# PriorityActions
## FOR PROVIDERS

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

**March 21, 2024**
**Issue #2.6**

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 Strategy & Solutions Consultant remains your primary contact for support.

## PRIORITY HEALTH

# Change Healthcare outage update: Availity clearinghouse now set up, cap and admin payments releasing this week

**New clearinghouse—Availity—now available to send claims**

We have a new clearinghouse available. Availity is now directly connected to Priority Health and sending us claims. Some providers using Availity previously had claims going from Availity to Change Healthcare. Electronic remittance advices (RAs) are not yet available through Availity.

We work with multiple clearinghouses if you choose to switch to get

claims sent to us.

## Capitation and admin payments releasing this week

If you receive capitation or admin payments, these paper check payments will release today. These will look different than other checks, and the check number will not match the information in Filemart. The check number that will match the data in Filemart is in the check comments.

We continue to work toward a solution for paper check payments on claims. You can sign up for electronic funds transfer to start the process for electronic payments.

## Change Healthcare updates

We're working with Change Healthcare on the potential for their clearinghouse to be turned back on in the coming weeks. We're waiting for details on what this will look like, and once available, we'll reconnect when it's determined to be secure.

See the latest news items about the Change Healthcare outage on our news & education page in the provider manual.

## AUTHORIZATIONS

# New cardiology authorizations program to launch this summer

We're partnering with TurningPoint on a new authorization program for cardiac surgical procedures, designed to facilitate provider-to-provider collaboration on each member's care plan. This new program is slated to launch this summer.

The goal of this partnership is to optimize health outcomes for cardiac patients and work more closely with you, our provider partners, on evidence-based, value-driven care.
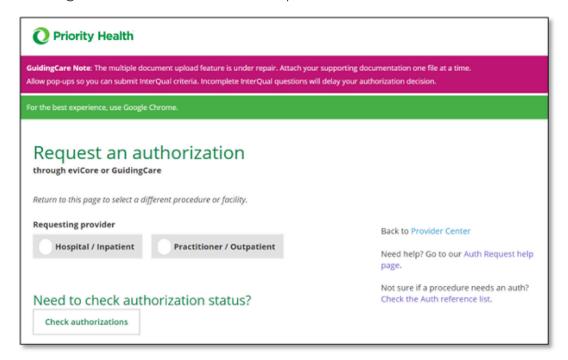
## About TurningPoint

TurningPoint is an independent specialty condition management company with 120+ clinical experts focused on sub-specialties in high-

complexity, high-cost categories – including cardiology. Their process is aligned with our clinical approach by reviewing requested care and using evidence-based guidelines to develop care plans in collaboration with network physicians.

## How does TurningPoint work?

Providers will initiate the authorization request process in **prism**, as they do now. prism's *Request an Authorization* page will be updated to include redirection to TurningPoint, in addition to GuidingCare and eviCore.

When an a cardiac procedure requires authorization through TurningPoint, prism will automatically redirect the provider to TurningPoint's online authorization portal.



*Upon launch, this prism page will automatically redirect providers to TurningPoint when appropriate.*

TurningPoint cardiac physicians will then review each authorization request, initiating a discussion with the requesting physician if needed to shape the member's care plan. The goal with each request is to get our members the right care at the right time at the right cost and site of care. TurningPoint's process results in a lower denial rate and a reduction in appeals.

## What procedures will require authorization through TurningPoint?

Upon launch, the following service categories will require authorization through TurningPoint, for both inpatient and outpatient procedures, including all associated partial, total and revision surgeries:

- Coronary Artery Bypass Grafting (CABG)
- Coronary Angioplasty / Stenting
- Implantable Cardioverter Defibrillator
- Leadless Pacemaker
- Pacemaker
- Peripheral Revascularization
- Revision or Replacement of Implanted Cardiac Devices
- Non-Coronary Angioplasty / Stenting
- Valve Replacement
- Ventricular Assist Device
- Wearable Cardiac Defibrillator
- Percutaneous Left Atrial Appendage Occluder
- Internal Cardiac Monitoring

### What's next?

In the coming weeks, you'll receive additional information to ensure your providers have ample opportunity to be trained on using TurningPoint's online authorization portal and to ask any questions they may have. Additional information will include:

- FAQs
- Peer-to-peer and appeals information
- Training webinars
- Provider instruction manual
- And more

## REQUIREMENTS AND RESPONSIBILITIES

## Blepharoptosis and Brow Ptosis Repair prior authorization requests now pend for review

To ensure our members, your patients, receive the right care, at the right time and at the right cost, we've updated our prior authorization procedure for Blepharoptosis and Brow Ptosis Repair procedures.

Effective March 1, 2024, prior authorization requests for these procedures will pend for review in GuidingCare. Previously, these

procedures would be auto approved when they met InterQual® criteria. See the table below for impacted CPT codes.

## Why did we make this change?

We've experienced a higher-than-expected auto-authorization rate for Blepharoptosis and Brow Ptosis Repair.

Removing auto-authorization from GuidingCare for the impacted CPT codes will allow our utilization management team the opportunity to review the provider-submitted criteria for all cases against InterQual for medical necessity.

## What's not changing?

Medical necessity criteria for these procedures aren't impacted by this procedural update. The authorization request submission process in GuidingCare is also unchanged.

## Which CPT codes are impacted?

| CPT code | Description |
|---|---|
| 15820 | Blepharoplasty, lower eyelid; |
| 15821 | Blepharoplasty, lower eyelid; with extensive herniated fat pad |
| 15822 | Blepharoplasty, upper eyelid; |
| 15823 | Blepharoplasty, upper eyelid; with excessive skin weighting down lid |
| 67900 | Repair of brow ptosis (supraciliary, mid-forehead or coronal approach) |
| 67901 | Repair of blepharoptosis; frontalis muscle technique with suture or other material |
| 67902 | Repair of blepharoptosis; frontalis muscle technique with fascial sling (includes obtaining fascia) |
| 67903 | Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach |
| 67904 | Repair of blepharoptosis; (tarso) levator resection or advancement, external approach |
| 67906 | Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia) |
| 67908 | Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (e.g., Fasanella-Servat type) |
| 67909 | Reduction of overcorrection of ptosis |

# INCENTIVE PROGRAMS

# 2024 PIP care management risk adjusted PMPM Tableau reports are available

We're committed to working with you to support your patients with complex health care needs.

To strengthen your care management (CM) efforts, your 2024 PCP Incentive Program (PIP) CM risk adjusted per member per month (PMPM) report is now available.

**Your Provider Strategy & Solutions Consultant will email you an attachment** which outlines your ACN's CM opportunity for the 2024 PIP program year.

For more information on this measure:

**SEE OUR 2024 PIP MANUAL**

(login required)

## TRAINING OPPORTUNITIES

## Billers and coders: you're invited to our April 11 VOA

Join us for our next Virtual Office Advisory (VOA) webinar—designed specifically for billers and coders—at noon on April 11 and learn about:

- Billing and coding policies
- Multiple same-day procedure (MSD) billing
- Durable medical equipment (DME) billing
- Doula billing
- Q11 claim denials
- Seeing out-of-state members through Priority Health's Cigna Strategic Alliance
- Reporting additional diagnoses in the Disease Burden Management (DBM) program
- Hierarchical Condition Category (HCC) coding

**How to register**

You and your providers can join us by [registering online](#).

**Can't join us?**

All VOAs are recorded and posted to [our website](#) within a week of the webinar, so you can watch at your convenience.

Questions? Connect with your Provider

# Strategy & Solutions Consultant, Kristin Batts.