

## Third Party Changes of Significance November 2023

### MISSISSIPPI MEDICAID

#### **Provider Revalidation Has Resumed Effective Oct. 1, 2023. Mississippi Medicaid Late Breaking News. October 31, 2023**

“...With the ending of the Public Health Emergency, the Mississippi Division of Medicaid resumed the revalidation process effective Oct. 1, 2023, requiring Mississippi Medicaid enrolled providers to verify the information on their provider files. ...

A revalidation requires a provider to verify or revalidate the information currently on the enrolled provider’s file.

...

Beginning in October 2023, notification letters were mailed to providers who have been enrolled with Medicaid for five years or more. Revalidation notices will be issued on a staggered schedule until notices have been issued to all providers due for revalidation. The revalidation notice will initiate the process with each provider. ...

Certain revalidating providers must pay a provider enrollment application fee. Refer to <https://medicaid.ms.gov/provider-enrollment-application-fee/> for a list of institutional providers that have to pay the application fee. Providers who have already paid the application fee to Medicare or another state’s CHIP or Medicaid program for same provider have fulfilled the requirement and should choose the appropriate drop-down option when completing the revalidation application.

Providers will be able to revalidate through the MESA Provider Portal in a simple, step-by-step process. Providers should submit their revalidation by the submission date on their letter to allow time for processing before the deadline date. Providers whose revalidation is not processed before the deadline noted on the letter will be terminated and this termination will include participation in MississippiCAN and/or MississippiCHIP and the provider will therefore have to reapply. ...

...all Medicaid providers should take the following steps immediately:

- Each enrolled provider must register for access to the MESA Provider Portal to revalidate electronically. This will streamline the process and allow providers to enter their own information. Providers can register now by going to <https://portal.ms-medicaid-mesa.com/> and clicking the “Register Now” link.
- In addition to the notices mailed by Gainwell Technologies, providers can refer to DOM’s website where we are posting the Provider Six Month Revalidation Due List” at <https://medicaid.ms.gov/>. This listing will be updated monthly.
- Review the Provider Revalidation Presentation found under “MESA Tips” at <https://medicaid.ms.gov/medicaid-portal-for-providers/> which is a PowerPoint that includes a revalidation walk through and tips for providers.
- Providers should verify that the address information on file is correct. The notifications will be mailed to the “Mail To” address on their file. To ensure each individual provider receives a notification, please validate your addresses on file, and correct them if necessary.
- If changes are needed, complete the Provider Change of Address form, located under Provider Forms at <https://medicaid.ms.gov/resources/forms/>.
- The Provider Change of Address form must be completed, signed by the individual provider or authorized official if enrolled provider is a business, and submitted to the Provider Enrollment Department of Gainwell Technologies via secure correspondence in the MESA Provider Portal, fax, or mail. ...”

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

## **Urgent: Provider Recredentialing Mississippi Medicaid Managed Care Programs. LateBreaking News.**

**November 3, 2023**

**“All providers participating in MississippiCAN or the Children’s Health Insurance Program (CHIP) are required to be credentialed by the Mississippi Division of Medicaid (DOM). Failure to complete credentialing/recredentialing will result in termination from these programs. There are a significant number of providers currently due for recredentialing that need to complete the process prior to the end of the year.**

During the 2021 Mississippi Legislative Session, Senate Bill 2799 was enacted into law that requires the Medicaid Coordinated Care Organizations (CCOs) to follow a uniform credentialing process for provider enrollment in the Managed Care Programs. On July 1, 2022, in accordance with this new requirement, the Division amended the CCO contracts to require the CCOs to accept DOM’s provider enrollment and screening process and not require providers be credentialed by CCOs for Medicaid or CHIP.

Beginning October 1, 2022, providers seeking participation in MississippiCAN and/or CHIP are now required to be enrolled, credentialed, and screened by DOM, and subsequently contract with their CCO of choice. As part of the implementation of the MESA Provider Portal, DOM implemented a new centralized credentialing process along with NCQA certified Centralized Verification Organization (CVO) that will be responsible for credentialing and recredentialing Medicaid providers seeking to enroll or currently enrolled with our coordinated care programs (MSCAN/CHIP). This new process eliminates the need for a provider to be credentialed or recredentialled multiple times.

The CVO will perform recredentialing for both current providers and new providers every three (3) years unless the provider is credentialed by a DOM-approved Delegated Credentialing Entity. Providers identified for recredentialing will receive notification from Gainwell Technologies by letter which is sent to the providers “mail to” address on their provider record. This letter is generated six months in advance of the recredentialing due date on the provider’s record in MESA and a link will be available in the portal to start the process.

Facilities with multiple service locations and Provider IDs will receive a recredentialing notice for each Provider ID. Only one Provider ID for the same Tax ID and service location address will need to submit the recredentialing application which will pick up and credential all the taxonomies at that location. If recredentialing is either denied or not completed by the recredential due date, all the facility enrollments at that location will be terminated and claims can no longer be paid. A new application for each taxonomy at that service location will be required to re-enroll in the Mississippi Medicaid program.

Individual providers with multiple Provider IDs sharing the same NPI will receive a recredentialing notice for each of the Provider IDs. The provider will only need to recredential one of the IDs to satisfy the requirement for all. If recredentialing is either denied or not completed by the recredential due date, all the individual provider’s enrollments will be terminated, and claims can no longer be paid. A new application for each service location will be required to re-enroll in the Mississippi Medicaid program.

To prepare for recredentialing, all Medicaid providers should take the following steps immediately:

- Each enrolled provider must register for access to the MESA Provider Portal to recredential electronically. This will streamline the process and allow providers to enter their own information. Providers can register now by going to <https://portal.ms-medicaid-mesa.com/> and clicking the “Register Now” link.
- In addition to the notices mailed by Gainwell Technologies, providers can refer to DOM’s website where we are posting the Provider Six Month Recredentialing Due List” at <https://medicaid.ms.gov/>. This listing will be updated monthly.

- Review the Provider Recredentialing Presentation found under “MESA Tips” at <https://medicaid.ms.gov/medicaid-portal-for-providers/> which is a PDF that includes a recredentialing walk through and tips for providers.
- Providers should verify that the address information on file is correct. The notifications will be mailed to the “Mail To” address on their file. To ensure each individual provider receives a notification, please validate your addresses on file, and correct them if necessary.
- If changes are needed, complete the Provider Change of Address form, located under Provider Forms at <https://medicaid.ms.gov/resources/forms/>.
- The Provider Change of Address form must be completed, signed by the individual provider or authorized official if enrolled provider is a business, and submitted to the Provider Enrollment Department of Gainwell Technologies via secure correspondence in the MESA Provider Portal, fax, or mail. The following correspondence information is provided:

Provider Services Fax Number: (866) 644-6148      Attention: Provider Enrollment

Provider Services Mailing Address:

Provider Enrollment/MississippiCAN/MSCHIP

PO Box 23078

Jackson, MS 39225

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 <https://medicaid.ms.gov/wp-content/uploads/2022/12/Provider-Field-Representatives.pdf>.

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

### **Submitting a Claim To Medicaid When Medicare Denied All Services. LateBreaking News. November 7, 2023**

“The Mississippi Division of Medicaid (DOM) would like to clarify the process for submitting claims to Medicaid for members with Medicare when Medicare denied all services billed.

Claims that fit this scenario must be submitted to Medicaid as a Medicaid Only claim with the Medicare EOMB attached showing Medicare denied the services.

The claims will suspend for review to validate 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 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/>

### **Medicaid and CHIP Renewals: Patient-Centered Messaging for Clinical Offices and Health Care Settings.**

#### **CMS. November 28, 2023**

“We just posted a toolkit entitled [Patient-Centered Messaging for Clinical Offices and Health Care Settings](#). Please help us make sure Clinical offices and health care settings know where to find them and share the information about Medicaid and CHIP renewals with patients.

You’ll find a number of ready-to-use tools, such as:

Frequently Asked Questions

Recorded phone/hold messages

No reply text messages & push notifications for patient portals

E-newsletter & patient portal messages

Please help us get these resources to offices' front desks, in lobby/waiting areas, billing departments, patient portals, and other places.”

<https://www.medicaid.gov/sites/default/files/2023-11/patient-centered-messaging-clinical-offices-hlth-care-sett.pdf>

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

### **November 5, 2023 Claims Rejections. Novitas Solutions EDI. November 6, 2023**

“Due to a system issue, all JH electronic claims submitted on November 5 between 1:30 p.m. - 10:30 p.m. ET were rejected in error. These claims will need to be resubmitted. We apologize for this inconvenience. “

### **New Claim Edits Coming to The 277CA Electronic Billing Report, Novitas Solutions Electronic Billing Newsletter. November 1, 2023**

“CMS issued change request 13224 requiring the new edits shown below. These edit changes will be effective January 2, 2024, and they will display on the 277CA electronic billing report. The Understanding the 277CA Claims Acknowledgement training module is available for more information regarding the 277CA reports. You are encouraged to review your claim data today to verify the information in the fields listed below is being reported correctly. If you have a billing service or clearinghouse and have questions on the 277CA report, please contact the billing service or clearinghouse. Please contact your software vendor with questions regarding these edits.”

**“The 277CA (Claims Acknowledgement) is a report created by Novitas Solutions, Inc. after your claim file has been received electronically and accepted on the 999 report.**

A277CA will acknowledge all accepted or rejected claims in the file.

A277CA for an accepted claim will contain the claim number. Use returned claim numbers for future claim status inquiries.”

[https://www.novitas-solutions.com/webcenter/content/conn/UCM\\_Repository/uuid/dDocName:00004758](https://www.novitas-solutions.com/webcenter/content/conn/UCM_Repository/uuid/dDocName:00004758)

### **Novitasphere User Manual-Part B. Novitas Solutions Electronic Billing Newsletter. November 1, 2023**

The Novitasphere User Manual (Part B) is available to provide step-by-step instructions and screen images for all other Novitasphere features.

[https://www.novitas-solutions.com/webcenter/content/conn/UCM\\_Repository/uuid/dDocName:00081420](https://www.novitas-solutions.com/webcenter/content/conn/UCM_Repository/uuid/dDocName:00081420)

### **PC-ACE Version 6.0 Upgrade. Novitas Solutions Electronic Billing Newsletter. November 1, 2023**

“PC-ACE is a free software program that enables electronic billing for both Medicare Part A and Part B claims in a Health Insurance Portability and Accountability Act (HIPAA)-compliant format. To provide the most up-to-date information within PC-ACE, the software program is updated quarterly. The most current upgrade, which is PC-ACE version 6.0, was released October 2, 2023. To streamline the distribution process for software program upgrades, the PC-ACE software program is available via internet download from our webpage (JH). Please take time to upgrade now.

The Centers for Medicare & Medicaid Services (CMS) requires you to use the most current version of the software program and to eliminate the use of prior versions within 90 days of receipt of this notification. Therefore, please install this software as soon as possible, but no later than December 1st, which is the required upgrade compliance date.

IMPORTANT: An installation password is required to install or upgrade the PC-ACE software. This password was provided in your EDI/Novitasphere Welcome letter. If you do not have this letter, please contact the EDI Help Desk. The password is needed for each quarterly upgrade or new installation; therefore, please keep it in a safe place where it is readily available.”

<https://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00004606>

### **Top Ten Electronic Billing Errors – Part B. Novitas Solutions Electronic Billing Newsletter. November 1, 2023**

**Page 5 of newsletter is a listing of the Top Ten Electronic Billing Errors for Part B claims.**

[https://www.novitas-solutions.com/webcenter/content/conn/UCM\\_Repository/uuid/dDocName:00282510](https://www.novitas-solutions.com/webcenter/content/conn/UCM_Repository/uuid/dDocName:00282510)

**Novitas: Micro-Invasive Glaucoma Surgery (MIGS) (JH, JL) (A56633) - Local Coverage Article (LCA).** November 09, 2023

“Added a new version of the document.”

<https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=56633>

**RRM Top Medical Review Denials Module: July 2023 - September 2023. Palmetto Railroad Medicare. November 20, 2023**

The goal of Palmetto GBA's Railroad Retirement Board Specialty Medicare Administrative Contractor (RRB SMAC) medical review program is to ensure that payment is only made for services that meet all Medicare coverage, coding and medical necessity requirements. Please review the most common provider errors in the second quarter of 2023.

[https://palmettogba.com/internet/eLearn6.nsf/RRBTopMedicalReviewDenials\\_2023Q2/story.html](https://palmettogba.com/internet/eLearn6.nsf/RRBTopMedicalReviewDenials_2023Q2/story.html)

**Uncontrollable Circumstances Exception and MIPS Promoting Interoperability Performance Category Hardship Exception Applications. CMS QPP. November 7, 2023.**

“[The Merit-based Incentive Payment System \(MIPS\) Extreme and Uncontrollable Circumstances \(EUC\) Exception and MIPS Promoting Interoperability Performance Category Hardship Exception](#) applications are available for the 2023 performance year. Applications can be submitted until 8 p.m. ET on January 2, 2024.

**MIPS Extreme and Uncontrollable Circumstances Exception Application**

MIPS eligible clinicians, groups, and virtual groups may apply to reweight any or all MIPS performance categories if they've been affected by extreme and uncontrollable circumstances. Extreme and uncontrollable circumstances are defined as rare events entirely outside of your control and the control of the facility in which you practice. These circumstances must:

- Cause you to be unable to collect information necessary to submit for a MIPS performance category;
- Cause you to be unable to submit information that would be used to score a MIPS performance category for an extended period of time (for example, if you were unable to collect data for the quality performance category for 3 months); and/or
- Impact your normal process, affecting your performance on cost measures and other administrative claims measures. ...

**MIPS Promoting Interoperability Performance Category Hardship Exception Applications**

MIPS eligible clinicians, groups, and virtual groups may apply to reweight the Promoting Interoperability performance category to 0% if they:

- Have decertified electronic health record (EHR) technology;
- Have insufficient Internet connectivity;
- Face extreme and uncontrollable circumstances such as disaster, practice closure, severe financial distress, or vendor issues; or
- Lack control over the availability of certified EHR technology (CEHRT); simply lacking the required CEHRT doesn't qualify you for reweighting.

NOTE: You don't need to apply for this application if you qualify for automatic reweighting of the Promoting Interoperability performance category based on your clinician type or special status.

As a reminder, small practices qualify for automatic reweighting. Refer to Appendix A of the [2023 MIPS Promoting Interoperability User Guide \(PDF, 1MB\)](#) for a complete list of clinician types and special statuses that qualify for automatic reweighting in the 2023 performance year. Learn more in the 2023 Promoting Interoperability Hardship Application Guide.”

<https://qpp.cms.gov/mips/exception-applications?py=2023>

**CMS Publishes 2024 Policy Changes for the Quality Payment Program. CMS QPP. November 2, 2023**

The Centers for Medicare & Medicaid Services (CMS) [has released](#) the [CY 2024 Medicare Physician Fee Schedule \(PFS\) Final Rule](#), which includes policy changes for the Quality Payment Program (QPP) for the 2024 Performance Year (PY) and beyond. This rule will be published on November 16 in the Federal Register.

### **2024 Policy Highlights**

The following are some of the key QPP policies that CMS finalized for the 2024 PY and beyond.

#### **MIPS Value Pathways (MVPs)**

We finalized 5 new MVPs, and modifications to all previously finalized MVPs. There will be a total of 16 MVPs available for reporting in the 2024 performance period.

#### **Merit-based Incentive Payment System (MIPS) (General)**

We finalized policies for the 2024 performance period for the MIPS performance categories, which result in:

- A total of 198 quality measures in the quality measures inventory and 106 improvement activities in the MIPS inventory.
- Five new episode-based cost measures, each with a 20-episode case minimum, in addition to the existing measures.
- The removal of the acute inpatient medical condition cost measure Simple Pneumonia with Hospitalization, beginning with the 2024 performance period.
- A performance period of at least 180 consecutive days for the Promoting Interoperability performance category, to be consistent with the Medicare Promoting Interoperability Program.

#### **Not Finalized Policies**

- We didn't finalize any policies that would result in an increase to the performance threshold.
- The performance threshold will remain 75 points for the 2024 performance period.
- We didn't finalize an increase to the data completeness threshold for the 2027 performance period.
- The data completeness criteria will be maintained at 75% for the 2026 performance period.

Learn more about the CY 2024 Medicare PFS Final Rule and QPP policy changes by reviewing the following resources:

[Fact Sheet](#) – Provides additional details about the finalized policies for QPP and other CMS initiatives.

[2024 Quality Payment Program Final Rule Resources](#):

2024 QPP Policy Overview Fact Sheet and Policy Comparison Table – Outlines QPP policies in the CY 2024 Medicare PFS Final Rule for the 2024 PY and beyond, and showcases the changes to QPP policies after the publishing of the CY 2024 Medicare PFS Final Rule.

2024 QPP Final Rule FAQs – Answers common questions about QPP policies in the CY 2024 Medicare PFS Final Rule.

[2024 QPP Final Rule MVPs Guide](#) – Highlights the finalized MVP policy changes, beginning with the 2023 PY.”

### **Contract Year 2025 Policy and Technical Changes to the Medicare Advantage Plan Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly, and Health Information Technology Standards. CMS. November 6, 2023**

“CMS is proposing to redefine ‘compensation’ to set a clear, fixed amount that agents and brokers can be paid regardless of the plan the beneficiary enrolls in, addressing loopholes that result in commissions above this amount that create anti-competitive and anti-consumer steering incentives. “

“The agency has proposed a national agent/broker fixed compensation of \$632.”

The FAQ also includes:

“Enhancements to Medicare Advantage and Medicare Part D

New Guardrails for Plan Compensation to Agents and Brokers to Stop Anti-competitive Steering

Mid-Year Enrollee Notification of Available Supplemental Benefits

New Standards for Supplemental Benefits for the Chronically Ill  
Increase Percentage of Dually Eligible Managed Care Enrollees Who Receive Integrated Medicare and Medicaid Services”

Article: [https://healthpayerintelligence.com/news/cms-proposals-address-anti-competitive-practices-in-medicare-advantage?utm\\_source=nl&utm\\_medium=email&utm\\_campaign=newsletter](https://healthpayerintelligence.com/news/cms-proposals-address-anti-competitive-practices-in-medicare-advantage?utm_source=nl&utm_medium=email&utm_campaign=newsletter)

CMS Fact Sheet: <https://www.cms.gov/newsroom/fact-sheets/contract-year-2025-policy-and-technical-changes-medicare-advantage-plan-program-medicare>

### **DMEPOS. Palmetto Railroad Medicare. November 13, 2023**

“Access CMS-level guidance for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) through the following links.

CMS [DME Center](#)

[October 2023 DMEPOS Jurisdiction List \(PDF\)](#): identify the correct Medicare contractor jurisdiction for DMEPOS HCPCS codes

[CMS DMEPOS Competitive Bidding Program website](#)

Tutorial: [Orthosis](#)

Other CMS Guidance

[Durable Medical Equipment](#) (PDF) CMS Medicare Benefit Policy Manual, Chapter 15, Section 110

[DMEPOS](#) (PDF) CMS Medicare Claims Processing Manual, Chapter 20

[DMEPOS Fee Schedules”](#)

<https://www.palmettogba.com/palmetto/rr.nsf/DID/7GYG851325#ls>

### **Physician Fee Schedule Lookup Tool. Palmetto Railroad Medicare. November 13, 2023**

“The 2024 Medicare Physician Fee Schedules and the 2024 anesthesia conversion factors have been revised and have been posted on the [Medicare Physician Fee Schedule \(MPFS\) Tool](#).

This tool allows you to display or download fees, indicators and indicator descriptors. Providers using this tool can:

- Locate fees quickly
- Find the number of global days
- Determine indicator codes
- Access national fees
- And much more

A help page is provided if assistance using this tool is needed.

Not only is the tool conveniently located among other great self service tools on our website home page, it is easy to use, which improves efficiency.”

<https://www.palmettogba.com/palmetto/rr.nsf/DID/9PMPL74564#ls>

### **CMS Takes Aim At Medicare Advantage Plans Misrepresenting Vision Benefits. AOA. November 16, 2023**

“Medicare’s latest proposed rule builds on efforts to rein back Medicare Advantage plans with the AOA contributing comments that reiterate the need to eliminate plans’ barriers to care and promote transparency. Administrators propose routine notices of unused supplemental benefits as Medicare Advantage (MA) plans continue to draw the ire of optometry’s advocates, concerned over plans’ misrepresentation of vision benefits.

In [a proposed rule](#) issued on Nov. 6, the Centers for Medicare & Medicaid Services (CMS) published its Contract Year 2025 Policy and Technical Changes to the Medicare Advantage (MA) and Medicare Prescription Drug Benefit Programs that would implement certain “guardrails” to protect beneficiaries and promote a competitive MA marketplace. Among those proposals, CMS specifically looks to increase utilization and appropriateness of supplemental benefits, such as vision care. Such proposals reflect [concerns flagged by the AOA and other physician and patient organizations concerning MA plans](#) in recent years.

Chiquita Brooks-LaSure, CMS administrator, notes the proposed rule furthers Medicare's efforts to curb predatory marketing and maintain high-quality health care coverage choices for enrollees.

"People with Medicare deserve to have accurate and unbiased information when they make important decisions about their health coverage," Brooks-LaSure says.

<https://www.aoa.org//news/advocacy/federal-advocacy/cms-takes-aim-at-medicare-advantage-plans-misrepresenting-vision-benefits>

### **Provider Enrollment Application Fee: CY 2024. CMS. November 22, 2023**

"Effective January 1, the application fee is \$709 for institutional providers who are:

- Initially enrolling in the Medicare or Medicaid programs or the Children's Health Insurance Program (CHIP)

- Revalidating their Medicare, Medicaid, or CHIP enrollment

- Adding a new Medicare practice location

CMS requires this fee with any of these enrollment applications submitted from January 1 – December 31, 2024. See the [notice](#) for more information."

[https://www.cms.gov/training-education/medicare-learning-network/newsletter/2023-11-22-mlnc#\\_Toc151460341](https://www.cms.gov/training-education/medicare-learning-network/newsletter/2023-11-22-mlnc#_Toc151460341)

Notice: <https://www.federalregister.gov/documents/2023/11/07/2023-24607/medicare-medicaid-and-childrens-health-insurance-programs-provider-enrollment-application-fee-amount>

### **New Ownership Reporting Requirements for Providers Using the Form CMS-855A. CMS. November 22, 2023**

"Learn how Medicare defines a [private equity company and real estate investment trust \(PDF\)](#) so you can report ownership information on the revised enrollment form.

More Information:

[Press release](#)

[Fact sheet](#)

[Final rule](#)"

[https://www.cms.gov/training-education/medicare-learning-network/newsletter/2023-11-22-mlnc#\\_Toc151460352](https://www.cms.gov/training-education/medicare-learning-network/newsletter/2023-11-22-mlnc#_Toc151460352)

## **OTHER**

### **Aetna Reminder from EyeMed**

"In order to participate in Aetna's medical network the provider must also participate in the Aetna Vision network managed and maintained by EyeMed. They can participate in EyeMed's Aetna Vision network without any obligation to participate in any other EyeMed plan or network. They would have to accept members covered under the Aetna vision plans administered by EyeMed and honor the terms of those routine vision benefits. Once enrolled and activated in EyeMed's Aetna Vision network Aetna would then add them to their medical network."

### **Aetna: Age-Related Macular Degeneration. Medical Clinical Policy 0765. October 26, 2023**

"Reviewed with changes to criteria and supplementary information.

Added investigational policy statements for diagnostic or detection of age-related macular degeneration;

Updated investigational policy statement for age-related macular degeneration to include complement inhibitors as experimental therapies; Updated supporting information."

[https://www.aetna.com/cpb/medical/data/700\\_799/0765.html](https://www.aetna.com/cpb/medical/data/700_799/0765.html)

### **Aetna: Evacuation of Meibomian Glands (Commercial) - Medical Policy 0797. Effective November 9, 2023**

"Reviewed with changes to criteria, formatting, and supplementary information.

Updated experimental/investigational statement for management of meibomian glands;

Updated formatting; Updated supporting information."

[https://www.aetna.com/cpb/medical/data/700\\_799/0797.html](https://www.aetna.com/cpb/medical/data/700_799/0797.html)

### **Aetna: Artificial Retina and Artificial Iris. (Commercial) Medical Clinical Policy 0713. October 17, 2023**

“Reviewed with changes to coding and supplementary information.

Removed code V2361; Updated supporting information. No changes to criteria.”

[https://www.aetna.com/cpb/medical/data/700\\_799/0713.html](https://www.aetna.com/cpb/medical/data/700_799/0713.html)

### **Aetna OfficeLink Updates Newsletter. November 1, 2023**

“Payer has announced new drugs, various changes to coverage, billing, and other provider news. Please refer to the attached bulletin for complete information.”

<https://www.aetna.com/content/dam/aetna/pdfs/olu/officelink-updates-november-2023-olu.pdf>

### **BCBS Mississippi: Aqueous Shunts and Stents for Glaucoma - Medical Policy A.9.03.21. Effective October 16, 2023**

“Reviewed with changes to coding and supplementary information.

Removed the following CPT codes: 0191T, 0376T; Updated supporting information.”

<https://www.bcbsms.com/medical-policy-search#/policy-detail?id=9cc8b016-61c4-4ccb-86f2-3012b2576d7b>

### **BCBS Federal Employee Plan: Oxervate - Medical Policy 5.90.036. Effective October 1, 2023**

Reviewed with changes to criteria language with no changes to intent.

<https://www.fepblue.org/-/media/FEPBlue-Sitecore-10-Media/PDFs/October%20Policies/Pharm-Replace/590036%20Oxervate%20cenegerminbkbj.pdf>

### **BCBS Mississippi: Intravitreal Angiogenesis Inhibitors - Medical Policy L.5.01.569. October 1, 2023**

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

Added Alymsys, Byooviz, Cimerli, Eylea HD, Susvimo, and Vegzelma as applicable drugs to existing criteria;

Removed medically necessary criteria for Lucentis for all listed indications that required a trial with Eylea that has been ineffective or that it is not tolerated or contraindicated;

Revised medically necessary criteria for Eylea for all listed indications to require a trial with Lucentis or ranibizumab biosimilar that has been ineffective or that it is not tolerated or contraindicated; Added codes Q5124 and Q5128; Updated supporting information.”

<https://www.bcbsms.com/medical-policy-search#/policy-detail?id=0bdb9b0d-72e7-42a3-8d01-5e8a19d553a6>

### **BCBS Mississippi: Ophthalmologic Techniques of Evaluating Glaucoma - Medical Policy A.9.03.06. September 28, 2023**

“Reviewed with change to ICD-10 coding section.

No changes to criteria.”

<https://www.bcbsms.com/medical-policy-search#/policy-detail?id=a7c24575-574e-428b-b560-ba78cc1830de>

### **Cigna National Formulary Coverage Policy Brand Name Products with Bioequivalent Generics. Effective November 1, 2023**

“Reviewed with changes to criteria and supplementary information.

Added Amitiza, Feraheme, Suboxone, and **Zioptan** to applicable drugs;

Removed Brisdelle from applicable drugs;

Updated bioequivalent generics for Anusol-HC, Aptensio XR, Esbriet, Locoid, and Zytiga.

Added brand name products with bioequivalent generics medically necessary criteria (see policy for complete changes); Updated supporting and administrative information.”

[https://static.cigna.com/assets/chcp/pdf/coveragePolicies/cnf/cnf\\_001\\_coveragepositioncriteria\\_multi\\_source\\_brand\\_name\\_drugs\\_fe.pdf](https://static.cigna.com/assets/chcp/pdf/coveragePolicies/cnf/cnf_001_coveragepositioncriteria_multi_source_brand_name_drugs_fe.pdf)

### **Cigna: Formulary Exception Criteria for Non-Covered Products And Non-Preferred Drug Coverage Review - Pharmaceutical Policy. Effective November 1, 2023**

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

Added applicable products with associated criteria including: Aduhelm, Briumvi, Camcevi, Durolane, Elelyso, Gilenya;

Removed applicable products with associated criteria including: Amitiza, Daliresp, Elestrin, Fenortho, **Lastacaft**, Pennsaid;

Updated applicable products exceptions criteria including: AirDuo RespiClick, **Betimol**, Clenpiq, diabetic supplies, Ibsrela, Nexium;

Updated criteria language; Updated policy title; Updated supporting and administrative information;

Revised policy with minor formatting changes.”

[https://static.cigna.com/assets/chcp/pdf/coveragePolicies/cnf/cnf\\_002\\_coveragepositioncriteria\\_formulary\\_exception\\_f e.pdf](https://static.cigna.com/assets/chcp/pdf/coveragePolicies/cnf/cnf_002_coveragepositioncriteria_formulary_exception_f e.pdf)

**Cigna: Ophthalmic for Dry Eye Disease (Cyclosporine Products) (CA Commercial) - Prior Authorization (PA) Criteria, October 11, 2023**

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

Added drug Vevye with existing criteria applicable;

Updated medically necessary criterion notes for all indications to revise examples (see policy for specific changes);

Updated exclusion criteria to add concomitant use with drugs Miebo (perfluorohexyl octane ophthalmic solution) and Tyrvaya (varenicline nasal solution);

Updated supporting information and formatting.”

[https://static.cigna.com/assets/chcp/pdf/coveragePolicies/cnf/cnf\\_583\\_coveragepositioncriteria\\_ophthalmic\\_for\\_dry\\_eye\\_disease\\_cyclosporine\\_products\\_pa.pdf](https://static.cigna.com/assets/chcp/pdf/coveragePolicies/cnf/cnf_583_coveragepositioncriteria_ophthalmic_for_dry_eye_disease_cyclosporine_products_pa.pdf)

**Cigna: Durysta (Bimatoprost Ophthalmic Implant) - Pharmaceutical Policy IP0218, Reviewed November 1, 2023**

“Reviewed with change/s to supporting information. No changes to criteria.”

[https://static.cigna.com/assets/chcp/pdf/coveragePolicies/pharmacy/ip\\_0218\\_coveragepositioncriteria\\_bimatoprost\\_ophthalmic\\_implant.pdf](https://static.cigna.com/assets/chcp/pdf/coveragePolicies/pharmacy/ip_0218_coveragepositioncriteria_bimatoprost_ophthalmic_implant.pdf)

**Cigna: Tyrvaya - Prior Authorization (PA) Criteria, Effective September 20, 2023**

“Reviewed with changes to criteria and supplementary information.

Updated exclusion criterion regarding concomitant use with an ophthalmic cyclosporine product to add Miebo and Vevye;

Updated language to replace "individuals" with "patients";

Updated supporting information and formatting.”

[https://static.cigna.com/assets/chcp/pdf/coveragePolicies/cnf/cnf\\_710\\_coveragepositioncriteria\\_ophthalmology\\_dry\\_eye\\_disease\\_tyrvaya\\_pa.pdf](https://static.cigna.com/assets/chcp/pdf/coveragePolicies/cnf/cnf_710_coveragepositioncriteria_ophthalmology_dry_eye_disease_tyrvaya_pa.pdf)

**Cigna: Intraocular Lens Implant - Medical Policy 0125, Effective November 11, 2023**

“Reviewed with changes to criteria and supplementary information.

Added a not covered policy statement for standard monofocal intraocular lens implant for unlisted indications in policy;

Removed policy statement for intraocular lens implant (e.g., monofocal IOL, multifocal IOL, accommodating IOL) following clear lens extraction;

Updated supporting information.”

[https://static.cigna.com/assets/chcp/pdf/coveragePolicies/medical/mm\\_0125\\_coveragepositioncriteria\\_intraocular\\_lens\\_implant.pdf](https://static.cigna.com/assets/chcp/pdf/coveragePolicies/medical/mm_0125_coveragepositioncriteria_intraocular_lens_implant.pdf)

**Humana Medicare: Ocular Surface Disease Diagnosis and Treatments (Medicare) - Medical Policy HUM-1174-000. Effective January 1, 2023**

“New policy.

Ocular surface disease diagnosis and treatments may be considered medically necessary when criteria are met.”

<https://dctm.humana.com/Mentor/Web/v.aspx?objectID=090009298808ca09>

**Humana Medicare: Glaucoma Surgical Treatments. Policy Number: HUM-1119-000. Effective Date: 01/01/2024**

“New policy.

Glaucoma surgical treatments may be considered medically necessary when criteria are met.”

<https://dctm.humana.com/Mentor/Web/v.aspx?objectID=0900092987fe7b75>

**Humana: Azopt (Commercial, Medicare) - Pharmaceutical Policy, Step Therapy (ST) Criteria. October 25, 2023**

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

Removed criteria regarding submission of approval forms for members not meeting listed criteria; Removed coverage limitations; Updated supporting information; Updated policy template.”

<https://dctm.humana.com/Mentor/Web/v.aspx?objectID=0900092987e3e602>

**Humana: Combigan (Brimonidine-timolol eye drops) (Commercial) - Pharmaceutical Policy. October 25, 2023**

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

Removed criteria regarding submission of approval forms for members not meeting listed criteria; Removed coverage limitations; Updated supporting information; Updated policy template.”

<https://dctm.humana.com/Mentor/Web/v.aspx?objectID=0900092987e9c27a>

**Humana Medicare: Rhopressa and Rocklatan ST (Medicare) - Pharmaceutical Policy. November 22, 2023. Effective November 22, 2023**

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

Removed criteria regarding submission of approval forms for members not meeting listed criteria; Removed coverage limitations; Updated supporting information; Updated policy template.”

<https://dctm.humana.com/Mentor/Web/v.aspx?objectID=0900092988069323>

**Humana: Ophthalmic Non-Steroidal Anti-Inflammatory Drugs (Medicare) - Pharmaceutical Policy. October 25, 2023**

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

Removed criteria regarding submission of approval forms for members not meeting listed criteria; Removed coverage limitations; Updated supporting information; Updated policy template.”

<https://dctm.humana.com/Mentor/Web/v.aspx?objectID=0900092987de23d8>

**Humana: Allergy Ophthalmics (Commercial) - Pharmaceutical Policy. Revised October 25, 2023**

“Reviewed with change(s) to criteria, supplementary information, and formatting.  
Removed criteria regarding submission of approval forms for members not meeting listed criteria;  
Removed coverage limitations; Updated supporting information; Updated policy template.”

<https://dctm.humana.com/Mentor/Web/v.aspx?objectID=0900092987e9c284>

**Humana: Xdemvy (Commercial, Medicare) - Prior Authorization (PA) Criteria. Effective November 22, 2023**

“New PA criteria. Xdemvy may be considered medically necessary when criteria are met.”

<https://dctm.humana.com/Mentor/Web/v.aspx?objectID=0900092988069315>

**UHC Medicare Advantage: Vision Services, Therapy, and Rehabilitation Policy Number: MCS104.05 Approval Date: October 11, 2023**

“Updated Instructions for Use Coverage Guidelines  
Retinal Prosthesis (CPT Code 0100T): Revised language to indicate Local Coverage Determinations (LCDs)/Local C (LCAs) exist and compliance with these policies is required where applicable  
Archived previous policy version MCS104.04”

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medadv-coverage-sum/vision-services-therapy-rehabilitation.pdf>

**UHC: Vascular Endothelial Growth Factor (VEGF) Inhibitors (Individual Exchange) - Medical Policy IEXD0042.11. December 1, 2023**

“Reviewed with changes to applicable drugs, criteria, coding, drug information, and supplementary information.  
Added Eylea HD to applicable drugs with associated criteria (see policy for complete changes);  
Added the following HCPCS codes: J3490, J3590;  
Updated ICD-10 diagnosis codes;  
Updated maximum allowed frequencies quantity limit information;  
Updated supporting and administrative information.”

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/index/exchange/ophthalmologic-vegf-inhibitors-iex-12012023.pdf>

**UHC Medicare Advantage: Glaucoma Surgical Treatments – Medical Policy MCS041.06. Effective October 11, 2023**

“Reviewed with changes to criteria, coding, and supplementary information.  
Added microstent coverage criterion and notation for states/territories with no LCDs/LCAs (see policy for complete changes); Updated microstent coverage criterion; Added the following CPT codes: 66991, 66989;  
Removed the following CPT code: 0474T; Updated supporting and administrative information.

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medadv-coverage-sum/glaucoma-surgical-treatments.pdf>

**UHC Commercial and Exchange Plans: Electroretinography Policy Number: 2024T0651A Effective Date: January 1, 2024**

“Relocated and reformatted content previously included in the Medical Policy titled Omnibus Codes  
Added Description of Services and FDA sections  
Updated Clinical Evidence and References sections to reflect the most current information  
Archived previous policy version 2023T0535PPP”

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/index/commercial/electroretinography-01012024.pdf>

**UHC Commercial and Exchange Plans: Visual Information Processing Evaluation and Orthoptic and Vision Therapy Policy Number: 2024T0072AA Effective Date: January 1, 2024**

“Added language (relocated from the Coverage Rationale section) to indicate certain UnitedHealthcare plans exclude benefits for Vision Therapy (orthoptic training)  
Refer to the member specific benefit plan document for details  
Updated Clinical Evidence and References sections to reflect the most current information  
Archived previous policy version 2023T0072Z”

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/index/commercial/visual-information-processing-evaluation-orthoptic-vision-therapy-01012024.pdf>

**UHC Oxford: Electroretinography Policy Number: Diagnostic 111.1 Effective Date: January 1, 2024**

“Relocated and reformatted content previously included in the Medical Policy titled Omnibus Codes Supporting Information Added Description of Services and FDA sections  
Updated Clinical Evidence and References sections to reflect the most current information  
Archived previous policy version Administrative 212.63”

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/index/oxford/electroretinography-ohp-01012024.pdf>

**UHC Community Plan-Mississippi: Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements (for Mississippi Only) Policy CS032MS.Y. December 1, 2023**

“Reviewed with changes to applicable products, criteria, supplementary information, and formatting.  
**Removed contact lenses and scleral bandages**, cranial remolding orthosis, implanted devices, insulin pumps, lymphedema stockings for the arm, orthotic braces, trachea-esophageal and voice aid prosthetics, and coverage limitations and exclusions from coverage criteria and relocated to benefit consideration (see policy for complete changes); Updated mechanical ventilators and BiPAP medically necessary InterQual criteria;  
Added BiPAP unproven and not medically necessary criteria; Updated criteria language;  
Updated supporting and administrative information; Revised policy with minor formatting changes.

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/index/comm-plan/ms/dme-equipment-orthotics-ostomy-medical-supplies-repairs-replacements-ms-cs-12012023.pdf>