

## December 2024 Third Party Changes of Significance

### MISSISSIPPI MEDICAID

#### **2025 ICD-10 and CMS Updates Webinars.** Magnolia Health. December 6, 2024

- January 7, 2025 at 10am EST [Register here!](#)
- January 15, 2025 at 12pm EST [Register here!](#)
- January 17, 2025 at 10am EST [Register here!](#)
- January 21, 2025 at 3pm EST [Register here!](#)
- January 28, 2025 at 12pm EST [Register here!](#)

#### **Clinical Documentation Improvement (CDI) Webinar Series January 2025.** Magnolia Health. December 12, 2024

“Risk Adjustment, Coding and Documentation Education

Join us for discussions that include: an overview of risk adjustment and how it impacts you; tips to improve documentation and coding; and tips to stay compliant with regulatory requirements. Webinars are open to providers, non-physician providers, coders, billers, and administrative staff.

##### **Navigating Annual Wellness Encounters: Visit Types and Benefits**

- January 6, 2025 at 12pm EST [Register here!](#)
- January 8, 2025 at 10am EST [Register here!](#)
- January 13, 2025 at 3pm EST [Register here!](#)
- January 23, 2025 at 12pm EST [Register here!](#)
- January 29, 2025 at 3pm EST [Register here!](#)
- January 30, 2025 at 10am EST [Register here!](#)

##### **2025 ICD-10 and CMS Updates Webinars**

- January 7, 2025 at 10am EST [Register here!](#)
- January 15, 2025 at 12pm EST [Register here!](#)
- January 17, 2025 at 10am EST [Register here!](#)
- January 21, 2025 at 3pm EST [Register here!](#)
- January 28, 2025 at 12pm EST [Register here!](#)

#### **Letter Available in Provider Portal.** MS Medicaid Late Breaking News. December 30, 2024

“Effective immediately, providers will be able to view copies of letters received by mail directly in the Provider Portal. Access to these letters will be determined by the status of the application and the age of the letter. Please refer to the following instructions for guidance on how to access letters within the Provider Portal. At this time, providers will continue to receive letters via mail, in addition to having the ability to view them online. ...”

<https://medicaid.ms.gov/late-breaking-news/>

#### **Provider Enrollment Application Fee Increased for 2025.** MS Medicaid Late Breaking News. December 18, 2024

“The enrollment application fee for institutional providers for the 2025 calendar year has increased from \$709 to \$730. See the following announcement: <https://www.federalregister.gov/documents/2024/12/02/2024-28127/medicare-medicare-and-childrens-health-insurance-programs-provider-enrollment-application-fee-amount> ...”

<https://medicaid.ms.gov/late-breaking-news/>

#### **Update Provider File and Directory with American Sign Language Capability.** MS Medicaid Late Breaking News. December 12, 2024

“In accordance with Section 5123 of the Consolidated Appropriations Act of 2023, providers now have the option to indicate their ability to communicate in American Sign Language (ASL). This information will be displayed in

the Provider Directory, which members use to search for providers, helping them identify those who can meet their language needs. Providers can update their language preferences at any time. To do so, log into the portal, navigate to the “Characteristics” section, select “American Sign Language” from the dropdown menu, and click “Add.” Additionally, providers undergoing recredentialing or revalidation can select this option from the Language dropdown while completing the application.

Should you need assistance, please contact the Provider and Beneficiary Services Call Center at (800) 884-3222 or use the Provider Field Representative list on Medicaid’s website to identify your designated representative. The Provider Field Representative list includes email addresses and phone numbers for each representative. This resource document is located at <https://medicaid.ms.gov/wp-content/uploads/2024/03/Provider-Field-Representatives-1.pdf>.”

<https://medicaid.ms.gov/late-breaking-news/>

## **CMS, NOVITAS, RAILROAD MEDICARE**

### **National Correct Coding Initiative: January Update. CMS. December 5, 2024**

Get the National Correct Coding Initiative (NCCI) first quarter edit files effective January 1, 2025, on these [Medicare NCCI](#) webpages:

- [Procedure-to-Procedure Edits](#)
- [Medically Unlikely Edits](#)
- [Add-on Code Edits](#)

<https://www.cms.gov/medicare/coding-billing/ncci-medicare>

### **Medicare Physician Fee Schedule Final Rule Summary: CY 2025. CMS. December 5, 2024**

Learn about [changes to these services \(PDF\)](#):

- Telehealth
- Caregiver training
- Therapy
- Cardiovascular risk assessment and management
- Evaluation and management
- Behavioral health
- Advanced primary care management
- Global surgery payment
- Dental and oral health

<https://www.cms.gov/files/document/mm13887-medicare-physician-fee-schedule-final-rule-summary-cy-2025.pdf>

### **Global Surgery — Revised. CMS Medlearn Matters. December 5, 2024**

Learn about [updates \(PDF\)](#), including:

- Modifier information
- New HCPCS code

<https://www.cms.gov/files/document/mln907166-global-surgery-booklet.pdf>

### **MIPS Promoting Interoperability (PI) Program: Specific SRA Requirements. HealthIT.gov**

“Meeting the Merit-based Incentive Payment System (MIPS) requirements involves more than tracking patient care. One critical element, the Security Risk Assessment (SRA), is a core component of the Merit-based Incentive Payment System (MIPS) for healthcare providers, designed to help protect patient information and maintain compliance. Here are some tried-and-true tips to help you conduct a thorough SRA and strengthen your practice’s security posture.

1. **Identify All ePHI Storage Locations**
2. **Evaluate Current Security Measures**
3. **Conduct a Thorough Vulnerability Assessment**

4. **Incorporate Physical Security Controls**
5. **Review Policies and Train Your Team**
6. **Document Your Findings and Action Plans**
7. **Monitor and Update Regularly**

By prioritizing these practices, your team will be well-prepared to complete an effective SRA and strengthen the overall security of your healthcare practice. Not only does this fulfill MIPS requirements, but it also helps build patient trust and enhances the security of sensitive information.

Here are a few key takeaways:

- The Mighty SRA: Security Risk Analysis (SRA) might seem like another checkbox, but it's a vital MIPS component. Forgetting this step? It could cost you ALL your Promoting Interoperability points, irrespective of your performance elsewhere.
- Beyond Your EHR: Remember, the SRA isn't confined to your EHR. It extensively scrutinizes ePHI throughout all office systems, policies, and procedures.
- Regular Reviews: An SRA isn't a "set it and forget it" task. For every system update or new installment, an analysis is essential. Plus, you need a yearly review for each MIPS performance cycle. “

<https://www.healthit.gov/topic/privacy-security-and-hipaa/security-risk-assessment-tool>

#### **Checking Medicare Eligibility MLN Fact Sheet. CMS. December 5, 2024**

“This CMS Medicare Learning Network fact sheet contains guidance for providers on checking patients' Medicare eligibility. “

<https://www.cms.gov/files/document/mln8816413-checking-medicare-eligibility.pdf>

#### **Tips on Entering Letters Into the Interactive Voice Response System. Railroad Medicare-Palmetto GBA. December 10, 2024**

“With a touch-tone phone, you can obtain the latest information on your claims and other Medicare issues. The IVR is available 24 hours a day to acquire general information. To obtain specific information the IVR is available from 7 a.m. to 11 p.m. Monday through Friday, ET. This article provides tips on entering the letters in a provider's PTAN or in a patient's name or Medicare number into the Railroad Medicare Interactive Voice Response (IVR) system.”

<https://www.palmettogba.com/palmetto/rr.nsf/DID/7YHKP53208#ls>

#### **FY 2024 Medicare Fee-for-Service Improper Payment Rate. CMS MLN Matters. December 12, 2024**

“CMS reported the national Medicare Fee-for-Service (FFS) improper payment rate in the [FY 2024 HHS Agency Financial Report](#). See the Other Information section under Payment Integrity Report.

The 2024 national Medicare FFS improper payment rate is 7.66%, or \$31.7 billion in improper payments. Most of these improper payments fall into 2 categories:

1. Insufficient documentation
2. Documentation provided didn't sufficiently demonstrate medical necessity

More Information:

- [Fiscal Year 2024 Improper Payments Fact Sheet](#)
- [2024 Medicare FFS Supplemental Improper Payment Data Report](#)”

[https://www.cms.gov/training-education/medicare-learning-network/newsletter/2024-12-12-mlnc#\\_Toc184815879](https://www.cms.gov/training-education/medicare-learning-network/newsletter/2024-12-12-mlnc#_Toc184815879)

#### **Checking Medicare Eligibility MLN Fact Sheet. Railroad Medicare-Palmetto GBA. December 18, 2024**

“This CMS Medicare Learning Network fact sheet contains guidance for providers on checking patients' Medicare eligibility. “

<https://www.cms.gov/files/document/mln8816413-checking-medicare-eligibility.pdf>

## **2025 Health Professional Shortage Areas. CMS Medicare Learning. December 13, 2025**

“See ZIP Codes designated as Health Professional Shortage Areas in 2025 that are eligible for a Medicare Physician Bonus:

- Visit [Physician Bonuses](#)
- Use the [Medicare Physician Bonus Payment Eligibility Analyzer](#)

See the [instruction to your Medicare Administrative Contractor \(PDF\)](#).”

“The Health Resources & Services Administration (HRSA) designates some geographic areas as Health Professional Shortage Areas (HPSAs). HPSAs are geographic areas that don’t have enough health care providers to meet the health care needs of the area’s population. Medicare pays a 10% quarterly bonus to certain health care providers who furnish services in these areas.

- We base the 10% bonus on the amount that we pay for professional services, not the Medicare-approved amount for each service.
- The HPSA bonus applies only to a physician's professional services. If you bill for a service that has both a professional and technical component, you’ll only get a bonus for the professional component. ...”

<https://www.cms.gov/medicare/payment/fee-for-service-providers/physician-bonuses-health-professional-shortage-areas-hpsas>

## **January 2025 Railroad Medicare News. Railroad Medicare-Palmetto GBA. December 18, 2024**

“The January 2025 Railroad Medicare News is now available. This issue is packed full of useful information for submitting claims. “

[https://www.palmettogba.com/palmetto/providers.nsf/files/January\\_2025\\_Railroad\\_Medicare\\_News1.pdf/\\$FILE/January\\_2025\\_Railroad\\_Medicare\\_News1.pdf](https://www.palmettogba.com/palmetto/providers.nsf/files/January_2025_Railroad_Medicare_News1.pdf/$FILE/January_2025_Railroad_Medicare_News1.pdf)

## **MIPS QPP Reporting. CMS QPP. December 20, 2024**

**RHW: See links with important 2024 MIPS reporting information.**

- [Begin Preparing for 2024 MIPS Data Submission](#)
- [Upcoming QPP Service Center Hold Times](#)
- [Now Available: Updated 2025 CMS QRDA III Implementation Guide \(IG\), Schematron, and Sample Files for Eligible Clinician Programs for the PFS Final Rule](#)

## **OTHER**

### **Enforcement of Corporate Transparency Act Blocked After Court Reversal, AOA First Look. December 30, 2024**

**RHW: Please note that on just prior to this reversal and as reported by AOA First Look on December 27, 2024, the court reinstated the Corporate Transparency Act Filing Requirements with a filing deadline of January 13, 2025. However, on December 26, 2024, the Fifth Circuit Court of Appeals issued a preliminary injunction of this enforcement. See the following article.**

“On Dec. 26, the Fifth Circuit Court of Appeals has vacated their own stay of the District Court’s [preliminary injunction](#) of the enforcement of the January 1, 2025 deadline for reporting compliance under the Corporate Transparency Act (CTA), a law enacted in an effort for Congress to make it easier for the federal government to crack down on shell companies used for money laundering, trafficking, terrorism or other illegal activity. Although optometry practices are not involved in such activities, many would have been required to report information about their ownership to the U.S. Department of the Treasury by the end of 2024 or face substantial penalties of up to \$500/day.

An early Dec. opinion from the Eastern District of Texas found the CTA to be “likely unconstitutional” and found that its original looming Jan. 1, 2025, deadline would irreparably harm companies that were required to comply. Then, last week, the Court of Appeals for the Fifth Circuit [paused an injunction](#) by a lower court, which allowed the law to go into effect.

Then on Thursday, the Court of Appeals flipped on its [earlier decision](#) “to preserve the constitutional status quo,” it said.

The AOA will continue to provide updates and resources on the CTA.”

### **ATTENTION: Immediate Product Recall Notice For Two Regener-Eyes Products. AOA First Look. December 20, 2024**

“All eye care providers should be alert to [a voluntary recall issued on Dec. 17 by Regenerative Processing Plant, LLC](#), for the following products:

- Regener-Eyes Professional® (NDC: 82305-003-01)
- Regener-Eyes Lite® (NDC: 82305-006-01)

The company has indicated that a voluntary recall is necessary due to a packaging integrity issue with the eyedropper dispensing applicators, specifically, their lack of a backflow prevention mechanism. This poses a risk for potential illness and sickness, the company says, as a backflow prevention mechanism helps maintain product sterility and ensures user safety.

Required actions

1. Examine Inventory. Identify and quarantine affected products on Table I and II of the official recall form for lot numbers.
2. Notify Customers. Please alert patients and include a copy of Regener-Eyes recall notification letter.
3. Destroy Affected Products. Please eliminate these products according to local regulations and [complete the official recall form](#) to describe actions taken.

For further information, please contact the company’s [recall coordinator](#). [Learn more](#) about this recall.”

### **Alcon Laboratories Issues Voluntary Nationwide Recall of One (1) Lot of Systane Lubricant Eye Drops Ultra PF, Single Vials On-the-Go, 25 count (Lot 10101), Due to Fungal Contamination. Alcon Laboratory. December 21, 2024**

“Fungal contamination of an ophthalmic product is known to potentially cause eye infections. If an infection occurs, it may be vision-threatening, and in very rare cases potentially life-threatening in immunocompromised patients. To date, Alcon Laboratories has not received any reports of adverse events related to this recall.”

<https://www.fda.gov/safety/recalls-market-withdrawals-safety-alerts/alcon-laboratories-issues-voluntary-nationwide-recall-one-1-lot-systane-lubricant-eye-drops-ultra-pf>

### **Breaking News: U.S. House, Senate Approve VA OD Physician-Level Recognition Legislation. AOA News. December 19, 2024**

“Roughly 70% of primary and medical eye care services are provided by VA Optometry, and this latest congressional approval will help the VA better recruit and retain doctors of optometry to help preserve that level of care. “

<https://www.aoa.org/news/advocacy/federal-advocacy/us-house-senate-approve-va-od-physician-level-recognition-legislation?sso=y&ct=e0997b09d2715ffd930accbe3b5022c5b6f06c54c9cc542624b9e23d7846cefeb8eba8e7f74738882dec2739b8f7836cb9b62a8338fd476d5ad4e9347783a759>

### **UHC Medicare Advantage Policy Change. December 2024**

#### **Glaucoma & Other Ophthalmic Surgical Treatments. Effective Dec. 1, 2024. Retired.**

“Replaced policy: For implantation of glaucoma drainage devices, refer to the UnitedHealthcare Medicare Advantage Medical Policy titled Surgical Procedures for applicable coverage guidelines and for all other procedures, refer to the Medicare Coverage Database for applicable coverage guidelines”

Surgical Procedures Policy states: “[For] Implantation of Glaucoma Drainage Devices (e.g., EXPRESS™Mini Glaucoma Shunt, Molteno Implant, Baerveldt Tube Shunt, Krupin Eye Valve, or the Ahmed Glaucoma Valve Implant) Medicare does not have an NCD for the implantation of glaucoma drainage devices. LCDs/LCAs do not exist. For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled Glaucoma Surgical Treatments.”

Notice: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/mpub-archives/mamp/medicare-advantage-medical-policy-update-bulletin-december-2024-full.pdf#glaucoma>

Surgical Procedures Policy: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medadv-mp/surgical-procedures.pdf>

### **2024 Provider Experience Improvements. United Health Care/March Vision. December 4, 2024**

“As a UnitedHealthcare Community Vision Network / March Vision Network provider, you help us deliver quality care to millions of members nationwide. You prioritize patient health and practice growth, and we share that commitment. That’s why we work side by side with you and your team to make sure you have the support you need, when you need it.

Throughout 2024, we made several improvements to help make your provider experience better, including:

- A new Provider Training Academy
- Additional COPE accredited CE courses
- The opportunity to win a free lunch and more”

### **Check out the improvements today**

### **Davis Vision - 2025 FEP Enhanced Retinal Imaging & Contact Lens Evaluation Fit Benefit. Davis Vision-Versant. December 11, 2024**

“... to inform you of important updates regarding retinal imaging procedures. Effective January 1, 2025, the following Current Procedural Terminology (CPT) codes will be added to our billing and coding practices:

- CPT 92133: Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve
- CPT 92134: Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina
- CPT 92250: Fundus photography with interpretation and report

Additionally, retinal imaging will now be offered as an ancillary benefit with a copay of \$29 and a reimbursement of \$10. Please ensure that claims for these procedures are submitted with the specific CPT codes at the full charge amount.

These additions are part of our ongoing efforts to ensure comprehensive and up-to-date diagnostic services for our patients. The new CPT codes will facilitate more accurate billing and reimbursement processes for retinal imaging procedures.

FAQ’s:

- How is the new retinal imaging coverage going to work?
  - This is part of the routine benefit associated with routine comprehensive services
- Would we bill this on the Versant Health website along with the routine eye exam?
  - Yes
- Do the CPT codes listed above require a medical diagnosis attached to them?
  - No, this is part of the routine benefit
- Is the above stating we charge the patient \$29, and we get reimbursed \$10 for each of the 3 CPT codes listed above?
  - Providers should bill Versant Health at the full charge amount. The member copay that the provider should collect is \$29 and the Versant Health reimbursement will be \$10.
- Does this apply to all providers?
  - This applies to any provider who is servicing a BCBS FEP Vision member.

### **Changes to Standard Option Only:**

- We added benefit coverage for a contact lens evaluation, fitting and follow-up for non-specialty lenses with a \$55 member copay.
- We will reimburse you \$5 for a total payment of \$60 for a non-specialty fit (\$55 member copay and \$5 from Versant.
- If your charge is less than \$55, there will be no additional payment due to you.

Please update your records accordingly and ensure that your billing staff is aware of these changes. If you have questions or concerns, please call 1 (877) 235-5316, Monday to Friday from 8am to 8pm EST. We will be happy to assist you. We appreciate your commitment to serving all your patients and look forward to continuing to work with you in other programs.

**(Mailing to Davis Providers from Versant)**

**Mississippi Could Suffer The Most If Health Insurance Subsidies Lapse. AOA First Look. December 5, 2024**

“The [AP](#) (12/4, Dilworth) reports, “A new report warns Mississippi could see the steepest drop off in health insurance coverage if Congress doesn’t vote to extend temporary health coverage subsidies at the end of next year.” The AP adds, “Over 100,000 Mississippians would lose health insurance – a 43% increase in the state’s already-high uninsured rate – the policy think tank The Urban Institute predicted last month.”

AP News: <https://apnews.com/us-news/access-to-health-care-mississippi-subsidies-general-news-6d06b87678f048f90b2aa04c4e0b87fd>

**Discrimination Within the US Ophthalmology Workforce. Sirivolu, S. et al. JAMA Ophthalmol. Published online December 05, 2024.**

**RHW: I have to assume discrimination within the Optometry community is at least as high, if not higher.**

**Question:** What are the frequency, nature, and outcomes of discrimination experienced by ophthalmologists and trainees in the US?

**Findings:** In this cross-sectional study, 41.9% of respondents reported experiencing discrimination in the workplace, with women reporting discrimination at significantly higher rates than men. Discrimination was reported to be associated with several negative outcomes, including loss of job opportunities, lower income, and lower job satisfaction.

**Meaning:** This study suggests that discrimination is frequently experienced by ophthalmologists and is associated with negative career outcomes, including lower job satisfaction.”

<https://jamanetwork.com/journals/jamaophthalmology/article-abstract/2827451>