINISTRATIVE	SEPTEMBER 1, 2020	MEDICAID	REVISION NO PA REQUIREMENT CHANGE
Epidural Steroid Injections MM-0007	MEDICAL	SEPTEMBER 1, 2020	MEDICAID	REVISION NO PA REQUIREMENT CHANGE

POLICY UPDATES

POLICY NAME & NUMBER	POLICY TYPE	EFFECTIVE DATE	PLAN	PRIOR AUTHORIZATION IMPACT?
Penile Implants in Treatment of Erectile Dysfunction MM-0033	MEDICAL	SEPTEMBER 1, 2020	MEDICAID	REVISION NO PA REQUIREMENT CHANGE
Electrodiagnostic Testing: Nerve Conduction and Needle Electromyography Automated Nerve Conduction Studies MM-0006	MEDICAL	SEPTEMBER 1, 2020	MEDICAID	REVISION NO PA REQUIREMENT CHANGE
Sacroiliac Joint Procedures MM-0010	MEDICAL	SEPTEMBER 1, 2020	MEDICAID	REVISION NO PA REQUIREMENT CHANGE
Insulin Infusion Pump MM-0032	MEDICAL	SEPTEMBER 1, 2020	MEDICAID	REVISION NO PA REQUIREMENT CHANGE
Implantable Spinal Cord Stimulator MM-0076	MEDICAL	SEPTEMBER 1, 2020	MEDICAID	REVISION NO PA REQUIREMENT CHANGE
Implantable Spinal Cord Stimulator PY-1076	REIMBURSEMENT	SEPTEMBER 1, 2020	MEDICAID	NEW POLICY

POLICY UPDATES

POLICY NAME & NUMBER	POLICY TYPE	EFFECTIVE DATE	PLAN	PRIOR AUTHORIZATION IMPACT?
Sacroiliac Joint Procedures PY-1092	REIMBURSEMENT	SEPTEMBER 1, 2020	MEDICAID	NEW POLICY
Sacroiliac Joint Fusion MM-0838	MEDICAL	SEPTEMBER 1, 2020	MEDICAID	NEW POLICY
Sacroiliac Joint Fusion PY-1159	REIMBURSEMENT	SEPTEMBER 1, 2020	MEDICAID	NEW POLICY
Facet Joint Interventions MM-0967	MEDICAL	SEPTEMBER 1, 2020	MEDICAID	NEW POLICY
Facet Joint Interventions PY-1167	REIMBURSEMENT	SEPTEMBER 1, 2020	MEDICAID	NEW POLICY
Overpayment Recovery PY-1115	REIMBURSEMENT	SEPTEMBER 1, 2020	MEDICAID	NEW POLICY

POLICY UPDATES

POLICY NAME & NUMBER	POLICY TYPE	EFFECTIVE DATE	PLAN	PRIOR AUTHORIZATION IMPACT?
DME Modifiers PY-0022	REIMBURSEMENT	SEPTEMBER 1, 2020	MEDICAID	NEW POLICY
Sacroiliac Joint Procedures MM-0776	MEDICAL	SEPTEMBER 1, 2020	MEDICARE	REVISION NO PA REQUIREMENT CHANGE
Trigger Point Injections MM-0753	MEDICAL	SEPTEMBER 1, 2020	MEDICARE	REVISION NO PA REQUIREMENT CHANGE
Pass-Through Billing AD-0817	ADMINISTRATIVE	SEPTEMBER 1, 2020	MEDICARE	NEW POLICY
Overpayment Recovery PY-1116	REIMBURSEMENT	SEPTEMBER 1, 2020	MEDICARE	NEW POLICY
Sacroiliac Joint Procedures PY-1084	REIMBURSEMENT	SEPTEMBER 1, 2020	MEDICARE	NEW POLICY
Personal Emergency Response System MM-1010	MEDICAL	SEPTEMBER 1, 2020	MYCARE	NEW POLICY

POLICY UPDATES

POLICY NAME & NUMBER	POLICY TYPE	EFFECTIVE DATE	PLAN	PRIOR AUTHORIZATION IMPACT?
Continuous Glucose Monitoring (CGM) MM-0208	MEDICAL	SEPTEMBER 1, 2020	MARKETPLACE	REVISION NO PA REQUIREMENT CHANGE
Breast Reduction Surgery MM-0251	MEDICAL	SEPTEMBER 1, 2020	MARKETPLACE	REVISION NO PA REQUIREMENT CHANGE
Breast Pumps and Lactation Services MM-0110	MEDICAL	SEPTEMBER 1, 2020	MARKETPLACE	REVISION NO PA REQUIREMENT CHANGE
Negative Pressure Wound Therapy MM-0940	MEDICAL	SEPTEMBER 1, 2020	MARKETPLACE	REVISION NO PA REQUIREMENT CHANGE
Screening and Surveillance for Colorectal Cancer PY-0073	REIMBURSEMENT	SEPTEMBER 1, 2020	MARKETPLACE	REVISION NO PA REQUIREMENT CHANGE
Screening and Diagnostic Mammography MM-0134	MEDICAL	SEPTEMBER 1, 2020	MARKETPLACE	REVISION NO PA REQUIREMENT CHANGE

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POLICY NAME & NUMBER	POLICY TYPE	EFFECTIVE DATE	PLAN	PRIOR AUTHORIZATION IMPACT?
Pass-Through Billing AD-0813	ADMINISTRATIVE	SEPTEMBER 1, 2020	MARKETPLACE	REVISION NO PA REQUIREMENT CHANGE
Epidural Steroid Injections MM-0160	MEDICAL	SEPTEMBER 1, 2020	MARKETPLACE	REVISION NO PA REQUIREMENT CHANGE
Electrodiagnostic Testing: Nerve Conduction and Needle Electromyography Automated Nerve Conduction Studies MM-0945	MEDICAL	SEPTEMBER 1, 2020	MARKETPLACE	REVISION NO PA REQUIREMENT CHANGE
Implantable Spinal Cord Stimulator MM-0718	MEDICAL	SEPTEMBER 1, 2020	MARKETPLACE	REVISION NO PA REQUIREMENT CHANGE
Implantable Spinal Cord Stimulator PY-1073	REIMBURSEMENT	SEPTEMBER 1, 2020	MARKETPLACE	NEW POLICY
Trigger Point Injections MM-0143	MEDICAL	SEPTEMBER 1, 2020	MARKETPLACE	REVISION NO PA REQUIREMENT CHANGE

POLICY UPDATES

POLICY NAME & NUMBER	POLICY TYPE	EFFECTIVE DATE	PLAN	PRIOR AUTHORIZATION IMPACT?
Insulin Infusion Pump MM-1006	MEDICAL	SEPTEMBER 1, 2020	MARKETPLACE	REVISION NO PA REQUIREMENT CHANGE
Sacroiliac Joint Procedures MM-0147	MEDICAL	SEPTEMBER 1, 2020	MARKETPLACE	REVISION NO PA REQUIREMENT CHANGE
Sacroiliac Joint Procedures PY-1086	REIMBURSEMENT	SEPTEMBER 1, 2020	MARKETPLACE	NEW POLICY
Sacroiliac Joint Fusion MM 0840	MEDICAL	SEPTEMBER 1, 2020	MARKETPLACE	NEW POLICY
Sacroiliac Joint Fusion PY-1156	REIMBURSEMENT	SEPTEMBER 1, 2020	MARKETPLACE	NEW POLICY
Overpayment Recovery PY-1110	REIMBURSEMENT	SEPTEMBER 1, 2020	MARKETPLACE	NEW POLICY
Facet Joint Interventions MM-0972	MEDICAL	SEPTEMBER 1, 2020	MARKETPLACE	NEW POLICY
Facet Joint Interventions PY-1160	REIMBURSEMENT	SEPTEMBER 1, 2020	MARKETPLACE	NEW POLICY