April 2024

The pulse

network health

Keeping you in **rhythm** with **provider news** and **updates**

Reminder to Review EDI Claim Rejection Report

If you have not received payment within 30 days of claim submission from Network Health, please review the EDI Claim Rejection Report located within the provider portal. The report will indicate if claims have been rejected due to a provider or member submission error. Your clearinghouse may indicate the claim was accepted, and the claim may not go back through your clearinghouse as rejected. If you have any questions about how to access this report, please reach out to your provider operations manager.

Corrected Claim Submissions

Please review Network Health's Claim Submission Policy to ensure all corrected claims are submitted per our policy.

- All providers have 120 days from the date of the original claim remittance advice to submit a corrected claim.
- Network Health requires the provider submit the entire original claim electronically/EDI when submitting a corrected claim. We will not accept a corrected claim when listing only the corrected line/lines.

If a corrected claim is not appropriately marked as a corrected claim, it will be processed as an original claim submission and may be denied for timely filing or as a duplicate claim.

Please click **here** to review the Corrected Claims information located on pages 4 and 5 of the Claim Submission Policy. If you have any questions, please reach out to your Provider Operations Manager.

Medicare Diabetes Prevention Program

Nearly half of American adults aged 65 or older have prediabetes. Without weight loss or routine moderate physical activity, many of them will develop type 2 diabetes within a few years. People with prediabetes are also at higher risk of having a heart attack and stroke. The Medicare Diabetes Prevention Program (MDPP), offered by Network Health, can help make lasting changes to prevent type 2 diabetes and improve overall health. The program is free for participants who are enrolled in Medicare or Medicare Advantage plans and it is part of the National Diabetes Prevention Program, led by the Centers for Disease Control and Prevention (CDC). It is backed by years of research showing that program participants aged 60 and older can cut their risk of type 2 diabetes by 71 percent—by losing weight, eating better, and being more active.

Participants will receive a full year of support from a lifestyle coach and peers with similar goals, along with tips and resources for making lasting healthy changes. The program provides weekly 1-hour core sessions for up to 6 months and then monthly sessions for the rest of the year. Participants will also learn how to manage stress, set and achieve realistic goals, stay motivated, and solve problems. Participants may even be able to manage other conditions like high cholesterol or high blood pressure with fewer medications.

Prior Authorization Requirements Removal

Effective May 1, 2024, Network Health has removed the prior authorization requirements for Non-Emergent Ambulance, Blepharoplasty/Brow Lift/Canthoplasty/Canthoplexy, and Implantable Cardiac Defibrillators codes for all our Commercial and Medicare lines of business. Providers no longer need to submit prior authorization requests for these services to Network Health.

A complete 2024 listing of services that require prior authorization as well as our claims policies can be found on our website at **networkhealth.com.**

Valid Codes Needed When Submitting Authorizations Through iExchange

When submitting your authorization requests through iExchange, please ensure you are always using valid ICD 10, CPT and HCPCs codes. iExchange will provide you with a yellow exclamation point and error message if you are attempting to submit using an invalid code. If you receive this message, please enter a new code. We will be working with our software vendor to no longer allow authorizations with invalid codes to be submitted. Click **here** to view an example message.

Appointment Access Requirements

As a reminder, as part of our NCQA accreditation, our providers must meet the following appointment access times in order for us to maintain our accreditation. Here are the appointment access standards that must be met.

For Primary Care Services:

1. Regular or routine care within 60 days of request

2. Urgent care appointment within 48 hours of request

For Specialist Services:

1. Care within 30 days of the request

2. Non-life threatening, urgent appointment within 48 hours of request

For Behavioral Health Services:

1. Non-life threatening emergency within 6 hours of request

2. Urgent care appointment within 48 hours of request

3. Initial visit for routine care within 10 business days of request

4. Follow up appointment for a routine care visit within 30 days of request

Additionally, you must have an answering service, on-call provider, or message to direct patients to the emergency room for after-hours calls.

If you are not a current subscriber to *The Pulse* and you would like to be added to the mailing list, please email us today.

Current and archived issues of *The Pulse*, *The Script* and *The Consult* are available at networkhealth.com/provider-resources/news-and-announcements.