

PROVIDER NOTICE from Paramount Health Care Medical and Reimbursement Policy Updates Effective Dec. 1, 2019

Timely claim filing requirements — Medicare Elite, Commercial

- **Effective for HMO, PPO, Individual Marketplace, and Medicare Elite**
- Paramount will update timely claims filing requirements.
 - [Reimbursement Policy RM007](#) – Elite
 - [Reimbursement Policy RM009](#) – Commercial*

Prior authorization | Interventional pain management injections: [Medical policy PG0354](#)

- **Effective for HMO, PPO, Individual Marketplace, and Medicaid Advantage**
- Prior-authorization will be required in the outpatient setting when multiple level injections are performed on the same treatment date of service.
- This policy applies to Sacroiliac, Epidural Steroid, Facet, and Trigger Point injections.
- Medicare Elite excluded.

Prior authorization | Leadless cardiac pacemakers: [Medical policy PG0395](#)

- **Effective for Medicaid Advantage**
- The medical policy will be updated to include prior authorization for the Advantage product line and include the updated 2019 CPT codes—33274 and 33275.
- Coverage criteria for these services is required by CMS and the Ohio Department of Medicaid (ODM).
- Prior authorization will be required effective Dec. 1, 2019 for the Advantage product line only.
- Medicare Elite excluded.

For more information, please reference each full policy online.

IMPORTANT: All referenced policies will be available to view on our website by Nov. 1, 2019. We cannot guarantee that they will be uploaded prior to this date.

Visit our medical and reimbursement policy libraries at the links below:

- <https://www.paramounthealthcare.com/services/providers/medical-policies/>
- <https://www.paramounthealthcare.com/services/providers/reimbursement-policies>

If you have questions regarding this notice, or other issues, please contact your Provider Relations Representative or call Provider Relations at 800-891-2542.