



Network Notification

Notification Date: April 13, 2017
To: OH Medicaid and ALL Marketplace Health Partners
From: CareSource®
Subject: PY-0206, PY-0207 Hepatitis Panel Payment Policy
Effective Date: May 15, 2017

Effective **May 15, 2017**, CareSource will implement a new Hepatitis Panel payment policy.

SUMMARY:

The Hepatitis Panel Ohio Medicaid and ALL Marketplace Plans 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.

What You Need To Know:

- Prior authorization is not required for any medically-necessary hepatitis panel screenings. However, CareSource may request documentation to support medical necessity.
- 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.
- 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.

Claims not meeting the necessary criteria as described in the policy document will be denied.

NEXT STEPS

The full policy is effective on **May 15, 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 Hepatitis Panel OH Medicaid and Marketplace Plans payment policy. 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.