



### Network Notification

**Notification Date:** April 18, 2017  
**To** OH Medicaid, OH MyCare, OH Medicare Advantage and ALL Marketplace Health Partners  
**From:** CareSource®  
**Subject:** Screening and Surveillance for Colorectal Cancer  
**Effective Date:** June 1, 2017

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Effective **June 1, 2017**, CareSource will implement a new Screening and Surveillance for Colorectal Cancer payment policy for Ohio Medicaid, Ohio Medicare and ALL Marketplace Plans Reimbursement policies are designed to assist you when submitting claims to CareSource.

#### SUMMARY

The Screening and Surveillance for Colorectal payment policy will reimburse participating providers for medically necessary and preventive screening tests for colorectal cancer as required by state requirements through criteria based on recommendations from the U.S. Preventive Services Task Force (USPSTF), The Centers for Medicare and Medicaid Services (CMS), The Ohio Department of Medicaid Fee Schedule and the American College of Gastroenterology (ACG).

#### WHAT YOU NEED TO KNOW

##### Ohio Medicaid:

- Medicaid screening and surveillance for colorectal cancer are reimbursed based on the Medicaid fee schedule
- If required, providers must submit their prior authorization number their claim form, as well as appropriate HCPCS and/or CPT codes along with appropriate modifiers in accordance with CMS

##### Ohio Medicare and MyCare Plans:

- CareSource will reimburse providers for screening and surveillance for colorectal screening utilized through Medicare Advantage when approved by CareSource If required, providers must submit their prior authorization number, their claim form, as well as appropriate HCPCS and/or CPT codes along with appropriate modifiers in accordance with CMS

##### Marketplace Plans:

- CareSource will reimburse providers for Screening and Surveillance for Colorectal Cancer utilized through the Health Insurance Exchange when approved by CareSource according to the following tier hierarchy reimbursement outlined in this policy

If required, providers must submit their prior authorization number, their claim form, as well as appropriate HCPCS and/or CPT codes along with appropriate modifiers in accordance with CMS.

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

#### NEXT STEPS

The full policy will be available June 1, 2017 on the CareSource.com [Health Partner Policies](#) web page.

To access the policy, visit:

[Ohio Medicaid](#)

[Ohio Marketplace](#)

[Ohio Medicare Advantage](#)

[Indiana Marketplace](#)

[Kentucky Marketplace](#)

[West Virginia Marketplace](#)

You may refer to the specific policy for more information on:

Conditions of Coverage

Codes

Authorization Period

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.