“It Matters to Molina” Corner

Information for all network providers

Thank you for the wonderful response to the “It Matters to Molina” question! Our winner is Mitzi Carroll from Infusion Solutions.

The “It Matters to Molina” January question was: Where can you find the list of Current Procedural Terminology (CPT) codes/services that require Prior Authorization (PA)? Choose one of the below:

a. In the Provider Manual
b. In the PA Code Lists
c. In the PA Form
d. In the Ohio Department of Medicaid (ODM) Fee Schedule and Rates

The correct answer is b.

February Question: What is the most efficient way to submit a claim reconsideration to Molina?

a. Fill out the Claim Reconsideration Form
b. Email your Molina Provider Services Representative
c. In the Provider Portal
d. Submitting a request in Medicaid Information Technology System (MITS)

Email your answer to OHProviderBulletin@MolinaHealthcare.com by February 15 to enter the drawing. The correct answer and drawing winner will be announced in the March Provider Bulletin.

In addition to participating in the monthly drawings, we want to hear from you. Please take time to share feedback with us about your experience working with Molina. Your feedback is important, and It Matters to Molina.

Routine Hospice Reimbursement Methodology Update

Information for hospice providers in the Medicaid network

In accordance with Ohio Department of Medicaid (ODM) Hospice policy, Ohio Administrative Code 5160-56-06, Hospice Services: reimbursement, (C)(1)(a), routine hospice care should be paid at a higher rate for the first 60 days of each hospice episode. Molina’s system was not configured to apply this methodology consistently and is now being updated to ensure alignment with the ODM policy.

Molina’s claim system must identify multiple episodes of routine hospice care when there is a date gap of 60 days or more between any benefit periods. The number of episodes of routine hospice care will be equal to the number of times there is a date gap of 60 days or more between benefit periods. If there are no greater-than-59-days gaps, the number of episodes would be 1 episode. If there is one greater-than-59-days gap, the number of episodes would be 2 episodes. If there are 4 greater-than-59-days gaps, there would be 5 episodes. If the recipient enters back into hospice and the gap in the benefit plan is 59 days or less, the prior episode end date is updated, and the reimbursement is at the lesser rate. If the recipient enters back into hospice and the gap in the benefit plan is 60 days or more, the prior episode end date is updated, and the reimbursement is at the higher rate.
Pharmacists as Providers
Information for providers in the Medicaid and MyCare Ohio networks

As of January 17, 2021 [OAC rule 5160-8-52] “Services provided by a pharmacist” is effective. Before pursuing contracting for these services with Molina, pharmacists must have an active enrollment status with the ODM and a collaborative agreement in place with a physician in order to render eligible services. Details regarding eligible Evaluation and Management (E&M) codes are available on ODM’s website.

Notice of Changes to Prior Authorization (PA) Requirements
Information for all network providers

As a reminder, on Jan. 12, 2021, the updated Prior Authorization (PA) Code Lists were posted to the Molina website, under the “Forms” tab for a Feb. 13, 2021 effective date. For additional information see the “Notice of Changes to February 1, 2021 PA Requirements” provider bulletin that was posted in January 2021.

Molina posts new comprehensive PA Code Lists to our website quarterly. However; changes can be made to the lists between quarterly comprehensive updates. Always use the lists posted to our website under the “Forms” tab instead of printing hard copies. This practice ensures you are accessing the most up-to-date versions of Molina’s PA requirements.

You Matter to Molina
Information for all network providers

Molina has added a new “It Matters to Molina” page to our Medicaid, MyCare Ohio and Marketplace Provider Websites, under the “Communications” tab, that includes upcoming provider training opportunities, provider survey opportunities, It Matters to Molina Success Stories and Molina presentations from conferences and It Matters to Molina Forums.

Please take the time to fill out one or more of our applicable Provider Surveys, including:
- It Matters to Molina Suggestion Box – let us know how we can support you in 2021
- Provider Bulletin Survey – provide feedback on how we can make our Provider Bulletin a more valuable resource for you
- Hospital Experience Survey – for our valued hospital partners to provide feedback

We continue to welcome your suggestions on ways Molina can partner with you to increase provider and member satisfaction. We always encourage you to click on the “Email us” link under “Your Opinion Matters to Molina” at the top of the Provider Website.

March Vision Update
Information for providers in the Medicaid network

The below grid outlines the covered routine Current Procedural Terminology (CPT) codes and refractive diagnosis codes for Molina’s routine vision benefit. This information replaces the information in the posted Combined Provider Manual, and will be updated for the July release.

Routine Procedure Codes:

| 92002 | 92341 | V2106 | V2203 | V2221 | V2314 | V2512 | V2744 |

Did You Know?
Information for impacted home and community-based service providers who bill the following codes: G0151, G0152, G0153, G0156, G0299, G0300, S5125, T1000, T1001, T1002, T1003, T1019 and T2025

Did you know the Electronic Visit Verification (EVV) system changes for Phase 3 started on Sept. 1, 2020. Per ODM, Mandatory use of the Phase 3 services became effective on Jan. 1, 2021. Phase 3 includes participant-directed services and home health therapies. For additional information visit https://medicaid.ohio.gov/ and under “Initiatives” select the “Electronic Visit Verification” page, then “Providers” on the sidebar or read the Molina December 2020 Provider Bulletin.

Readmission Policy Update
Information for Medicaid, MyCare Ohio and Marketplace providers

Molina has updated our Readmission Review Policy to add exclusion of Human Immunodeficiency Virus (HIV), behavioral health and major trauma.
PROVIDER BULLETIN

MOLINA HEALTHCARE OF OHIO

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92004 92342 V2107 V2204 V2299 V2315 V2513 V2745
92012 92352 V2108 V2205 V2300 V2318 V2520 V2750
92014 92353 V2109 V2206 V2301 V2319 V2521 V2755
92015 92354 V2110 V2207 V2302 V2320 V2522 V2756
92310 92355 V2111 V2303 V2321 V2523 V2760
92311 92370 V2112 V2208 V2304 V2399 V2530 V2761
92312 92371 V2113 V2209 V2305 V2410 V2531 V2762
92314 92372 V2115 V2210 V2306 V2430 V2599 V2770
92315 V2100 V2118 V2213 V2308 V2500 V2700 V2781
92316 V2101 V2214 V2309 V2501 V2702 V2782
92317 V2102 V2215 V2310 V2502 V2710 V2783
92325 V2103 V2200 V2218 V2311 V2503 V2715 V2784
92326 V2104 V2201 V2219 V2312 V2510 V2718
92340 V2105 V2202 V2220 V2313 V2511 V2730

Refractive Diagnosis Codes:

H4420 H5201 H5212 H52209 H52221 H5232 Z0101
H4421 H5202 H5213 H52211 H52222 H524 Z01020
H4422 H5203 H52201 H52212 H52223 H526 Z01021
H4423 H5210 H52202 H52213 H52229 H527
H5200 H5211 H52203 H52219 H5231 Z0100

Updated: Value Code 80 & 81: Missing/Invalid Covered Days

Information for Inpatient and Long-Term Care providers in all lines of business

Value code 80 (Medicaid Covered Days) must be present on inpatient and long-term care claims or the claims will be denied. Institutional (UB) outpatient services are excluded from this requirement.

- Units billed with value code 80 are the number of covered full days and must correspond with units billed on the room and board claim line.
- In the value code field, the number of covered days must be entered to the left of the dollars/cents delimiter.
- Value Code 80 and corresponding units exclude non-covered days, leave of absence days or the day of discharge or death.

Claims with non-covered days must bill value code 81 (Medicaid Non-Covered Days) to indicate the total number of full days that are not reimbursable.

- Units billed with value code 81 are the number of non-covered full days and must correspond with units billed on the room and board claim line.
- In the value code field, the number of non-covered days must be entered to the left of the dollars/cents delimiter.
- Charges related to the non-covered days would be reported under Total Charges and Non-Covered Charges on the room and board claim line.
The discharge date or day of death should not be included as a non-covered day in the value code or the room and board line.

Claims reporting non-covered days must report an occurrence code of 74 with the date span of the non-covered days.

As a reminder:

- If the covered and non-covered days' values are not reported on separate lines, the claim will be denied.
- The total covered days and non-covered days billed must match at the line and header level.
- This process must be followed by the provider for billing collapsed preventable readmissions. Please read the Readmission Payment Policy on our Provider Website under the “Policy” tab.

For more information please visit [https://www.Medicaid.ohio.gov](https://www.Medicaid.ohio.gov) and review the “Appendix G – Value Codes” in the ODM Hospital Billing Guidelines located under “Resources,” then “Publications” and “ODM Guidance.”

### Molina Partnering with MCG Health

**Information for all network providers**

Effective Feb. 1, 2021, Molina is partnering with MCG Health, a clinical criteria tool that specializes in informed clinical guidance for value-based care. MCG clinical solutions include:

- Inpatient & Surgical Care Guidelines
- Behavioral Health Care Guidelines
- Home Care Guidelines
- Recovery Facility Care Guidelines
- And more

MCG Care Guidelines provide fast access to evidence-based best practices across the continuum of care, supporting clinical decision-making and documentation. Benefits of this partnership include:

- Effective healthcare with evidence-based care guidelines
- Standardized clinical criteria review process
- Improved Quality of Care

The adoption of these new guidelines will not affect the process for notifying Molina of admissions or for seeking PA approval. To learn more about MCG, visit [www.mcg.com](http://www.mcg.com) or call (888) 464-4746.

### PsychHub on the Molina Provider Website

**Information for all network providers**

Molina members and providers now have access to PsychHub via our Provider Website. PsychHub is an online platform for digital mental health education, including a library with more than 180 consumer-facing, animated videos focused on improving mental health literacy and reducing stigma about seeking care.

Providers can sign up for free to access content and videos as well as have access to behavioral health focused learning hubs. Some courses have Continuing Education Credits available for Clinical Psychologists, Clinical Social Workers and Licensed Professional Counselors. With the successful completion of courses, the provider will unlock industry-recognized certificates delivered electronically.

Provider Website, on the “Ohio” page, under the “Communications” drop-down menu.

CMS will still require Home Health providers to submit a RAP claim as part of consolidated billing edits. Molina will accept, but not require, RAP claims in order to issue payment for covered home health services. Billed RAP claims will pay zero with Remit 97, “The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.” Additionally, Molina will not apply CMS payment reduction for failure to submit timely RAP claims.

### LabCorp COVID-19 Testing

LabCorp has partnered with Walgreens and CVS to provide no-cost, drive-up COVID-19 testing in certain locations in Ohio.

Individuals who wish to get tested will need to visit the Walgreens or CVS website to confirm testing locations and to answer a few screening questions before having the ability to select a location and time for the COVID-19 testing appointment.

### COVID-19 (Coronavirus) Updates

Molina would like to thank you for the care you provide to our members. Please view the COVID-19 (Coronavirus) page on our provider website under the “Communications” tab for additional COVID-19 information.

**As a reminder**, billing members for Personal Protective Equipment (PPE) or additional COVID-19-related charges during the COVID-19 pandemic falls under the Balance Billing restrictions. For additional details see the “Balance Billing” section of the Provider Manual.

### Active Medicaid ID Number and National Provider Identifier (NPI)

**Information for Medicaid and MyCare Ohio providers**

**Medicaid ID Number Reminder:** Providers were required to have enrolled or applied for enrollment with ODM at both the group practice and individual levels by Jan. 1, 2019, in order to comply with the 42 CFR Rule § 438.602. Providers without a Medicaid ID number must submit an application to ODM. Enrollment is available
If a provider wants to enroll in one of the online courses on the PsychHub Learning Hub, they can enter the Molina defined coupon code instead of paying the fee for the course. For more information reach out to your Provider Services Team and plan to attend our special It Matters to Molina Provider Forum: Introduction to Psych Hub on Fri., Jan. 29, 11 a.m. to 12 p.m., meeting number 177 121 3828, password HEpuQiUJ352.

**Fighting Fraud, Waste & Abuse**

Do you have suspicions of member or provider fraud? The Molina AlertLine is available 24 hours a day, 7 days a week, even on holidays at (866) 606-3889. Reports are confidential, but you may choose to report anonymously.

through the Medicaid Information Technology System (MITS) portal or providers can start the process at [https://medicaid.ohio.gov](https://medicaid.ohio.gov). Upon future notice by ODM, Molina will begin denying claims for providers that are not registered and thereby not known to the state.

**National Provider Identifier (NPI) Reminder:** Provider should confirm the Ordering, Referring and Prescribing provider has an active NPI and has not been deactivated in the National Plan and Provider Enumeration System (NPPES). Referring Provider NPI is required when submitting a claim. For additional information visit [www.hhs.gov](http://www.hhs.gov), select “Laws & Regulations” then “HHS Guidance Portal” and in “Keyword Search” type in “Announcement of December 2019 Encounter Data Software Release Updates.”