October 2024 Third Party Changes of Significance

MISSISSIPPI MEDICAID

<u>Notice of Additional Claim Edits</u>. Magnolia Health Weekly News and Updates. October 11, 2024

Magnolia Health Plan is committed to continuously evaluating and improving overall Payment Integrity solutions as required by State and Federal governing entities. We are notifying providers of additional claim edits that Magnolia will be implementing effective on or after **11/1/2024**.

...

Transcranial Dopplers with Valid Diagnosis	This review seeks to ensure that documentation supports billing for Transcranial Dopplers (TCDs).

https://mailchi.mp/7fe265c4eb34/pooscgsvfh-24004?e=6d63e1c4a4

<u>Magnolia Health, Ambetter from Magnolia Health and Wellcare transitions to Availity Essentials</u>. Magnolia Health Weekly News and Updates. October 11, 2024

"Magnolia Health, Ambetter from Magnolia Health and Wellcare have chosen Availity Essentials as its new, secure provider portal. Starting November 18, 2024, you can validate eligibility and benefits, submit claims, check claim status, submit authorizations, and access Magnolia Health, Ambetter from Magnolia Health and Wellcare payer resources via Availity Essentials.

If you are already working in Essentials, you can log in to your existing Essentials account to enjoy these benefits for Magnolia Health, Ambetter from Magnolia Health and Wellcare members beginning November 18, 2024: Use Availity Essentials to verify member eligibility and benefits, submit claims, check claim status, submit authorizations, and more. …"

https://mailchi.mp/7fe265c4eb34/pooscgsvfh-24004?e=6d63e1c4a4

<u>Bridging Gaps in Care: Magnolia's Secure Provider Portal</u>. Magnolia Health Weekly News. October 24, 2024

"To help improve patient outcomes, Magnolia Health is here to support you in delivering quality care by sharing care gaps and non-compliant member lists. These lists include newly assigned members and are accessible through our Secure Provider Portal. Identifying gaps in care is essential to improving the overall health and positive clinical outcomes for patients. Identifying newly assigned members allows for early outreach to establish a relationship with you as their PCP and to initiate the appropriate screenings.

A care gap occurs when a patient is overdue for a recommended screening, such as a mammogram, colonoscopy, missed A1C check, or even a late well-visit. When gaps in care exist, providers miss the opportunity to provide essential services to patients and receive reimbursement for them.

Magnolia's Secure Provider Portal makes it easy to proactively identify and bridge gaps in care.

To view gaps in care and non-complaint screenings, log into the Secure Provider Portal and click on the "Patient" tab. **Patient List** can be filtered to show a list of new members with gaps in care by clicking the **Filter Button** and selecting **Care Gaps** and New Member buttons. With a patient centered care approach, providers can leverage patient list and care gap data within the Secure Provider Portal for targeted outreach and deeper engagement with patients. For Provider Portal, HEDIS, or Care Gap Training or Refresher Education contact your local Provider Engagement Representative. …"

https://mailchi.mp/b712276664a7/pooscgsvfh-25936?e=6d63e1c4a4

CMS, NOVITAS, RAILROAD MEDICARE

<u>October 2024 Railroad Medicare News</u>. Palmetto Railroad Medicare. September 20, 2024

"The October 2024 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/October_2024_Railroad_Medicare_News.pdf/$FILE/October_2024_Railroad_Medicare_News.pdf

Comprehensive Error Rate Testing Medical Record Requests: Respond Timely. CMS MedLearn Matters, October 31, 2024

You're required to respond in a timely manner to Comprehensive Error Rate Testing (CERT) requests for medical records.

https://www.cms.gov/files/document/cert-med-rec-requests.pdf

Prohibition on Billing Qualified Medicare Beneficiaries — Revised. CMS MedLearn. October 31, 2024

Billing Medicare beneficiaries in the Qualified Medicare Beneficiary (QMB) group for Medicare cost-sharing is prohibited (PDF) by federal law. Learn about:

- QMB billing protection laws
- Impact of improper billing
- How to ensure compliance
- Consequences of violating QMB billing protections
- Reminders and resources

https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/se1128.pdf

CMS Change Request (CR) 13754. CMS. September 27, 2024.

"CMS issued Change Request (CR) 13754 to all MACs (**except Novitas** and First Coast) instructing them to disable beneficiary eligibility information from their Interactive Voice Response (IVR) systems as a pilot project. Applicable MACs will implement this requirement in phased approaches through 2024 and 2025."

https://www.cms.gov/files/document/r12858otn.pdf

Active Medical Reviews: October 2024 to September 2025. Railroad Medicare-Palmetto GBA. October 16, 2024

RHW: Be sure to review all the articles linked for more information

Service Type	CPT®/HCPCS Code	Code Description	Review Type
Evaluation and Management	99213	Office/outpatient visit, established (usually 20–29 minutes time)	TPE
Evaluation and Management	99214	Office/outpatient visit, established (usually 30–39 minutes time)	TPE
Evaluation and Management	99215	Office/outpatient visit, established (usually 40–54 minutes time)	TPE
Surgical Services	66984	Extracapsular cataract removal with insertion	Pre-payment
Therapeutic Procedures	97110	Therapeutic exercises	Pre-payment
Therapeutic Procedures	97112	Neuromuscular reeducation	Pre-payment

https://www.palmettogba.com/palmetto/rr.nsf/DID/7SKB8SH6AQ#ls

Pre-Payment Reviews:
https://www.palmettogba.com/palmetto/rr.nsf/DID/ECLM1UWDFE#ls
TPE Reviews: https://www.palmettogba.com/palmetto/rr.nsf/DID/13O0MUWA21#ls

Reasonable and Necessary. Railroad Medicare-Palmetto GBA. October 17, 2024

"There are several exceptions to the requirement that a service be reasonable and necessary for diagnosis or treatment of illness or injury. Please review this updated article and share it with your staff."
https://www.palmettogba.com/palmetto/jjb.nsf/DID/AKFJDY4112#ls

November 2024 Railroad Medicare News. Railroad Medicare Palmetto GBA. October 22, 2024

"The November 2024 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/November_2024_Railroad_Medicare_News.pdf/$FILE/November_2024_Railroad_Medicare_News.pdf

General Appeals Information. Railroad Medicare-Palmetto GBA. October 25, 2024

"If you are dissatisfied with an initial claim determination, you have the right to request an appeal. This updated article outlines the available appeal levels, amount in controversy thresholds and the time limits for filing an appeal. Please review this information and share it with your staff."
https://www.palmettogba.com/palmetto/rr.nsf/DID/923TKD0080#ls

Quick Reference Guide. Railroad Medicare-Palmetto GBA. October 28, 2024

"The Railroad Medicare Quick Reference Guide is a publication to assist providers with submitting claims to Railroad Medicare. In this guide you can find information about many Railroad Medicare topics including Provider Enrollment, submitting electronic and paper claims, using the eServices portal and the Interactive Voice Response (IVR) system, Appeals, Medical Review, Medicare Secondary Payer, Overpayments and Recoupments, and more. Please share with appropriate staff."
https://www.palmettogba.com/palmetto/rr.nsf/DID/7JYQ282514#ls

Notification of the 2025 Dollar Amount in Controversy Required to Sustain Appeal Rights for an Administrative Law Judge Hearing or Federal District Court Review

RHW: Note while this was published by a different carrier, this is nationally applied information.

"The amount that must remain in controversy for ALJ hearing requests filed on or before December 31, 2024, is $180. This amount will increase to $190 for ALJ hearing requests filed on or after January 1, 2025. The amount that must remain in controversy for reviews in Federal District Court requested on or before December 31, 2024, is $1,840. This amount will increase to $1,900 for appeals to Federal District Court filed on or after January 1, 2025. Please share this updated article with appropriate staff."
https://www.palmettogba.com/palmetto/jjb.nsf/DID/97KFK41765#ls

OTHER

United Health Care Commercial and Individual Exchange Medical Policy # 2024T0535SSS. Effective Date: December 1, 2024

- 0100T Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retinal electrode array, with vitrectomy – Unproven
- 0207T Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral - Unproven
- 0330T Tear film imaging, unilateral or bilateral, with interpretation and report – Unproven
- 0333T Visual evoked potential, screening of visual acuity, automated, with report – Unproven
- 0444T Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral - Unproven

- 0445T Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including re-training, and removal of existing insert, unilateral or bilateral – Unproven
- 0472T Device evaluation, interrogation, and initial programming of intraocular retinal electrode array (e.g., retinal prosthesis), in person, with iterative adjustment of the implantable device to test functionality, select optimal permanent programmed values with analysis, including visual training, with review and report by a qualified health care professional - Unproven
- 0473T Device evaluation and interrogation of intraocular retinal electrode array (e.g., retinal prosthesis), in person, including reprogramming and visual training, when performed, with review and report by a qualified health care professional – Unproven
- 0506T Macular pigment optical density measurement by heterochromatic flicker photometry, unilateral or bilateral, with interpretation and report - Unproven
- 0507T Near-infrared dual imaging (i.e., simultaneous reflective and trans-illuminated light) of meibomian glands, unilateral or bilateral, with interpretation and report – Unproven
- 0563T Evacuation of meibomian glands, using heat delivered through wearable, open eye eyelid treatment devices and manual gland expression, bilateral – Unproven
- 0615T Eye-movement analysis without spatial calibration, with interpretation and report - Unproven
- 0616T Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; without removal of crystalline lens or intraocular lens, without insertion of intraocular lens - Unproven
- 0617T Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; with removal of crystalline lens and insertion of intraocular lens - Unproven
- 0618T Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; with secondary intraocular lens placement or intraocular lens exchange - Unproven

https://www.uhcprovider.com/content/dam/provider/docs/public/policies/index/commercial/omnibus-codes-12012024.pdf

UHC Community Plan #CS087MS.AV – Omnibus Codes – Mississippi only. Effective Date: July 1, 2024
https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medicaid-comm-plan/ms/omnibus-codes-ms-cs.pdf

UHC Community Plan Brow Ptosis and Eyelid Repair (for Mississippi Only) Policy Number: CS008MS.X Effective Date: December 1, 2024
https://www.uhcprovider.com/content/dam/provider/docs/public/policies/index/comm-plan/ms/brow-ptosis-repair-ms-cs-12012024.pdf

UHC Medicare Advantage Plan Corneal Topography Policy Number: MMP062.13. Effective Date: October 1, 2024
https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medadv-mp/corneal-topography.pdf

Action Required To Maintain Your providers.eyesynergy.com Account Access. UHC/March Vision. October 16, 2024

> "In March 2025, you'll no longer be able to use email as an authentication method when signing in to your providers.eyesynergy.com account. To maintain uninterrupted access, you'll be required to update your sign-in methods to include passkey, authenticator and/or a verified phone number. Updating to passkey, authenticator and/or a verified phone number for authentication helps to better protect identity and practice data."

https://chameleon-4-prod.s3.amazonaws.com/clients/40-64ecae4d04c3a/courses/2653-65c681dd6cf20/prod/index.html#/en-US/*/lesson/1/1

Get Certified In Our Clinical Care And Coordination Program To Be Entered To Win A Free Lunch For Your Office. UHC/March Vision. October 2024

"To celebrate the end of another successful year, UnitedHealthcare | March Vision Care is excited to offer you the chance to win a free lunch for your office if you are certified in our Clinical Care and Coordination Program by Nov. 30, 2024. …

The Clinical Care and Coordination Program is a comprehensive provider and member engagement program to influence the best outcomes for members with diabetes through on-going provider education opportunities, billing guidelines and member outreach. …"

https://www.uhcprovider.com/vision/marchvision-news-certification-free-lunch-promotion.html?cid=em-providernews-PCA12402937-oct24

Stay Connected: Eye Care Providers and Primary Care Providers. UHC/March Vision. October 2024.

"HEDIS® is a National Committee for Quality (NCQA) tool used by more than 90% of America's health plans to measure performance on important dimensions of care and service. One of our primary focus areas is eye exams for members with diabetes, who either don't have a record of an annual eye exam or have a record of a negative retinopathy in the past 2 years.

How you can help

We encourage continuity and coordination of care between our member's eye care providers and primary care providers (PCPs), which is crucial for the member's overall health and well-being. More than 270 systemic and chronic diseases can be detected during a comprehensive eye exam.1

After every exam, please share the results of the diabetic retinal exam with the member's PCP. If a significant change is observed in an eye exam of the patient, please call the PCP. The member's assigned PCP is found on the front of the member's ID card.

As a reminder, when billing for your diabetic patients, please use the correct CPT® II and HCPCS codes to meet HEDIS quality care measurements. Billing with appropriate codes reduces administrative burden on your staff. For details on coding for diabetic patients, you can refer to our Care and coding standards: Diabetes, available in the Resources dropdown on providers.eyesynergy.com. "

https://www.uhcprovider.com/vision/marchvision-news-stay-connected-eye-care-primary-care.html?cid=em-providernews-PCA12402937-oct24

Louisiana, Washington, D.C., and Mississippi Providers: Benefit Summary Updates. UHC/March Vision. October 2024.

"We're updating the benefit summary for Louisiana, Washington, D.C., and Mississippi; however, we won't change benefit coverages.

Reason for the updates

We want to provide clarification on medically necessary services and materials. These modifications will also aim to eliminate the need for confirmations for the codes below and to clarify what is medically necessary. Currently, you must obtain a confirmation number for the services below and with this change, you'll no longer have to request confirmations for these services.

We'll perform these reviews through the claims process, and a valid medical diagnosis is required for payment of any claims that are filed. Additionally, these improvements will reduce the load on providers and improve patient access to care. The standards for diagnostic codes will be included in all medical procedure policies and readily available on our Provider Reference Guide page starting Nov. 1, 2024.

You still can appeal claims and request clinical review of any contested claims. These requests will be reviewed by our Peer Review Committee to determine if they meet the requirements for medical necessity guidelines.

The procedures and states being updated effective Nov. 1, 2024, are as follows: …

Mississippi

CPT Code(s)	Description
68761	Closure of lacrimal duct by plug
65778, V2790	Amniotic membrane transplant
92283	Color vision extended examination
92025	Computerized corneal topography
76514	Corneal pachymetry
92201, 92202	Extended ophthalmoscopy
92285	External ocular photography
92250	Fundus photography
92020	Gonioscopy
76510, 76512, 76513	Ophthalmic B-Scan
92132, 92133, 92134	Scanning computerized ophthalmic diagnostic imaging
92286	Specular microscopy
92060, 92065	Vision therapy
92081, 92082, 92083	Visual field exam
66821	YAG laser

https://www.uhcprovider.com/vision/marchvision-news-la-dc-ms-provider-benefit-summary-updates.html?cid=em-providernews-PCA12402937-oct24

Change Healthcare – Latest Updates. Cigna Healthcare. September 1, 2024

"As you know, the Change Healthcare cyber incident continues to affect Cigna Healthcare, third party vendors we work with, and you – our health care provider partners – as we collectively rely on Change Healthcare to administer electronic services, including claim submissions, eligibility verification, and other administrative services.

Latest updates

Optum and Cigna Healthcare are working to restore medical network connectivity for Cigna's Commercial and Individual and Family Plans (IFP) business. This includes ERAs (remits) and historical remit data. We expect direct connectivity to begin no later than this week and will continue until all historical remits have been processed and all systems have been reconnected."

https://providernewsroom.com/cigna-healthcare/change-healthcare/

Partnering For Inclusivity: Supporting Providers In Meeting Language Assistance Services Requirements. Cigna Healthcare. October 2, 2024

"…Providers' responsibilities to ensure compliance with the law

In compliance with the Americans with Disabilities Act (ADA) and Section 1557 of the Affordable Care Act, health care providers are required to provide and pay for language services for their eligible patients with limited English proficiency (LEP) free of charge and in a timely manner.

These services include:

- **Sign language interpreter services,** including video remote interpretation services, for communication with patients who are deaf or hard of hearing, when needed. This is regardless of the cost, even if the

cost of the interpretation services exceeds the amount a provider will receive for the services.
* *(Exception: New Mexico. Please see "State-specific laws for interpreters" below for more information.)*

- **Language assistance services,** such as telephone and face-to-face interpretation services, as well as written translations for LEP individuals. ** *(Exception: California and New Mexico. Please see "State-specific laws for interpreters" below for more information.)*
- **Reasonable accommodations for those with disabilities,** when necessary, to ensure they have an equal opportunity to participate in, and benefit from, programs or activities.

Language assistance resources available to you

Providers who participate in the Cigna Healthcare network have access to discounted rates of up to 50 percent on professional language assistance services for eligible patients. For more information, including vendors, visit the Discounted Rates for Language Assistance Services web page on Cigna.com.

In addition to discounted rates for certain services, we offer at no charge:

- Access to qualified professional interpreters.
- Access to bilingual staff.
- Written translation of significant documents – at the request of the customer – in more than 33 languages in formats that include Braille, large print, alternative fonts, and audio.
- Nondiscrimination notices and taglines that inform customers about the availability of free language assistance services, nondiscrimination rights, and how to file a complaint."

https://providernewsroom.com/cigna-healthcare/partnering-for-inclusivity-supporting-providers-in-meeting-language-assistance-services-requirements/?brand=

22 States Where Medicare Advantage Offerings Are Shrinking. Rylee Wilson. Becker's Payer Issues. October 1, 2024

"In 22 states and Washington, D.C., there will be fewer Medicare Advantage plans available in 2025 than in 2024, according to CMS data.

In a Sept. 28 news release, CMS said Medicare Advantage premiums and benefit offerings would remain stable in 2025.

Major insurers, including Humana, CVS Health, Cigna and Centene, said they would exit some Medicare Advantage markets in 2025, facing rising medical costs and lowered reimbursements from CMS. … [including]

Mississippi
2025 plans available: 72
2024 plans available: 88…"

https://www.beckerspayer.com/payer/22-states-where-medicare-advantage-offerings-are-shrinking.html?origin=PayerE&utm_source=PayerE&utm_medium=email&utm_content=newsletter&oly_enc_id=5767J8016534I8J

Cautionary Tale from AOA First Look. October 28, 2024

San Diego Physician and Medical Practice Pay $3.8 Million to Resolve FCA Allegations. D. Jacques Smith et al. National Law Review. October 25, 2024

"The National Law Review reported, "San Diego-based physician Dr. Janette J. Gray and her former medical practice, The Center for Health & Wellbeing, agreed to pay $3.8 million to resolve allegations that they knowingly submitted false claims to Medicare and TRICARE in violation of the False Claims Act (FCA)." The physician "and The Center operated as a 'holistic' clinic, claiming to be staffed by medical doctors, nurse practitioners, naturopathic doctors, chiropractors, acupuncturists, and other health professionals." The physician "and her practice offered a variety of alternative treatments, such as IV infusion therapy and hormone/supplement therapy.""

https://natlawreview.com/article/san-diego-physician-and-medical-practice-pay-38-million-resolve-fca-allegations