

# PROVIDER NEWSLETTER

A newsletter for Passport Health Plan by Molina Healthcare

## Fourth Quarter 2022



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## Get Automatic Approval for Advanced Imaging Prior Authorization Requests

Passport has partnered with **MCG Health** to offer **Cite AutoAuth** self-service for advanced imaging prior authorization (PA) requests.

### What is Cite AutoAuth and How Does it Work?

By attaching the relevant care guideline content to each PA request and sending it directly to Passport, health plan providers receive an expedited, often immediate, response. Through a customized rules engine, Cite AutoAuth compares Passport’s specific criteria to the clinical information and attached guideline content to the procedure to determine potential for auto authorization.

Self-services available in the Cite AutoAuth tool include, but are not limited to, MRIs, CTs, and PET scans. To see the full list of imaging codes that require PA, refer to the [PA Code LookUp Tool](#).

### How to Access and Learning More

Cite AutoAuth can be accessed via the [Avality Essentials portal](#) in the Passport's Payer Spaces. It is available 24/7.

This method of submission is strongly encouraged as your primary submission route – existing fax/phone/email processes are also available.

Check [MolinaHealthcare.com](#) for updates and additional information about Cite AutoAuth.

## New PsychHub Course Available, Offers CEUs

Our PsychHub partners have recently launched their newest online course, Acceptance and Commitment Therapy (ACT) Foundations.

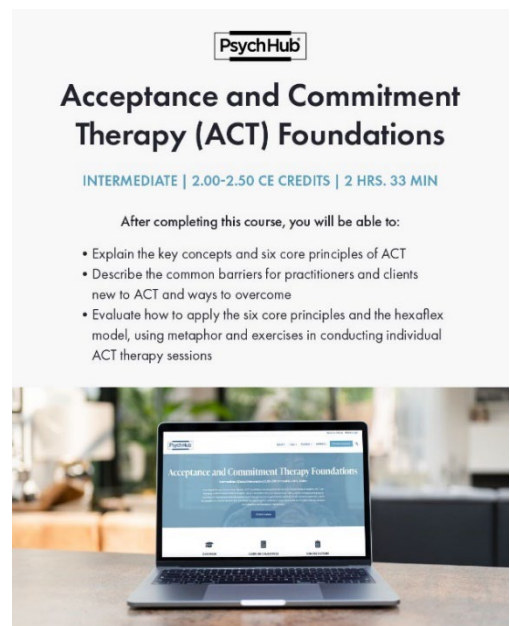
The ACT Foundation's course explores the construct of psychological flexibility.

Learn the action-oriented, empirically based approach to therapy that invites clients to process their feelings while empowering and educating [#mentalhealth](#) practitioners.

### Ready to Get Started?

Passport network providers can access this and other courses that offer CEUs on the PsychHub platform by clicking this link:

<https://app.psychhub.com/signup/molina-mhp/>



## 2022 Model of Care Training Deadline is Due by December 31

Passport is actively reaching out to providers who are required to complete the **2022 Model of Care** training. In accordance with Centers for Medicaid and Medicare Services (CMS) requirements, Passport PCPs and key high-volume specialists, including **cardiologists, gastrologists, and psychiatrists**, must complete Passport's Model of Care training each year.

**This quick training will describe how Passport and providers work together to successfully deliver coordinated care and case management to both Medicare and Medicaid members.**

If not already completed, please take this training now, and return the Attestation Form to Passport no later than **December 31, 2022**. The training is available at:

<https://www.molinahealthcare.com/providers/ky/passportmedicare/resources/training.aspx>.

If you have questions, please contact Provider Services at **800-578-0775** or your **Provider Services Representative**.

## Our Special Investigation Unit: Partnering with You to Prevent Fraud, Waste and Abuse

The **National Healthcare Anti-Fraud Association** estimates that least three percent of the nation's health care costs, amounting to **tens of billions of dollars**, are lost to fraud, waste, and abuse. That's money that would otherwise cover legitimate care and services for the neediest in our communities.



To address this issue, federal and state governments have passed a number of laws to improve overall program integrity, including required audits of medical records against billing practices. Passport Health Plan by Molina Healthcare, like others in our industry, must comply with these laws and proactively ensure that government funds are used appropriately. **Passport's Special Investigation Unit (SIU) aims to safeguard Medicare and Medicaid, along with Marketplace funds.**

### You and the SIU

The SIU utilizes state-of-the-art data analytics to proactively review claims to identify statistical outliers within peer (specialty) groups and services/coding categories. Our system employs approximately 1,300 algorithms to identify billing outliers and patterns, over- and underutilization, and other aberrant billing behavior trends. The system pulls information from multiple public data sources and historical databases that are known to identify and track fraud, waste, and abuse. Our system allows us the ability to track provider compliance within correct coding, billing, and their provider contractual agreement.

As a result, providers may receive a notice from the SIU if they have been identified as having outliers that require additional review or by random selection. If your practice receives a notice from the SIU, please cooperate with the notice and any instructions, such as providing requested medical records and other supporting documentation. Should you have questions, please contact your **Provider Services Representative**.

"Molina Healthcare appreciates the partnership it has with providers in caring for the medical needs of our members," explains Scott Campbell, the Associate Vice President who oversees the SIU operations. "Together, we share a responsibility to be prudent stewards of government funds. It's a responsibility that we all should take seriously because it plays an important role in protecting programs like Medicare and Medicaid from fraudulent activity."

Passport appreciates your support and understanding of the SIU's important work, and we hope to minimize any inconvenience the SIU audit might cause you and/or your practice.

To report potential fraud, waste, and abuse, contact the **Molina AlertLine** toll-free at **(866) 606-3889** 24 hours per day, 7 days per week. Also, you can make a report anytime here:

<https://MolinaHealthcare.Alertline.com>.

## Biosimilars - What to Watch

Biological products are the fastest-growing class of therapeutic products in the United States. Similar to when a generic becomes available, biosimilar and interchangeable products can offer additional options with a potentially lower healthcare cost.

**A biosimilar is a highly similar version of a brand name biological drug that meets strict controls for structural, pharmaceutical, and clinical consistency.**

A biosimilar manufacturer must demonstrate that there are no meaningful clinical differences (i.e., safety and efficacy) between the biosimilar and the reference product. Clinical performance is demonstrated through human pharmacokinetic (exposure) and pharmacodynamic (response) studies, an assessment of clinical immunogenicity, and, if needed, additional clinical studies. Biosimilars are not considered true



generics because unlike traditional drugs, biologics are not synthetically derived but are derived from organic sources, so there are differences between the reference brand biologic and its biosimilars.

Several bodies of experts have published statements in support for the use of biosimilars and integration into clinical practice guidelines, such as the Crohn's and Colitis Foundation, American College of Rheumatology, and the American Society of Clinical Oncology.

As costs for biological specialty drugs continue to rise, the growing biosimilar market will benefit providers and patients by broadening biological treatment options and expanding access to these medications at lower costs.

An anticipated launch of the first biosimilars for popular drugs such as Humira and Stelara are just around the corner in the first half of 2023. However, it is important to note that while the competition generated by these new launches can help lower health care costs—depending on pricing—biosimilars may not necessarily be the lowest cost option in all therapeutic categories. Other considerations that may affect the savings potential from a biosimilar launch include the reliability of supply, experience of the manufacturer, and patient or prescriber adoption.

**Passport continues to be committed to continually reevaluating preferred strategies and applying innovative cost-controls to ensure patients receive safe, effective, and quality health care. This commitment includes potentially creating a preference for biosimilars when value can be added without compromising member satisfaction and safety.**

### Sources:

<https://www.fda.gov/drugs/therapeutic-biologics-applications-bla/biosimilars>

<https://www.nccn.org/docs/default-source/clinical/nccn-pharmacy-directors-forum-white-paper-operationalizing-the-safe-and-efficient-use-of-biosimilars.pdf>

<https://www.rheumatology.org/portals/0/files/biosimilars-position-statement.pdf>

[https://www.crohnscolitisfoundation.org/sites/default/files/2019-06/biosimilars-statement-needs\\_0.pdf](https://www.crohnscolitisfoundation.org/sites/default/files/2019-06/biosimilars-statement-needs_0.pdf)



## Balance Billing

**Balance billing Passport members for covered services is prohibited other than for the member's applicable copayment, coinsurance, and deductible amounts.** The provider is responsible for verifying eligibility and obtaining approval for those services that require prior authorization.

Providers agree that under no circumstance shall a Passport member be liable to the provider for any sums owed that are the legal obligation of Passport to the provider.

Examples of balance billing include:



- Holding members who are dually eligible for Medicaid and Medicare liable for Medicare Part A and B cost sharing
- Requiring Passport members to pay the difference between the discounted and negotiated fees, and the provider's usual and customary fees
- Charging Passport members fees for covered services beyond copayments, deductibles, or coinsurance

## Early Periodic Screening, Diagnostic and Treatment (EPSDT) Program

**The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit** provides comprehensive and preventive health care services for **children under age 21** who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental and specialty services.

Passport is required to provide comprehensive services and furnish all appropriate and medically necessary services needed to correct and ameliorate health conditions, based on certain federal guidelines. EPSDT is made up of screening, diagnostic, and treatment services; and all providers serving members eligible for EPSDT are required to:

- Inform all Medicaid-eligible individuals under age 21 that EPSDT services are available and of the need for age-appropriate immunizations.
- Provide or arrange for the provision of screening services for all children.
- Arrange (directly or through referral) for corrective treatment as determined by child health screenings.

As a provider, it is your responsibility to adhere to and understand EPSDT guidelines and requirements to ensure access to the right care at the right time in the right setting.

Additional information and training regarding **Passport's EPSDT Program** are available [here](#).

## Behavioral Health Screening Updates for EPSDT Well-Child Exams

In October 2022, The US preventive Services Task Force issued a B grade recommendation for screening children ages 8-18 years for anxiety. They maintain their guidance on depression screening for children ages 12-18 years.

Both recommendations reinforce the **Bright Futures/AAP Periodicity Schedule's** updated recommendation for "behavioral/social/emotional assessment" that now includes AAP CPGs for the assessment and treatment of anxiety for children and adolescents. Bright Futures already matched guidance on depression screening for ages 12 and up but *added a specific call-out for suicide risk screenings* in 2022.



Overall, Bright Futures saw an increased focus in both behavioral health and Social Determinants of Health (SDoH) screenings in 2022. It notes that "screening should be family centered and may include asking about caregiver emotional and mental health concerns and social determinants of health, racism, poverty, and relational health."

For additional information, reference USPSTF at [Recommendation: Anxiety in Children and Adolescents: Screening | United States Preventive Services Taskforce \(uspreventiveservicestaskforce.org\)](https://www.uspreventiveservicestaskforce.org) and Bright Futures/AAP Recommendations for Preventive Pediatric Health Care at [periodicity\\_schedule.pdf \(aap.org\)](https://www.brightfutures.org/periodicity-schedule.pdf). Footnotes 14 and 15 have call outs for behavioral health and SDoH care as well as the call out box on page 2 for the summary of changes published in July 2022. For additional information on SDoH coding see AAP's guidance at [SDOH.pdf \(aap.org\)](https://www.brightfutures.org/sdoH.pdf)

Thank you for providing our EPSDT members with the most comprehensive preventive care visit and for coordinating care when needed with behavioral health providers for best health and wellbeing outcomes for Kentucky's children. Child and adolescent behavioral health are at a critical point in the Commonwealth and PCPs are often the front-line providers for identification and routing them into care.

## Being Prepared for 2022-2023 Flu Season



The Advisory Committee on Immunization Practices (ACIP) continues to recommend annual influenza vaccinations for everyone who is at least six months of age and older and who does not have contraindications. **It's especially important that certain people get vaccinated, either because they are at high risk of having serious flu-related complications or because they live with or care for people at high risk for developing flu-related complications.** Additionally, flu vaccinations can reduce the prevalence of flu symptoms that might be similar to and confused with COVID-19.

A licensed, recommended, and age-appropriate vaccine should be used. Inactivated influenza vaccines (IIV4s), recombinant influenza vaccine (RIV4), and live attenuated influenza vaccine (LAIV4) are expected to be available for the 2022–23 season.

### Important 2022-2023 Updates from the Advisory Committee on Immunization Practices:

- The composition of the 2022–23 U.S. seasonal influenza vaccines includes updates to the influenza A(H3N2) and influenza B/Victoria components. For the 2022–23 season, U.S.-licensed influenza vaccines will contain hemagglutinin (HA) derived from an influenza A/Victoria/2570/2019 (H1N1)pdm09-like virus (for egg-based vaccines) or an influenza A/Wisconsin/588/2019 (H1N1)pdm09-like virus (for cell culture–based and recombinant vaccines); an influenza A/Darwin/9/2021 (H3N2)-like virus (for egg-based vaccines) or an influenza A/Darwin/6/2021 (H3N2)-like virus (for cell culture–based or recombinant vaccines); an influenza B/Austria/1359417/2021 (Victoria lineage)-like virus; and an influenza B/Phuket/3073/2013 (Yamagata lineage)-like virus.
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For a complete copy of the ACIP recommendations and updates or for information on the flu vaccine options for the 2022-2023 flu season, please visit the Centers for Disease Control and Prevention at <https://www.cdc.gov/mmwr/volumes/71/rr/rr7101a1.htm>.

### Passport will cover the following flu vaccines during the 2022 – 2023 flu season:

- Injectable Seasonal Influenza Vaccine (Quadrivalent) - Available from August-April or per state requirements
- Intranasal Seasonal Influenza Vaccine (FluMist) - Available from August-April or per state requirements
- Intradermal Influenza Vaccine Quadrivalent (Short Needle) and Flublok - Available from August-April or per state requirements
- Injectable Seasonal Influenza - Vaccine High-Dose - Available from August-April or per state requirements.

## Clinical Policy Updates Highlights from Third Quarter 2022



Molina Clinical Policies (MCPs) are located at [www.molinaclinicalpolicy.com](http://www.molinaclinicalpolicy.com). The policies are used by providers as well as medical directors and internal reviewers to make medical necessity determinations. MCPs are reviewed annually and approved bimonthly by the Passport Clinical Policy Committee (MCPC). The third quarter 2022 updates are noted below.

### The following policies were revised:

- Epidural Steroid Injections for Back and Neck Pain (previously *Epidural Steroid Injections for Chronic Back Pain*)
- Radioembolization for Primary and Metastatic Tumors of the Liver
- Spinraza (nusinersen)

### The following policies have been retired and are no longer available on the website:

- Abecma (idecabtagene vicleucel)
- Breyanzi (lisocabtagene maraleucel)
- Carvykti (ciltacabtagene autoleucel)
- Intensity Modulated Radiation Therapy (IMRT)
- Kymriah (tisagenlecleucel)
- Lutathera (lutetium Lu 177 dotatate)
- Proton Beam Radiation Therapy
- Proton Beam Therapy for Prostate Cancer
- Provenge (sipuleucel-T)
- Tecartus (brexucabtagene autoleucel)
- Yescarta (axicabtagene ciloleucel)



## KY QUALITY CORNER

### CAHPS Update

The **Consumer Assessment of Healthcare Providers and Systems (CAHPS)** is an industry standard survey tool governed by the Agency for Healthcare Research and Quality (AHRQ) designed to improve patient care with data gathered from patient experience in provider settings and with patients' health care plans.

**Key satisfaction drivers focus on communication with providers, access to care and information, customer service, and coordination of care.** Each year from February through June a random sampling of patients are given the opportunity to share their opinions through a series of questions. Both adult and parents/guardians of pediatric members are mailed the survey to rate satisfaction with their providers and health plan performance.



At the close of the survey window, results are tallied and analyzed to track member satisfaction with the health plan and provider institutions and to identify areas for improvement. Passport's goal is to be better than 75% of other Medicaid health plans in the nation who report their results to the National Committee for Quality Assurance (NCQA). In 2021, Passport Molina met or exceeded the 75% target on measurements related to continuum of care and health plan serviced and all surveyed. Molina members rated provider interaction measurements above target as well. Passport achieved the target goal of 4 Stars for the following CAHPS measures: Rating of Health Plan, Rating of Specialist, Getting Needed Care and Getting Care Quickly.

There are many ways to increase CAHPS scores that will improve overall patient satisfaction with both providers and health plans. Among these are scheduling appointments in a timely manner, openly communicate with patients, and encouraging using resources given by health plans that will compliment patient care. Take a look at the Molina Passport CAHPS tip sheet for specific suggestions:

- **General CAHPS Tip Sheet**
- **Flu Vaccinations for Adults**
- **Smoking and Tobacco Use Cessation**
- **Pneumonia Vaccinations for Older Adults**

## Win RetinaVue Camera in Passport's Diabetes Sweepstakes

Diabetes management is a critical Performance Improvement Project topic for Passport members. The prevalence of diabetes in Kentucky is 13.3%, which is above the national diabetes prevalence rate of 10.5%. The Kentucky diabetes prevalence rate places Kentucky as 44<sup>th</sup> compared to all other states in the U.S.



**Diabetic retinopathy is the number one cause of blindness among working age adults.** Even though 95% of vision loss cases are preventable with early detection and treatment, only about half of patients with diabetes visit the eye specialist for annual retinal exams.

As part of our efforts to improve diabetic care, Passport is excited to share information about the **Diabetes Sweepstakes** being offered to qualified participating primary care providers for 2022.

Passport will be offering qualified providers the opportunity to win a **RetinaVue camera** (pictured here) to perform in-office exams. The deadline to submit an entry form is **December 31, 2022**.


## Adult and Adolescent Immunizations and Flu Vaccines Update

With the 2022-2023 flu season approaching, it is important to ensure your patients are receiving their flu vaccines.

### How Providers Can Help Combat the Flu in the Community

- Encourage your patients to make a vaccine appointment
- Advise your high-risk members about the importance of receiving the flu vaccine:
  - Children 6 months to 19 years old
  - Adults 50 years and older
  - Pregnant women
  - People with long-term illnesses such as asthma, diabetes, or heart disease
  - People who live with or care for children ages 6 months or younger or someone with a health problem
  - Provide education on the importance of handwashing and other sanitary practices to prevent the spread of the flu virus.

## Tips to Increase Flu Vaccinations

- Institute a Standing Order Program (SOP) to allow non-physician clinical staff to assess eligibility for vaccination and vaccinate patients and educate staff about the SOP.
  - Turn on reminders/prompts for the flu vaccine, if on EMR. Review vaccine status in EMR.
  - Flag the charts of all patients needing the flu vaccine with a brightly colored sheet, if not on EMR.
- 
- Remind patients that local pharmacies also offer the flu vaccine.
  - Address any hesitations the member may have about receiving the flu vaccine.
  - Each season requires a different vaccine
  - Flu vaccines do not cause flu and are safe
  - Each year thousands of people in the United States die from flu, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

Discuss preventive measures with patients to stop from getting or spreading the flu.

Keep up to date with the CDC's flu and COVID-19 recommendations: [www.cdc.gov/flu](http://www.cdc.gov/flu) and [www.cdc.gov/coronavirus](http://www.cdc.gov/coronavirus)

## IMA & HPV Vaccinations

Adolescents need three vaccines to ensure optimal health: Tdap, Meningococcal and a 2-dose series for HPV. Kentucky continues to fall behind the national average for teens receiving this combination – and Covid only made this worse. And while we can see that Tdap and Meningococcal are provided to members, there is consistently a worrisome 40 percentage point gap between those who complete this combination and those who also complete their HPV series by their 13<sup>th</sup> birthday.

Here are some tips and recommendations from the National HPV Vaccination Roundtable that has been working to try to eliminate HPV through vaccination:

1. Start offering HPV at age 9 to *all* patients!
  - ACIP and CDC recommendations both state that HPV vaccination can start at age 9
  - This allows providers additional years of well-child checks to advance a family's openness to vaccination through motivational interviewing stretched over those visits.
  - Mention that completing early means only 2 shots instead of 3
2. Key messaging: HPV vaccination is cancer prevention – but the 90% efficacy against 6 HPV-related cancers is contingent on getting fully vaccinated at the recommended ages

3. For caregivers who are HPV vaccine hesitant
  - Engage in active listening – understand their why
  - 75% of US parents have chosen to protect their children from HPV cancer with the HPV vaccine
4. Provide clear support for the HPV vaccine – caregivers trust their child’s PCP

**Remember: Providers will NOT get credit toward HEDIS for any member who doesn’t complete the series by their 13th birthday.**

- Begin the series no later than the 12th year well child exam to have time to bring the patient back for the second dose before the 13th birthday.
- Schedule their follow up before the patient leaves the office and provide a reminder call before the appointment – studies have shown common expectation errors between provider and caregiver: each expects the other to call to schedule the second visit. As a result, some members only ever get 1 dose.

## Childhood Immunizations

Routine childhood immunization is one of the greatest achievements in public health over the past century. A 2013 New England Journal of Medicine study estimated that childhood vaccination programs have prevented 103.1 million cases of diphtheria, hepatitis A, measles, mumps, pertussis, polio, and rubella since 1924.

The American Academy of Pediatrics (AAP) has long supported preventive care, including immunizations, in the medical home setting as a major component of pediatric health care and disease prevention.

## How to Improve HEDIS Scores for Childhood Immunization Status (CIS)

- Recommend immunizations to parents as they are more likely to agree with vaccinations when supported by their provider. Address common misconceptions about vaccinations (e.g., now disproven MMR causes autism).
- For tips on effectively communicating to parents regarding the importance of vaccinations, go to the CDC website [here](#).
- Utilize the State’s immunization registry to record patient immunizations.
- Review the child’s immunization record before every visit and administer needed vaccines.
- Utilize the appropriate codes to record compliance and reduce the need for medical record requests.
- Request if vaccines may have been given before patients were Molina members. Include these on the patients’ vaccination record even if your office did not provide the vaccine.

General Best Practice Guidelines for Immunization from the Centers for Disease Control and Prevention can be found at: <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html>



## CODES INCLUDED IN THE CURRENT HEDIS® MEASURE

### Codes to Identify Childhood Immunizations

Description	Code
DTaP	CPT®: 90697, 90698, 90700, 90723 CVX: 20, 50, 106, 107, 110, 120, 146
IPV	CPT®: 90697, 90698, 90713, 90723 CVX: 10, 89, 110, 120, 146
MMR	CPT®: 90707, 90710 CVX: 03, 94
<u>HiB</u>	CPT®: 90644, 90647, 90648, 90698, 90748 CVX: 17, 46-51, 120, 146, 148
Hepatitis B	CPT®: 90697, 90723, 90740, 90744, 90747, 90748 CVX: 08, 44, 45, 51, 110, 146 HCPCS: G0010

Description	Code
VZV	CPT®: 90710, 90716 CVX: 21, 94
Pneumococcal conjugate	CPT®: 90670 CVX: 109, 133, 152 HCPCS: G0009
Hepatitis A	CPT®: 90633 CVX: 31, 83, 85
Rotavirus (two-dose schedule)	CPT®: 90681 CVX: 119
Rotavirus (three-dose schedule)	CPT®: 90680 CVX: 116, 122
Influenza	CPT®: 90655, 90657, 90661, 90673, 90685-90689 CVX: 88, 140, 141, 150, 153, 155, 158, 161 HCPCS: G0008
Influenza LAIV	CPT®: 90660, 90672 CVX: 111, 149

## Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

Only in pediatric care does HEDIS allow providers who check the BMI box to demonstrate that they take patient care to the next level and engage in best practice – providing additional guidance on nutrition and physical activity so children and adolescents build a lifetime of healthy habits.

This is especially important for **Kentucky’s children because Kentucky ranks #1 in childhood obesity rates for 10-17 year olds** – and the trend line is still going up!

We know you are doing your best as a PCP to engage families, make referrals when necessary, and help build a healthier next generation. Conversations around healthy lifestyle can happen at every visit – not just well child exams. It often takes repetition and praise for changes made to move the needle. Below tips on how to document to show that you are engaging in this critical best practice for Kentucky’s children.

The percentage of patients 3-17 years of age who had an outpatient visit with a PCP or OB/GYN provider and who had evidence of the following during the measurement year.

- BMI percentile documentation. \*Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value
- Counseling for nutrition or referral for nutrition education
- Counseling for physical activity or referral for physical activity

### Codes Included in the Current HEDIS Measure

Description	Codes
BMI Percentile <5% for age	<b>ICD-10:</b> Z68.51
BMI Percentile 5% to <85% for age	<b>ICD-10:</b> Z68.52
BMI Percentile 85% to <95% for age	<b>ICD-10:</b> Z68.53
BMI Percentile ≥ 95% for age	<b>ICD-10:</b> Z68.54
Counseling for Nutrition	<b>CPT®:</b> 97802 - 97804 <b>ICD-10:</b> Z71.3 <b>HCPCS:</b> G0270, G0271, G0447, S9449, S9452, S9470
Counseling for Physical Activity	<b>ICD-10:</b> Z02.5, Z71.82 <b>HCPCS:</b> S9451, G0447

### Codes to Identify Telephone, Telehealth and E-Visit or Virtual Check-in Appointments

Description	Codes
Online Assessments (E-visits and Virtual check-in)	<b>CPT®:</b> 98969-98972, 99421-99423, 99444, 99457 <b>HCPCS:</b> G0071, G2010, G2012, G2061-G2063
Telephone Visits	<b>CPT®:</b> 98966-98968, 99441-99443
Telehealth Modifier	95, GT <b>WITH</b> <b>POS:</b> 02

## The Importance of Breast Cancer Screenings (BCS)

- Breast cancer is the second most common cancer among women in the U.S. and in Kentucky. (Source: Centers for Disease Control and Prevention [CDC-Breast Cancer](#))



- The female breast cancer incidence rate in Kentucky has increased more than the U.S. rate. (Source: [KY-Breast-Cervical-Cancer-factsheet.pdf \(kycancerc.org\)](#))
- A [study](#) released in June 2022 in the [Journal of the American Medical Association \(JAMA\) Network](#) shows the number of women in the US who reported having a recent breast cancer screening dropped by 2.13 million (6%) in 2020, compared to 2018.

The American Cancer Society recommends that women with an average risk of breast cancer begin annual screening at the age of 45 years. The primary screening exam for average-risk women is mammography, which can detect breast cancers at earlier and more treatable stages. (Source: [ACS Prevention and Detection 2021-2022](#))

### How to Improve HEDIS Scores for Breast Cancer Screenings (BCS)

- Educate female patients about the importance of early detection and encourage testing.
- Use needed services list to identify patients in need of mammograms.
- Document a bilateral mastectomy in the medical record and fax Passport by Molina Healthcare in the chart.
- Schedule a mammogram for patient or send/give patient a referral/script (if needed).
- Create a list of mammogram facilities to have available to share with the patient.
- Discuss possible fears the patient may have about mammograms and inform women that currently available testing methods are less uncomfortable and require less radiation.

*“The USPSTF recommends biennial screening mammography for women aged 50 to 74 years.”*

### Codes included in the Current HEDIS Measure

Description	Code
Mammography	CPT®: 77061-77063, 77065-77067 HCPCS: G0202, G0204, G0206

## Measure Exclusions

Description	Code
Bilateral Mastectomy	ICD-10: OHTV0ZZ
Unilateral Left Mastectomy	ICD-10: OHTU0ZZ
Unilateral Right Mastectomy	ICD-10: OHTT0ZZ
Unilateral Mastectomy with Bilateral Modifier	CPT®: 19180, 19200, 19220, 19240, 19303-19307 with CPT®: 50
History of Bilateral Mastectomy	ICD-10: Z90.13
Absence of Left Breast	ICD-10: Z90.12
Absence of Right Breast	ICD-10: Z90.11

## It Matters to Passport Forums Offer Education and Feedback

**It Matters to Passport** is a unique avenue for our Provider Community to receive education and engage with Passport in real time to solicit feedback and recommendations to improve the provider experience. Recent topics have included *claims and reimbursement, PsychHub, and trauma informed care.*

We offer a variety of ways to share feedback:

- Email: [ItMatters@passporthealthplan.com](mailto:ItMatters@passporthealthplan.com) and [It Matters to Passport Suggestion Box](#)
- Attend one of our monthly live forums - visit [www.PassportHealthPlan.com/ItMatters](http://www.PassportHealthPlan.com/ItMatters) to register
- Participate in one of our feedback-style surveys - visit the Feedback Corner of the [It Matters webpage](#) to access



**Your feedback is important, and *It Matters to Passport!***



## Stay in Touch with Passport eNews and Quarterly Newsletters!



### *If you missed it the first time...*

Simply click [here](#) to see all current and past eNews, or [here](#) to see all quarterly newsletters!

If you need to add someone to our Provider eNews email list, send the information to [craig.layne@molinahealthcare.com](mailto:craig.layne@molinahealthcare.com)

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