May 2024

CMS Approved Behavioral Health Licensure Process

Effective January 1, 2024, CMS recognizes Marriage and Family Therapists and Counselors as billable licensures. If you have one of these licensures and would like to begin seeing Medicare Advantage members, please make sure you are registered with CMS, and that you opt-in to the CMS program. You will receive a notice of approval of enrollment with a case number, and you may review your case finalization status and effective date **here.**

Our Medicare pricer updates the provider enrollments on a quarterly basis, therefore, you will not need to send us any documentation. We will reprocess claims based upon the enrollment date as reflected within our pricer. If you do not have a Medicare Advantage contract with us, please reach out to your contract manager.

If you have any questions regarding the above information, please reach out to your provider operations manager.

Change Healthcare Outage Update

Network Health was able to quickly pivot during the Change Healthcare outage, and providers are able to submit claims via Availity or SDS. We worked with our vendor, ECHO, and are issuing provider payments as scheduled. At this time, ConnectCenter is currently unavailable, with no timeframe as to when it will be available.

We are continuing to explore real time eligibility vendors, and encourage providers to visit our **Change Healthcare outage page** for updates.

We have regular calls with Change Healthcare, and will update the **Change Healthcare outage page** if additional information becomes available. Thank you for your patience as we all work through these unforeseeable transitions.

Unknown CPT Codes

EviCore recognizes that providers may not know beforehand what procedures may be performed during the course of the planned PVD procedure. Therefore, EviCore allows a range of related CPT codes based on procedure type and anatomic region to be selected at the time precertification is requested. Providers may submit billing for any of the PVD CPT codes included on the code list managed by EviCore. This list can be found on the EviCore website by selecting Provider Resources > Cardiac & Vascular Intervention > Network Health of Wisconsin Vascular Intervention CPT Code List. Providers do not have to contact EviCore if the procedure ultimately performed is different than the one initially approved, because approval received for one PVD procedure code represents approval for any appropriate related PVD codes within the billable code list performed on the same date of service. You can find more information **here**.

Evicore Radiation Oncology Letter Enhancement

Starting May 24, 2024, prior authorization approval letters for Radiation Oncology will contain the procedure code, description, and number of requested and approved units.

An authorization will cover all applicable CPT/HCPCS codes within the same billing group for the requested procedure. The rendering health care professional is not required to update the existing prior authorization for Radiation Oncology CPT/HCPCS code combinations listed within a billing group. An approval given for the listed procedure code(s) represents an approval for any respective procedure code(s) within the billing group performed on the same date of service. The billing groups are listed within the NWH-WI Comprehensive Code List.

CCUM Prior Authorization Platform Transition

Effective August 5, 2024, NHP providers will go through evicore.com for medical drug prior authorization case initiation for non-oncology specialty drugs. Evicore.com will act as a single sign on portal, allowing the provider to submit an electronic request to CCUM. In the coming weeks, be on the lookout for additional detail and Webinar provider training sessions that will be offered to help you prepare for this change.

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 threating, 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.

Provider Resources for New and Existing Providers

- Member's Rights and Responsibilities
- Prior Authorization Requirements
- Payment Policies and Procedures
- Appointment Access Standards (Network Management policy)
- Population Health Standards and Initiatives
- Pharmacy Formulary and Authorization Requirements
- Credentialing Policies and Procedures

You can find more information at networkhealth.com/provider-resources/index.

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.

Don't forget to check us out on social media

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