

Early Periodic Screening Diagnosis and Treatment (EPSDT) Billing Guidelines - Update

Molina Healthcare of Ohio, Inc. (MHO) previously communicated that effective July 1, 2007, ODJFS required all Medicaid Managed Care Plans to submit the referral field indicator (field 24h) on all EPSDT encounters. 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. 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.

Paper Claims

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 field if the service is a Healthchek and no follow-up services were required.

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

Electronic Claims

Per ODJFS 837 Health Care Claim Professional Companion Guide

(<http://hipaa.ohio.gov/odjfs/infoguide/index.htm>), completion of CRC02 and CRC03 are required for electronic claims.

Provider must select the appropriate response in Loop 2300 Segment CRC02, "Was an EPSDT referral given to the patient?" as follows:

Enter Y in Loop 2300 Segment CRC02 if the service was Healthchek and follow-up is required and a referral is made.

Enter N in Loop 2300 Segment CRC02 if the service is a Healthchek and no follow-up services were required.

Provider must select the appropriate condition indicators in Loop 2300 Segment CRC03.

If response to CRC02 is Yes, use one of the following:

AV Available – Not used

S2 Under Treatment

ST New Services Requested

If response to CRC02 is No, use the following:

NU Not used

EPSDT Codes

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 for members from age birth-20:

Preventive Medicine Services – 99381-99385, 99391-99395, 99431, 99432

Evaluation and Management Codes – 99201-99205, 99211-99215

During the implementation of this new requirement, several enhancements to the claim adjudication process have been made to ensure accurate and timely claims payment.

- ◆ If Molina is the secondary carrier on the EPSDT DOS, this requirement does not apply.
- ◆ Due to issues with data in field 24h being misaligned on paper claims submitted, Molina’s imaging vendor is now quality checking this field to capture data populated in the field that is not being read during the scanning process to eliminate inaccurate denials.
- ◆ Initially, claims resubmitted with the EPSDT indicator were being inaccurately denied as duplicate claims. An internal workflow has been put in to place to prevent inaccurate duplicate denials going forward. All claims denied as duplicate are being researched to identify those submitted with the EPSDT indicator and will be adjusted as a priority.

We apologize for any inconvenience these issues have created for your practice. We believe all issues have been identified and corrected to prevent further claims payment errors going forward.

A Medicaid ID Number or NPI is Required

As part of the Molina NPI contingency plan, a provider may submit the Medicaid ID number, NPI number or both until further notice. If your office is not currently submitting an NPI number it is required that the Medicaid ID numbers be reported on the claim form to ensure accurate and timely payment.

Molina Required/Requested NPI or Medicaid Fields

CMS 1500 (Rev 08/05)	NPI Field Location	Medicaid Field Location	Required
Referring Provider	Box 17b	Box 17a	Requested*
Rendering Provider	Box 24j	Box 24j	Required
Facility	Box 32a	Box 32b	Requested*
Billing Provider	Box 33a	Box 33b	Required
UB04	NPI Field Location	Medicaid Field Location	
Billing Provider	Box 56	Box 51	Required
Attending Provider	Box 76	Box 76	Requested*
Operating Provider	Box 77	Box 77	Requested*
Other Provider	Boxes 78 & 79	Boxes 78 & 79	Requested*

E&M Billing Guidelines

Molina will pay both a new patient E&M and new patient preventative visit for the same member on the same date of service if the diagnosis codes billed support payment of both codes. Please note the new patient E&M must be billed with modifier 25. This edit is based upon the guidelines published by the American Academy of Family Practitioners

Claim Reconsideration Request Form

For your convenience, a Claims Reconsideration Request Form is available to submit to Molina via fax. This form can be obtained at the Molina provider website www.molinahealthcare.com under the Resources Tab and Frequently Used Forms link. Please keep in mind this form is to submit reconsiderations only and should not be used to submit corrected claims. Corrected claims received with this form will be returned to the provider to be sent to the main claims mailing address.

Great news... **a new Corrected Claim Form is now available** and will be available soon on the Molina provider website www.molinahealthcare.com under the Resources Tab and Frequently Used Forms link. Molina encourages providers to submit the new Corrected Claim Form with each corrected CMS 1500 claim form submitted to alert the claims processing department that the claim contains new information and is not a duplicate submission. For UB claims, the bill type 137 should be used to correct a previously submitted claim form; the Corrected Claim Form is not needed.

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Contraceptives Dispensed at QFPP, FQHC or RHC

Effective immediately, QFPP, FQHC and RHC providers are able to dispense retail oral contraceptives and contraceptive devices to patients in the office. These items should be billed using J8499 along with the appropriate NDC number of the pharmacy item. The services will be reimbursed in accordance with ODJFS payment policy at the average wholesale price (AWP) less a 14.4% discount; the final value of this calculation will then be applied to the provider contracted rate. Prior authorization is not required for these items.

Vision Provider Network

Molina is contracted with March Vision to provide all routine vision services to our members. All medical services are processed directly by Molina.

If you provide routine and medical vision services, it will be necessary to be contracted with both March Vision and Molina. If you are not currently contracted with March Vision, please contact them directly at 1-888-493-4070 to request a contract packet. If you are currently contracted with March Vision only, you will be receiving a contract packet from Molina shortly to request your participation in our medical vision network.

SW Region Network Update

Molina has contracted directly with St. Luke East and St. Luke West (previously covered under The Health Alliance contract) with an effective date of 11/1/07. As you may be aware, The Health Alliance contract terminated effective 10/31/07; our new contract will eliminate any potential disruption of services at the St. Luke's facilities.

Provider Self Services E-portal

Over 1,700 MHO providers are now registered with the Provider E-portal! To learn more, please visit 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.

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 Satisfaction Survey

Molina is continually striving to improve our service to our members and providers; to aid in this ongoing endeavor, we will be conducting our first Ohio Provider Satisfaction Survey. The surveys will be mailed to providers the week of November 5th with reminder post-cards and telephone calls to follow later in the month. The team at MHO would appreciate your participation as your feedback and comments are important to us as we seek to become better partners.

Provider Services Customer Service Update

In an effort to improve the service we offer to our providers, we have implemented several strategies to better manage our call volume. To date we have already seen an improvement in our ability to respond to your inquiries in a timelier manner. Please know that we are committed to continue to improve the service we deliver to our partners. Thank you for your patience!

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).