

## **Third Party Changes of Significance April 2023**

### **Mississippi Medicaid**

#### **Pay/Deny Date Updates After Submission of Portal Claims. Mississippi Medicaid. April 12, 2023**

When providers submit a portal claim, they will see a Pay/Deny Date of 01/01/1900. This date will be updated to the correct Pay/Deny Date once the claim finalizes through the financial cycle. The updated date will also be the Pay/Deny Date that appears on the provider's Remittance and Status.

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/>

#### **Mississippi Medicaid to remove all Medicaid copayments effective May 1, 2023. April 27, 2023. Mississippi Division of Medicaid (DOM)**

**“Effective May 1, 2023, the Mississippi Division of Medicaid (DOM) is eliminating all Medicaid copayments for pharmacy and health care services.**

DOM plans to submit MS State Plan Amendment (SPA) 23-0011 to allow the agency to remove copays from Medicaid services. While DOM will continue to pay providers for their services, providers will no longer be able to collect copays from beneficiaries beginning Monday, May 1, 2023.

Pharmacy point-of-sale paid claims will reflect a \$0.00 amount in the copayment field. This change will apply to both fee-for-service and MississippiCAN claims.”

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

#### **Claim Filing Indicator “16” Should be Used if member has a Medicare Part C Policy. Mississippi DOM. April 27, 2023**

ATTENTION: Providers Submitting Portal Claims

MESA-submitted Medicare Part C electronic claims submitted via 837 5010 X12 transaction files should include “16” as the Claim Filing Indicator in the 2320 (Other Subscriber Loop: Data Element SBR09).

The value of “16” indicates that the member has a Medicare Part C policy. MESA will process the claim as a crossover claim. Failure to use Claim Filing Indicator 16 will result in incorrect processing/payment of a claim. Additional assistance can be found in the 837 Companion Guides available at: <https://medicaid.ms.gov/edi-technical-documents/>.

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/>

### **CMS and Novitas**

#### **Comprehensive Error Rate Testing (CERT) Contractor Name Change. Novitas. April 14, 2023**

Effective March 21, 2023, the Comprehensive Error Rate Testing (CERT) contractor, formerly known as NCI Information Systems, Inc., underwent a name change. The new name is Empower AI, Inc.

The CERT Documentation Center Customer Service may be contacted via:

- Phone: 1-888-779-7477

- Email: [CertProvider@empower.ai](mailto:CertProvider@empower.ai)

## **OTHER**

### **United Health Care**

#### **Corneal Collagen Cross-Linking Policy Number: 2023T0646A Effective Date: May 1, 2023**

New Policy

UnitedHealthcare Commercial

UnitedHealthcare Individual Exchange

“Corneal Collagen Cross-Linking (C-CXL) using an epithelium-off approach, riboflavin (vitamin B2), and ultraviolet A is proven and medically necessary for the treatment of the following indications:

Progressive Keratoconus

Corneal Ectasia resulting from refractive surgery in individuals who have failed conservative treatment (e.g., rigid contact lens, spectacle correction).

C-CXL is unproven and not medically necessary for all other indications or using any other methods due to insufficient evidence of efficacy.”

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/index/commercial/corneal-collagen-cross-linking-05012023.pdf>

#### **Aetna: Corneal Remodeling (Commercial) - Medical Policy, Review Date 3/15/2023**

Added experimental indications for refractive surgery, keratoprosthesis, and endothelial keratoplasty;

Added code S0810 [Photorefractive keratectomy (prk)]

Updated ICD-10 codes;

Updated supporting and administrative information.

[https://www.aetna.com/cpb/medical/data/1\\_99/0023.html](https://www.aetna.com/cpb/medical/data/1_99/0023.html)

#### **Aetna: Learning Disabilities, Dyslexia, and Vision - Medical Policy, Review Date: 3/16/2023**

“Added experimental indications music-based interventions for individuals with learning disabilities and non-invasive brain stimulation (including TDCS) for the treatment of dyslexia;

Added codes 90867 - 90869, 92065, G0176 [Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more)], K1016, and K1017;

Updated supporting and administrative information.”

[https://www.aetna.com/cpb/medical/data/1\\_99/0078.html](https://www.aetna.com/cpb/medical/data/1_99/0078.html)

#### **Aetna: Computerized Corneal Topography- Medical Policy, Review Date: 3/24/2023**

“Reviewed with changes to criteria and supplementary information.

Added experimental indication neurotrophic keratoconjunctivitis;

Updated supporting and administrative information.”

[https://www.aetna.com/cpb/medical/data/100\\_199/0130.html](https://www.aetna.com/cpb/medical/data/100_199/0130.html)

#### **Aetna: Contact Lenses and Eyeglasses - Medical Policy, Review Date: 03/23/2023**

Reviewed with changes to criteria and supplementary information.

Added experimental and investigational section with associated indications;

Added limitations statement;

Updated supporting and administrative information.”

[https://www.aetna.com/cpb/medical/data/100\\_199/0126.html](https://www.aetna.com/cpb/medical/data/100_199/0126.html)

## **BCBS Mississippi: Gas Permeable Scleral Contact Lens - Vision Policy; Policy Number**

### **L.9.03.403. Review Date: 3/21/2023**

“Updated Policy Guidelines to change "Nervous/Mental Conditions" to "Mental Health Disorders" and "Medically Necessary" to "medical necessity."  
No changes to coverage.”

<https://www.bcbsms.com/medical-policy-search#/policy-detail?id=1680c3b8-e9e2-4af0-a8f5-1e14a0217096>

### **Recent Change Health Audits**

Several reports have been received regarding chart audit requests coming from Change Health. Change Health has been contracted by Centene to perform these Risk and Quality Assessment audits for Centene products (Magnolia, AmBetter, AllWell and Wellcare) and works with other payors in Mississippi and tries to include all requests when outreaching to a provider. Change Health does sometimes have a very short turnaround time for these requests. As a result, Centene will work with providers on turnaround times but specific results of such requests can depend on the volume and stage of a particular project.

These audits are being performed in order to validate and gather more specific information related to patient conditions and status than can be gleaned from claims data. As well, Change Health is limited to the by number of times they can reach out to any specific provider. As a result, some providers have been asked to send in records for more than 700 charts.

Providers have several options for responding to these record requests. If you receive a request for a very large number of patient charts, you can certainly discuss this with Centene and possibly even request a smaller number of charts being requested. Centene is committed to working with providers to resolve provider concerns.

The options for responding to these chart requests include:

- With 100 or more records are being reviewed, Change Health can arrange to send a field representative to the provider office
- Send the records via a secure drop box which would eliminate the printing or copying costs.
- Providing remote EHR access to Change Health with the records being requested queued specifically for this review and access to any other records in the EHR is restricted and denied.

(Note that Centene is making an effort to get her connections with provider which they say improves quality scores, Dx recapture, and almost real time data between provider and payor)

And, Starting May 2023: the health care provider will not longer be able to ship boxes of charts due to PHI/HIPPA liability involved in shipping. And providers need to provide charts more securely via Electronic Media such as password-protected thumb drive or CD, secure drop box through Change Health, etc. – See the attached FAQ and Change Health submission document.

If any provider would like to discuss a chart request from Change Health with Centene, please contact the MOA for the contact information.