January 2025 Third Party Changes of Significance

MISSISSIPPI MEDICAID

New Provider Demographic Update Tool. Magnolia Health. January 16, 2025

"Magnolia Health is committed to providing our providers with the best tools possible to support their administrative needs for MSCAN and Ambetter.
Whether it's making an address change or terminating a provider, we have created an easy way for you to request updates to your information and ensure we receive what is needed to complete the request in a timely manner.
Try the Provider Demographic Tool Today! https://www.magnoliahealthplan.com/providers/resources.html
Please note, MSCAN and Ambetter Delegated Providers will continue to submit rosters to magnoliacredentialing@centene.com
Wellcare Providers will continue to submit rosters and demographic updates to msproviderupdates@centene.com
Need to review your existing information or have a question? If you are a contracted provider, you can visit our Provider Directory to review your information https://www.magnoliahealthplan.com/find-a-doctor/find-a-provider-guide.html."

Magnolia Health Begins Performing Additional Prepayment Claim Reviews - 2/15/2025. Magnolia Health. January 16, 2025

"Magnolia Health is committed to continuously improving its overall payment integrity solutions to prevent overpayments due to waste or abuse. This is a notification that we will begin performing additional prepayment claim reviews on 2/15/2025 using Optum's Comprehensive Payment Integrity (CPI) tool. As a result of these prepayment claim reviews, providers may be asked for medical records and billing documents that support the charges billed.

Magnolia Health utilizes widely acknowledged national guidelines for billing practices and supports the concept of uniform billing for all payers. These prepayment claim reviews will look for overutilization of services or other practices that directly or indirectly result in unnecessary costs. A provider's order must be present in the medical record to support all charges, along with clinical documentation to support the diagnosis and services or supplies billed.

The provider will receive detailed instructions about how to submit the requested documentation. Providers who do not submit the requested documentation may receive a technical denial, which will result in the claim being denied until the information required to adjudicate the claim is received.

If it is determined that a coding and/or payment adjustment is applicable, the provider will receive the appropriate claim adjudication. Providers retain their right to dispute results of reviews.

Please contact your Provider Services representative if you have any questions."

Provider Enrollment/ Claim Denial Issues. Magnolia Health. January 16, 2025

"If the rendering provider and/or group is not an active, fee-for-service and/or MississippiCAN provider at the time of claim submission, your claim will be denied regardless of your network status with Magnolia.

Below are the denial reasons that will display on your EOP:

EX1T: RENDERING PROV INACTIVE /NOT REGISTERED W/ STATE ON DOS
EX1n: BILLING PROV INACTIVE /NOT REGISTERED W/ STATE ON DOS

Please keep the following information in mind when enrolling through Gainwell:

- To perform services on a Magnolia member, you must be an active Fee for Service or MississippiCAN provider on the date of service.
- To become a participating provider with Magnolia, prior to contacting Magnolia Health for Contracting and/or enrollment, make sure the rendering provider as well as group are credentialed through Gainwell and have requested to be Magnolia providers.
- If your group has multiple NPIs and your practitioners will be practicing under each Group NPI, you must submit are quest to link them to each Group NPI or it may result in a non-par payment or claim denial.
- Ensure that the taxonomy you utilized to enroll with Gainwell matches what is submitted on the request to Magnolia, as well as NPPES.
- Once you have made corrections through Gainwell, please resubmit the claims within 180 days of the date of service."

Magnolia MississippiCAN New Claim Denial for Provider Enrollment Issues. Magnolia Health. January 16, 2025

"Effective 1.1.2025, Magnolia is implementing the following claim denial reasons. These denials will display on your EOP if you are currently participating with Magnolia but are not properly credentialed with Gainwell as a MississippiCAN provider. To remain a participating provider with Magnolia your rendering NPI and billing NPI must be registered through Gainwell as a MississippiCAN provider and have selected Magnolia as a CCO.

Below are the denial reasons that will display on your EOP:

EX2I: DENY: In-Network RENDERING PROV NOTREGISTERED for MSCAN ON DOS - CONTACT GAINWELL

EX2m: DENY: In-Network BILLING PROV NOTREGISTERED for MSCAN on DOS - CONTACT GAINWELL

Please keep the following information in mind when enrolling through Gainwell:

- To become a participating provider with Magnolia, prior to contacting Magnolia Health for Contracting and/or enrollment, make sure the rendering provider as well as group are credentialed through Gainwell and have requested to be Magnolia providers.
- If your group has multiple NPIs and your practitioners will be practicing under each Group NPI, you must submit a request to link them to each Group NPI or it may result in a non-par payment or claim denial.
- Ensure that the taxonomy you utilized to enroll with Gainwell matches what is submitted on the request to Magnolia, as well as NPPES, and your claim image.
- Once you have made corrections through Gainwell, please resubmit the claims within 180 days of the date of service"

CMS, NOVITAS, RAILROAD MEDICARE

2025 MIPS Payment Adjustments in Effect Based on 2023 Performance. CMS QPP. January 2, 2025

"In August 2024, each MIPS eligible clinician received a 2023 MIPS final score and associated payment adjustment factor(s) as part of their 2023 MIPS performance feedback, available on the QPP website.

2025 MIPS payment adjustments, based on each MIPS eligible clinician's 2023 MIPS final score, will be applied to payments made for Part B covered professional services payable under the Physician Fee Schedule from January 1 to December 31, 2025. Payment adjustments are determined by the final score associated with a clinician's Taxpayer Identification Number (TIN)/National Provider Identifier (NPI) combination.

MIPS eligible clinicians, identified by TIN/NPI combination for the 2023 performance year, will receive a positive, neutral, or negative MIPS payment adjustment in 2025 if they:

- Were a clinician type that was included in MIPS;
- Enrolled in Medicare prior to January 1, 2023;
- Weren't a Qualifying Alternative Payment Model (APM) Participant (QP);
- Were a Partial Qualifying APM Participant (Partial QP) that elected to participate in MIPS as a MIPS eligible clinician; and

- Met one of the following criteria:
    - Individually exceeded the low-volume threshold;
    - Were in a practice that exceeded the low-volume threshold at the group level and submitted group or APM Entity data; or
    - Were part of an approved virtual group.

For More Information

Visit the QPP Resource Library for the 2025 MIPS Payment Adjustment User Guide (PDF, 1MB) and more QPP resources."

2024 QPP Data Submission is Now Open. CMS QPP. January 2, 2025

"The Centers for Medicare & Medicaid Services (CMS) has opened data submission for the 2024 performance year of the Quality Payment Program (QPP). Data can be submitted and updated until 8 p.m. ET on March 31, 2025.

How to Submit and Review Your 2024 MIPS Data

Follow the steps outlined below to submit data:

- Go to the QPP sign in page.
- Sign in using your QPP access credentials.
- Submit your data for the 2024 performance year or review the data reported on your behalf by a third party. (You can't correct errors with your data after the submission period, so it's important to make sure the data submitted on your behalf is accurate.)

Submission resources are available now on the QPP Resource Library."

Historically Excepted Tribal Federally Qualified Health Centers: CY 2025 Payment Rate . CMS. January 8, 2025

"The CY 2025 historically excepted (previously called grandfathered) tribal Federally Qualified Health Center Prospective Payment System rate is $718 for medically necessary face-to-face visits.

CMS will adjust CY 2025 claims paid at the CY 2024 rate. You don't need to take any action.

See the instruction to your Medicare Administrative Contractor (PDF)."

https://www.cms.gov/training-education/medicare-learning-network/newsletter/2025-01-08-mlnc#_Toc187139597

How to Use the Office & Outpatient Evaluation and Management Visit Complexity Add-on Code G2211 — Revised. CMS Medlearn Matters. January 8, 2025

"CMS added information on how to use G2211 with modifier 25 (PDF) for certain Medicare Part B services starting January 1, 2025."

https://www.cms.gov/files/document/mm13473-how-use-office-and-outpatient-evaluation-and-management-visit-complexity-add-code-g2211.pdf

Telehealth Flexibilities Extended until March 31. CMS. January 16, 2025

"Recent legislation extended the waiver of the geographic, site of service, and practitioner type restrictions. Medicare patients in non-rural areas and in their homes can continue to get telehealth services from this extended range of practitioners until March 31, 2025."

https://www.cms.gov/training-education/medicare-learning-network/newsletter/2025-01-16-mlnc#_Toc187840844

Health Professional Shortage Areas: Learn about Physician Bonuses. CMS. January 16, 2025

"Health Professional Shortage Areas (HPSAs) are geographic areas of populations that lack enough health care providers to meet the health care needs of that population. CMS pays a 10% quarterly bonus when you deliver Medicare-covered services to Medicare patients in a geographic HPSA. Visit Physician Bonuses in Health Professional Shortage Areas to learn more, including:

- What are HPSAs?
- Who can get an HPSA bonus?

- Do I need to use a claims modifier?
- How do I find HPSA ZIP Codes?"

Change of Ownership: Both Parties Must Submit Enrollment Applications Within 30 Days. CMS. January 16, 2025

"Providers and suppliers must report a change of ownership (CHOW) within 30 days of the change. For certified providers undergoing a CHOW, 42 CFR 424.550 states:

- Both the seller and the buyer must submit enrollment applications to report the CHOW
- If the seller fails to submit an enrollment application to report the CHOW, the seller may be sanctioned or penalized (even after the date of the ownership change)
- If the buyer fails to submit an enrollment application containing information about the buyer within 30 days of the CHOW, the provider's billing privileges may be deactivated

See Medicare Provider Enrollment for more information. "

Guidelines for Teaching Physicians, Interns & Residents — Revised. CMS. January 16, 2025

"Learn about guideline updates:

- Teaching providers can submit IRIS data for the Direct Graduate Medical Education and Indirect Medical Education reimbursement programs
- Teaching physicians can use two-way, interactive, audio-video telehealth when residents provide telehealth services, in all residency training locations through the end of CY 2025"

https://www.cms.gov/training-education/medicare-learning-network/newsletter/2025-01-16-mlnc#_Toc187840842

Checking Medicare Eligibility MLN Fact Sheet.CMS. January 30, 2025

"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

OTHER

UHC Community Plan: Visual Information Processing Evaluation and Orthoptic and Vision Therapy-Policy Number: CS131.O Effective Date: January 1, 2025

Changes 1."Definitions: Updated definition of "Vision Restoration Therapy (VRT)"

2. Supporting Information
   a. Updated Clinical Evidence, FDA, and References sections to reflect the most current information
   b. Archived previous policy version CS131.N"

https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medicaid-comm-plan/visual-information-processing-evaluation-orthoptic-vision-therapy-cs.pdf

UHC Medicare Advantage Plan: Category III CPT Codes Policy Number: MMP043.42. Effective Date: February 1, 2025

0464T Visual evoked potential, testing for glaucoma, with interpretation and report
No NGS L36831 (A57060)
For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled Neurophysiologic Testing and Monitoring

0687T Treatment of amblyopia using an online digital program; device supply, educational set-up, and initial session
Unproven; refer to the UnitedHealthcare Commercial Medical Policy titled Visual Information Processing Evaluation and Orthoptic and Vision Therapy

0688T Treatment of amblyopia using an online digital program; assessment of patient performance and program data by physician or other qualified health care professional, with report, per calendar month

Unproven; refer to the UnitedHealthcare Commercial Medical Policy titled Visual Information Processing Evaluation and Orthoptic and Vision Therapy

0704T Remote treatment of amblyopia using an eye tracking device; device supply with initial set-up and patient education on use of equipment

Unproven; refer to the UnitedHealthcare Commercial Medical Policy titled Visual Information Processing Evaluation and Orthoptic and Vision Therapy

0705T Remote treatment of amblyopia using an eye tracking device; surveillance center technical support including data transmission with analysis, with a minimum of 18 training hours, each 30 days

Unproven; refer to the UnitedHealthcare Commercial Medical Policy titled Visual Information Processing Evaluation and Orthoptic and Vision Therapy

0706T Remote treatment of amblyopia using an eye tracking device; interpretation and report by physician or other qualified health care professional, per calendar month

Unproven; refer to the UnitedHealthcare Commercial Medical Policy titled Visual Information Processing Evaluation and Orthoptic and Vision Therapy

https://www.uhcprovider.com/content/dam/provider/docs/public/policies/index/mamp/category-iii-cpt-codes-02012025.pdf

UHC Provider Portal Updates. UHC Network News. January 2025

"Avoid UHC Provider Portal lockout: Ensure sign-in includes passkey, authenticator and/or a phone number"
https://www.uhcprovider.com/en/access/provider-portal-authentication.html

Provider Portal Authentication. United Health Care. February 3, 2025

"A security update to the UnitedHealthcare Provider Portal is coming soon. This will affect how you sign in to the portal and gain access if you're ever locked out.

Currently, many of you use email as a recovery and multifactor authentication option. On March 6, 2025, this option won't be available. Be prepared; review your options now."

https://www.uhcprovider.com/en/access/provider-portal-authentication.html