

MISSISSIPPI MEDICAID

Submitting A Claim For Full-Benefit Dual Eligible Members To Medicaid When Medicare Denied Services.

LateBreaking News. February 15, 2024

The Mississippi Division of Medicaid (DOM) would like to clarify the process for submitting claims to Medicaid for full-benefit dual eligible members with Medicare when Medicare denied services billed. Claims that fit this scenario must be submitted to Medicaid by Provider Portal, 837 EDI transaction, or paper, as a Medicaid Only claim with the Medicare EOMB attached showing Medicare denied the services. The claims will suspend up to 21 days awaiting receipt of attachment. Once the attachment is received, the claim will be reviewed to validate the Medicare denial reason(s). If Medicare denied for “Not Medically Necessary,” the claim will be denied by Medicaid. Claims will process according to all Medicaid policies and billing rules for any other denial reasons.

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/2022/12/Provider-Field-Representatives.pdf>.

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

CMS, NOVITAS, RAILROAD MEDICARE

CMS Advisory on Cybersecurity and Infrastructure Security. CMS. February 29, 2024

In response to active exploitation of a cybersecurity vulnerability, the Cybersecurity and Infrastructure Security Agency (CISA), the Federal Bureau of Investigation (FBI), and the Department of Health and Human Services (HHS) released an update to the joint advisory [#StopRansomware: ALPHV Blackcat](#) to provide new indicators of compromise (IOCs) and tactics, techniques, and procedures (TTPs) associated with the ALPHV Blackcat ransomware as a service (RaaS). ALPHV Blackcat affiliates have been observed primarily targeting the healthcare sector. Please make sure the attached message is seen and acted upon by the appropriate members of your organization, such as the IT department. We encourage those with networks to distribute this message to your networks.

For more information click here: [#StopRansomware: ALPHV Blackcat](#)

A new joint cybersecurity advisory from FBI, DHS/CISA, and HHS encourages organizations to take actions that mitigate the threat of ransomware. A new joint cybersecurity advisory from FBI, DHS/CISA, and HHS encourages organizations to take actions that mitigate the threat of ransomware. This advisory provides updates to the BlackCat/ALPHV Ransomware Indicators of Compromise released April 19, 2022 and to the advisory released December 19, 2023.

[Read the Advisory](#)

<https://aspr.hhs.gov/cyber/Documents/stopransomware-508.pdf>

CMS Clarifies HIPAA Compliance Rules When Texting Patient Data. AOA First Look. February 13, 2024

“[Healthcare IT News](#) reports, ‘The Centers for Medicare and Medicaid Services Quality, Safety & Oversight Group sent a memo to state survey agency directors, effective immediately, clarifying HIPAA compliance for texting patient information and hospital orders at critical access hospitals.’ The agency ‘said in the new memo, Texting of Patient Information and Orders for Hospitals and CAHs, that back in 2018, it had concerns with ‘record retention, privacy, confidentiality, security and the integrity of existing systems at that time.’ Although ‘computerized provider order entry is still the agency’s preferred method of order entry by a provider, those choosing to

incorporate texting of patient information and orders into electronic health records must utilize and maintain data security and encryption as well as ensure the integrity of author identification on secure texting platforms that comply with the Health Insurance Portability and Accountability Act of 1996, CoPs and the HITECH Act, CMS said.”

Revised Article: Billing and Coding: Removal of Benign Skin Lesions. . Novitas. January 1, 2024

“Article revised and published on 02/15/2024 effective for dates of service on and after 12/04/2023. The following ICD-10-CM codes have been added to Group 4 Codes: D28.0, D28.1, D29.0, and D29.4. The following ICD-10-CM code was added to Group 6 codes: D07.4. This revision is in response to an inquiry.”

<https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=57113&ver=33&contractorName=6&contractorNumber=all&updatePeriod=1082&sortBy=updated&bc=13>

Medical Services Authorized by the Veteran’s Health Administration: Avoid Duplicate Payments. CMS. February 22, 2024

“In a [report](#), the Office of the Inspector General found that Medicare paid providers for medical services authorized and paid for by Veteran Administration community care programs, resulting in duplicate payments of up to \$128 million. We don’t pay for services authorized under Veteran’s Health Administration benefits.

More information to bill correctly:

[Medicare Secondary Payer \(PDF\)](#) booklet

[Medicare Overpayments \(PDF\)](#) fact sheet

Section 50.1.1 [Medicare Benefit Policy Manual, Chapter 16 \(PDF\)](#)”

CMS: https://www.cms.gov/training-education/medicare-learning-network/newsletter/2024-02-22-mlnc#_Toc159405482

Report: <https://oig.hhs.gov/oas/reports/region9/92203004.pdf>

Limitation on Recoupment of Medicare Overpayments. CMS Medlearn Matters. February 22, 2024

“Learn about [limits on recouping overpayments \(PDF\)](#) effective July 1, 2024, including:

When to request an extended repayment plan or choose an immediate recoupment

How we pay interest”

<https://www.cms.gov/files/document/mm11808-limitation-recoupment-medicare-overpayments.pdf>

Health Equity Services in the 2024 Physician Fee Schedule Final Rule. CMS Medlearn Matters. February 22, 2024

“Learn about [4 services \(PDF\)](#) to help address health-related social needs:

Caregiver training

Social determinants of health risk assessment

Community health integration

Principal illness navigation”

<https://www.cms.gov/files/document/mln9201074-health-equity-services-2024-physician-fee-schedule-final-rule.pdf-0>

OTHER

Involve Vision is now Centene Vision Services. February 14, 2024

“Involve Vision is now operating as Centene Vision Services for all Centene subsidiary health plans including Magnolia Health and Ambetter. This is a name change only and will not impact our current operations. Moving forward you may begin seeing communications from Centene Vision Services but the full implementation of this change will gradually occur throughout 2024. vision.centene.com”

Clean Claim Reviews. Magnolia Health: Ambetter. February 23, 2024

“Effective March 25, 2024: Ambetter has partnered with 6 Degrees Health to perform clean claim reviews to ensure appropriate billing. All reviews are performed by registered nurses with extensive clinical experience, and billing is evaluated against CMS and industry standards to ensure the claim has been billed accurately before payment.

What do I do if I did not receive the full contracted payment for my claim?

Please contact 6 Degrees Health at the number below. However, you received an amount lower than expected because a clean claim review was performed.

Reconsiderations, Disputes and Appeals

Where do I submit documentation if I do not agree with the Clean Claim review findings?

You may contact 6 Degrees Health at the number below, or you can submit additional documentation for reconsideration, or you can exercise your appeal rights. ALL inquiries should be submitted to 6 Degrees Health:

Mailing - 20500 Belshaw Ave, T1-3439, Carson, CA 90746

Direct - 503.640.9933, option #3

Email - cleanclaims@6degreeshealth.com; Fax - 888.507.0489

What are EX CODES?

Certain EX CODES mean a Clean Claim review was completed. If EX CODES n0, n9, m0, m3, m4, or m5 are present on the EOP, it means that 6 Degrees Health conducted a review.

What kind of information can we send to make items payable that were originally denied?

When submitting a formal appeal, you can send medical records or other documentation supporting your billing practices, such as billing policies to:

Mailing - 20500 Belshaw Ave, T1-3439, Carson, CA 90746

Email - cleanclaims@6degreeshealth.com Fax - 888.507.0489”

BCBS Federal Employee Plan: Cyclosporine Ophthalmics - Pharmaceutical Policy. January 1, 2024

“Reviewed with changes to criteria and supplementary information.

Updated medically necessary and investigational criteria statements;

Updated administrative information.”

https://www.fepblue.org/-/media/PDFs/Medical%20Policies/10-22-2020/5_90_22%20Cyclosporine%20Ophthalmics.pdf

BCBS Federal Employee Plan: Eysuvis - Pharmaceutical Policy. Effective January 1, 2024

“Reviewed with changes to criteria and supplementary information.

Updated medically necessary and investigational criteria statements;

Updated administrative information.”

https://www.fepblue.org/-/media/PDFs/Medical%20Policies/3-18-2022/Pharmacy_Policies/59044%20Eysuvis%20loteprednol%20etabonate.pdf

BCBS Federal Employee Plan: Tyrvaya - Pharmaceutical Policy. Reviewed January 1, 2024

“Reviewed with changes to criteria and supplementary information.

Updated medically necessary and investigational criteria statements;

Updated administrative information.”

https://www.fepblue.org/-/media/PDFs/Medical%20Policies/3-18-2022/Pharmacy_Policies/59051%20Tyrvaya%20varenicline%20solution.pdf

BCBS Federal Employee Plan: Xiidra - Pharmaceutical Policy. Reviewed January 1, 2024

Reviewed with changes to criteria and supplementary information.

Updated medically necessary and investigational criteria statements;

Updated supporting and administrative information.

<https://www.fepblue.org/-/media/PDFs/Medical%20Policies/10-22-2020/59023%20Xiidra%20lifitegrast.pdf>

Cigna: Ophthalmic Glaucoma Agents - Prostaglandin Analogs and Rho Kinase Inhibitors - Pharmaceutical Policy # . IP0027. February 1, 2024

“Reviewed with changes to applicable drugs, criteria, and supplementary information. Changes include, but may not be limited to:

Added drugs Iyuzeh (latanoprost 0.005% ophthalmic solution), Rhopressa, Rocklatan, and tafluprost 0.0015% ophthalmic solution with associated criteria;

Added criteria section for individual and family plan non-covered products;

Removed step therapy criteria for drugs Xalatan and Xelpros;

Updated supporting information; Updated policy title.”

https://static.cigna.com/assets/chcp/pdf/coveragePolicies/pharmacy/ip_0027_coveragepositioncriteria_ophthalmic_prostaglandin_analogs.pdf

Humana Medicare : Cequa (Medicare) - Pharmaceutical Policy. Effective January 1, 2024

“Reviewed with change(s) to applicable drugs, criteria, supplementary information, and formatting.

Removed generic Restasis from applicable drugs;

Removed coverage limitations;

Updated policy title; Updated supporting information; Updated policy template.”

<https://dctm.humana.com/Mentor/Web/v.aspx?objectID=0900092988776fcc>

Humana Commercial: Ophthalmic Cyclosporine (Cequa, generic Restasis, Vevye) - Pharmaceutical Policy. Reviewed January 24, 2024

“Reviewed with change(s) to applicable drugs, criteria, coverage, supplementary information, and formatting.

Added Vevye with existing criteria and approval duration applicable;

Removed coverage limitations; Updated policy title; Updated supporting information; Updated policy template.”

<https://dctm.humana.com/Mentor/Web/v.aspx?objectID=0900092988776fde>

Humana Commercial: Eysuvis - Pharmaceutical Policy. Revised January 24, 2024

“Reviewed with change(s) to criteria, supplementary information, and formatting.

Removed criterion of previous treatment, contraindication, or intolerance to Restasis;

Removed coverage limitations; Updated supporting information; Updated policy template.

<https://dctm.humana.com/Mentor/Web/v.aspx?objectID=0900092988776fe2>

Humana: iDose (Commercial, Medicare, SC Medicaid) - Prior Authorization (PA) Criteria. January 24, 2024

“New PA criteria.

iDose TR may be considered medically necessary when criteria are met.”

<https://dctm.humana.com/Mentor/Web/v.aspx?objectID=0900092988776ed8>

Humana: Tyrvaya (Commercial + Medicare) - Pharmaceutical Policy. Reviewed January 24, 2024

“Reviewed with change(s) to criteria, supplementary information, and formatting.

Removed coverage limitations; Updated supporting information; Updated policy template.”

Commercial: <https://dctm.humana.com/Mentor/Web/v.aspx?objectID=0900092988776fe0>

Medicare: <https://dctm.humana.com/Mentor/Web/v.aspx?objectID=0900092988776fce>

Humana: Xiidra (Medicare) - Pharmaceutical Policy. January 24, 2024

“Reviewed with change(s) to criteria, supplementary information, and formatting.

Removed coverage limitations; Updated supporting information; Updated policy template.

<https://dctm.humana.com/Mentor/Web/v.aspx?objectID=0900092988776fd0>

UHC: Expand Your Practice's Reach. February 15, 2023

“Attest to your practice’s data to help ensure we only display the locations where you currently see patients. We’ve included a couple new questions in the attestation process to better help you determine if the locations we’re displaying are accurate, or if you should update them. Displaying your current practice locations can help patients make informed choices on where to seek care. It can also streamline the referral process for health care professionals since they often base those decisions on proximity to the patient’s residence.”

<https://www.uhcprovider.com/en/demographics-profiles-attestation.html>

United Health Care Community Plan - Electroretinography (for Mississippi Only) Policy Number: CS370MS.A Effective Date: April 1, 2024

“Electroretinography may be considered medically necessary when criteria are met.

Template Update Created service-specific policy version for content previously included in the Medical Policy titled Omnibus Codes (for Mississippi Only) (no change to coverage guidelines) **Supporting Information** Added Description of Services and FDA section Updated Clinical Evidence and References sections to reflect the most current information”

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/index/comm-plan/ms/electroretinography-ms-cs-04012024.pdf>

United Health Care Community Plan Light and Laser Therapy Policy Number: CS069.R (Mississippi) Effective Date: April 1, 2024

Significant coverage policy changes but does not cover uses for ocular conditions.

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/index/comm-plan/light-laser-therapy-cs-04012024.pdf>

United Healthcare Medicare Advantage Plans: Vision Services Policy Number: MCS104.06 Approval Date: January 18, 2024 Effective Date: March 1, 2024

“Reviewed with changes to applicable services, criteria, coding, policy title, and supplementary information. Changes include, but are not limited to, the following (see policy for complete changes).

1. Added corneal collagen cross-linking, photocoagulation (focal laser), home visual field monitoring, and placement of intraocular radiation source applicator to applicable services with associated criteria
2. Removed scanning computerized ophthalmic diagnostic imaging/scanning laser glaucoma tests/optical coherence test/scanning laser polarimetry, remote imaging to detect retinal disease, remote imaging to manage active retinal disease, computerized corneal topography, and corneal pachymetry from applicable services with associated criteria
3. Added CPT/HCPCS codes including: 67105, 0378T, 63036, J2787
4. Removed CPT codes including: 92132, 92227, 92228

Updated policy title; Updated supporting and administrative information.”

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/index/macsvision-services-therapy-rehabilitation-03012024.pdf>

Brassica Pharma Recalls Multiple Brands Of Lubricant Eye Ointments Due To Unsterile Conditions At Plant, AOA First Look. February 27, 2023

[CBS News](https://www.cbsnews.com/news/walmart-cvs-eye-ointment-eye-product-recall/) (2/26, Gibson) reports, “Multiple brands of lubricant eye ointments are being recalled due to a risk of infection after federal inspectors found unsterile conditions at the Indian plant where the products were manufactured.” The recall by Brassica Pharma “comes after a deadly outbreak last year of eye infections linked to artificial tears made by another Indian firm.” The latest recall “involves four products by brands Equate, CVS Health and AACE Pharmaceuticals, according to the notice posted Monday by the U.S. Food and Drug Administration.”

<https://www.cbsnews.com/news/walmart-cvs-eye-ointment-eye-product-recall/>

Few Americans Know How Much Their Healthcare Costs. Stephanie Marken. Gallop News January 31, 2024

“Most Americans are unaware of their healthcare costs in advance

Americans want more transparency in healthcare costs

Americans feel healthcare costs do not reflect quality”

<https://news.gallup.com/poll/609434/few-americans-know-healthcare-costs.aspx>