Third Party Changes of Significance January 2024

MISSISSIPPI MEDICAID

<u>DOM to Adjust Impacted Vision Claims</u>. Mississippi DOM LateBreaking News. January 24, 2024

Please note that DOM and Gainwell do not have a specific timeline for this process to be completed. They have been asked to provide this information as soon as it is available.

"The Mississippi Division of Medicaid (DOM) and Gainwell recently completed system updates related to fee-for-service (FFS) vision claim processing. DOM and Gainwell are now working to adjust impacted claims. The claim adjustment project will include denied claims that received the following EOBs:

- 5557- EYE EXAM LIMITED TO ONE PER STATE PHYSICAL YEAR 21 AND OLDER
- 5597- EYE EXAM LIMITED TO TWO PER STATE PHYSICAL YEAR UNDER 21

Additionally, some vision claims are suspending for review by DOM for further processing. Impacted claims associated with this review include suspended claims that received the following EOBs:

- 5515 Eye Refraction Limit 2 per State Fiscal Year – Under 21
- 5519 Eye Refraction Limit 1 per 5 years - 21 & older

Please monitor DOM's Late Breaking News page for future updates: https://medicaid.ms.gov/late-breaking-news/.

<u>Eligibility Verification Search for Members by Providers - SSN Requirement</u>. LateBreaking News. January 23, 2024

"Providers have the capability to verify members' eligibility through the MESA Provider Portal. The portal has been updated to enhance user experience, displaying comprehensive member coverage details on the main search results page upon clicking the "Submit" button during eligibility verification. The displayed sections include:

- Demographic Details
- Benefit Details
- Medicare Coverage Detail
- Managed Care Assignment Details
- Lock-In Details
- Living Arrangement Details
- EPSDT Well Child Service Details
- Limit Details

Providers can initiate a search using the member's First Name and Last Name, along with Date of Birth if the Member ID is unknown. Effective from the recent changes introduced on 1/14/2024, SSN is now a mandatory requirement for eligibility verification searches, in addition to the member's First Name, Last Name, and Date of Birth. Recognizing the inconvenience caused to the Provider community, Gainwell is actively working on eliminating the SSN requirement when the Member's First Name, Last Name, and Date of Birth are provided. During this interim period, Providers can still perform eligibility verification searches by accessing the "Member Focused Viewing" link located in the left bottom corner of their secure Portal account. See screenshot below."

Providers can run a search using the member's First Name, Last Name, and Date of Birth if the Member ID is not available. See screenshot below.

Member Focus Search

Last Members Viewed | Search

* Indicates a required field.

Enter the Member ID or Last Name, First Name and Birth Date.

Member ID

Last Name | First Name | Birth Date

City | Zip Code

Search | Reset

The Mississippi Division of Medicaid appreciates your understanding and patience as we work towards resolving this issue."

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

<u>Terminated Providers Retain Portal Access For One Year</u>. Mississippi Medicaid Late Breaking News. January 4, 2024

"Effective December 18, 2023, providers will retain access to their portal account for a duration of 1 year following the termination date. Claims for services rendered prior to the termination's effective date may be submitted for processing, including adjustments or voids. However, claims for services rendered on or after the termination date will not be accepted.

Please contact the Provider and Beneficiary Services Call Center at (800) 884-3222 if you need assistance between the hours of 8 a.m. and 5 p.m. CST. Alternatively, you can refer to the Provider Field Representative list available on Medicaid's website to identify your designated representative. The Provider Field Representative list provides email addresses and phone numbers for each representative. You can access the resource document at https://medicaid.ms.gov/wp-content/uploads/2022/12/Provider-Field-Representatives.pdf."

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

<u>Verification Of Provider Licenses For Mississippi Medicaid.</u> Mississippi Medicaid Late Breaking News. January 4, 2024

"Under the guidelines of 42 CFR § 455.412, the Mississippi Division of Medicaid (DOM) will be actively updating the licensure records of both fee-for-service/MississippiCAN providers and CHIP providers. As a part of this endeavor, providers whose licenses have expired or are expiring will be notified via official correspondence from Gainwell Technologies. We also encourage providers to consult DOM's official website, where the Provider Six-Month License Due List is available at https://medicaid.ms.gov/. This list will be refreshed monthly to ensure the latest information is accessible. It is imperative for providers to promptly provide their updated licensure information to Medicaid, as failure to do so will result in the closure of their Medicaid provider number.

Complying with the provisions outlined in the Mississippi Administrative Code Part 200, Chapter 4, Rule 4.5 (B) (C), DOM will reinstate closed provider numbers due to license expiration, retroactive to the date of license renewal, provided the closure duration is under one (1) year. For this to happen, the provider must furnish a current license copy and rectify any changed or inaccurate information. If a Medicaid provider number has been closed due to license expiration for a period exceeding one (1) year, re-enrollment as a Medicaid provider will be necessary.

To facilitate the submission of licensure information, Gainwell Technologies' Provider Enrollment Department offers multiple secure channels, including the MESA Provider Portal, fax, or mail. Here are the details for each method:

MESA Provider Portal: https://medicaid.ms.gov/mesa-portal-for-providers

Provider Services Fax Number: (866) 644-6148

Attention: Provider Enrollment
Provider Services Mailing Address:
Provider Enrollment/MississippiCAN/MSCHIP
PO Box 23078
Jackson, MS 39225
For any assistance required between 8 a.m. and 5 p.m. CST, providers can contact the Provider and Beneficiary Services Call Center at (800) 884-3222."

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

CMS, NOVITAS, RAILROAD MEDICARE

Novitas Solutions Part B Quarterly FAQ. January 9, 2023

Billing FAQs

3. Can we collect the co-insurance from our Medicare patients on the date of service when we know the patient does not have co-insurance coverage?

Yes, you may collect the co-insurance on the date of the service from patients who advise you that they do not have co-insurance coverage.

8. What must be included in my medical record documentation when administering medication(s)?

Medical record documentation should include the name of the medication, the dosage, and the route of administration. The site of the injection should also be documented as well as any patient reactions to the medication and signature of the person administering the medication. Documentation must be maintained in the patient's chart to support the medical necessity of the injection given. When a portion of the drug is discarded, the medical record must clearly document the amount administered and the amount wasted.

13. What date of service should I report when completing a diagnostic interpretation on a different date from the actual test?

We recognize that providers do not always perform the professional component on the same date as the technical component. Many providers prefer to submit a claim with a date of service that reflects the day the professional component was performed, while others prefer to use the day the technical component was performed as the date of service for their professional component.

Information within special edition, SE17023-Guidance on coding and billing date of service on professional claims, indicates that the technical component is billed on the date the patient had the test performed. When billing a global service, you can submit the professional component with a date of service reflecting when the review and interpretation is completed or the date the technical component was performed.

If you did not perform a global service and instead performed only one component, the date of service for the technical component would be the date the patient received the service; the date of service for the professional component would be the date the review and interpretation is completed.

15. What is the definition of a rendering physician, a referring physician, and an ordering physician? Where on the claim form is this information reported?

A 'rendering physician' is a physician/practitioner who renders/performs medical services. Report the NPI of the rendering physician in block 24J of the CMS 1500 claim form or electronic equivalent.

A 'referring physician' is a physician/practitioner who refers patients to another physician or facility for medical services. Report the NPI of the referring physician in blocks 17 and 17B of the CMS 1500 claim form or electronic equivalent.

An 'ordering physician' is a physician/practitioner who orders an item or service. Report the NPI of the ordering physician in blocks 17 and 17B of the CMS 1500 claim form or electronic equivalent.

Reference

CMS IOM Pub. 100-04 Medicare Claims Processing Manual, Chapter 26

17. How much does modifier 52 adjust RVUs?

We follow CMS guidelines that state: "The fees for services represent the average work effort and practice expenses required to provide a service. For any given procedure code, there could typically be a range of work effort or practice expense required to provide the service. Thus, A/B MACs (B) may increase or decrease the

payment for a service only under very unusual circumstances based upon review of medical records and other documentation."

Reference

CMS IOM Pub. 100-04 Medicare Claims Processing Manual, Chapter 12, section 20.4.6

https://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00005049

Other Quarterly FAQ: https://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00227703

December 2023 claim submission errors – HIS. Novitas Soultions. January 12, 2024

"The IHS Part B claim submission errors and resolutions for December 2023 are now available. Please take time to review these errors and avoid them on future claims."

https://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00081416

New process for CPT category III T codes. Novitas Solutions. January 25, 2023

"We request the following documentation be submitted with the initial claim submission for the T codes linked below.

- History and physical examination
- Lab/Diagnostic test results, if applicable
- Progress or office notes for the service performed
- Operative or procedure report, if applicable
- Full text peer reviewed articles
- Society guidelines
- Any additional documentation that supports the need for the service

Effective February 26, 2024, when records are not submitted to support the code billed, the service will be rejected. The claim must then be resubmitted with the appropriate information.

CPT category III T codes

Avoid negative impacts to your claims by providing the medical records with your claim submission for the T codes linked above. Please consult this list frequently as Novitas anticipates this to be a temporary situation."

https://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00286784

Local Coverage Determination (LCD) and Article Update History for Jurisdiction H. Novitas Solutions. January 25, 2024

The following articles have been revised to reflect the 2024 Annual CPT/HCPCS Code updates effective for dates of service on and after January 1, 2024:

- Billing and Coding: Ambulatory Electrocardiograph (AECG) Monitoring (A59268)
- Billing and Coding: Biomarkers for Oncology (A52986)
- Billing and Coding: Biomarkers Overview (A56541)
- Billing and Coding: Botulinum Toxins (A58423)
- Billing and Coding: Genetic Testing for Cardiovascular Disease (A58795)
- Billing and Coding: Independent Diagnostic Testing Facility (IDTF) (A53252)
- Billing and Coding: Molecular Pathology and Genetic Testing (A58917)
- Billing and Coding: Monitored Anesthesia Care (A57361)
- Billing and Coding: Nerve Conduction Studies and Electromyography (A54095)
- Billing and Coding: Pharmacogenomics Testing (A58801)
- Billing and Coding: Psychiatric Codes (A57130)
- Billing and Coding: Removal of Benign Skin Lesions (A57113)
- Billing and Coding: Routine Foot Care (A52996)
- Billing and Coding: Wound Care (A53001)

https://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00006151

Railroad Medicare February Bulletin. **Palmetto GBA Railroad Medicare. January 24, 2024**

"The February 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/February_2024_Railroad_Medicare_News.pdf/$FILE/February_2024_Railroad_Medicare_News.pdf

Railroad Medicare Quick Reference Guide. Palmetto GBA Railroad Medicare. January 24, 2024

"The Railroad Medicare Quick Reference Guide is a publication designed 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.

The current version of the Railroad Medicare Quick Reference Guide is attached in Adobe Acrobat's Portable Document Format (PDF). In order to view and print PDF documents, you must first download and install the Acrobat Reader software. Acrobat Reader is free, available for many platforms and may be downloaded from www.adobe.com.

Access or download the Railroad Medicare Quick Reference Guide (PDF)."

https://www.palmettogba.com/palmetto/rr.nsf/DID/7JYQ282514#ls

Education and Training. Novitas Solutions. January 25, 2024

"Our Event Calendar has been updated and new events are open for registration."

Events Include, among others:

- Avoiding Part B Claim Errors: October-December 2023 January 31, 2024 12-1:30p
- Evaluation and Management Services: The Basics February 20, 2024 9-10:30a
- Modifier of the Month: Modifiers 24 and 25 February 21, 2024 12-1p

https://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00084381

Glaucoma Awareness Month: Act to Prevent Vision Loss. CMS MLN Connects. January 18, 2023

"Half of people with glaucoma don't know they have it (see CDC). During Glaucoma Awareness Month, talk with your patients about reducing their risk of vision loss.

Medicare covers glaucoma screening for patients with Part B who meet at least 1 high-risk criteria:

People with diabetes mellitus

People with glaucoma in their family history

Black or African Americans aged 50 and older

Hispanics or Latinos aged 65 and older

Encourage your patients who meet these criteria to get an annual screening.

Find out when your patient is eligible for these screenings. If you need help, contact your eligibility service provider.

More Information:

Medicare Vision Services (PDF) fact sheet

Glaucoma tests: Get information for your patients"

How to Use the Office and Outpatient Evaluation and Management Visit Complexity Add-on Code G2211. CMS MLN Matters MM13473. January 18, 2024

"Make sure your billing staff knows about correct use of HCPCS code G2211 and modifier 25, documentation requirements for G2211, and patient coinsurance and deductible."

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

OTHER

Biden-Harris Administration Launches Effort to Increase Medicare Advantage Transparency. CMS News. January 25, 2023

> "On December 7, the Biden-Harris Administration announced new actions to promote competition in health care, including increasing transparency in the Medicare Advantage (MA) insurance market and strengthening MA programmatic data. Today, the U.S. Department of Health and Human Services (HHS), through the Centers for Medicare & Medicaid Services (CMS), is continuing momentum in this area by releasing a Request for Information (RFI) to solicit feedback from the public on how best to enhance MA data capabilities and increase public transparency. Transparency is especially important now that MA has grown to over 50% of Medicare enrollment, and the government is expected to pay MA health insurance companies over $7 trillion over the next decade. The information solicited by this RFI will support efforts for MA plans to best meet the needs of people with Medicare, for people with Medicare to have timely access to care, to ensure that MA plans appropriately use taxpayer funds, and for the market to have healthy competition. …"

https://www.cms.gov/newsroom/press-releases/biden-harris-administration-launches-effort-increase-medicare-advantage-transparency

FDA Warns Consumers Of Contaminated Copycat Eye Drops. FDA. January 31, 2024

> "FDA is warning consumers not to purchase or use South Moon, Rebright or FivFivGo eye drops because of the potential risk of eye infection.
> These are copycat eye drop products that consumers can easily mistake for Bausch + Lomb's Lumify brand eye drops, an over-the-counter product approved for redness relief.
> South Moon, Rebright and FivFivGo eye drops are unapproved drugs and should not be available for sale in the U.S. They claim to treat eye conditions such as glaucoma, which is treated with prescription drugs or surgery."

https://www.fda.gov/drugs/drug-safety-and-availability/fda-warns-consumers-contaminated-copycat-eye-drops

Aetna: Graves' Ophthalmopathy Treatments - Medical Clinical Policy 0419. Reviewed August 10, 2023

> Reviewed with changes to supporting information.

https://www.aetna.com/cpb/medical/data/400_499/0419.html

Aetna: Oxervate - Prior Authorization (PA) CriteriaSpecialty Pharmacy Clinical Policy Bulletins Aetna Non-Medicare Prescription Drug Plan Subject: Oxervate 2869-A SGM P2022. February 12, 2023 (Next review February 12, 2024)

> "Reviewed with changes to criteria and supporting information."

https://www.aetna.com/products/rxnonmedicare/data/2024/Oxervate_2869-A_SGM_P2022.html

Aetna: Syfovre - Medical Clinical Policy 1029. January 1, 2024

"Reviewed with changes to supporting information."

https://www.aetna.com/cpb/medical/data/1000_1099/1029.html

Aetna: Visudyne Photodynamic Therapy (CPB 0594) - Medical Clinical Policy 0594. June 29, 2023

> Reviewed with changes to supporting information."

https://www.aetna.com/cpb/medical/data/500_599/0594.html

Aetna: Voretigene Neparvovec-rzyl (Luxturna). Medical Clinical Policy Bulletin 0927. Reviewed October 27, 2023

> "Reviewed with changes to supporting information."

https://www.aetna.com/cpb/medical/data/900_999/0927.html

Aetna: Xipere (Commercial) – Medical Clinical Policy 1000. June 19, 2023

"Reviewed with changes to supporting information.

https://www.aetna.com/cpb/medical/data/1000_1099/1000.html

BCBS Federal Employee Plan: Tepezza - Prior Authorization (PA) Rationale. Review date July 1, 2023

"Issued a new version of the document."

https://www.caremark.com/content/dam/enterprise/caremark/microsites/dig/pdfs/pa-fep/fep-rationale/FEP_Rationale_Tepezza.pdf

BCBS Federal Employee Plan: Upneeq - Prior Authorization (PA) Rationale. Review date May 1, 2023

"Issued a new version of the document."

https://www.caremark.com/content/dam/enterprise/caremark/microsites/dig/pdfs/pa-fep/fep-rationale/FEP_Rationale_Upneeq.pdf

BCBS Federal Employee Plan: Xdemvy - Prior Authorization (PA) Form. Reviewed January 23, 2024

"Issued a new version of the form."

https://www.caremark.com/content/dam/enterprise/caremark/microsites/dig/pdfs/pa-fep/fep-form/FEP_Form_Xdemvy.pdf

BCBS Federal Employee Plan: Xiidra - Prior Authorization (PA) Rationale. Review date Septwember 28, 2023

"Issued a new version of the document."

https://www.caremark.com/content/dam/enterprise/caremark/microsites/dig/pdfs/pa-fep/fep-rationale/FEP_Rationale_Xiidra.pdf

Cigna: Durysta - Prior Authorization (PA) Form. April 1, 2022

"Issued a new version of the form."

https://static.cigna.com/assets/chcp/pdf/resourceLibrary/prescription/Durysta.pdf

Cigna: Beta-Adrenergic Blockers (Betimol, Istalol, Timoptic) - Step Therapy (ST) Criteria. Revised October 11, 2023

"Reviewed with changes to criteria, language, supporting information, and formatting."

https://static.cigna.com/assets/chcp/pdf/coveragePolicies/cnf/cnf_740_coveragepositioncriteria_ophthalmic_glaucoma_beta_adrenergic_blockers_st.pdf

Cigna: Alpha-Adrenergic Agonists (Alphagan P, Lumify, Iopidine) - Step Therapy (ST) Criteria. October 4, 2023

"Reviewed with changes to language, supporting information, and formatting."

https://static.cigna.com/assets/chcp/pdf/coveragePolicies/cnf/cnf_739_coveragepositioncriteria_ophthalmic_glaucoma_alpha_adrenergic_agonists_st.pdf

Cigna: Ophthalmic Dry Eye Products (Restasis) - Pharmaceutical Coverage Policy Number IP0026. Review date January 1,2024

"Reviewed with changes to criteria and supporting information."

https://static.cigna.com/assets/chcp/pdf/coveragePolicies/pharmacy/ip_0026_coveragepositioncriteria_ophthalmic_dry_eye.pdf

Cigna: Tyrvaya (Commercial) - Pharmaceutical Policy Coverage Policy Number IP0395. Review date January 15, 2024

"Reviewed with changes to criteria."
https://static.cigna.com/assets/chcp/pdf/coveragePolicies/pharmacy/ip_0395_coveragepositioncriteria_varenicline.pdf

Humana: Ocular Surface Disease Diagnosis and Treatment - Medical Policy Number: HUM-0504-017. December 14, 2023

"Reviewed with change(s) to criteria, coding, and supporting information."
https://dctm.humana.com/Mentor/Web/v.aspx?objectID=090009298832394b

Humana: Ophthalmic Non-Steroidal Anti-Inflammatory Drugs - Pharmaceutical Policy. Reviewed January 23, 2024

"Reviewed with change(s) to applciable drugs and supplementary information.
Added generic bromfenac eye drops to applicable drugs;
Updated supporting information."
Commercial policy: https://dctm.humana.com/Mentor/Web/v.aspx?objectID=090009298867c1c1
Medicare policy: https://dctm.humana.com/Mentor/Web/v.aspx?objectID=090009298867c1bf

Humana: Ophthalmic Steroids (Commercial) - Pharmaceutical Policy. Reviewed January 23, 2024

"Reviewed with change(s) to applicable drugs and supplementary information.
Added additional formulation loteprednol etabonate eye drops-suspension to applicable drugs;
Updated supporting information."
https://dctm.humana.com/Mentor/Web/v.aspx?objectID=090009298867c1c3

United Health Care Oxford: Visual Information Processing Evaluation and Orthoptic and Vision Therapy Policy Number: VISION 011.29. Effective January 1, 2023

"Benefit Considerations (new to policy) 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
Supporting Information Updated Clinical Evidence and References sections to reflect the most current information Archived previous policy version VISION 011.28"
https://www.uhcprovider.com/content/dam/provider/docs/public/policies/oxford/visual-info-processing-evaluation-orthoptic-vision-therapy-ohp.pdf

United Health Care Individual Market. Ophthalmologic Complement Inhibitors Policy Number: IEXD00118.05 Effective Date: January 1, 2024

"Reviewed with changes to criteria, coding, and supplementary information.
Removed review at launch criteria statement;
Added the following HCPCS code: C9162;
Removed the following HCPCS codes: C9399, J3490, J3590;
Updated administrative information."
https://www.uhcprovider.com/content/dam/provider/docs/public/policies/exchange/ophthalmologic-complement-inhibitors-iex.pdf

United Health Care Medicare Advantage Plans: Vision Services, Therapy, and Rehabilitation Policy Number: MCS104.05 Approval Date: October 11, 2023

"Reviewed with changes to language.
No changes to criteria intent."
https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medadv-coverage-sum/vision-services-therapy-rehabilitation.pdf

Ransomware Remains Top Threat To Healthcare Industry, Report Finds. AOA First Look. January 29, 2024

"HealthIT Security reported, 'The healthcare sector was hit hard by data breaches in 2023,' and 'ransomware remains a top threat to healthcare, as exemplified by the number of high-profile attacks carried out by prolific threat actor groups and lesser-known gangs alike.' For 'its annual ransomware report, the GuidePoint Research

and Intelligence Team (GRIT) used publicly available data to explore these trends and how they vary across the threat landscape, uncovering troubling changes in the threat landscape.' The report 'observed 63 distinct ransomware groups compromising thousands of victims throughout 2023.' Moreover, 'healthcare was the third-most targeted industry in 2023 according to GRIT, behind manufacturing and technology.'"

Article: https://healthitsecurity.com/news/researchers-observe-increase-in-emerging-ransomware-groups-targeting-healthcare

Ransomware Annual Report: https://www.guidepointsecurity.com/resources/grit-ransomware-annual-report-2023/

Collection of Race and Ethnicity Data in Clinical Trials and Clinical Studies for FDA-Regulated Medical Products. FDA. January 2024

"The FDA issued draft guidance on collecting and reporting race and ethnicity data in clinical trials and studies for medical products."

https://www.fda.gov/regulatory-information/search-fda-guidance-documents/collection-race-and-ethnicity-data-clinical-trials-and-clinical-studies-fda-regulated-medical