

# Molina Healthcare

## STAR and STAR + PLUS

### SUD Quick Reference Guide



Benefits	Prior Authorization	Limitations	Form Required	Billing Codes
<b>Assessment</b> (Alcohol and/or drug assessment)	<b>Not required</b>	<ul style="list-style-type: none"> <li>Medical Necessity</li> <li>Limited to once per episode of care</li> <li>Must be performed by a QCC (Qualified Credentialed Counselor) within a CDTF</li> </ul>	Behavioral Health Service Request Form ( <i>Required for Non-Par Providers only</i> )	<b>H0001</b>
<b>Outpatient Treatment</b>	<b>Not required</b> ( <i>for first 15 visits Par-Providers only</i> )	<ul style="list-style-type: none"> <li>Medical Necessity</li> <li>Limited to a combined total of 135 hours of group counseling and 26 hours of individual counseling per client per calendar year</li> <li>Must meet DSM IV-TR criteria for substance abuse or dependence</li> <li>Not indicated if client is experiencing withdrawal that requires detox in an inpatient setting</li> </ul>	Extended Outpatient Counseling Form ( <i>Used on or before the 15<sup>th</sup> visit</i> )	<b>9-H0004 Behavioral Health Counseling</b> Modifier HF ( <i>per 15 minute increment</i> ) <b>9-H0005 Group Counseling</b> Modifier HF ( <i>per 1 hour increment</i> )
<b>Medication Assisted Therapy (MAT) And Comprehensive Medication Services</b>	<b>Required</b>	<ul style="list-style-type: none"> <li>Medical Necessity</li> <li>Physicians and CDTF may bill this service</li> <li>Limited to once per day</li> <li>Services must be provided with outpatient treatment (unless used for relapse prevention)</li> <li>Not provided for tobacco, caffeine, hashish, or marijuana addiction</li> </ul>	Behavioral Health Service Request Form	<b>1-H0020</b> Methadone administration <b>Use Modifier:</b> <b>HG</b> Opioid addiction treatment program <b>UA</b> In Person Treatment <b>U1</b> Take Home Dose <b>1-H2010</b> Comprehensive medication services <b>Use Modifier:</b> <b>HF</b> Non-Opioid addiction treatment program

<b>Detoxification (Outpatient Ambulatory)</b>	<b>Required</b>	<ul style="list-style-type: none"> <li>• Medical Necessity</li> <li>• Must be provided in conjunction with Outpatient Treatment</li> </ul>	Ambulatory Outpatient Detoxification Service Request Form	<b>1-H0016</b> Ambulatory outpatient detoxification <b>1-H0050</b> Alcohol and/or Drug Services Brief Intervention, per 15 minutes <b>S9445</b>
<b>Residential Detoxification</b>	<b>Required</b>	<ul style="list-style-type: none"> <li>• Medical Necessity</li> <li>• 21 days per episode of care</li> <li>• Must bill H0031, H0032, H0047, H2017 or S9945 when billing for residential detoxification</li> </ul>	Residential Detoxification Request Form	<b>1-H2017</b> Alcohol and/or Drug Services; subacute residential detoxification; <b>1-T1007</b> Residential Addiction Program Inpatient
<b>Residential Treatment</b>	<b>Required</b>	<ul style="list-style-type: none"> <li>• Medical Necessity</li> <li>• 35 days per episode of care; 2 episodes within a 6 month period</li> <li>• Must bill H0047 with H2035</li> <li>• May bill H2017 and T1007 in conjunction with this code</li> </ul>	Residential Chemical Dependency Request Form	<b>1-H2035</b> Alcohol and/or drug abuse services, not otherwise specified
<b>Additional Residential Codes</b>	<b>Not Required</b>	<ul style="list-style-type: none"> <li>• Medical Necessity</li> <li>• Cannot be billed simultaneously with ambulatory outpatient treatment services (H0004 and H0005)</li> <li>• Allowed once per day</li> <li>• Must be a CDTF in a residential facility</li> </ul>	Residential Chemical Dependency Request Form	<b>1- H0031</b> Mental Health Assessment ( <i>non-physician</i> ) <b>1-H0032</b> Mental Health Service Plan Development ( <i>non-physician</i> ) <b>1-H0047</b> Alcohol and/or other drug abuse service NOS

<b>Behavioral Health 24 Hour Hotline</b>	<b>1-800-818-5837</b> <ul style="list-style-type: none"> <li>• General questions related to mental health benefits or SUD</li> <li>• Service Coordination</li> <li>• Referrals</li> <li>• Prior Authorization Requests</li> <li>• Crisis Calls</li> </ul>
<b>Behavioral Health Fax Line</b>	<b>1-866-617-4967</b> <ul style="list-style-type: none"> <li>• Submission of Service Request Forms</li> <li>• Submission of Clinical Information</li> </ul>

<b>Authorization Timelines</b>	<p>Authorization Turn-Around times:</p> <table border="1"> <tr> <th>Type of Request</th><th>Molina and HHSC Requirements</th></tr> <tr> <td>Non-Urgent Pre-Service Decisions</td><td>Within 3 business days of receipt</td></tr> <tr> <td>Urgent Pre-Service</td><td>Within 72 Hours (3 calendar days of receipt)</td></tr> <tr> <td>Urgent Concurrent Review</td><td>Within 24 hours (1 calendar day of receipt)</td></tr> </table>	Type of Request	Molina and HHSC Requirements	Non-Urgent Pre-Service Decisions	Within 3 business days of receipt	Urgent Pre-Service	Within 72 Hours (3 calendar days of receipt)	Urgent Concurrent Review	Within 24 hours (1 calendar day of receipt)
Type of Request	Molina and HHSC Requirements								
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Urgent Pre-Service	Within 72 Hours (3 calendar days of receipt)								
Urgent Concurrent Review	Within 24 hours (1 calendar day of receipt)								
<b>Claims Information</b>	<p>HHSC allows 95 days as the timely filing limit. Electronic filing is encouraged for a faster turnaround time. Provider may submit claims through their contracted clearing house or through the Molina E-Portal at no cost. To expedite your reimbursement, Electronic Funds Transfer (EFT) services are also available. Corrected and paper claims may be mailed to the address indicated on your Quick Reference Phone List or Claims and Billing section of your Provider Manual (p. 173)</p> <table border="1"> <tr> <th colspan="2">Claims</th></tr> <tr> <td>           Paper Claims            Molina Healthcare            Attn: Claims            PO Box 22719            Long Beach, CA 90801         </td><td>           Electronic Claims             Payor ID: 20554   <i>Payor ID is for use with all claims clearing-house</i> </td></tr> <tr> <td>           First Level Paper Appeals            Molina Healthcare            Attn: Appeals            3104 Edloe St. #350            Houston, TX 77027         </td><td>           Second Level Paper Appeals            Molina Healthcare            Attn: Second Level Appeals            84 NE Loop 410 #200            San Antonio, TX 78216         </td></tr> </table>	Claims		Paper Claims Molina Healthcare Attn: Claims PO Box 22719 Long Beach, CA 90801	Electronic Claims  Payor ID: 20554  <i>Payor ID is for use with all claims clearing-house</i>	First Level Paper Appeals Molina Healthcare Attn: Appeals 3104 Edloe St. #350 Houston, TX 77027	Second Level Paper Appeals Molina Healthcare Attn: Second Level Appeals 84 NE Loop 410 #200 San Antonio, TX 78216		
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<b>Molina E-Portal</b>	<p>The Molina E-Portal is a <b>free</b>, user-friendly online resource that can assist you in minimizing the time invested in performing your day-to-day administrative duties. The Molina E-Portal can be easily accessed through the Molina Healthcare webpage at <a href="http://www.molinahealthcare.com">www.molinahealthcare.com</a>. If you have Internet, you are a click away from accessing the following time-saving resources:</p> <ul style="list-style-type: none"> <li>• Member Eligibility Verification</li> <li>• Member Copayment Information</li> <li>• Professional Services Claim Filing (CMS 1500)*</li> <li>• Check Claims Status</li> <li>• Service Request Form Submission (Prior Authorization)</li> <li>• PCP Member Listing Download</li> <li>• Provider Online Directory</li> </ul> <p>Additionally, Molina's accepts electronic claims through most major claims clearinghouses. Providers submitting claims electronically should use Payor ID 20554</p> <p style="text-align: right;">*E-Portal allows for single filing of claims</p>								

Complaints	<ul style="list-style-type: none"><li>• A provider has the right to file a complaint with Molina Healthcare at anytime</li><li>• The provider also has the right to file a complaint directly with HHSC</li><li>• A complaint can be oral or written</li><li>• When a complaint is received verbally, Molina will send an acknowledgement letter along with a one page compliant form within 5 business days.</li><li>• Complaints will be investigated, addressed, and the provider will be notified of the outcome in writing, within 30 calendar days from the date the complaint is received by Molina Healthcare</li></ul> <table><tr><td>Molina</td><td>1-866-449-6849</td><td>Molina Healthcare of Texas 84 NE Loop 410, Suite 200 Attn: Member Complaints San Antonio, TX 78216</td></tr><tr><td>HHSC</td><td>1-800-252-8263</td><td>HHSC PO Box 85200 Austin, TX 78708</td></tr></table>	Molina	1-866-449-6849	Molina Healthcare of Texas 84 NE Loop 410, Suite 200 Attn: Member Complaints San Antonio, TX 78216	HHSC	1-800-252-8263	HHSC PO Box 85200 Austin, TX 78708
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HHSC	1-800-252-8263	HHSC PO Box 85200 Austin, TX 78708					
Appeals	<ul style="list-style-type: none"><li>• A provider appeal can be filed in writing or verbally.</li><li>• The provider or practitioner is allowed 120 days from the date of the initial denial notification to submit a first level appeal.</li><li>• A first level appeal for decisions made by Molina will be reviewed by a medical Director not involved in the initial denial decision</li><li>• The provider or practitioner is allowed thirty (30) days from the first level appeal decision notification to submit a second level appeal.</li><li>• A second level appeal of a first level appeal decision may be made by an MHT Medical Director or an independent reviewer for consideration.</li></ul> <table><tr><td>Molina</td><td>1-866-449-6849</td><td>Molina Healthcare of Texas 84 NE Loop 410, Suite 200 Attn: Member Appeals San Antonio, TX 78216</td></tr><tr><td>HHSC</td><td>1-800-252-8263</td><td>HHSC Appeals Division, Fair Hearing Y-613 P.O. Box 149030 Austin, TX 78714</td></tr></table> <p><i>*Additional information on the expedited appeal process can be found in the provider manual or by calling the Behavioral Health Hotline.</i></p>	Molina	1-866-449-6849	Molina Healthcare of Texas 84 NE Loop 410, Suite 200 Attn: Member Appeals San Antonio, TX 78216	HHSC	1-800-252-8263	HHSC Appeals Division, Fair Hearing Y-613 P.O. Box 149030 Austin, TX 78714
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Request for Continuation of Services	<p>Call BH Hotline <b>1-800-818-5837</b></p> <ul style="list-style-type: none"><li>• Continuity of Care Issues</li><li>• Continuation of Service Questions</li></ul>						
Contact your Provider Rep	<p><b>1-866-449-6849</b></p> <p>Can assist with:</p> <ul style="list-style-type: none"><li>• Provider Manuals</li><li>• Contract Terms</li><li>• Provider Changes</li><li>• General information</li><li>• Scheduling Education In-Services</li></ul>						