

OREGON

Medical office update



December 2021

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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.

Network name change

With the 2022 plan year almost here, we want to let you know about an upcoming network name change.

Effective Jan. 1, 2022, the OHSU Tuality Health & Associates Network will be rebranded and named OHSU Health HMC Network.

This network is available exclusively to OHSU Health Hillsboro Medical Center (formerly Tuality Healthcare) employees.

This name change will not impact your current participation in any other networks, your reimbursement rates or the administrative requirements.

Please note that this network panel is currently closed except for behavioral health and alternative care providers located in the Portland metro area.

Best practices for using modifiers 25 and 59

To help reduce healthcare waste and billing errors, we strongly encourage the following best practices for using modifier 25 and modifier 59. Per CMS, modifiers may be appended to HCPCS/CPT codes only if clinical circumstances justify the use of the modifier. A modifier **should not** be appended to a HCPCS/CPT code solely to bypass an NCCI edit if clinical circumstances do not justify the use of it.

Please note the following:

1. Modifier 25 (RPM028): Significant, separately identifiable E&M service on the same day as a procedure or other service:

- The submission of modifier 25 appended to a procedure code indicates that documentation is available in the patient's records that supports the distinct, significant, separately identifiable nature of the evaluation and management service submitted with modifier 25
- The additional E&M service must be able to stand alone as a billable service with no overlapping of key E&M components (e.g., medical history, medical examination and medical decision making performed)

2. Modifier 59 (RPM027): Distinct, independent non-E&M procedures and services that are not normally reported together, but are appropriate under the circumstances:

- Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual
- Modifier 59 should only be reported if a more descriptive modifier (e.g., modifier XE, XP, XS, or XU) is unavailable, and it is the most accurate modifier to describe the circumstances

Our reimbursement policies follow CMS/Medicare coding guidelines, along with other industry standard guidelines, including AMA, CPT and HCPCS for the appropriate adjudication of claims. To learn more, please see the following:

- [RPM027](#), Modifiers XE, XS, XP, XU and 59 – Distinct procedural service
- [RPM028](#), Modifier 25 – Significant, separately identifiable E&M service

Closing gaps of care for your Medicare patients

To support your patients in their health journey, our staff of highly trained health advocates at Moda Health and Summit Health are reaching out to your Medicare Advantage patients to help schedule their recommended preventive services before the end of the year.

We ask that you work with your patients to complete any care gaps that are appropriate to manage their overall health. In doing so, please be sure to code services accurately for both your own reimbursement and quality measure reporting.

Our goal is to help reduce any gaps of care for your Medicare patients. We recognize that many providers are overwhelmed with competing priorities, we appreciate your support in caring for our members.

Learn more about Medicare Preventive Services at the [Medicare Learning Network](#).

Reimbursement Policy Updates

Policy

Reason for review

Summary of update

Reviewed in October 2021

RPM008, "Technical Component (TC), Professional Component (PC/26), and Global Service Billing."	Annual review	<ul style="list-style-type: none"> ● Scope – Added Summit Health ● Section N.3 – Changed “chemical dependency” to “substance use disorder” to be consistent with terminology changes in Oregon statute & soon Oregon administrative rules per email from Dan Thoma ● Acronym & abbreviation table – Removed EOCCO. Added 3 missing acronyms. ● Minor formatting adjustments.
RPM034, "Modifiers AA, AD, GC, QK, QX, QY, QZ – Anesthesia Payment Modifiers."	Annual review	<ul style="list-style-type: none"> ● Scope – Added Summit Health. Removed EOCCO. ● Converted to outline format ● Section B.2 – Updated Physician Fee Schedule status indicator information ● Section C – C.2 & C.3 added ● Section D – Rephrased, content unchanged ● Acronym table – Added 3 acronyms ● References & resources – Added #6 & 7 ● Important statement wording updated ● Minor font adjustments
RPM037, "Preventive Services versus Diagnostic and/or Medical Services."	Annual review	<ul style="list-style-type: none"> ● Scope – Added Summit Health. Removed EOCCO. ● Replaced “should” with “must” in all locations except direct quotes from AMA CPT Assistant articles. ● Section D – Added link to section H ● Section E.2 – Added notation on management of labor with link to section J. ● Section J – Added link to section E.2 ● Definition of terms table – Added Precipitous Delivery ● Important statement wording updated ● Minor grammar & formatting adjustments
RPM046, "Colorectal Cancer Screening and Related Ancillary Services."	Annual review	<ul style="list-style-type: none"> ● Scope – Added Summit Health. Removed EOCCO. ● Section C – Added another example for XS for separate lesion ● Section D.1 – Clarifying statement added ● Acronym table – Added ● Modifier definitions – Minor phrasing change for 2015 establishment of modifiers -X{EPSU} ● Coding guidelines – Added quote from CCI chapter 1, C.5. ● References & resources – Added #8 ● Minor punctuation & font size adjustments
RPM053, "Diagnosis Code Requirements – Level of Detail, Number of Characters, and Laterality."	Annual review	<ul style="list-style-type: none"> ● Scope – Added Summit Health. Removed EOCCO. ● Changed “should not be used” to “may not be used” ● Acronym table – Added ● Definition of terms table – Added ● References & resources – Added #3 ● Important statement wording updated ● Minor formatting adjustments

Policy	Reason for review	Summary of update
RPM065, "Facility Guidelines, General Overview."	Oregon statute terminology changes	<ul style="list-style-type: none"> ● Scope – Added Summit Health ● Section N.3 – Changed “chemical dependency”

		<p>to “substance use disorder” to be consistent with terminology changes in Oregon statute & soon Oregon administrative rules per email from Dan Thoma</p> <ul style="list-style-type: none"> ● Acronym & abbreviation table – Removed EOCCO. Added 3 missing acronyms. ● Minor formatting adjustments.
RPM074, “Additional Practice Expense Items During a Public Health Emergency (PHE) – CPT 99072.”	Annual review	<ul style="list-style-type: none"> ● Scope – Added Summit Health. Removed EOCCO. ● Converted to outline format ● Section B.2 – Updated Physician Fee Schedule status indicator information ● Section C – C.2 & C.3 added ● Section D – Rephrased, content unchanged ● Acronym table – Added 3 acronyms ● References & resources – Added #6 & 7 ● Important statement wording updated ● Minor font adjustments

Reviewed in November 2021

RPM020, “Maternity Care”	Annual review	<ul style="list-style-type: none"> ● Scope – Added Summit Health. Removed EOCCO. ● Replaced “should” with “must” in all locations except direct quotes from AMA CPT Assistant articles. ● Section D – Added link to section H ● Section E.2 – Added notation on management of labor with link to section J. ● Section J – Added link to section E.2 ● Definition of terms table – Added Precipitous Delivery ● Important statement wording updated ● Minor grammar & formatting adjustments
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RPM027, “Modifiers XE, XS, XP, XU, and 59 – Distinct Procedural Service.”	Annual review	<ul style="list-style-type: none"> ● Scope – Added Summit Health. Removed EOCCO. ● Replaced “should” with “must” in all locations except direct quotes from AMA CPT Assistant articles. ● Section D – Added link to section H ● Section E.2 – Added notation on management of labor with link to section J. ● Section J – Added link to section E.2 ● Definition of terms table – Added Precipitous Delivery ● Important statement wording updated ● Minor grammar & formatting adjustments
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RPM029, “Modifier 57 – Decision for Surgery.”	Annual review	<ul style="list-style-type: none"> ● Scope – Added Summit Health. Removed EOCCO. ● Changed “should not be used” to “may not be used” ● Acronym table – Added ● Definition of terms table – Added ● References & resources – Added #3 ● Important statement wording updated ● Minor formatting adjustments
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Policy	Reason for review	Summary of update
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RPM032, “Anesthesia Physical Status Modifiers (P1 - P6).”	Annual review	<ul style="list-style-type: none"> ● Scope – Added Summit Health. Removed EOCCO. ● Acronym table – Added
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		<ul style="list-style-type: none"> ● Important Statement wording updated ● Minor formatting adjustments
RPM040, "Incident-To Services."	Annual review	<ul style="list-style-type: none"> ● Scope – Added Summit Health. Removed EOCCO. ● Converted to Outline format ● Acronym table – Added ● Important statement wording updated ● Minor formatting adjustments
RPM041, "Critical Care, Evaluation and Management Services (99291, 99292)."	Annual review	<ul style="list-style-type: none"> ● Scope – Added Summit Health ● Reimbursement Guidelines – "should be submitted" changed to "is to be submitted" ● Acronym table – Added ● Important Statement wording updated ● Minor formatting adjustments
RPM046, "Colorectal Cancer Screening and Related Ancillary Services."	External request for clarification	<ul style="list-style-type: none"> ● Section A.1.b – Changed wording to reference and link to the preventive services for adults document on Moda's external website under Provider Resources, Preventive Services
RPM051, "Procedures Designated as "Separate Procedure"."	Annual review	<ul style="list-style-type: none"> ● Scope – Added Summit Health ● Acronym table – Added ● Definition of terms – Converted to table and moved location to above the Modifier table ● Important Statement wording updated ● Minor formatting adjustments
RPM054, "Diagnosis Code Requirements - Invalid As Primary Diagnosis."	Annual review	<ul style="list-style-type: none"> ● Scope – Added Summit Health. Minor changes for clarity. ● Converted to outline format ● Sections A.3, B.3, & C.3 financial responsibility – minor phrasing changes for clarity ● Section C, Medicaid <ol style="list-style-type: none"> 1. Removed "EOCCO" from section title 2. Reversed order of information to match pattern in other LOB, all claims listed first, Inpatient claims listed second 3. Added mention of financial responsibility, even though this is consistently understood for Medicaid claims/rules ● Acronym table – Added 10 acronyms ● Important statement wording updated ● Minor formatting adjustments
RPM062, "Modifier 63 - Procedure Performed on Infants Less Than 4 kg."	Annual review	<ul style="list-style-type: none"> ● Scope – Added Summit Health. Removed EOCCO. Removed statement that policy does not apply to Facility claims, as it conflicted with section D.1. ● Acronym table – Removed EOCCO. Added 7 acronyms. ● Definition of terms – Updated definition of "infant" for clarity ● Important statement wording updated ● Minor formatting adjustments

Medical Necessity Criteria updates

Criteria

September
Medical necessity criteria

Pharmacy/medical

Anesthesia for routine gastrointestinal endoscopic procedures	Introduction: This is annual review Criteria changes: No changes	Medical
Breast pumps	Introduction: This is annual review Criteria changes: No changes	Medical
Computer assisted navigation for musculoskeletal procedures	Introduction: This is an annual review Criteria changes: No changes	Medical
Cooling devices	Introduction: This is an annual review Criteria changes: No changes	Medical
Electron-beam computed tomography (EBCT)	Introduction: This is an annual review Criteria changes: No changes	Medical
Gender confirming surgery	Introduction: This is an annual review Criteria changes: No changes	Medical
Interferential stimulation devices	Introduction: This is an annual review Criteria changes: No changes	Medical
Obstructive sleep apnea: Surgical treatment	Introduction: This is an update Criteria changes: Added coverage guidelines for hypoglossal nerve stimulation	Medical
Patient lifts	Introduction: This is an annual review Criteria changes: No changes	Medical
Post-op sinus endoscopy debridement	Introduction: This is an annual review Criteria changes: No changes	Medical
Reduction mammoplasty	Introduction: This is an annual review Criteria changes: No changes	Medical
Criteria	October Medical necessity criteria	Pharmacy/medical
Anesthesia for routine gastrointestinal endoscopic procedures	Introduction: This is an update Criteria changes: Replaced wording "frequently/intermittently" with "occasional" marijuana use	Medical
Clinical trials	Introduction: This is annual review Criteria changes: Added guidelines for clinical trials that apply to Texas members as per the Texas statute requirements	Medical
Intraocular lens implant	Introduction: This is annual review.	Medical

	Criteria changes: Removed ‘cost alternative’ wording. Medical necessity requirements are guided by evidence - based research	
Intrathecal opioid therapy	Introduction: This is an annual review Criteria changes: added ‘infusion pump’ wording to title	Medical
Nitric oxide therapy	Introduction: This is an annual review Criteria changes: No content changes	Medical
Nitric oxide therapy Non-invasive testing for liver fibrosis	Introduction: This is an annual review Criteria changes: No content changes	Medical
Pulmonary rehabilitation	Introduction: This is an annual review Criteria changes: added “Emphysema” to list of diagnosis	Medical
Hydrogen breath testing	Introduction: This is an annual review Criteria changes: No content changes	Medical
Salivary hormone testing	Introduction: This is annual review Criteria changes: No content changes	Medical
Experimental & investigational services	Introduction: This is an annual review Criteria changes: Updated references	Medical
Salivary hormone testing	Introduction: This is an annual review Criteria changes: No content changes	Medical

Contact us

Moda Medical Customer Service

For claims review, adjustment requests and/or billing policies, please call 888-217-2363 or email medical@modahealth.com.

Moda Provider Relations

For escalated claim inquiries, contract interpretation, educational opportunities or onsite visit requests please email providerrelations@modahealth.com

Provider Updates

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

Credentialing Department

For credentialing questions and requests, please email credentialing@modahealth.com.



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