SPECIAL PROVIDER BULLETIN
A bulletin for the Molina Healthcare of Ohio provider networks

MOLINA HEALTHCARE

August 2026

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Nursing Facility Ventilator Pre-Payment Policy

Information for Medicaid and MyCare Ohio providers

Molina Healthcare has posted the new Molina Nursing Facility (NF) Ventilator Pre-Payment Policy for an effective date of Sept. 2, 2026.

Per the new policy, Molina will conduct a review of supporting documentation for services billed for Molina Medicaid and MyCare Ohio members. This policy is being implemented to align with Ohio Administrative Code (OAC) 5160-3-18 Nursing Facility: Ventilator Program and recent ODM policy updates.

For claims submitted with a date of service on or after Sept. 2, 2026, providers must include supporting documentation at the time of claim submissions containing revenue codes 0419 and 0410.

Documentation should include at minimum the following:

- The type of mechanical ventilation used.
- The number of hours per day mechanical ventilation was utilized for each date of service billed under revenue code 0419 and 0410.
- NFs are responsible for billing Diagnosis Code Z99.11 to indicate if the individual is vent dependent along with the underlying diagnosis codes which relate to the individual's vent dependency.
- Ventilator dependency should be documented with a respiratory assessment and physician order.
- Respiratory or nursing care flow sheets or other documentation indicating delivery of ventilator-related services.

Based on Molina's review of the claim and supporting documentation, as applicable, reimbursement may be adjusted when the billed revenue code or enhanced ventilator rate is not supported. Providers will receive notice regarding the claim review outcome. Actions may include:

- Revenue codes 0419 or 0410 may be adjusted to the revenue code supported by the documentation.
- If required documentation is not submitted with the claim, the claim may be paid at the applicable non-enhanced rate.

Providers can access the Ohio Ventilator Reimbursement Policy on the Payment Integrity Policies page, under the Policies tab on our Provider Website.

To submit medical records for review with your claim:

- **Initial claim via Availity:** When submitting a claim in Availity, you will be able to attach a supporting document. Once you select Attachments you will be able to choose the type of attachment and then you will want to select the file type as "**File Transfer**." The last page of the claim submission is an overview confirmation page before you officially submit the claim, this section will confirm the attachment is included.
- **Initial claim via Electronic Data Interchange (EDI):** If you submit via EDI, EDI does not accept attachments. Within 1-2 days following the EDI submission, you must log into Availity to add the attachments. To add the attachments to a previously submitted EDI claim, you will perform a claim status inquiry. During the claim status inquiry, there is an option to "Send Attachments." Please note, failure to add the attachment timely after the EDI submission will result in the attachment not being processed by Molina.
- **Corrected claims:** If you submit the original claim to Molina without records and receive a reduction or denial, you must follow the corrected claim process. That process aligns with the

attachment submission steps given above. You may submit corrected claims via Availity or EDI, whichever is your preferred method within your organization.

- Important: Molina does not utilize the attachment dashboard on Availity for claim attachment requests/submissions. The attachment must be present at the time of claim submission.

If you need additional education, please contact Provider Relations at OHProviderRelationsNF@MolinaHealthcare.com.

Questions and Quick Links		
Provider Services: (855) 322-4079 Mon. – Fri. Medicaid 7 a.m. to 8 p.m., MyCare Ohio 8 a.m. to 8 p.m., Medicare and Marketplace 8 a.m. to 5 p.m.	Email: OHProviderRelations@MolinaHealthcare.com	Provider Website: Molina Healthcare.com/OhioProviders