

# BLUE REVIEW<sup>SM</sup>

For Providers

December 2024

## DECEMBER SPOTLIGHT

### **Follow Centers for Medicare & Medicaid Services Guidelines for Appointment Wait Time Standards**

Ensure timely access to care for our members by following CMS guidelines for appointment wait time standards for behavioral health services, routine primary care and non-urgent specialty care.

[Read More](#)

## CLAIMS AND ELIGIBILITY

### **Learn How to Submit Photos to Support Utilization Management Requests**

Use our electronic processes to submit photos to support prior authorization and recommended clinical review requests. Secured email and online options are preferred instead of faxing photocopies.

[Read More](#)

## CLINICAL RESOURCES

## Accurate Category II Codes May Help Identify Gaps in Care

Using the proper Current Procedural Terminology (CPT<sup>®</sup>) Category II codes on claims can help streamline your administrative processes and ensure gaps in care are closed. We developed a coding reference for several quality measures that you can access in Availity<sup>®</sup> Essentials.

[Read More](#)

## EDUCATION

### Oklahoma Senate Bill 1739 Impacts Licensing and Provider Types for Birthing Centers

Effective Nov. 1, 2024, the bill eliminates the requirements for licensing of birthing centers and expands postpartum care coverage. Learn about the impact for your patients interested in alternate birth settings.

[Read More](#)

### Cultural Awareness Webinars: Earn No-Cost Continuing Education Credit

We offer a suite of self-guided courses that provide cultural awareness training and continuing education credit. Webinars include chronic disease management and improving adherence in diverse populations.

[Read More](#)

## MEDICARE

### Funds to Be Recouped on Some Medicare Advantage Hospital and Ancillary Claims

We recently identified that some Medicare Advantage claims were paid incorrectly to hospitals and ancillary providers. You'll receive a letter if you have any impacted claims. Learn more about our recoupment process.

[Read More](#)

## Prior Authorization Changes for Government Programs

Effective Jan. 1, 2025, we're changing prior authorization requirements for Medicare Advantage members to reflect new, replaced or removed codes.

[Read More](#)

## NETWORK PARTICIPATION

### Technology May Help Increase Engagement with Your Patients

Our survey reveals members appreciate engaging with you after their appointments to discuss the next steps in their health journey. Online tools can make it easier to connect.

[Read More](#)

## PHARMACY

### Preferred Drugs to Be Recommended Through Enhanced Prior Authorization

When submitting prior authorization requests for certain drugs, you'll receive recommendations for comparable preferred drugs, as of Jan. 1, 2025. This process can improve access to more affordable care for our commercial and individual members.

[Read More](#)

### Pharmacy Program Quarterly Update – Part 1

Some changes were made to our drug lists, including revisions, exclusions, dispensing limits and utilization management changes. Learn about these and other pharmacy program updates.

[Read More](#) 

## STANDARDS AND REQUIREMENTS

### Clinical Payment and Coding Policy Updates


New or revised clinical payment and coding policies are on our [Clinical Payment and Coding Policies](#) page. These policies provide billing, coding and documentation guidelines. Visit our site regularly to ensure you're up to date on any changes or new policies.


### Medical Policy Updates

Approved new or revised [medical policies](#) and their effective dates are usually posted on our website the first and 15th of each month under the [Standards and Requirements](#) tab. You can view all active and pending policies, as well as draft medical policies, and provide comments on draft policies. These policies may impact your reimbursement and your patients' benefits.




#### Stay Informed

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Our [provider website](#) has information on [orientation](#), [training](#), [online tools](#) and other resources. To give feedback on our website, fill out [this survey](#) .



#### Verify Your Directory Details Every 90 Days

Your directory information must be verified every 90 days. It's easy and quick to get it done for all health plans in [Availity Essentials](#) , or you can use our [Demographic Change Form](#). [Learn more](#).






#### Contact Us

Contact information for Network Representatives and other resources is [on our website](#).

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