

October 2025 Third Party Changes of Significance

MISSISSIPPI MEDICAID

New Provider Demographic Update Tool. Magnolia Health. October 3, 2025

“Magnolia Health is committed to providing our providers with the best tools possible to support their administrative needs for MSCAN and Ambetter.

Whether it’s making an address change or terminating a provider, we have created an easy way for you to request updates to your information and ensure we receive what is needed to complete the request in a timely manner.

Try the Provider Demographic Tool Today! <https://www.magnoliahealthplan.com/providers/resources.html>

Please note, MSCAN and Ambetter Delegated Providers will continue to submit rosters to magnoliacredentiaing@centene.com

Wellcare Providers will continue to submit rosters and demographic updates to msproviderupdates@centene.com

Need to review your existing information or have a question? If you are a contracted provider, you can visit our Provider Directory to review your information <https://www.magnoliahealthplan.com/find-a-doctor/find-a-provider-guide.html>”

Provider Services Has A NEW Phone Number. Magnolia Health. October 3, 2025

“Please note effective July 1, 2025, Provider Services can be reached at our **new** number **1-877-236-0751** for MSCAN and CHIP.”

Checkout these New Secure Provider Portal Features. Magnolia Health October 3, 2025

“We are excited to share that new features have been added to the Magnolia Secure Provider Portal. See the list of new portal features that have been added.

- § Access to a copy of the Provider Manual
- § Access to newsletters, updates, and Provider Notices
- § Access to a searchable Provider Directory
- § Submit claim appeals
- § Submit grievance and appeals
- § Submit referrals to Care Management
- § Z-Code Dashboard – Additional Learning: Visit [CMS.GOV USING Z CODES](#)”

Important Provider Affiliation Updates and Guidance to Prevent or Resolve Denials with EOB/Error Code 1085. DOM LateBreaking News. October 6, 2025

Facilities and other organizational providers can now affiliate individual providers to their organizational provider enrollment. This affiliation addresses some prior authorization (PA) issues that were impacting the Managed Care Organizations (MCOs). As organizational providers begin affiliating individual rendering providers, certain fields on professional claims (CMS-1500) may require modification to ensure accurate claim processing.

Certain provider types are not required to include a separate rendering provider on the claim form and must use the Billing Provider information in the Rendering Provider fields. Example: when the billing provider is a facility and the rendering provider is not eligible for enrollment with Mississippi Medicaid.

Organizational providers who receive Explanation of Benefits (EOB) Error Code 1085, which indicates “Provider is a facility or group provider. A rendering provider is required,” on professional claims must verify that valid rendering provider information is included in the appropriate claim field.

Should you need assistance, please contact the Provider and Beneficiary Services Call Center at (800) 884-3222 or use the Provider Field Representative list on Medicaid’s website to identify your designated representative. The Provider Field Representative list includes email addresses and phone numbers for each representative. This resource document is located at https://medicaid.ms.gov/wp-content/uploads/2025/05/Q2-2025-PROVIDER-FIELD-REPRESENTATIVES_Map-and-By-County_v2.0.pdf.

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

CMS, NOVITAS, RAILROAD MEDICARE

Final Rules for Medicare and Medicaid Programs. CMS. October 31, 2025

RHW: On October 31, 2025, the Centers for Medicare & Medicaid Services (CMS) released the final rule for the 2026 Medicare physician fee schedule (MPFS). The AOA submitted detailed comments to CMS regarding its proposed final rule. A detailed summary of the more than 2,000-page rule will be forthcoming but here are a few key points for you.

1. CMS is using 4 different conversion factors for 2026. Most Optometrists are considered Non-APM Qualifying providers and will see a 3.26% INCREASE in most fees for 2026. (Congress passed a temporary, one-year 2.5 percent update for 2026 in H.R. 1.)
2. Even though the government shutdown impacted the extension for telehealth, in 2026 CMS is finalizing its proposals to permanently lift the frequency limits on telehealth services provided to patients in hospitals and skilled nursing facilities and permanently allow virtual direct supervision for most services that require supervision. CMS has also opted to continue the policy currently in place allowing teaching physicians to provide virtual supervision to residents providing telehealth services in all training sites and not limit this policy only to rural areas.
3. CMS maintained the performance threshold to avoid a MIPS penalty of up to 9 percent at 75 points for the CY 2026 performance year/2028 MIPS payment year through the CY 2028 performance year/2030 MIPS payment year. The stability with the performance threshold should provide physicians with more of an opportunity to earn a positive or neutral incentive.

<https://www.federalregister.gov/public-inspection/2025-19787/medicare-and-medicaid-programs-calendar-year-2026-payment-policies-under-the-physician-fee-schedule>

PDF Version of Complete Final Rule: <https://public-inspection.federalregister.gov/2025-19787.pdf>

CMS Press Release: <https://www.cms.gov/newsroom/press-releases/cms-modernizes-payment-accuracy-significantly-cuts-spending-waste>

Physician Payment Schedule Fact Sheet: <https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2026-medicare-physician-fee-schedule-final-rule-cms-1832-f>

OTHER

Another win for VA Doctors of Optometry. AOA News. October 29, 2025

“The U.S. Department of Veterans Affairs affirms optometry’s physician-level recognition in latest regulation, a win for the whole profession.

Key Takeaways:

- The VA posted notice in the Federal Register that doctors of optometry will be included in physician-level pay tables, starting Dec. 28, 2025.
- The notice comes almost 10 months after the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act was signed into law, authorizing physician-level recognition of VA optometrists.

- Vision and eye health care is the third-most requested service by veterans—behind only primary care and mental health care—with VA doctors of optometry providing roughly 70% of essential primary and medical eye care services. “

https://www.aoa.org//news/advocacy/federal-advocacy/another-win-for-va-doctors-of-optometry?utm_source=American+Optometric+Association&utm_campaign=65b080e096-EMAIL_CAMPAIGN_2025_10_30_05_16&utm_medium=email&utm_term=0_51e3bca6b0-65b080e096-7211495

AOA’s Evidence-Based Clinical Practice Guidelines Offer Care Recommendations. AOA First Look. October 20, 2025

The [AOA’s evidence-based clinical practice guidelines](#) offer comprehensive, detailed care recommendations based on the best-available current scientific evidence and research, as well as expert clinical insight, to inform the diagnosis, management and treatment of patients with various eye and vision conditions.

Held to the evidence-based standards set by the National Academies of Sciences, Engineering and Medicine-Health and Medicine Division (NASEM), these guidelines, include:

- [Care of the Patient with Primary Open-Angle Glaucoma, First Edition](#)
- [Comprehensive Pediatric Eye and Vision Examination, First Edition](#)
- [Comprehensive Adult Eye and Vision Examination, Second Edition](#)
- [Eye Care of the Patient with Diabetes Mellitus, Second Edition](#)

Additionally, the AOA provides topical, clinical reports available for patient care decision-making, including:

- [GLP-1RAs and Ocular Health](#)
- [Myopia Management](#)

The AOA also maintains a library of [consensus-based clinical practice guidelines](#).

[Learn more](#) about the AOA Evidence-based Optometry Committee’s 14-step process, aligned with NASEM, for developing trustworthy clinical practice guidelines.

Practice Of Automatic Downcoding Appears To Be Rising As Healthcare Costs Increase. AOA First Look. October 9, 2025

“[NBC News](#) (10/9, Abou-Sabe) reports, “The practice of automatic downcoding seems to have taken off in the last few years, as health care costs soar and insurance companies use third party vendors and AI programs to reduce costs.” Insurers have “acknowledged downcoding higher level claims for certain office visits.” Furthermore, “momentum for automatic downcoding comes as experts say an inverse problem of ‘upcoding’ is on the rise.” NBC News ‘spoke to doctors’ offices across numerous specialties from around the country, all of whom rely heavily on office visits – rather than surgeries and procedures – for their revenue, and all of whom are experiencing downcoding from insurers.”

United Health Care Policy Updates. October 2025

| Retired | | |
|---------------------|----------------|--|
| Policy Title | Effective Date | Summary of Changes |
| Electroretinography | Oct. 1, 2025 | <ul style="list-style-type: none"> • Retired policy; electroretinography no longer requires clinical review |

P 18: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/mpub-archives/commercial/medical-policy-update-bulletin-october-2025-full.pdf#electro>

Oxford Policies: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/mpub-archives/oxford/oxford-policy-update-bulletin-october-2025-full.pdf#electro>

Surest policies: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/mpub-archives/surest/surest-medical-policy-update-bulletin-october-2025-full.pdf#electro>

UMR policies p 17: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/mpub-archives/exchange/exchange-medical-policy-update-bulletin-october-2025-full.pdf#electro>

Individual Exchange Policies p 17: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/mpub-archives/exchange/exchange-medical-policy-update-bulletin-october-2025-full.pdf#electro>

UHC Community Plans- NC- Retired Policies. October 2025

| Retired | | |
|---|----------------|--|
| Policy Title | Effective Date | Summary of Changes |
| Electroretinography (for North Carolina Only) | Oct. 1, 2025 | <ul style="list-style-type: none">Retired policy; electroretinography no longer requires clinical review |

p5: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/mpub-archives/comm-plan/nc/community-plan-nc-medical-policy-update-bulletin-october-2025-full.pdf#electro>

UMR Retired Policies. October 2025.

| Retired | | |
|--------------------------------|----------------|---|
| Policy Title | Effective Date | Summary of Changes |
| Corneal Collagen Cross-Linking | Oct. 1, 2025 | <ul style="list-style-type: none">Retired policy; corneal collagen cross-linking no longer requires clinical review |
| Electroretinography | Oct. 1, 2025 | <ul style="list-style-type: none">Retired policy; electroretinography no longer requires clinical review |

P 18: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/mpub-archives/umr/umr-medical-policy-update-bulletin-october-2025-full.pdf#electro>

UHC Commercial and Individual Exchange Plans: Remote Physiologic Monitoring (RPM) Policy Number: 2026T0662A, Effective Date: January 1, 2026

Remote Physiologic Monitoring (RPM) is proven and medically necessary when the individual has one or more of the following conditions:

- Heart failure (HF)
- Hypertensive disorders of pregnancy (HDP)

Remote Physiologic Monitoring (RPM) is unproven and not medically necessary due to insufficient evidence of efficacy for all other indications not listed as proven, including but not limited to:

- Anxiety
- Bipolar disorder
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Diabetes mellitus (DM)
- Gestational diabetes
- Hypertension (HTN) other than hypertensive disorders of pregnancy (HDP)
- Obstructive sleep apnea (OSA)
- Schizoaffective disorder

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/index/commercial/remote-physiologic-monitoring-01012026.pdf>

Oxford Policies: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/index/oxford/rpm-ohp-01012026.pdf>

Surest Policies: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/index/commercial/remote-physiologic-monitoring-01012026.pdf>

UMR Policies: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/index/commercial/remote-physiologic-monitoring-01012026.pdf>

Individual Exchange Policies: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/mpub-archives/exchange/exchange-medical-policy-update-bulletin-october-2025.pdf>

UnitedHealthcare Commercial Medical Policy Update Bulletin Quick View: October 2025

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/mpub-archives/commercial/medical-policy-update-bulletin-october-2025.pdf>

Oxford Policies: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/mpub-archives/oxford/oxford-policy-update-bulletin-october-2025.pdf>

Surest Policies: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/mpub-archives/surest/surest-medical-policy-update-bulletin-october-2025.pdf>

UMR Policies: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/mpub-archives/umr/umr-medical-policy-update-bulletin-october-2025.pdf>

Individual Exchange Policies: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/mpub-archives/exchange/exchange-medical-policy-update-bulletin-october-2025.pdf>

Community Plan Policies-NC: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/mpub-archives/comm-plan/nc/community-plan-nc-medical-policy-update-bulletin-october-2025.pdf>

United Health Care Community Plan Updates, October 2025

| Retired | | |
|---------------------|----------------|--|
| Policy Title | Effective Date | Summary of Changes |
| Electroretinography | Oct. 1, 2025 | <ul style="list-style-type: none"> Retired policy; electroretinography no longer requires clinical review |

| Revised | | | |
|------------------------------|----------------|---|---|
| Policy Title | Effective Date | Summary of Changes | Coverage Rationale |
| Glaucoma Surgical Treatments | Dec. 1, 2025 | <p>Coverage Rationale</p> <ul style="list-style-type: none"> Revised list of proven and medically necessary indications: <ul style="list-style-type: none"> Added: <ul style="list-style-type: none"> Goniotomy, trabeculotomy, canaloplasty (ab interno), or combined canaloplasty (ab interno) and trabeculotomy (e.g., OMNI® Surgical System, Streamline Surgical System) for adults (age 19 years or more) when used in combination with cataract surgery for treating mild to moderate open-angle glaucoma (OAG) and cataract in adults currently being treated with ocular hypotensive medication Laser trabeculoplasty (e.g., Argon, Selective) Laser iridotomy/iridectomy (e.g., Nd: YAG) Laser iridoplasty Laser ciliary body destruction Replaced "some glaucoma drainage devices (<i>specifically</i> | <p>The following are proven and medically necessary:</p> <ul style="list-style-type: none"> Goniotomy or trabeculotomy for pediatric glaucoma (age 18 years or less) Goniotomy, trabeculotomy, canaloplasty (ab interno), or combined canaloplasty (ab interno) and trabeculotomy (e.g., OMNI® Surgical System, Streamline Surgical System) for adults (age 19 years or more) when used in combination with cataract surgery for treating mild to moderate open-angle glaucoma (OAG) and cataract in adults currently being treated with ocular hypotensive medication iStent®, iStent <i>inject</i>®, or Hydrus® Microstent when used in combination with cataract surgery for treating mild to moderate open-angle glaucoma (OAG) and cataract in adults currently being treated with ocular hypotensive medication Glaucoma drainage devices (e.g., XEN System, Ex-PRESS™, Molteno implant, Baerveldt tube shunt, Ahmed glaucoma valve implant, and Krupin-Denver valve implant) for treating refractory glaucoma when medical or surgical treatments have failed or are inappropriate Laser trabeculoplasty (e.g., Argon, Selective) Laser iridotomy/iridectomy (e.g., Nd: YAG) Laser iridoplasty Laser ciliary body destruction <p>All other FDA approved types of laser procedures are unproven and not medically necessary for treating any type of glaucoma due to insufficient evidence of efficacy and/or safety.</p> |

| | | | |
|--|--------------|--|--|
| Glaucoma Surgical Treatments (continued) | Dec. 1, 2025 | <p>XEN System, Ex-PRESS™, Molteno implant, Baerveldt tube shunt, Ahmed glaucoma valve implant, and Krupin-Denver valve implant) for treating refractory glaucoma when medical or surgical treatments have failed or are inappropriate" with "glaucoma drainage devices (e.g., XEN System, Ex-PRESS™, Molteno implant, Baerveldt tube shunt, Ahmed glaucoma valve implant, and Krupin-Denver valve implant) for treating refractory glaucoma when medical or surgical treatments have failed or are inappropriate"</p> <ul style="list-style-type: none"> Added language to indicate all other FDA approved types of laser procedures [not listed in the policy as proven and medically necessary] are unproven and not medically necessary for treating any type of glaucoma due to insufficient evidence of efficacy and/or safety Removed language indicating the following are unproven and not medically necessary for treating any type of glaucoma due to insufficient evidence of efficacy and/or safety: <ul style="list-style-type: none"> Canaloplasty (ab interno) Combined; canaloplasty (ab interno) and trabeculotomy | |
|--|--------------|--|--|

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/index/comm-plan/glaucoma-surgical-treatments-cs-12012025.pdf>

| New | | |
|-------------------------------------|----------------|---|
| Policy Title | Effective Date | Coverage Rationale |
| Remote Physiologic Monitoring (RPM) | Jan. 1, 2026 | <p>Remote Physiologic Monitoring (RPM) is proven and medically necessary when the individual has one or more of the following conditions:</p> <ul style="list-style-type: none"> Heart failure (HF) Hypertensive disorders of pregnancy (HDP) <p>Remote Physiologic Monitoring (RPM) is unproven and not medically necessary due to insufficient evidence of efficacy for all other indications not listed as proven, including but not limited to:</p> <ul style="list-style-type: none"> Anxiety Bipolar disorder Chronic obstructive pulmonary disease (COPD) Depression Diabetes mellitus (DM) Gestational diabetes Hypertension (HTN) other than hypertensive disorders of pregnancy (HDP) Obstructive sleep apnea (OSA) Schizoaffective disorder <p>Notes:</p> <ul style="list-style-type: none"> For information on cardiac remote devices used for diagnostic and/or screening purposes, refer to the Medical Policy titled Implantable Loop Recorders and Wearable Heart Rhythm Monitors. For information on continuous glucose monitoring devices, refer to the Medical Policy titled Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes. |

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/index/comm-plan/remote-physiologic-monitoring-cs-01012026.pdf>

| Updated | | |
|---|----------------|--|
| Policy Title | Effective Date | Summary of Changes |
| Brow Ptosis and Eyelid Repair | Oct. 1, 2025 | <p>Application</p> <p>Nebraska</p> <ul style="list-style-type: none"> Added language to indicate this Medical Policy does not apply to the state of Nebraska; refer to the state-specific policy version <p>Medical Records Documentation Used for Reviews</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Benefit coverage for health services is determined by the federal, state, or contractual requirements, and applicable laws that may require coverage for a specific service |
| Brow Ptosis and Eyelid Repair (continued) | Oct. 1, 2025 | <ul style="list-style-type: none"> Medical records documentation may be required to assess whether the member meets the clinical criteria for coverage but does not guarantee coverage of the service requested; refer to the guidelines titled Medical Records Documentation Used for Reviews <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>Clinical Evidence and References</i> sections to reflect the most current information |

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medicaid-comm-plan/brow-ptosis-eyelid-repair-cs.pdf>

Overview: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/mpub-archives/comm-plan/community-plan-medical-policy-update-bulletin-october-2025.pdf>

UHC Medicare Advantage Plans Updates. October 2025

Corneal Topography Policy Number: MMP062.14 Effective Date: October 1, 2025

| Date | Summary of Changes |
|------------|---|
| 10/01/2025 | Applicable Codes <ul style="list-style-type: none">Added ICD-10 diagnosis code H18.591 |
| | Centers for Medicare and Medicaid Services (CMS) Related Documents <ul style="list-style-type: none">Updated list of documents available in the <i>Medicare Coverage Database</i> to reflect the most current information Supporting Information <ul style="list-style-type: none">Updated <i>Clinical Evidence</i> and <i>References</i> sections to reflect the most current informationArchived previous policy version MMP062.13 |

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medadv-mp/corneal-topography.pdf>

Remote Physiologic Monitoring (RPM) Policy Number: MMP395.01 Effective Date: January 1, 2026

| Date | Summary of Changes |
|------------|---|
| 01/01/2026 | <ul style="list-style-type: none">New Medicare Advantage Medical Policy |

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/index/mamp/remote-physiologic-monitoring-mamp-01012026.pdf>

UHC Medicare Advantage Policies Updates Quick Overview. October 2025

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/mpub-archives/mamp/medicare-advantage-medical-policy-update-bulletin-october-2025.pdf>

UnitedHealthcare Commercial Reimbursement Policy Update Bulletin: October 2025

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-reimbursement/rpub/UHC-COMM-RPUB-October-2025.pdf>

UHC Community Plan Reimbursement Policy Update Bulletin: October 2025

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medicaid-comm-plan-reimbursement/rpub/community-plan-reimbursement-update-bulletin-october-2025.pdf>

UnitedHealthcare Individual Exchange/Individual and Family Plans Reimbursement Policy Update Bulletin: October 2025

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/exchange-reimbursement/erpub/UHC-Exchange-RPUB-OCTOBER-2025.pdf>

UnitedHealthcare Medicare Advantage Reimbursement Policy Update Bulletin: October 2025

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medadv-reimbursement/rpub/UHC-MEDADV-RPUB-OCT-2025.pdf>

Payment platform update: Optum Financial Services. March Vision. October 30, 2025

“As part of our ongoing commitment to streamline and enhance payment transactions for your business, UnitedHealthcare | March Vision Care is partnering with Optum Financial and ECHO Health, Inc.

What’s changing

In 2026, our current payment platform, PaySpan/Zelis, will be replaced by Optum Financial’s electronic payment system.

What you need to do

- Keep an eye out for a transition letter from Optum Financial Services — it'll include important details and required action items
- Download any necessary payment statements from PaySpan/Zelis before the transition in 2026 to avoid losing access to historical data

- Historical payment information will no longer be available through that platform after the transition

You can continue to view detailed payment explanations for each transaction

at providerpayments.com/open_in_new.

If you have questions, please contact Optum Financial at **888-686-3260**.”

<https://www.uhcprovider.com/vision/marchvision-news-optum-payment-update.html>

New state-specific Provider Reference Guides. March Vision. October 30, 2025

“Updated Provider Reference Guides (PRGs) are now available on marchvisioncare.com for 25 states. These new PRGs make it easier to find relevant state information. States with pending PRGs can continue using their current PRG – pending PRGs will update automatically once approved.

Here’s how it works:

- Find state-specific details in Section 1
- Get general information applying to all states starting in Section 2

Access your PRG by selecting your state from the drop-down menu on the Provider Resources page.


[Get your guide now](#)

<https://www.marchvisioncare.com/providerreferenceguides.aspx>

Updated Let’s Connect Quick Reference Guide. March Vision. October 30, 2025

Need answers fast? Our recently refreshed Let’s Connect Quick Reference Guide has:

- Current contact information
- Step-by-step website instructions
- Self-service tips to resolve issues quickly

This guide is designed to support self-service as much as possible. Save time by checking the guide before you call. [Access the guide](#) 

https://www.uhcprovider.com/content/dam/provider/vision/MVC_Contact-Us-QRG.pdf

Putting the Human Back into Healthcare: A Behind the Scenes Look with Humana. Humana. October 21, 2025

“Member engagement strategies have come a long way, and plans are putting more focus on driving higher engagement and better health outcomes by serving individual needs across large populations. Humana is at the heart of this movement, putting its members first in every way possible, with all parts of its organization working to create unique paths to health for individual members. ...

Humana’s approach to making it easy to engage in health is driving action, particularly among its Medicare Advantage members. ...”

<https://personifyhealth.com/resources/putting-the-human-back-into-healthcare-a-behind-the-scenes-look-with-humana/>