

Reminder: INTEGRITY (MMP) Medicare Requirements

Q: What is the purpose of this notification?

A: Neighborhood Health Plan of Rhode Island (Neighborhood) is reminding providers of certain [Medicare requirements](#) applicable to their organization due to its participation in INTEGRITY (MMP), Neighborhood's Medicare-Medicaid duals health plan..

Q: Do providers need to take any action?

A: No, there is no action necessary nor does the notice change providers' contracts with Neighborhood.

Q: What lines of business does this impact?

A: This update impacts INTEGRITY (MMP) line of business.

Q: Where can providers find more information on these Medicare requirements?

A: Providers can refer to the [Code of Federal Regulations](#) for more information.

Reminder: Sterilization Consent Form for Medicaid Members

Q: What is the purpose of this notification?

A: Neighborhood is reminding providers they must adhere to federal regulations regarding sterilization procedures for Medicaid members. It is mandatory that these members complete a [consent form](#) at least 30 days prior to undergoing any sterilization procedure.

Q: Is this form a requirement at the state level?

A: Yes, this form is considered a regulatory requirement as per the [State of Rhode Island's Executive Office of Health and Human Services](#) which outlines federally mandated guidelines and billing requirements.

Q: Does Neighborhood require submission of this consent form?

A: Neighborhood doesn't currently require submission of the form for claim processing though it is critical that the form be retained as documentation of compliance as it may be subject to review in future audits.

Q: Where can providers find more information?

A: Providers should refer to the [Physician Services Payment Policy](#) for additional information.

INTEGRITY (MMP) Line of Business Added to Vitamin D Testing Policy

Q: What is the purpose of this notification?

A: Effective **January 1, 2025**, Neighborhood's [Vitamin D Testing Payment Policy](#) will include the INTEGRITY (MMP) line of business.

Q: What is the Vitamin D Testing Payment Policy?

A: As per the policy, vitamin D blood testing is considered a covered service only if clinical criteria are met and the test is determined to be a medical necessity.

Q: When was this policy effective?

A: This policy was effective on June 1, 2024, for the Medicaid and Commercial lines of business.

Q: What type of information is included in the policy?

A: The policy includes detailed information to assist providers in determining eligibility, including specific diagnoses that qualify for the test. Claim submission instructions, documentation requirements, and coding information are also included.

Process Update: Submitting Coordination of Benefit Information

Q: What is the purpose of this notification?

A: Effective **January 1, 2025**, providers submitting missing explanation of benefits (EOB) information must do so through the corrected claim submission process. EOB adjustments will no longer be accepted through the adjustment process.

Q: What will happen if providers submit an adjustment form with missing EOB information after January 1, 2025?

A: Adjustment forms submitted after January 1, 2025, will be returned.

Q: Where can providers find more information?

A: Providers should visit Neighborhood's [Claims and Eligibility Information page](#) for more information.

Changes to Authorization Requirements for Select Services Under Medicaid and Commercial Lines of Business

Q: What is the purpose of this notification?

A: Effective **November 1, 2024**, select services under Neighborhood's Medicaid and Commercial lines of business will no longer require prior authorization.

Q: What services and procedure codes are impacted by this update?

A: This update applies to cochlear remapping/reprogramming, cardiac impacts, and breast reconstruction/mastectomies.

Q: What lines of business will be impacted?

A: This update impacts the Medicaid and Commercial lines of business.

Q: Where can providers find the list of services, procedure codes, and diagnosis codes being impacted by this update?

A: Provider should refer to the [notification](#) for more detailed information.

Q: Where can providers find more information on prior authorization?

A: Provider should refer to [prior authorization information page](#) on our website for more information.

Prior Authorization Requirements Removed for Select Commercial Home Health Referrals

Q: What is the purpose of this notification?

A: Effective **November 1, 2024**, Neighborhood will no longer require prior authorization for select home health care referrals for Commercial members.

Q: What procedure codes and referrals are included in this update?

A:

Procedure Code	Referral
S9097	Home Health Care (Skilled Nursing)
T1030	Home Health Care (Skilled Nursing)
T1031	Home Health Care (Skilled Nursing)
S9127	Home Social Worker Visit
S9128	Home Care Speech Therapy
S9129	Home Care Occupational Therapy
S9131	Home Care Physical Therapy

Q: What lines of business will be impacted?

A: This update impacts the Commercial line of business.

Q: Where can providers find more information on prior authorization?

A: Provider should refer to [prior authorization information page](#) for more information.

Changes to Acupuncture Coverage for Commercial Members

Q: What is the purpose of this notification?

A: Effective **November 1, 2024**, Neighborhood is updating its coverage guidelines for acupuncture services for Commercial members. Prior authorization for acupuncture services related to select diagnoses will be removed and replaced with a service limit of 12 visits per calendar year.

Q: What diagnoses and diagnosis codes are impacted by this update?

A:

Diagnosis*	Applicable Diagnosis Code
Chronic Lower Back Pain	M54.16 to M54.18, M54.3 to M54.59
Migraines	G43 to G43.E19
Fibromyalgia	M79.7

Q: What lines of business will be impacted?

A: This update impacts the Medicaid and Commercial lines of business.

Q: Where can providers find more information on prior authorization?

A: Provider should refer to [prior authorization information page](#) for more information.