OREGON

Medical office update

moda HEALTH

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Join our email list

Join our email list in order to begin receiving bi-monthly newsletters, as well as occasional electronic communications.

See what's new for 2024

The Moda Health Provider Relations team invites you to join our in-person provider workshops, starting Oct. 9, 2023.
Our fall workshops will be held**in-person** in all of our regions, including Oregon, Alaska, Idaho and Texas. We'll cover various Commercial and Medicare Advantage topics, including:

- Network updates and changes
- Policy updates
- Claim billing and appeals
- Quality and value-based care programs
- Behavioral Health (offered separately as a virtual webinar only)

Register today!
Don't miss out. To register, visit our**workshop page** today and choose the workshop that best fits your schedule and location. Our provider workshops go just over an hour and will include a meal.

We look forward to sharing our 2023 updates and giving you a glimpse into what's new for 2024. See you there!

Details…make the difference

The effectiveness of our industry is shaped by our attention to details. We count, measure and calculate the details of our trade against standards of efficacy and efficiency. We do this by focusing on how we talk about and understand things, like DNA and drug options, how tightly stitches are done under the skin or how healthy our skin is. Research can push us to learn and innovate, but it can also distract us. These details are only of interest to us in our areas of specialty, and how they directly affect our members. The more we try to raise the bar of excellence, the more we find ourselves attending to more and more details. In the end, the underlying truth is that details do make a difference.

This fall, our contracting teams are seeking to help you with the details we are attending to. We want to spell out our support for your growing edges of effectiveness and our vision of smooth operations. As you attend our in-person provider workshops, we'll highlight our policy changes, cover nuances that enhance how we exchange information, and explore ways we can do better and improve environments for you, and our members.

Your feedback helps us see the bigger impact of our efforts. Your input and insights give us an invaluable perspective of how our respective work weaves into a healing environment for our members. Attention to details empowers us to continue creating new opportunities that make a lasting difference in the health and well-being of our members, and you, our providers. Thank you for your detailed work with us.

- Jeff Olsgaard, Moda Health
Behavioral Health, Clinical Liaison

Medical pharmacy updates for 2024

As part of our commitment to provide members with high-quality, affordable care, Moda Health will make updates to the preferred product offerings for infliximab, pegfilgrastim and trastuzumab for Commercial members.

Starting Jan. 1, 2024, the following updates will apply:

Active ingredient	Current preferred products	Preferred products, effective 1/1/2024
pegfilgrastim	Inflectra [Q5103]	Inflectra [Q5103] and Avsola [Q5121]
pegfilgrastim	Fulphila [Q5108] and Ziextenzo [Q5120]	Fulphila [Q5108] and Nyvepria [Q5122]
trastuzumab	Kanjinti [Q5117], Ogivri [Q5114], and Trazimera [Q5116]	Ogivri [Q5114] and Trazimera [Q5116]

Please see our **complete list of medications** that require prior authorization and the associated criteria.

## Ramping efforts to increase use of preventive care services

As a healthcare provider, you know the benefits of preventive care — from improved health to longer lives to lower healthcare costs. But you also know that only a small fraction of members take full advantage of the many preventive services available to them.

Educating members about these services and inspiring them to schedule appointments remains a challenge. Providers, like you, face all kinds of obstacles in that effort like bandwidth constraints, staffing issues, and those frustrating technology hiccups.

Moda Health offers providers tools to help with these hurdles. For example, you can find help managing members who are trying to find a PCP. There's also our **Provider Reports portal**, which includes a range of reports that reveal potential care gaps and management opportunities to help you keep your patients well. The reports can even help you earn bonuses under our Value-Based Payment (VBP) programs.

In that same spirit, Moda Health recently launched our "More Woohoo" preventive care campaign to encourage members to use these services. Resources have been developed to motivate members and assist employers when talking about preventive care. Landing pages, an email, an article, and an infographic serve that important goal.

With so few members using preventive care services, we have to keep the conversation going. Even small gains matter. Because every success means another person will be able to enjoy more of the things they love — today and tomorrow. Explore the preventive care campaign website today at **modahealth.com/chooseprevention**.
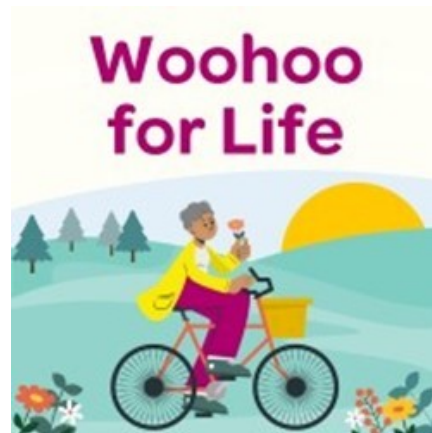
Breast cancer screenings help protect your patients

Moda Health is committed to helping your patients live longer, healthier lives. One way we do this is by providing our provider partners with the latest information about breast cancer screenings. The following resources are designed to help ensure your patients stay up to date on their recommended screenings.

Why is the breast cancer screening (BCS) measure important?
- Breast cancer is the second most common cancer type and second most common cause of cancer death for women in the United States.[1]
- In 2022, it was estimated that more than 280,000 women were newly diagnosed with breast cancer and over 43,000 women were estimated to die from it.[1]
- Breast cancer screenings save lives. These important screenings can help reduce death from breast cancer, reduce diagnosis at an advanced stage, and improve quality of life.[1]

What do changes to BCS recommendations mean for your patients?
As you may know, earlier this year the U.S. Preventive Screenings Task Force (USPSTF) issued new draft recommendations for breast cancer screenings that lowered the age that women should begin screening for breast cancer from 50 to 40 years. The new recommendations advise individuals to get a mammogram every two years from age 40 to 74.[1]

We know these new recommendations may generate questions with your patients. For many, including those with Medicare coverage, breast cancer screenings are already covered at age 40. Talk with your patients about when they should start screening for breast cancer and what risk factors, such as family history, may affect their personal screening schedule.

What does NCQA measure?
The NQCA measure for breast cancer screenings for 2024 continues to assess the rate women ages 50 to 74 have had at least one mammogram in the past two years.[2]

Making gap closure count
In 2015, NCQA introduced a new HEDIS reporting method called the Electronic Clinical Data Systems (ECDS). This method encourages the use and sharing of electronic clinical data among plans and healthcare reminders. In 2023, the BCS measure transitioned to exclusive use of the ECDS reporting standards to develop more meaningful, patient-centered measures. Types of ECDS data may include member eligibility files, EHRs, clinical registries, HIEs, administrative claims systems, electronic laboratory reports (ELR), electronic pharmacy systems, immunization information systems (IIS) and disease/case management registries.[2]

Learn more about NCQA's **ECDS measures**.[3]

HCPCS	77061, 77062, 77063, 77065, 77066, 77067
LOINC	24604-1, 24605-8, 24606-6, 24610-8, 26175-0, 26176-8, 26177-6, 26287-3, 26289-9, 26291-5, 26346-7, 26347-5, 26348-3, 26349-1, 26350-9, 26351-7, 36319-2, 36625-2, 36626-0, 36627-8, 36642-7, 36962-9, 37005-6, 37006-4, 37016-3, 37017-1, 37028-8, 37029-6, 37030-4, 37037-9, 37038-7, 37052-8, 37053-6, 37539-4, 37542-8, 37543-6, 37551-9, 37552-7, 37553-5, 37554-3, 37768-9, 37769-7, 37770-5, 37771-3, 37772-1, 37773-9, 37774-7, 37775-4, 38070-9, 38071-7, 38072-5, 38090-7, 38091-5, 38807-4, 38820-7, 38854-6, 38855-3, 39150-8, 39152-4, 39153-2, 39154-0, 42168-5, 42169-3, 42174-3, 42415-0, 42416-8, 46335-6, 46336-4, 46337-2, 46338-0, 46339-8, 46342-2, 46350-5, 46351-3, 46354-7, 46355-4, 46356-2, 46380-2, 48475-8, 48492-3, 69150-1, 69251-7, 69259-0, 72137-3, 72138-1, 72139-9, 72140-7, 72141-5, 72142-3, 86462-9, 86463-7, 91517-3, 91518-1, 91519-9, 91520-7, 91521-5, 91522-3
SNOMED	12389009, 24623002, 43204002, 71651007, 241055006, 241057003, 241058008, 258172002, 439324009, 450566007, 709657006, 723778004, 723779007, 723780005, 726551006, 833310007, 866234000, 866235004, 866236003, 866237007, 384151000119104, 392521000119107, 392531000119105, 566571000119105, 572701000119102

To learn more about resources for billing and coding, please contact your Provider Relations rep.

Moda resources and evidence-based clinical best practices
The following are ways we help support the health and well-being of your patients.
- Many preventive screenings are covered at no cost to our members. Our members can visit their online Member Dashboard or call customer service to learn more about their coverage and to find local providers and facilities to schedule their preventive screenings.
- If you are part of a value-based provider program, including Synergy, Summit, Beacon and Affinity, log in to view your online provider reports **here**.

As always, we thank you for supporting your patients in managing their health.

Sources:
[1] *www.uspreventiveservicestaskforce.org/uspstf/draft-update-summary/breast-cancer-screening-adults*
[2] *www.ncqa.org/hedis/the-future-of-hedis/hedis-electronic-clinical-data-system-ecds-reporting/*
[3] *www.ncqa.org/hedis/the-future-of-hedis/hedis-electronic-clinical-data-system-ecds-reporting/*

New Rx program supports quality measures

We're excited to announce the launching of our comprehensive pharmacy quality program to support pharmacy quality measures for Moda Health Medicare Advantage, Summit Health, and Moda Health Commercial and Exchange members. We are partnering with **AdhereHealth** to impact Medication Adherence and Statin Medicare Star Measures and Statin Commercial quality measures. We know there is a strong correlation between the Statin and Medication Adherence Star Measures, and overall patient health outcomes.

AdhereHealth is a healthcare technology leader in medication adherence insights and health outcomes, with experience supporting CMS Stars to MCOs and ACOs since 2006. Their unique SDOH-first approach enables their teams to drive adherence for members to over 100 health plans nationwide. AdhereHealth has a nationwide team of pharmacy technicians, pharmacists, nurses, nurse practitioners, and certified diabetes educators.

The program conducts patient, provider, and pharmacist outreach to support medication adherence and appropriate statin fills for patients with diabetes and/or cardiovascular disease. AdhereHealth's three touchpoints outreach program helps ensure coordination between patients, providers and pharmacists, and addresses any barriers to care.

Updating in-network A1c claims to $0 patient cost share

To help our Medicare members remove any financial barriers to manage their diabetes, moving forward Moda Health and Summit Health will cover A1c lab services at $0 patient cost share when completed by an in-network provider.

We will also be reprocessing all in-network A1c lab claims from Jan. 1, 2023, to year-to-date with a cost share greater than $0, to a $0 member cost share. The balance will be paid to providers to distribute to your Moda Health Medicare Advantage and Summit Health patients.

At-home test kits for your patients

Moda Health and Summit Health are partnering with **Everly Health** to mail eligible members a fecal immunochemical test (FIT) and/or a hemoglobin A1c at-home test kits. Everly Health is a virtual care provider that uses advanced diagnostics and telehealth to improve early detection and prevention of disease.

Members are eligible for this outreach if they are due for the colorectal cancer screening and/or diabetes care, an HbA1c Controlled Star Measure for 2023. These kits come at no cost to your Moda Health Medicare Advantage and Summit Health patients, as long as they are actively enrolled when the kit is received for processing.

The kits can be completed at the comfort of their home and returned to Everly Health using an enclosed prepaid return envelope. Lab results are mailed to the patient. As their primary care provider, you will also receive mailed results and a **Direct Trust** electronic message, if available. Everly Health will call any patient with a result outside the normal range to talk about the results and recommend next steps.

Please encourage your patients to complete these kits. We hope this will help your Moda Health Medicare Advantage and Summit Health patients stay up to date with their preventive services and connect back to your office for any needed follow-up visits.

Reimbursement Policy Updates

The following table includes RPM updates for August and September 2023.

Policy	Summary of update
Reviewed in August2023	
New policy:	
RPM079, "Supervised Behavioral Health Provider Program Requirements"	• Newly created policy for a new behavioral health provider program.
Revision/Update:	
RPM003, "Modifier 52 - Reduced Services"	• Change pricing from manual review to flat rate reimbursement. Change effective based on date of service. • Removed section F. No longer needed here, and all the correct coding information is also contained in RPM039. • Cross References: Added 1 entry. Added hyperlinks.
RPM015, "Modifiers JW & JZ – Drugs and Biologicals, Wastage and/or Discarded Amounts"	• Section A: General Policy Statement added. • Updates to include new information related to modifier JZ & related CMS guidelines: 1. Policy Name & Background Information updated 2. Sections E & F added • Section D.2.f.ii: Clarification added re: extenuating circumstances. • Section C added & minor rephrasing/simplification throughout. • Section G added. • Entries added to Acronym Table (2), References & Resources (3). • Definition of Terms Table added.

Policy	Summary of update
RPM018, "Modifier 53 – Discontinued Procedure"	• Change pricing from manual review to flat rate reimbursement. Change effective based on date of service. • Cross References: Hyperlinks added.
RPM016, "Clinical Drug Screening and/or Drug Testing"	• Section C.1.a.iv: Added new information about 2023 Q3 CCI PTP edit changes. • Entries added to Acronym Table, Definitions Table, Coding Guidelines & Sources, and References & Resources. • Procedure Code Table: Multiple listings removed for codes terminated 12/31/2016 (over 6 years ago).

Clarification, no policy changes:

RPM058, "Behavioral Health Case Management & Care Coordination"	• Section A.5.ii.c & d: Updated for 2023 E/M coding updates, no psychotherapy services prolonged services codes. Noted Cross Reference to item D. • Removed example of 99354 in A.5.iii.e). • Section E: Added for clarification per provider question. • Procedure code table: Deleted 6 old procedure codes terminated as of 12/31/2017. • Coding Guidelines: Added two quotes. • References & Resources: 4 entries added.

Annual review:

RPM009, "Postoperative Sinus Debridement Procedures"	• Cross References: Hyperlinks added; no content changes
RPM013, "Modifiers 80, 81, 82, and AS - Assistant at Surgery"	• Section A.2: minor rephrasing, no content changes.

Policy	Summary of update
RPM030, "Modifiers 54, 55, and 56 – Split Surgical Care"	• Cross References: Hyperlinks added; no content changes
RPM031, "Modifier 47 - Anesthesia By Surgeon"	• Cross References: Hyperlinks added; no content changes
RPM033, "Qualifying Circumstances for Anesthesia"	• Cross References: Hyperlinks added; no content changes
RPM036, "Modifiers GA, GX, GY, and GZ"	• Hyperlinks added to section A, B.1, and Cross References; no content changes.
RPM042, "Revenue Codes Ending in "9" ("Other" Categories)"	• Last reviewed date updated. No other changes.
RPM050, "Risk Adjustment/HCC Coding and Documentation"	• Cross References: Hyperlinks added; no content changes
RPM071, "Never Events, Adverse Events, Hospital-Acquired Conditions (HAC), and Serious Reportable Events (SRE)"	• Last reviewed date updated. No other changes.
RPM072, "Supply Limits For Ongoing Medical Supplies"	• Section D.2.c rephrased; second footnote added. • Cross References: Hyperlinks added. • References & Resources: 2 entries added.

Reviewed in September2023

Revision/pdate:

RPM001, "Moda Health Reimbursement	• Section F.1.f: Added to address new POS 27 & acceptance or not

Policy	
Policy Overview"	dependent on type of claim.
	• References & Resources: 2 entries added.

Clarification, no policy changes:

RPM015, "Modifiers JW & JZ – Drugs and Biologicals, Wastage and/or Discarded Amounts"	• · Section D.2.b: Added for clarification in response to provider inquiry/appeal. • Section G: Second reference added. • Coding Guidelines: One quote added. • References & Resources: Added 1 entry.

Annual review:

RPM008, "Technical Component (TC), Professional Component (PC/26), and Global Service Billing"	• Cross References: Hyperlinks added. • Other minor formatting edits. No content changes.
RPM027, "Modifiers XE, XS, XP, XU, and 59 - Distinct Procedural Service"	• Section C: Converted to referencing MLN Fact Sheet examples. Our examples moved to an Appendix. • Cross References: Hyperlinks added. • References & Resources: # 6 updated information.
RPM029, "Modifier 57 – Decision For Surgery"	• Cross References: Hyperlinks added.
RPM032, "Anesthesia Physical Status Modifiers (P1 - P6)"	• Section A.2: Archived information for dates of service 6/30/2019 and prior. • Cross References: Hyperlink added. • No content changes.

Policy	Summary of update
RPM034, "Modifiers AA, AD, GC, QK, QX, QY, QZ – Anesthesia Payment Modifiers"	• Cross References: 1 hyperlink updated.
RPM040, "Incident-To Services"	• Cross References: 1 entry added. • Minor rephrasing; no content changes.

Medical Necessity Criteria updates

The following table includes medical criteria updates for July and August 2023.

Criteria	July 2023 Medical Criteria Summary	Pharmacy/medical
AFO-KAFO-HKAFO (Custom fabricated)	**Introduction:** This is an annual review **Criteria changes:** Grammar updates. No content changes.	Medical
Cranial orthotics	**Introduction:** This is an annual review **Criteria changes:** No changes	Medical
Endoscopic procedures for treatment of GERD	**Introduction:** This is an annual review **Criteria changes:** No content changes.	Medical
Mobile outpatient cardiac telemetry (MOCT)	**Introduction:** This is an annual review **Criteria changes:** No changes	Medical
Negative pressure wound therapy (NPWT)	**Introduction:** This is an annual review **Criteria changes:** Added Disposable and non-powered wound suction pumps and related supplies are considered not medically necessary.	Medical

	The requirement assists the hospital audit in being able to deny these claims.	
Panniculectomy-abdominoplasty	**Introduction:** This is an annual review **Criteria changes:** No contentchanges	Medical
Serum antibodies for diagnosis of inflammatory bowel syndrome	**Introduction:** This is an annual review **Criteria changes:** Grammar updates	Medical
Treatment or removal of benign skin lesions	**Update:** Added coverage indications for using laser treatment for moderate to severe Hydradenitis suppurativa (Level II and III). This is supported by various studies showing improvement in symptoms among patients. It also offers an option for patients where conservative treatment failed or is contraindicated.	Medical
Upper extremity orthoses	**Introduction:** This is an annual review. **Criteria changes**: added consideration of orthotics for diagnosis of osteoarthritis, and overuse syndromes.	Medical

Criteria	August 2023 Medical Criteria Summary	Pharmacy/medical
Breast pumps	**Introduction:** This is an annual review. The policy describes medical necessity requirements for renting a hospital-grade breast pump. **Criteria changes:** Grammar updates.	Medical
Computer assisted navigation (CAN) for musculoskeletal procedures	**Introduction:** This is an annual review. Computer-assisted navigation (CAN) is the application of computer tracking systems to assist with alignment in various orthopedic procedures. This procedure is considered investigational. **Criteria changes:** No changes.	Medical
Cooling devices	**Introduction:** This is an annual review. Cold and compression therapy is used as a tool for reducing pain, swelling, and inflammation following surgery or musculoskeletal injury. **Criteria changes:** No changes.	Medical
Factor V Leiden Thrombophilia – F5 gene	**Introduction:** This is an annual review. Factor V Leiden is the specific gene mutation that results in thrombophilia, which is an increased tendency to form abnormal clots that can block blood vessels. The policy lists requirements for genetic testing for Factor V Leiden. **Criteria changes**: No changes.	Medical
Knee cartilage transplants	**Introduction:** This is an annual review. Cartilage transplants, or cartilage cell or chondrocyte transplant is a procedure in which cartilage damage is repaired using cartilage cells from the patient's own body. **Criteria changes**: Updates to align eviCore. Added 'A concurrent ligament stabilization or meniscal procedure at the time of ACI would be acceptable.'	Medical

Obstructive sleep apnea non-surgical treatment	**Introduction:** This is an annual review. Obstructive sleep apnea is a common sleeping disorder characterized by repetitive episodes of airway obstruction due to the collapse and obstruction of the upper airway during sleep. The policy describes requirements for diagnosing sleep apnea and nonsurgical treatment options. **Criteria changes:** Expanded the listed devices that would be considered for use in a home sleep study. Provided clarification on what would be considered a hypopnic episode as defined by CMS; which is >4% oxygen desaturation or respiratory disturbance index (RDI) that is greater than or equal to 15 events per hour.	Medical
Push rim activated power assist device	**Introduction:** This is an annual review. A push-rim-activated power assist device is an option for a manual wheelchair in which sensors in specially designed wheels determine the force that is exerted by the beneficiary on the wheel. It helps reduce the effort required to propel. **Criteria changes:** Grammar updates.	Medical
Therapeutic drug monitoring	**Introduction:** This is an annual review. TDM is used to evaluate compliance with long-term therapy for chronic conditions requiring medications with therapeutic levels. **Criteria changes:** No changes.	Medical

Contact us

Moda Health Medical Customer Service
For claims review, adjustment requests and/or billing policies, please call 888-217-2363 or email **medical@modahealth.com**.

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For provider demographic and address updates, please email **providerupdates@modahealth.com**.

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