Organizational Determinations
Non-payable items
Frequently ask questions

The Centers for Medicare and Medicaid Services (CMS) have instructed that utilization of an Advance Beneficiary Notice (ABN) with members of Medicare Advantage (MA) plans is not appropriate. Instead, MA enrollees have the option to obtain a coverage decision prior to obtaining an item or service. This request for a pre-service coverage review is known as a request for a pre-service organization determination.

Can I still use an ABN or ABN-like form?
No, ABNs and ABN-like forms are only appropriate for Original Medicare Fee For Service (FFS) beneficiaries. They are not appropriate for Medicare Advantage (Part C) beneficiaries.

What will Moda Health do if I use an ABN or ABN-like form?
If a claim is submitted using an ABN modifier (GA, GX, GY, and/or GZ), it will be denied to provider write-off.

What is the process to show appropriate notice of non-coverage?
There are two circumstances that satisfy notice of non-coverage: **(1)** the service is clearly defined as an exclusion in the member's Evidence of Coverage (EOC), or **(2)** a pre-service organization determination was completed which resulted in a written issuance of Notice of Denial of Medicare Coverage.

What should I do if an item or service is explicitly listed as an exclusion in the EOC?
If the EOC clearly indicates that the service is not covered under any circumstance, members and providers do not need to go through the pre-service organization determination process. Moda Health will assign the service to member liability. However, prior to providing or making a referral for the clearly excluded services, you should educate the member that the service is not covered by Medicare and that they will be held financially responsible.

What should I do if an item or service is not clearly listed as an exclusion in the EOC?
Prior to rendering a service, you must determine whether or not an item or service is covered by your patient's Medicare Advantage plan. For a service or item that is typically not covered, but could be covered under specific conditions, the EOC, in and of itself, is not adequate notice of non-coverage. In such instances, the appropriate process is to request a pre-service organization determination.

Note: Moda Health's contracted providers should obtain a pre-service organization determination prior to referring an enrollee to a non-contracted provider. This ensures, to the extent possible, that the member is receiving medically necessary and covered services, and is not confused regarding plan coverage or their financial liability.

Can I ask for a pre-service organization determination if I've already performed the service?
No; once a service has been performed, a request for the service is considered a request for payment. If the service is denied, it will be assigned to provider liability and the member cannot be billed for any portion of the service.

How do I request a pre-service organization determination from Moda Health?
For services not clearly excluded by the member's EOC, complete the Medicare Authorization form and fax it to **855-637-2666**. You or the Moda Health Medicare Advantage member may also request an organization determination by calling the Moda Health Medicare Advantage Medical Customer Service at **503-265-4762** or **1-877-299-9062**.

How long does it take to get the notice of non-coverage from Moda Health?
Moda Health has **14** calendar days from the time we receive a request to make a standard decision and notify the member and provider. Moda Health may also extend this time frame for up to an additional 14 calendar days if we haven't been able to obtain the necessary information to make a decision. Moda Health will issue a letter whenever an extension is being made.

What if I need a decision faster than that?
You may request an expedited organization determination if you believe waiting for a decision under the standard time frames would place your patient's life, health, or ability to regain maximum function in serious jeopardy. Moda Health will notify the member of our decision both orally and in writing within **72** hours from the time we receive an expedited request.

Can I appeal a denial of a pre-service organization determination?
Moda Health's contracted providers have the ability to appeal a denial on behalf of the member if **(1)** they are a physician who is providing treatment to the member and have provided notice to the member that they will appeal on their behalf, or **(2)** if the appeal is an expedited reconsideration.