



Non-Contracted Providers Billing Guidelines

Prior Authorization

All non-emergent services rendered by non-contracted providers require prior authorization, unless otherwise specified.

Abortions, Hysterectomies and Sterilizations	PA is required for non-contracted providers. In addition, the appropriate ODJFS consent form must be signed by the member and submitted to Molina Healthcare in the timeframes specified. The consent form is posted at www.MolinaHealthcare.com . Select Providers, Ohio, Forms.
Ambulance	No PA is required for emergent situations.
Emergency Room	No PA is required for services billed in conjunction with emergency room visit.
Urgent Care	No PA is required.
Urine Drug Screens	All urine drug screens, as defined by CPT 80101 for a single drug class, will be reimbursed for one unit per date of service, regardless of the number of billed units and drug classes tested.

The Service Request Form is available at www.MolinaHealthcare.com. Select Providers, Ohio, Forms.

Prescription Drugs

Pharmacy and supply codes are covered based on place of service (POS).

- **POS 11** – Molina Healthcare pays all covered pharmacy and supply codes, other than those specified in the chart below, when rendered in the office of a participating provider. Claims billed with POS 11 should be submitted to Molina Healthcare.
- **POS 12** – Ohio Medicaid covers prescription drugs, retail drugs and the supplies listed below when dispensed by an Ohio Medicaid participating pharmacy or by home health or a home infusion provider. Pharmacy services billed with POS 12 should be submitted to ACS, Ohio Medicaid’s pharmacy vendor.

HCPCS Code	Description
A4206	Syringe with needle, sterile less than or equal to 1cc
A4215	Needles only, sterile, any size, including pen needles
A4245	Alcohol wipes or swabs
A4250	Urine test or reagent strips or tablets
A4252	Blood ketone test or reagent strip
A4253	Blood glucose test or reagent strips for home blood glucose monitor
A4256	Normal, low high calibration solutions/chips
A4258	Spring powered device for lancet
A4259	Lancets
E0607	Home blood glucose monitor complete



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HCPCS Code	Description
E2100	Blood glucose monitor with voice (PA required)
E2101	Blood glucose monitor with integrated lancing/blood sample (PA required)
S5560	Insulin delivery device, reusable pen; 1.5 ml size
S5561	Insulin delivery device, reusable pen; 3 ml size
A4614	Peak Expiratory Flow Rate Meter
A4627	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler

For a complete list of covered codes, please see Ohio Administrative Code 5101:3-10-03 and select the Medicaid Supply List link.

Further information about prescription drug coverage is available at www.MolinaHealthcare.com. Select Providers, Ohio, Rx Info.

<i>Ohio Medicaid Covered Pharmacy</i>	<i>Molina Healthcare Covered Pharmacy</i>
ACS Ohio Medicaid pharmacy vendor 1-877-518-1546	Molina Healthcare Provider Services Phone: 1-800-642-4168 TTY: 1-800-750-0750 or 711 Fax: 1-866-449-6843

Referrals

Molina Healthcare will not approve referrals to non-contracted providers. Authorization is not required for referrals to contracted providers. A complete list of participating providers is available in the Molina Healthcare online provider directory at www.MolinaHealthcare.com, or you can call Molina Healthcare Provider Services for assistance at 1-800-642-4168.

When requesting prior authorization for a service that will be rendered by another provider, fill out the Service Request Form completely, including the name and address of the refer-to provider.

Claims

Refer to www.MolinaHealthcare.com for the most up-to-date information about claims billing and payment guidelines.

Submit hard copy (CMS-1500 and UB-04) claims to:
Molina Healthcare of Ohio, Inc.
PO Box 22712
Long Beach, CA 90801

Submit electronic claims using EDI payer ID 20149.



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Overpayments

Overpayments as a result of claims processing are auto recouped from future claims for non-contracted providers in lieu of notification letters being sent. For dispute contact information and refund remittance address information, please see Contact Information, Cost Recovery below.

Timely Filing Guidelines

Standard timely filing

Non-participating providers have up to 365 days from the date of service to submit claims for reimbursement.

Coordination of Benefits

If submitted claim has an explanation of benefits (EOB) from member's primary carrier, providers have up to 180 days to submit claims from the date of the EOB.

Corrected Claims

Non-participating providers have 365 days from the date of service to submit corrected claims.

Disputes

Non-participating providers can dispute a claim payment and/or denial up to 365 days from the original remittance date by submitting a Request for Claims Reconsideration Form, available at www.MolinaHealthcare.com. Select Providers, Ohio, Forms.

Member Eligibility Verification

Molina Healthcare Provider Self-Service e-Portal
www.MolinaHealthcare.com

Molina Healthcare IVR
1-866-402-3467

Molina Healthcare Provider Services
1-800-642-4168
8:00 a.m. to 5:00 p.m., Monday - Friday

Ohio Medicaid Information System
1-800-686-1516

Contract Requests

For interest in contracting with Molina Healthcare, complete the Non-Par Provider Contract Request Form, and fax it to Provider Contract at (614) 781-1410.



Non-Contracted Providers Billing Guidelines

Contact Information

Member Services

PO Box 349020
Columbus, OH 43234-9020

Phone: 1-800- 642-4168
TTY: 1-800-750-0750 or 711
Fax: (614) 781-1474
7:00 a.m. to 7:00 p.m., Monday through Friday

- ✓ Claims Inquiries
- ✓ Benefits Inquiries
- ✓ Eligibility Verification
- ✓ Primary Care Provider Selection
- ✓ Member Inquiries

Utilization Management

PO Box 349020
Columbus, OH 43234-9020

Phone: 1-800-642-4168
TTY: 1-800-750-0750 or 711
Prior Authorization Fax: 1-866-449-6843
Behavioral Health Prior Authorization Fax: 1-866-553-9262
8:00 a.m. to 5:00 p.m., Monday through Friday

- ✓ Prior authorization requests
- ✓ Case management referrals
- ✓ Inpatient concurrent review

Provider Services

PO Box 349020
Columbus, OH 43234-9020

Email: ProviderServices@MolinaHealthcare.com
Phone: 1-800-642-4168
TTY: 1-800-750-0750 or 711
Fax: (614) 781-4464
8:00 a.m. to 5:00 p.m., Monday through Friday

- ✓ Address and tax identification number changes
- ✓ Denied claims review
- ✓ Provider contracting
- ✓ Provider education and training

Claims

Molina Healthcare of Ohio, Inc.
PO Box 22712
Long Beach, CA 90801
Phone: 1-800-642-4168



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Cost Recovery

Molina Healthcare of Ohio, Inc
Phone: 1-866-642-8999, option 4 for Ohio
10:00 a.m. to 7:00 p.m., Monday through Friday

Please make checks payable to Molina Healthcare of Ohio. Send the check along with corresponding documentation to:

Molina Healthcare of Ohio, Inc.
PO Box 715257
Columbus, OH 43217-5257

If returning a Molina Healthcare check, please send to:

Molina Healthcare of Ohio, Inc.
PO Box 349020
Columbus, OH 43234-9020

Use the Return of Overpayment Form to submit unsolicited refunds or check returns. Go to www.MolinaHealthcare.com. Select Providers, Ohio, Forms.