

## **Early Periodic Screening Diagnosis and Treatment (EPSDT) Billing Guidelines**

ODJFS is federally required to report annually how many EPSDT visits and referrals for follow-up or corrective treatment occurred with Medicaid-eligible recipients ages 0-20 years. Therefore, effective July 1, 2007, ODJFS requires all Medicaid Managed Care Plans to submit the referral field indicator (field 24h) on all EPSDT encounters. Although this has always been a required field per ODJFS billing guidelines, Molina Healthcare of Ohio, Inc. (MHO) was not previously requiring this field to be populated. To comply with this new ODJFS requirement, MHO will now require the referral field indicator be populated on EPSDT claims as defined below. If this field is left blank, the claim will be denied.

Per ODJFS BIN.1001.4 - Instructions for Completing the New CMS 1500 (2005 Version) Claim Form, the referral field indicator should be reported as follows:

### **Field 24h – For HEALTHCHEK/EPSDT services**

Enter an "E" in this block if the service is a Healthchek and no follow-up services were required.

Enter an "R" in this block if the service was Healthchek and follow-up is required and a referral is made.

The following CPT 4 codes when billed with diagnosis codes V20-V20.2, V70.0 and/or V70.3-70.9 are defined as an EPSDT service:

Preventive Medicine Services – 99381-99385, 99391-99395, 99431, 99432  
Evaluation and Management Codes – 99201-99205, 99211-99215

## **UC HealthPartners – MHO Behavioral Health Services Partner**

As a reminder, effective December 1, 2006, MHO delegated the access, referral, and treatment of behavioral health conditions for its members to UC HealthPartners.

In general, MHO defines a behavioral health claim as follows:

- ❖ All professional services rendered by a behavioral health specialist
- ❖ Psychological Testing
- ❖ ER professional and facility encounters (CPT 99281-99285) billed with a primary diagnosis code 290-319
- ❖ Inpatient professional services billed with a primary diagnosis code 290-319
- ❖ Inpatient facility services billed with revenue code 114, 116, 124, 126, 134, 136, 144, 146, 154, or 156.
- ❖ Outpatient facility services billed with revenue code 900-919 with a behavioral procedure code.
- ❖ **All services rendered by a primary care physician should continue to be billed to Molina unless the PCP is practicing with a secondary specialty in behavioral healthcare.**

All **behavioral health** claims should be sent to:

UC HealthPartners, Attn: Claims, PO Box 19947, Cincinnati, OH 45219

To obtain prior authorization or check claim status, please call (513) 475-8622 or (800) 926-8862.

### **Provider Self Services E-portal**

Over 1,100 MHO providers are now registered with the Provider E-portal! To learn more, please visit [www.molinahealthcare.com](http://www.molinahealthcare.com) and explore all of the self-services available. The Provider E-Portal offers the following services:

- ❖ Verify Member Eligibility
- ❖ Check Claim Status
- ❖ Submit Prior Authorization Request
- ❖ Check Prior Authorization Status
- ❖ Access PCP Member Roster
- ❖ Access Provider Affiliation List (provider roster with contract effective dates)
- ❖ Verify Member's PCP
- ❖ Submit CMS-1500 Claim Forms

To access the Provider E-Portal, you must first register to receive a secure user ID and password. Please register online by selecting the "Login to Provider Self Services" link or call MHO E-Portal Provider Services at 1-866-449-6848 for complete instructions and/or assistance with any questions regarding registration.

### **Member Eligibility Verification**

As member eligibility may change from month to month, it is important to verify eligibility at each visit. MHO offers several options to make it easy for you to verify member eligibility.

- ❖ Verify at [www.molinahealthcare.com](http://www.molinahealthcare.com) - Provider Self Services E-portal
- ❖ Call Molina IVR (Interactive Voice Response System) - (800) 642-4168
- ❖ Contact Provider Services - (800) 642-4168
- ❖ Call the ODJFS IVR (Interactive Voice Response System) at any time (24 hours a day, 7 days a week) to confirm eligibility for Medicaid recipients. (Providers must have a PIN number to access this information.)

### **Electronic Claims Submission**

If your office currently files paper claims, consider the benefits of electronic claims submission:

- ❖ Save money by decreasing the cost of postage and printing!
- ❖ Get your money faster!
- ❖ Reduce claims rejections!
- ❖ Increase the efficiency and productivity in your office!

To learn more, please visit our EDI website at <http://www.molinahealthcare.com/edi>  
Molina's EDI Payer ID - 20149

### **Provider Demographic Changes - Updated**

MHO has updated the Provider Information Update Form to make it easy for you to inform us of any changes to your practice information. Detailed instructions have been added to the form to indicate when a new Contract Attachment is needed due to the change being requested.

It is important that you notify us of any changes to your address, phone number, tax identification number, etc. to ensure accurate and timely claims payment. This form can be found at [www.molinahealthcare.com](http://www.molinahealthcare.com) under the Frequently Used Forms link.

### **We are Here to Serve You**

If you have any questions, please call the Provider Services Department. A representative will be available to assist you from 8:00 a.m. – 5:00 p.m. Monday – Friday. Please call toll free at 1-800-642-4168, or TTY: 1-800-750-0750 (or 711).