

PriorityActions

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Health

Welcome to our biweekly PriorityActions for providers, where you'll receive important information to help you work with us and care for our members.

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You're receiving this email because you're a part of an Accountable Care Network (ACN) or Provider Organization (PO) with us. Please share relevant information with your provider groups and practices. Your Provider Network Management specialist remains your primary contact for support.

REQUIREMENTS AND RESPONSIBILITIES

IMRT to be added to post-pay audit program effective Aug. 23

Effective Aug. 23, 2025, intensity modulated radiation therapy (IMRT) will be added to the scope of our Post Payment Complex/Clinical Audit (PPCCA) program, supported by our vendor, Performant Recovery, Inc. (Performant).

The <u>PPCCA program</u> already includes several outpatient and professional services and impacts all plan types.

What do you need to do?

We ask that you respond to medical record requests from Performant within the timeframes noted in the audit letters.

What's include in Performant's review?

IMRT coding reviews align with our <u>Radiation oncology billing policy</u> and focus on the evaluation of coding and documentation of medical procedures and diagnoses, including:

- Review of facility and professional claims
- Review of medical records and corresponding codes to verify accuracy
- Validation that documentation supports the codes assigned
- Identification of medical coding errors or discrepancies that result in incorrect payments

Note: coding reviews don't evaluate medical necessity.

These reviews are based on national coding conventions as defined by:

- American Society for Radiation Oncology (ASTRO)
- American Medical Association (AMA) Current Procedural Terminology (CPT®)
- Centers for Medicare and Medicaid Services (CMS) National Correct Coding Initiative (NCCI) Policy Manual

BILLING AND PAYMENT

Fee schedule change for non-physician Medicaid behavioral health services, effective Oct. 1

We will soon update our **standard** Medicaid reimbursement for all non-physician behavioral health providers (i.e., LP, LMSW, LPC, LLP, LMFT).

Effective Oct. 1, 2025, these payments will align with industry standards and be based on MDHHS' Non-Physician Behavioral Health Fee Schedule, rather than the Practitioner/Medical Clinic Fee Schedule currently used.

Note: this change doesn't impact medical providers (MD, DO, NP, PA).

Where you can find the fee schedule

The fee schedule is available online via MDHHS. Note: it is subject to change by MDHHS. To access the current fee schedule:

1. Go to the <u>Behavioral Health/Substance Abuse</u> billing and reimbursement page on the MDHHS website. 1. Go to the Behavioral Health/Substance Abuse billing and reimbursement page on the MDHHS website.

- 2. Under the Non-Physician Behavioral Health heading, click the Choose an option dropdown menu and select the most recent fee schedule.
- 3. Click View Report to download the fee schedule.

July 2025 billing policy updates

We publish billing policies to offer transparency and help you bill claims more accurately to reduce delays in processing claims, as well as avoid rebilling and additional requests for information.

The following billing policies were recently published to or updated in our Provider Manual – see details in our <u>recent news item</u>.

Policies with an * are effective Sept. 22, 2025. All others represent our current system set up and/or expectations for transparency. There are either no changes for you as the policy is already in effect **or** the policy was recently shared with the network and we're implementing a clinical edit in alignment with the policy's language.

New billing policies

- Autonomic function testing
- Capsule endoscopy
- Cervical traction devices
- Durable medical equipment (DME) capped rentals
- Durable medical equipment (DME) repair and replacement
- Foot care and onychomycosis
- High level E/M with preventive exam*
- In vitro chemoresistance and chemosensitivity assays
- Polysomnography and sleep studies
- Sacroiliac joint injections and procedures
- Transcutaneous electrical joint stimulation devices

Updated billing policies

- Add-on codes
- Ambulatory surgical centers*
- Anesthesia
- Evaluation and management
- Genetic testing, counseling and screening
- Miscellaneous durable medical equipment (DME)*

PRIORITY HEALTH

Reminder: Log into your prism account to maintain access

Logged into prism lately? If not, please do so as soon as possible. If you haven't logged in after 120 days, your account will be considered inactive, and you'll temporarily lose access.

What do I do if my account goes inactive?

If your account is inactive because you haven't logged in for 120 or more days, you'll need to call our tech support team at <u>800.942.4765</u>, option 5, then 1.

If you're a prism Security Administrator (pSA) and your account goes inactive, you'll lose your pSA designation and will need to request pSA status again in prism under **General Requests**, then **prism Security Admin (pSA) Assignment**.

Why am I required to log in at least every 120 days?

We want to ensure that all prism users are current to maintain the security of your patient and practice data. Most prism users who haven't logged on in more than 120 days no longer need access to that data.

Don't have a prism account?

Prism, our provider portal, is the fastest and easiest way to work with us to check patient eligibility, claims status, authorizations, appeals and more. Sign up <u>here</u>.

Questions?

Connect with your Provider Network Management specialist, <u>Pamela</u> <u>Long</u>.

Access an archive of our PriorityActions for providers emails here.











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