

January 2021



Keeping you in rhythm
with provider news
and updates

CPT and HCPCS Code Updates

Quarterly, the American Medical Association updates Current Procedural Terminology (CPT) codes and the Centers for Medicare and Medicaid Services updates Healthcare Common Procedure Coding System (HCPCS) codes.

There are new codes that will require prior authorization and these services fall within our current authorization, experimental and/or genetic review processes. You can find a list of all services requiring prior authorization on line at www.networkhealth.com.

If you have specific questions regarding a service, please contact our customer service or population health teams for assistance. For more information about authorization requirements, forms or services that require review under the experimental and/or genetic process visit the **Provider Authorizations** section of our website at www.networkhealth.com.

Please forward this information to those within your facility who will need to follow these processes. For prior authorization requests or questions, contact our care management departments Monday through Friday; 8 a.m. to 5 p.m.

Utilization Management: call 920-720-1602 or 866-709-0019

Language assistance is available for members or practitioners to discuss utilization management issues. Network Health also offers TDD/TTY services for deaf, hard of hearing or speech-impaired individuals. Anyone needing these services should call 800-947-3529. All callers may leave a message 24 hours a day, seven days a week.

Provider Data Validation Changes

Network Health Plan (NHP) Provider Informatics Department is required by CMS to obtain quarterly updates on provider data. Previously, Network Health contracted with Dial America who may have reached out to your offices to verify provider data.

From now until February 15, 2021, Dial America may continue to reach out to you. Until this time, there may be a dual process as Network Health will be assuming this responsibility in-house immediately. Please note there may be some crossover so please bear with us. Knowing this, Network Health will be sending to you your complete roster for verification, adds, or deletions.

This form will then be sent back to us via provinfo@networkhealth.com. Complete instructions will be incorporated into our outreach email to you.

Provider Data Validation Using NPPES NPI Provider Data

Network Health is asking providers to begin updating their NPPES provider data to help maintain the accuracy of their provider directories.

NPPES allows providers to attest to the accuracy of their NPI data. If a provider's information is correct, they will be able to attest to it and NPPES will record and reflect the attestation date. If the provider's information is not correct when they request any change to the NPI record, the provider will be able to attest to their changed NPI data, resulting in an updated certification date.

CMS will publish the latest certification date for each NPI in the NPI Registry as well as the NPPES dissemination file. Network Health will be using this data to aid us in the development of our provider directories, however, we can only use the most current data published, therefore, it would be imperative that you attest to the data regularly. **NPPES was recently updated to allow providers to input multiple addresses to support other work locations.**

Network Health will access core NPPES data weekly i.e., provider name, provider specialty, provider address, provider telephone number. Collectively, these data elements represent 91% of the CMS provider directory review errors found. NPPES data will be compared to your provider data which is already being submitted and serve as an important resource to improve Network Health's provider directory reliability and accuracy.

We encourage you to access the NPPES webpage at <https://nppes.cms.hhs.gov> today as well as quarterly to update and/or attest to your provider data. It will be imperative to ensuring provider directory accuracy to our members.

Updates to Claims Policies

We have posted new claims procedure and policy changes that are effective March 1, 2021. The new policies are located at [claims-policies and procedures](#) and include the following:

- Acupuncture Policy - Commercial
- Multiple and Endoscopic Procedure - Commercial
- Special Rule for Inpatient Stay

If you have questions regarding these policies, please contact our Member Experience team at 800-826-0940 or 920-720-1300.

NCQA Telehealth Visit Guidelines Updated

NCQA telehealth visit guidelines were updated for 40 measures to support increased use of telehealth caused by the COVID-19 pandemic.

- Telehealth visits can include virtual (interactive audio and video), telephonic only, or e-visits (email or text messaging).
- For HEDIS services, providers should use the same codes as the in-person visits and include the appropriate telehealth visit codes.
- Detailed information is included in the below guide on what codes can be utilized for HEDIS MY2020.

Click this [link](#) to view the Telehealth Resource Guide.

Network Health Portal Users Reminder

Network Health Portal Users: If you are a current portal user, your password is only valid for 60 days and will be prompted to change it. If you have not accessed the portal for 90 days or more, you will have to wait for a PIN number to be sent to you.

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.