

Medical office update

December 2023

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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.

How Oregon SB 1529 may impact your patients

Oregon Senate Bill 1529 requires all Oregon health insurance issuers with Individual and Fully Insured Group medical plans to assign a Primary Care Provider (PCP) to their members if the member hasn't selected one for themselves within 90 days of enrollment.

As we approach 2024, Moda Health is communicating with our members about this new law and encouraging them to select a PCP. This includes adding messaging to the onboarding process for impacted Moda Health members.

Moda Health will begin auto-assignment of providers as early as April 2024. If, as required by Oregon law, we must assign a PCP to a member, we will use available member data to match up patients to the providers they are already seeing (if that provider has indicated that they are accepting new patients). For those who don't fall into that category, we will auto-assign a PCP. We're committed to ensuring your patients experience better from Moda Health, which is why we will let them know they still have choice and control.

- They are not required to use the PCP that Moda selects.
- They can continue to visit the in-network PCP of their choice without having to formally change their PCP assignment.
- At any point, they can change their assigned PCP through their online Member Dashboard.

You can help us better serve your patients by sending your provider panel availability to Moda Health and keeping it updated. We'll also continue to send you monthly reporting that includes your assigned patients. If you have any questions, please reach out to the Moda Provider Relations team via email at providerrelations@modahealth.com.

Emerging Health adding new infusion clinic in Eugene

Along with our commitment to provide exceptional patient and provider experiences in Portland, Oregon, [Emerging Health](#) is opening a second location in Eugene in response to infusion therapy needs outside of the Portland Metro Area.

Convenient home infusion and in-clinic options outside of Portland

We look forward to expanding our reach of care to more communities along the Oregon coast, in the Willamette Valley and in Southern Oregon. Our enteral therapy services are available now. Onsite and home infusion services from our new Eugene clinic will begin in January 2024.

Our ***NEW*** Eugene clinic is located at:
360 South Garden Way, Suite 110
Eugene, OR 97401

Refer a patient or schedule a tour

If you're interested in referring a patient or scheduling a tour at our new clinic, please call one of our infusion clinics at **971-290-2010** (Portland) or **458-247-3050** (Eugene). You can also access order and referral forms at EmergingHealth.com/referrals.

New "Duration" field requirement for prior authorization requests

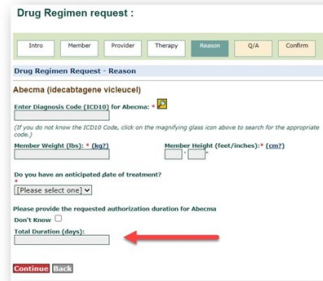
Starting Jan. 1, 2024, prior authorization requests for specialty pharmacy medications to Magellan Rx/Prime Therapeutics for Medicare members will require a number of days to be entered for the requested drug regimen. This new requirement is in compliance with the [2024 Medicare Final Rules](#)

When requesting an authorization, please be prepared to enter the duration on the provider portal,

MrxGateway.com. You may also contact information by phone to your intake team.

If this information is not provided at the time of the request, Magellan will contact the provider's office to get the information. The provider's requested duration must be provided before an authorization can be issued.

The following shows where the new duration field will appear in the "Request Prior Authorizations" on MrxGateway.com. For questions, please call Magellan at 800-424-8114.



Naloxone nasal spray now available OTC

As of August 2023, naloxone nasal spray (Narcan) is **now available over the counter (OTC)**. This means naloxone can be purchased at a local pharmacy without a prescription. Each box will cost around \$50 and includes two doses.

The FDA released a Drug Safety Communication in July 2020 to address the rising prevalence of opioid use disorder (OUD) and overdose involving prescription and illicit opioid use.¹ The communication advises health care professionals to discuss naloxone with all patients when prescribing opioids or medicines to treat (OUD)².

Patients with an increased risk for opioid overdose include individuals with a history of OUD or who have had a previous opioid overdose. Use of other medications and certain disease states can also increase the risk of opioid overdose. These include simultaneously using respiratory depressants (e.g., benzodiazepines), daily opioid doses exceeding 90mg morphine equivalent, comorbid renal function, etc.³

The following table includes the currently available high-value naloxone products to be used when prescribing naloxone and the maximum number of refills.

Product	Quantity
Intramuscular Naloxone HCl Injection Solution (0.4mg/mL)	Two (or more) 1mL single-dose vials 3mL syringes with 23G or 25G, 1.5" needles (to match number of vials dispensed)
Narcan® (naloxone hcl) Nasal Spray (4mg/0.1mL)	Two (or more) Narcan 4mg nasal sprays

Once a naloxone formulation has been ordered, the next step is to let patients and caregivers know how to appropriately use the medication. This includes educating the caregiver and/or family members about:

- Recognizing signs and symptoms of opioid overdose
- Appropriate techniques in testing for consciousness
- How to properly administer the preferred naloxone product

Questions?

We're here to help. Learn more about naloxone at the [CDC website](http://www.cdc.gov) or call our pharmacy customer service team at **888-361-1610**.

Resources:

¹ Wide-ranging online data for epidemiologic research (WONDER). Atlanta, GA: CDC, National Center for Health Statistics; 2020. Available at: <http://wonder.cdc.gov>.

² U.S. Food & Drug Administration. FDA recommends health care professionals discuss naloxone with all patients when prescribing opioid pain relievers or medicines to treat opioid use disorder. Drug Safety Communication. Available from: <https://www.fda.gov/media/140360/download>.

³ College of Psychiatric & Neurologic Pharmacists (CPNP). Naloxone Access: A Practical Guideline for Pharmacists. 20 Feb 2015. Available from: https://www.oregon.gov/pharmacy/Documents/Naloxone_Access.pdf.

2023 Year-end quality measures summary reports due March 17

The Moda Health team is beginning our end-of-year clinical quality measure data collection process for clinics who participated in the 2023 Commercial and Medicare Advantage Primary value-based contracts.

For the 2023 measurement year, three of the quality measures included in the VBCs are clinical quality measures (CQMs), meaning they are based on data submitted from practice electronic health record (EHR) systems. These measures are:

- Controlling High Blood Pressure (CBP)
- Comprehensive Diabetes Care – HbA1c (CDC-HbA1c Poor Control)
- Colorectal Cancer Screening (COL)

Moda Health allows to submit a summary report of measure results instead of patient-level data. Either Moda Health-specific or all-payer data is acceptable. The data must be submitted via an [Excel template](#). Specific instructions will be included in the Excel template, and you must attest that the data is accurate.

Clinical quality measure performance summary reports must be submitted to summarydata@modahealth.com by March 15, 2024 to be eligible for the 2023 Performance-Based Incentive Payment.

Please reach out to summarydata@modahealth.com with any questions.

Get ready for Cervical Cancer Awareness Month

January is National Cervical Cancer Awareness Month! According to the [National Cancer Institute](#), the U.S. will see an estimated 13,960 new cases of cervical cancer and 4,310 cervical cancer deaths in 2023. Approximately 1,250,000 women will be diagnosed with precancers annually by cytology using a Papanicolaou (Pap) test. As a provider, you and your clinical team can help catch cervical cancer early by educating your patients about cervical cancer screenings and taking measures to reduce their risk of cancer.

As we know, patients may have different needs and concerns around cervical cancer screenings. Some important reminders when having conversations with your patients:

- Talk with your patient to ensure you are using their correct pronouns and use messages that are sensitive to the identity of your patient.
- Provide access to information in the patient's preferred language as often as possible and be sensitive to any relevant cultural or personal preferences that could increase their comfort.
- Speak in plain language and avoid technical or medical jargon while maintaining accuracy.
- Avoid unnecessary touching. For example, the [Health Resources & Services Administration](#) recommends asking the patient to move to the end of the table without touching them.

Inclusive language updates to the HEDIS Cervical Cancer Screening measure

For 2024, the [Cervical Cancer Screening \(CCS\) measure](#) has been updated to provide more gender-inclusive language for the eligible screening population.

The new recommendation measures the percentage of members 21–64 years of age who were recommended for routine cervical cancer screening and were screened for cervical cancer using any of the following criteria:

- Members 21–64 years of age who were recommended for routine cervical cancer screening and had cervical cytology performed within the last 3 years.
- Members 30–64 years of age who were recommended for routine cervical cancer screening and had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.
- Members 30–64 years of age who were recommended for routine cervical cancer screening and had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.

Making gap closure count

To make sure your screenings count, the following data is needed from providers:

- Evidence of members 21-64 years of age who had cervical cytology within the last three years.
- Evidence of members 30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last three years.

The following codes can be counted toward the CCS measure:

CPT	88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175, 87624, 87625
HCPCS	G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091, G0476
LOINC	10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5, 21440-3, 30167-1, 38372-9, 59263-4, 59264-2, 59420-0, 69002-4, 71431-1, 75694-0, 77379-6, 77399-4, 77400-0, 82354-2, 82456-5, 82675-0, 95539-3
SNOMED	168406009, 168407000, 168408005, 168410007, 168414003, 168415002, 168416001, 168424006, 250538001, 268543007, 269957009, 269958004, 269959007, 269960002, 269961003, 269963000, 275805003, 281101005, 309081009, 310841002, 310842009, 416030007, 416032004, 416033009, 439074000, 439776006, 439888000, 441087007, 441088002, 441094005, 441219009, 441667007, 700399008, 700400001, 1155766001, 62051000119105, 62061000119107, 98791000119102, 35904009, 718591004, 448651000124104

Please contact your Provider Relations representative to learn more about additional resources for billing and coding.

Moda resources and evidence-based best practices

Moda Health is committed to supporting your patients so they can live longer, healthier lives. As part of our commitment to quality, here are some reminders about offerings from Moda:

- Many preventive screenings are covered at no cost to our members. Members can visit their [Member Dashboard](#) online or call Customer Service for information about their coverage and to get help with locating providers and facilities to schedule their preventive screenings.
- If you are part of a value-based provider program, including Synergy, Summit, Beacon and Affinity, you can log in to view your [online provider reports](#) here.

As always, Moda Health thanks you for supporting your patients in the management of their health!

Encourage kidney checkups for patients with diabetes

Encouraging patients with diabetes to get regular kidney checkups is important for identifying chronic kidney disease (CKD) early. It also helps you treat patients with CKD more effectively to help prevent additional health problems.

The following resources show why HEDIS measurements for Kidney Health Evaluation for Patients with Diabetes (KED) are important for your patients' long-term health, and your ability to better manage the health of individuals and your patient population.

Why is the Kidney Health Evaluation for Patients with Diabetes (KED) HEDIS Measure important?

- According to the CDC, about 1 in 3 adults with diabetes will develop chronic kidney disease (CKD).¹ This makes diabetes the leading cause of CKD.² CKD is the 10th leading cause of death in the U.S., with 16.4 deaths per 100,000.³
- Type 1 or 2 diabetes can lead to damage of the kidneys. If left untreated, the kidneys may eventually lose their ability to remove waste, manage fluids, and balance chemicals for the body.⁴ Early detection is key to prevention and management.
- CKD can progress quickly or sometimes takes years to develop.⁴ Its symptoms are not easily noticeable, which makes it hard to detect early. Around 90% of people with CKD do not even know they have it.²
- CKD is a health equity issue. Mortality rates among Black and Hispanic populations are 23% and 12% higher than their White counterparts, respectively.⁵

What does NCQA Measure?

KED became a HEDIS measure in 2020. NCQA worked with the National Kidney Foundation to create a measure that would improve kidney disease testing rates in people with diabetes.

The NCQA HEDIS description of the KED measure is as follows:

"The percentage of members 18-85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year."

The KED measure applies to all lines of business for all Moda members on the following plans:

- Commercial (Connexus, Synergy)
- Exchange (Beacon, Affinity)
- Medicare (Moda Medicare, Summit Health)
- Medicaid (EOCCO)

How can you help close the gap?

Data is needed from providers as evidence of at least one eGFR AND at least one uACR during the measurement year. A uACR can be identified by a uACR test or BOTH a quantitative urine albumin test and a urine creatinine test with service dates four days or less apart.

It is important to note that data source submission criteria for the KED measure include Medical Claims and PDE (Provider Data Exchange) Data. The KED measure is not applicable to the chart retrieval and review process, so it is important to engage in PDE for accurate reporting purposes. This will eventually align with the NCQA initiative to use Electronic Clinical Data Systems (ECDS) reporting, which helps provide insight to better manage the health of individuals and patient populations.

Below are relevant billing codes that can be used to fulfill care gap closures for the KED measure:

CPT	80047, 80048, 80050, 80053, 80069, 82565, 82043, 82570
LOINC	48642-3, 48643-1, 50044-7, 50210-4, 50384-7, 62238-1, 69405-9, 70969-1, 77147-7, 88293-6, 88294-4, 94677-2, 96591-3, 96592-1, 98979-8, 98980-6, 14957-5, 1754-1, 21059-1, 30003-8, 43605-5, 53530-2, 53531-0, 57369-1, 89999-7, 13705-9, 14958-3, 14959-1, 30000-4, 32294-1, 44292-1, 59159-4, 76401-9, 77253-3, 77254-1, 89998-9, 9318-7, 20624-3, 2161-8, 35674-1, 39982-4, 57344-4, 57346-9, 58951-5
SNOMED	12341000, 18207002, 241373003, 444275009, 444336003, 446913004, 706951006, 763355007, 104486009, 104819000, 36793009, 271260009, 444322008

Learn more about data exchange and ECDS at the [NCQA HEDIS Measures website](#).

For billing and coding questions, please contact your Moda Provider Relations representative.

Moda resources for kidney and diabetes health

At Moda, we're always working to be better, together. We're committed to supporting you in managing your patients' diabetes so they can live longer, healthier lives.

- **Health coaching:** Moda offers Health Coaching services to all Moda members at no added cost. The goal is to improve self-management of disease, helping members understand their health and set sustainable goals. Call **855-466-7155** or email healthcoachteam@modahealth.com to learn more.
- **Preventive screenings:** Many preventive screenings are covered at low or no cost to Moda members. Encourage members to visit their Member Dashboard online or call customer service to learn more about their specific plan benefits and coverage. Members can visit our [Find Care](#) online tool to search for providers, care or services.
- **Value-based programs:** Does your practice engage in our value-based provider programs? If so, you can view your Provider Reports at our [online portal](#).

As always, Moda Health thanks you for supporting your patients in the management of their health.

Resources:

¹ <https://www.cdc.gov/diabetes/managing/diabetes-kidney-disease.html>.

² <https://www.ncqa.org/hedis/measures/kidney-health-evaluation-for-patients-with-diabetes/>.

³ <https://www.cdc.gov/nchs/fastats/kidney-disease.htm>

⁴ <https://diabetes.org/about-diabetes/complications/chronic-kidney-disease/diabetes-high-blood-pressure-chronic-kidney-disease>

⁵ <https://www.niddk.nih.gov/health-information/health-statistics/kidney-disease#:~:text=Adjusted%20mortality%20among%20people%20with,approximately%2012%25%20among%20Hispanic%20people>

Tips for accurately reporting drug code units

When reporting drug codes, it is essential to calculate and report the appropriate number of units for each code based on the individual HCPCS code description. This will ensure appropriate reimbursement for the services provided, timely processing of claims, and prevent denials due to inaccurate unit reporting.

Clinical example: J2405: Injection, ondansetron HCl, per 1 mg

A hospital administers 8mg of ondansetron (J2405) to a patient using two vials containing 4mg each. The hospital reports 2 units of J2405 since two vials were used. This is considered a billing error, which can lead to inaccurate reimbursement or a denial for incorrect unit reporting.

The units reported for this drug should be based on the HCPCS code description for J2405. The code description for J2405 specifies “per 1 mg.” Therefore, 1 unit of J2405 is equal to 1mg of ondansetron. In this case, the hospital would report 8 units, not 2 units, of J2405 to represent the 8mg of ondansetron administered.

Note: If the drug dose used is not a multiple of the HCPCS code descriptor, these CMS [Medicare Claims Processing Manual, Chapter 17, Section 10](#) guidelines should be followed:

- “Drugs are billed in multiples of the dosage specified in the HCPCS code long descriptor.”
- “If the drug dose used in the care of a patient is not a multiple of the HCPCS code dosage descriptor, the provider rounds to the next highest unit based on the HCPCS long descriptor for the code in order to report the dose provided.”
- “If the full dosage provided is less than the dosage for the HCPCS code descriptor specifying the minimum dosage for the drug, the provider reports one unit of the HCPCS code for the minimum dosage amount.”

Also, the Medicare National Correct Coding Initiative Policy Manual (Chapter 1, Section A) states:

- “Each HCPCS/CPT code has a defined unit of service for reporting purposes. A provider/supplier shall not report UOS for a HCPCS/CPT code using a criterion that differs from the code’s defined unit of service.”

Use the system to enhance your workplace environment

With international news focused on wars and mayhem, national politics highlighting divisions and retribution, and local civility struggling even to find the lowest common denominator, things are edgy. It can seem risky to smile, let alone strike up a conversation with a colleague you think you know. But the growing darkness doesn’t need to pervade our work environments or our personal outlooks. There are programs and resources in the system you can use to enhance and strengthen your workplace.

1. Use the Employee Assistance Program (EAP). Most EAPs are not just about short-term counseling or fit-for-duty assessments. There are resources to help you maintain and build resilience with community enhancement. You can learn how to:

- Let go of misunderstood comments that can trigger emotional responses
- Offer perspectives while honoring differences within oncoming challenges
- Create subtle group rituals of inclusion and restate missions to enhance perspectives and infuse a sense of commonness among your colleagues

2. Use your diversity, equity and inclusion (DEI) coalition. These initiatives are part of most employers. If you don’t have one, you can start your own DEI [here](#). It can help you:

- Create environments to enrich respect and nurture common regard with others
- Enhance simplicity by naming things more clearly (unspoken rules, job descriptions, common expectations, etc.)
- Uncover meaning in masked language, unintended consequences, micro-aggressions, etc.
- Nurture curiosity and exploration in the use of language, food, apparel, customs, etc.
- Create opportunities to clear the air, explore connections and appreciate diversity by understanding what is behind our differences

3. Use allyship: Use allyship to put into practice what’s too often considered academic or too touchy-feely for functional practice. It can be difficult, but making room for others, particularly individuals or groups who are marginalized or underrepresented, is lifegiving even though such a cultural shift takes common investment and commitment. Taking a compassionate, empathetic and supportive stance can make a difference. Approaches can include:

- Taking a cleansing breath before a meeting and acknowledge the diversity represented in our histories and our agendas
- Being grace-filled in our interactions
- Being more inquiring than directive
- Letting mistakes be opportunities for transparency
- Practicing listening without interrupting
- Socializing in small and significant ways
- Making room for how personal objectives align with your company’s mission

EAP, DEI and allyship are empowering opportunities put in place by “the system” to address workplace needs and enhance longevity. Now, more than ever, we need to USE THE SYSTEM.

Reimbursement Policy Updates

The following table includes RPM updates for October and November 2023.

Policy	Summary of update
Reviewed in October 2023	
Revision/Update:	
RPM035, "Modifiers 62 & 66 - Co-surgery (Two Surgeons) and Team Surgery (More Than Two Surgeons)"	<ul style="list-style-type: none"> Sections A.2.b and B.1.c: revised for clarification. Section B.3.a.v: Added. Policy change in response to provider appeal; more generous than CMS policy. Subject to 28 TAC. Section B.3.a.i, ii, & iv: updated to reference section v. Codes, Terms, and Definitions: Table added with procedure code definitions for B.3.v codes. Cross References: Hyperlinks added.
Clarification, no policy changes:	
RPM039, "Medical Records Documentation Standards"	<ul style="list-style-type: none"> Section E.2: Clarifying sentence added (moved from RPM003). Section J.1.b: Added information that diagnosis codes on orders also need to be complete and specific to laterality and site.
RPM053, "Diagnosis Code Requirements - Level of Detail, Number of Characters, Laterality, and Site"	<ul style="list-style-type: none"> Policy Name: "Site" added to Title for clarity. Notations added to sections A & B (and D) about performing providers responsible to monitor incoming orders to ensure diagnosis codes are complete and are specific to laterality and site. Section D: Added to address denials for "unspecified site" diagnosis codes for non-lateral body parts and locations.
Annual review	
RPM041, "Critical Care, Evaluation and Management Services (99291, 99292)"	<ul style="list-style-type: none"> Cross References: Hyperlink added.
RPM051, "Procedures Designated as 'Separate Procedure' "	<ul style="list-style-type: none"> Cross References: Added 1 entry.
RPM054, "Diagnosis Code Requirements - Invalid as Primary Diagnosis"	<ul style="list-style-type: none"> Cross References: Hyperlink added.
RPM055, "E0486 Oral Sleep Apnea Device/Appliance Documentation & Bundled Services"	<ul style="list-style-type: none"> No updates (except last reviewed date field)
RPM056, "Medically Unlikely Edits (MUEs)"	<ul style="list-style-type: none"> Cross References: Hyperlinks added.
RPM060, "Transportation of Portable X-ray Equipment, Multiple Portable X-rays - Modifiers UN, UP, UQ, UR, US"	<ul style="list-style-type: none"> Borders on modifier/payment table (pg. 2) changed from dotted to solid.
RPM062, "Modifier 63 - Procedure Performed on Infants Less Than 4 kg"	<ul style="list-style-type: none"> Cross References: Hyperlinks added.
RPM075, "Emergency Department Visit Leveling"	<ul style="list-style-type: none"> Minor rephrasing; no changes to meaning or content.
Reviewed in November 2023	
Annual review: Revision/Update	
RPM039, "Medical Records Documentation Standards"	<ul style="list-style-type: none"> Section J. Documentation of Orders for Tests and Services: <ol style="list-style-type: none"> New statements from CMS about billing providers responsibilities when records are requested for their claims; footnote included. <i>(Note this is not a policy change, it is what we have always done, but now we have a CMS source to cite for this aspect of our policy.)</i> Some reorganizing and reformatting of the section for clarity. Coding Guidelines: Added one entry for above.
Policy	
Summary of update	
<ul style="list-style-type: none"> References & Resources: Added one entry for above. 	

RPM058, "Behavioral Health Case Management & Care Coordination"

- Section B.1: G0323 added.
 - Section B.5:
1. Clarifying information about 2 major types of BHI care models added (taken from CMS transmittal 12285, even though this policy is for Commercial claims).
 2. Coding tip: appropriate primary codes for G0506 added to table.
- Acronym table: 2 entries added; one deleted.
 - References & Resources: 3 entries added.

Annual review/Update:

RPM061, "Clinic Services in the Hospital Outpatient Setting - Commercial"

- Section B:
1. Clarified what split billing looks like (not accepted) and how clinic services should be billed.
 2. Added more details about individual revenue codes 0760 – 0769, and what services are appropriate under each.
 3. Further clarification about denials of inappropriate billing.
- Cross References: Added one entry.

Medical Necessity Criteria updates

The following table includes medical criteria updates for September and October 2023.

Criteria	September 2023 medical criteria summary	Pharmacy/Medical
Anesthesia for routine gastrointestinal endoscopic procedures	<p>Introduction: This is an annual review. The policy is used for reviewing gastro endoscopic procedures that are performed with the use of intravenous sedation and analgesia.</p> <p>Criteria changes: Added indications for anesthesia use when there's the presence of increased risk airway obstruction due to anatomic variant, ICD 10 codes added.</p>	Medical
Clinical trials	<p>Introduction: This is an annual review. Clinical trials are research studies designed to evaluate the safety and effectiveness of new medical treatments, drugs, diagnostic tests, and screenings.</p> <p>Criteria changes: Added clinical trials coverage guidelines for Idaho members.</p>	Medical
Gender confirming surgery	<p>Introduction: This is an annual review. Gender-affirming surgery refers to a variety of procedures that some trans or gender-diverse people may use to affirm their gender.</p> <p>Criteria changes: No changes.</p>	Medical
Hydrogen breath testing	<p>Introduction: This is an annual review. HBT is used for the evaluation of suspected lactose intolerance with persisting symptoms of lactose intolerance even with a lactose-free diet.</p> <p>Criteria changes: No changes.</p>	Medical
Interferential stimulation devices (for home use)	<p>Introduction: This is an annual review. Interferential electric or current therapy is an anti-inflammatory-based treatment that utilizes alternating currents that penetrate deep into soft tissue and bone and produce a wide range of physiological effects at the cellular level. These devices are considered investigational.</p> <p>Criteria changes: No changes.</p>	Medical
Patient lifts (electric or moveable)	<p>Introduction: This is an annual review. These are assistive devices that are intended to assist a caregiver in transferring patients safely back and forth in cases where the patient is immobilized and would otherwise be confined to bed.</p> <p>Criteria changes: No changes.</p>	Medical
Post-operative sinus endoscopy and/or debridement procedures	<p>Introduction: This is an annual review. Post-operative debridement is performed to optimize results in endoscopic sinus surgery. Debridement is suggested to</p>	Medical

be an essential part of maintaining sinus ostium patency, reducing pooling of mucus, preventing infection, and critical to long-term success.

Criteria changes: Grammar updates.

Reduction mammoplasty	<p>Introduction: This is an annual review. Reduction mammoplasty is a surgical excision of a substantial portion of the breast including the skin and underlying glandular tissue, that reduces the size, changes the shape, and/or lifts the breast tissue.</p> <p>Criteria changes: No changes.</p>	Medical
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Salivary hormone testing	<p>Introduction: This is an annual review. This is a non-invasive method to measure free (unbound to carrier proteins) steroid hormones, including estrogen, progesterone, androgens, and cortisol, for diagnosis of hormonal imbalance.</p> <p>Criteria changes: Grammar updates.</p>	Medical
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Criteria	October 2023 medical criteria summary	Pharmacy/Medical
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Intraocular lens implant	<p>Introduction: This is an annual review. The most common indication for an intraocular lens implant is cataract surgery. Cataracts- hardening or opacification (clouding) of the normally transparent crystalline lens within the eye- usually occurs as part of the aging process but may be congenital, traumatic, or related to other systemic diseases or medications. An intraocular lens (IOL) is a tiny, artificial lens for the eye. It replaces the eye’s natural lens that’s removed during cataract surgery.</p> <p>Criteria changes: No content changes.</p>	Medical
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Intrathecal opioid infusion pump therapy for managing chronic pain	<p>Introduction: This is an annual review. Opioids delivered through an intrathecal implantable infusion pump provide effective pain relief for chronic intractable pain while limiting the adverse effects associated with long-term systemic administration of potent analgesics.</p> <p>Criteria changes: No content changes.</p>	Medical
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Nitric Oxide Therapy – Inhaled (INO Therapy)	<p>Introduction: This is an annual review. INO therapy is used in conjunction with ventilatory support to treat pulmonary hypertension in neonatal patients. It improves gas exchange, decreases inflammation, and is a selective vasodilator.</p> <p>Criteria changes: No content changes.</p>	Medical
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Non-invasive testing for liver fibrosis	<p>Introduction: This is an annual review. Noninvasive tests of hepatic fibrosis are primarily used for staging fibrosis in patients with chronic liver disease. The tests are often used to differentiate patients with significant fibrosis from those with minimal or no fibrosis.</p> <p>Criteria changes: No content changes.</p>	Medical
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Pulmonary rehabilitation	<p>Introduction: This is an annual review. This is a comprehensive intervention where following a thorough patient assessment, a patient-tailored therapy that includes but is not limited to exercise training, education, and behavior change is designed to improve the physical and psychological condition of people with chronic respiratory disease.</p> <p>Criteria changes: No content changes.</p>	Medical
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Intraocular lens implant	<p>Introduction: This is an annual review. The most common indication for an intraocular lens implant is cataract surgery. Cataracts, hardening or opacification (clouding) of the normally transparent crystalline lens within the eye, usually occurs as part of the aging process but may be congenital, traumatic, or related to other systemic diseases or medications. An intraocular lens (IOL) is a tiny, artificial lens for the eye. It replaces the eye’s natural lens that’s removed during cataract</p>	Medical
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surgery.

Criteria changes: No content changes.

Intrathecal opioid infusion pump therapy for managing chronic pain

Introduction: This is an annual review. The most common indication for an intraocular lens implant is cataract surgery. Cataracts, hardening or opacification (clouding) of the normally transparent crystalline lens within the eye, usually occurs as part of the aging process but may be congenital, traumatic, or related to other systemic diseases or medications. An intraocular lens (IOL) is a tiny, artificial lens for the eye. It replaces the eye's natural lens that's removed during cataract surgery.

Medical

Criteria changes: No content changes.

Nitric Oxide Therapy – Inhaled (INO Therapy)

Introduction: This is an annual review. INO therapy is used in conjunction with ventilatory support to treat pulmonary hypertension in neonatal patients. It improves gas exchange, decreases inflammation, and is a selective vasodilator.

Medical

Criteria changes: No content changes.

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