

# **PROVIDER BULLETIN**

A bulletin for the Molina Healthcare of Ohio provider networks

#### "It Matters to Molina" Corner

#### Information for all network providers

Thank you for the great response to the "It Matters to Molina" question! Our winner is Roszella McCoy-Parrish from the Catholic Charities Diocese of Cleveland.

The June "It Matters to Molina" question answer is "3" The Ohio Department of Medicaid (ODM) announced a staggered implementation for the Next Generation Medicaid Program. What program will start on July 1?

- 1. Centralized Credentialing
- 2. Provider Network Management Module (PNM)
- 3. OhioRISE

July Question: How can providers check a Molina member's eligibility for OhioRISE?

- 1. Access information in the Provider Portal
- 2. Contact the ODM Interactive Voice Response (IVR) system
- 3. Check batch eligibility via the 270/271 EDI transaction
- 4. Access the Ohio Medicaid Information Technology System (MITS)
- 5. Contact the Molina Provider Services Contact Center
- 6. All of the above

Email your answer to OHProviderBulletin@MolinaHealthcare.com by July 15 to enter the drawing. Molina will announce the winner and the correct answer to the question in the August Provider Bulletin.

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

#### **Reminder: Update Affiliations with Practitioners**

#### Information for Medicaid providers

Medicaid-enrolled agencies must maintain an up-to-date roster of employees who are affiliated with the billing agency. As part of the Medicaid Information Technology System (MITS) transition to the new Provider Network Management and Fiscal Intermediary systems, ODM is end dating agency affiliations in cases where a practitioner is no longer actively enrolled in Ohio Medicaid. To confirm the current affiliation of employees with an employing/billing agency, MITS administrators or designees can check the "Group Member" panel in your agency's secure MITS Portal.

Email medicaid provider update@medicaid.ohio.gov if you have a change request regarding an existing Medicaid provider. If you have additional questions about practitioner enrollment, please contact the ODM Provider Enrollment by calling (800) 686-1516, Option 3.

#### Clinical Services – Advanced Imaging Information for Medicaid providers

Molina Clinical Services Advanced Imaging has recently moved to an enhanced Utilization Management (UM) Platform. Due to this transition, Molina has seen a

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#### **Questions and Quick Links**

Provider Services - (855) 322-4079 8 a.m. to 5 p.m., Monday to Friday (MyCare Ohio is available until 6 p.m.)

- Email us at OHProviderRelations@ MolinaHealthcare.com
- Visit our Provider Website at Molina Healthcare.com/OhioProviders
  - **Provider Manual** 0
  - **PA Code List** 0
  - PA Request Form 0
  - **Provider Bulletin Archive** 0
  - It Matters to Molina Page 0
  - **Provider Portal** 0

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higher than usual fax and call volume, leading to longer than normal provider wait times.

Authorization Status Check: Utilize the Availity platform to view the status of an authorization.

**Availity/MCG-Cite Auto-Auth Platform:** Utilize the Availity platform to submit authorization requests and status checks. Reach out to your Provider Services Team for information or assistance in setting up an account.

**Peer-to-Peer Request:** Due to longer than normal wait times when a provider calls for a Peer-to-Peer (P2P), please send a secure email to <u>MCSAdvancedImaging@MolinaHealthcare.com</u> to request a P2P. Molina requires the following information for a P2P to occur:

- On Subject Line note "Peer-to-Peer Request (OH)"
- State: Ohio
- Member information: name, date of birth, Molina identification number
- Authorization number
- Current Procedural Terminology (CPT)
- Provider requesting the P2P
- Specialty
- Has this test already been completed?
- Provider's call back number
- Times the provider will be available for the P2P

#### Medicare PA Guide and PA Form

#### Information for Medicare and MyCare Ohio providers

Molina has posted an updated Medicare PA Guide and PA Forms to the Medicare Provider Website to provide a clear and efficient process for submitting Medicare PA requests. PA Guide improvements include specific Medicare fax numbers to ensure requests are routed correctly and promptly.

- Providers should include all necessary information when submitting authorization requests to reduce delays and the need for additional information. Molina uses Centers for Medicare & Medicaid Services (CMS), state, MCG, and Molina policies.
- Requests for expedited/urgent authorization processing must follow applicable guidelines which include CMS, state, and Unified Rules. Information should include who requests the expedited review and justification that applying the standard time frame for making determinations could seriously jeopardize the health of the member or the ability to regain maximum function. Molina can redirect inappropriate requests for processing to standard/routine.
- Retrospective requests for services that have already been rendered will not be accepted. This does not apply to Home Health and Durable Medical Equipment (DME) if those requests are received within two days. Note: Home Health does not require a PA for the first two 30-day episodes of care from the start of care (yearly member benefit, not per provider).

Find the PA Guide and Form on the Medicare Provider Website, under Prior Authorization Forms. Molina will also post these documents to the MyCare Ohio Provider Website, under the "Forms" tab. Authorization requests should be submitted via the provider portal at <u>provider.MolinaHealthcare.com</u>. Join Our Email Distribution List Get this bulletin via email. Sign up at MolinaHealthcare.com/ProviderEmail.

#### Provider Training Sessions

#### It Matters to Molina Forums\*:

- MCG Auto-Auth Functionality for Medicaid and Marketplace: Tues., July 19, 12 to 1 p.m.
- Provider Information Update Form: Tues., July 26, 1 to 2 p.m.
- Cost Recovery: Tues., Aug. 30, 12 to 1 p.m.

#### **General Provider Orientation:**

- Wed., July 6, 10:30 to 11:30 a.m.
  - Thurs., Aug. 4, 12:30 to 1:30 p.m.

#### Model of Care:

- Fri., July 22, 12 to 1 p.m.
- Tues., Aug. 9, 2 to 3 p.m.

#### **Claims and Billing Orientation:**

• Thurs., July 14, 2 to 3 p.m.

#### **Provider Portal:**

• Wed., Aug. 17, 9 to 10 a.m.

Availity Portal Training: Register in the Availity Portal, under "Help & Training," select "Get Trained." In the training catalog, go to the "Sessions" tab and select one of the following:

- Fri., July 15 at 1 p.m.
- Tues., July 26 at 2 p.m.
- Contact <u>training@availity.com</u> at any time to receive Availity Portal training

\*Molina has moved provider training sessions to Microsoft Teams. Please visit the IMTM page on our Provider Website and click on the desired training to access meeting details.

#### Notice of Changes to the Provider Manual

On June 29, 2022, Molina updated the <u>Medicaid and MyCare Ohio Combined</u> <u>Provider Manual</u> with the addition of CANS and Mobile Response and Stabilization Services (MRSS) to the "Appointment Access" section, under "XI. Quality," for a July 1, 2022 effective date. Contact information for Aetna Better Health, the OhioRISE plan was also added, and the Provider Manual Addendum information was incorporated into the document.

Molina posts a new comprehensive Provider Manual to our website semiannually. However, changes can be made

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## Molina Readmission Payment Policies

Information for all network providers

Effective Aug. 1, 2022, Molina will begin reviewing admissions within 30 days of an anchor admission for both inpatient behavioral health and detox stays. The readmission will be reviewed based on our published policy to identify if the stay was potentially preventable. If the admission is identified as potentially preventable, providers will have the right to file a reconsideration with supporting clinical for review through the reconsideration process. The full list of diagnostic codes in-focus for potentially preventable readmission review are published in the Ohio Department of Medicaid-approved BH Readmission Policy posted on our Provider Website under the "Policies" tab in the same document as the existing <u>Readmission Payment Policy</u>. The current readmission payment policy is updated to streamline language, add poisoning to the list of exclusions, and remove Behavioral Health from the exclusions list with implementation of the BH Readmission Policy.

### Institution for Mental Disease Stays

#### Information for Medicaid providers

Effective Aug. 1, 2022, Molina will deny Institution for Mental Disease (IMD) stays that exceed 15 calendar days per month. By submitting a request for Medicaid coverage of an IMD stay, a provider is attesting that the length of stay in the IMD facility is intended to be less than 15 days. Per 42 CFR § 438.6 (e) on IMD coverage, Medicaid cannot be used to cover an IMD stay that is intended to be longer than 15 days in a calendar month. Please see FAQ posted on the Ohio Department of Medicaid website at <u>bh.medicaid.ohio.gov/manuals</u>.

#### **Balance Billing**

#### Information for Medicaid and MyCare Ohio providers

Per Ohio Administrative Code (OAC) <u>5160-26-05 Managed health care programs:</u> <u>provider panel and subcontracting requirements</u> and OAC <u>5160-1-13 Medicaid</u> <u>consumer liability</u>, providers contracted with Molina are prohibited from billing a member for any covered benefit. Balance Billing includes asking the member to pay the difference between the discounted and negotiated fees and the provider's usual and customary fees. Providers may not charge members fees for covered services beyond copayments, deductibles, or coinsurance. Providers are responsible for verifying eligibility and obtaining approval for those services that require prior authorization.

View the Balance Billing section of the <u>Provider Manual</u> on our Provider Website under the "Manual" tab for additional information.

#### Itemized Statement Requirements

#### Information for all network providers

Molina requires an itemized statement to process certain claims for payment. When the itemized statement is not received with the initial claim, the claim will be denied for the missing information, and a corrected claim will be needed. Submit an itemized statement with your initial claim or corrected claim through the Provider Portal to avoid a delay in payment. Itemized statements are needed with a claim in the following scenarios:

- Medicare benefits were exhausted
- An authorization date span does not match the claim date span
- The claim is over \$100,000 in billed charges

to the manual between updates. Always refer to the manual posted on our website under the "Manual" tab instead of printing hard copies. This practice ensures you are accessing the most up-to-date versions.

# Notice of Changes to Prior Authorization (PA) Requirements

Molina posts new comprehensive PA Code Lists to our website quarterly. However, changes can be made to the lists between quarterly updates. Always use the lists posted to our website under the Forms tab instead of printing hard copies. This practice ensures you access the most upto-date versions.

# Next Generation Medicaid Program Update

#### Information for Medicaid providers

On April 22, 2022, ODM announced a critical update that the Next Generation Medicaid Program will have a staggered implementation. View the details on the updated start dates for various program elements at <u>medicaid.ohio.gov</u> in "<u>Ohio Medicaid's Next Generation program to launch July 1 with OhioRISE.</u>"

#### Unified Preferred Drug List: 30-Day Change Notice Information for Medicaid providers

ODM posted their Ohio Unified Preferred Drug List (UDL) 30-Day Change Notice on June 1, 2022, for a July 1, 2022, effective date. Find the list under the "Rx info" tab of the Provider Website on the "Drug Formulary" page.

#### Provider Contract for Next Generation Medicaid

#### Information for Medicaid providers

Molina has received provider inquiries regarding what actions they will need to take contractually with Molina in preparation for the Next Generation Medicaid program. No provider action is required at this time. Molina will continue to share information as it becomes available.

#### Annual Mandatory Model of Care Training

#### Information for Medicare providers

CMS requires contracted Medicare medical providers to complete basic training on the Dual Eligible Special Needs Plan (D-SNP) Model of Care by Dec. 31, 2022.

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### COVID-19 (Coronavirus) Pfizer Codes

#### Information for Medicaid providers

ODM has added a new Pfizer code for COVID-19 vaccination billing, underlined in the following chart. Applicable CPT codes include:

Billing for aged 12 and over	First Dose	0001A, 0051A	Pfizer-BioNTech
		0011A	Moderna
		0031A	Johnson & Johnson's Janssen
	Second Dose	0002A, 0052A	Pfizer-BioNTech
		0012A	Moderna
	Third Dose	0003A, 0053A	Pfizer-BioNTech
		0013A	Moderna
	Booster	0004A, 0054A	Pfizer-BioNTech
		0064A	Moderna
		0034A	Johnson & Johnson's Janssen
Billing for ages 5-11	First Dose	0071A	Pfizer-BioNTech
	Second Dose	0072A	Pfizer-BioNTech
	Third Dose	0073A	Pfizer-BioNTech
	Booster	<u>0074A</u>	Pfizer-BioNTech

#### Updated: MCG Auto-Authorization

Information for Medicaid and Marketplace providers

In March 2022, Molina introduced MCG Auto-Authorization, a self-service method for providers to submit Advanced Imaging PA requests, available 24/7 via the Provider Portal for applicable lines of business.

This submission method is an alternative to the existing submission process and will provide efficient processing of authorization requests. The status of each authorization will be available immediately upon completion of the submission. The clinical documentation will be submitted for review by Molina. The MCG Auto-Authorization service is available for Marketplace as of Feb. 16, 2022, and Medicaid as of May 4, 2022.

To learn more about MCG Auto-Authorization, join the MCG Auto-Authorization It Matters to Molina Forum on July 19, or reach out to the Molina Provider Services Team.

#### Diabetes Self-Management Education for Medicaid Information for Medicaid providers

Diabetes Self-Management Education (DSME) can help patients manage diabetes between office visits. DSME supports the information given by the clinical team; it does not replace it. DSME is provided by educators in an American Diabetes Association (ADA) recognized or an Association of Diabetes Care and Education Specialists (ADCES) accredited program.

The core content addresses the following self-care behaviors:

- Diabetes pathophysiology and treatment options
- Healthy eating
- Physical activity
- Medication usage
- Monitoring and using patient health data
- Preventing, detecting, and treating acute and chronic complications

- Molina will be hosting a monthly Model of Care provider training via Microsoft Teams throughout the year to help train you and your staff, and address questions. Find an upcoming training in the Provider Training Session article.
- Find information on Model of Care requirements in the June <u>Model of Care</u> <u>Provider Bulletin</u> on our Provider Website.

### Q2 Provider Newsletter

Information for all network providers

The Q2 2022 Provider Newsletter is available on the "Communications" tab on the Provider Website. Articles in this edition include:

- New Clinical Policy Website available to Molina Providers
- AccordantCare<sup>™</sup> Supporting Patients with Complex, Rare Conditions
- Important Message Updating Provider Information
- Practitioner Credentialing Rights: What You Need to Know
- Molina's Utilization Management
- Drug Formulary and Pharmaceutical Procedures
- Care Management
- Resources Available on Molina's Provider Website
- Translation Services
- Member Safety
- Care for Older Adults
- Hours of Operation
- Non-Discrimination
- Member Rights and Responsibilities
- Population Health
- Quality Improvement Program
- Standards for Medical Record Documentation
- Preventive Health Guidelines
- Clinical Practice Guidelines
- Advance Directives
- Behavioral Health
- Care Coordination and Transitions Health Risk Assessment & Self-Management Tools

#### **Remind Patients about Healthchek**

# Information for PCPs in the Medicaid and MyCare Ohio networks

Remind your patients or their parents/guardians when it's time to get important Healthchek Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services. Molina covers Healthchek services at no cost to our members. Physicians and advanced practice nurses

- Healthy coping with psychosocial issues and concerns
- Problem-solving

For more information about:

- When to refer a patient for DSME: view the "<u>Diabetes Self-Management</u> <u>Education</u>" resource on the "Chronic Conditions Resources page" of the Provider Website.
- Find a local DSME provider in the Molina Medicaid network: enter "Diabetes Self-Management Education" in the "Search for Care" field of the "Provider Online Directory (POD)." Find a link to the POD on the Provider Website by selecting "Find a Doctor or Pharmacy."
- Self-Management Education Videos: Doctor, nurse, and patient-led videos from the Centers for Disease Control and Prevention (CDC) teach patients the skills to manage diabetes, located on the "<u>Diabetes Education</u>" page of our Member Website.

Self-Management videos include:

- Self-Management Education: Learn More. Feel Better
- Self-Management Education: Skills for Managing Chronic Conditions
- Self-Management Education: Feel More in Control of your Chronic Condition

#### Partial Hospital and SUD Residential Treatment Update Information for Medicaid behavioral health providers

Effective July 1, 2022, to simplify the UM and claims processes, Molina will issue a single authorization number for billing each service period, from admission to discharge, for Partial Hospitalization and Substance Use Disorders (SUD) Residential Treatment requests.

There is no change to the PA process for our providers. Providers should continue to submit the PA form and clinical information along with updates for each authorization period of each stay.

#### Home Health Prior Authorization Process Update Information for Medicare and MyCare Ohio Home Health providers

As a reminder, effective July 1, 2022, Molina will allow a medical necessity review for home health services up to two days before the date of the submitted PA request for the Medicare and MyCare Ohio lines of business. As noted in the May Provider Bulletin, effective May 9, 2022, Home Health PA requests are faxed to the Molina Medicare UM Department at (844) 251-1451. For faster service, request PA via the Provider Portal at

provider.MolinaHealthcare.com/provider/login.

For the Medicaid and Marketplace lines of business, Molina continues to allow a medical necessity review for home health services up to four days before the date of the submitted PA request.

Note: The PA requirements have not changed. Providers should consult the PA Code List for a complete list of all services requiring PA.

#### **Expansion of Telehealth Services**

#### Information for Medicaid providers

Effective July 1, 2022, Ohio Administrative Code (OAC) <u>5160-1-18 Telehealth</u> will expand to include the following services:

- Individual diabetes management training
- Group setting diabetes management training

are eligible to provide Healthchek services. For additional information, visit:

- The ODM website at <u>medicaid.ohio.gov</u>, and under "Families & Individuals," select "Programs & Initiatives," then "<u>Healthchek</u>"
- The Molina Provider Website, under "Health Resources," on the "<u>Healthchek-EPSDT</u>" page

#### Psychological and Neuropsych Testing PA Code List Update

Information for Community Mental Health Center (CMHC), Substance Use Disorder (SUD), and Outpatient Hospital Behavioral Health (OPHBH) providers billing as a hospital

The following combination of codes may be utilized for up to 20 hours per calendar year per Medicaid enrollee. PA is required to exceed the annual 20 hours limit. Impacted codes: 96112, 96113, 96116, 96121, 96130, 96131, 96132, 96133, 96136, and 96137. This update is reflected on the posted PA Code List effective July 1, 2022. Note: all other provider types not referenced in the above sub-header always require PA for these codes, as is noted on the PA Code List.

#### PsychHub Information on Provider Website

Information for all network providers

Molina has posted the "<u>Psych Hub: Access</u> <u>Your Mental Health Practitioner HUB</u>" document on the Provider Website, under the "Communications" tab, on the "It Matters to Molina" page, under "Tools and Resources." Information includes:

- How to create a PsychHub profile
- Frequently asked questions

Reminder: 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 the stigma about seeking care. Providers can sign up for free to access content and videos and access behavioral health-focused learning hubs with access code sGDcuXXmQXZE Gsu. 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.

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- Childbirth prep/Lamaze classes
- Childbirth refresher classes
- Baby parenting classes
- Infant safety training
- Prenatal nutrition classes
- Smoking cessation classes
- Preventive medicine counseling
- Child Adolescent Needs and Strengths (CANS) assessments

Behavioral health services eligible for payment when provided through telehealth by Ohio Department of Mental Health and Addiction Services (OhioMHAS) certified providers expand to include the following:

- Mobile Response Stabilization Services, initial response
- Mobile Response Stabilization Services, stabilization
- Mobile Response Stabilization Services, follow-up
- Prolonged Evaluation and Management (E&M) visits

For telehealth billing guidelines, refer to the posted Molina Provider Manual.

### You Matter to Molina: Get to Know Your Provider Representatives

#### Information for all network providers

Our Molina Provider Services team is here to help answer your questions and connect you with training opportunities. Throughout 2022 we will introduce you to our team members and how to contact us directly for assistance.

Darius Faroughi, Provider Services Physician Representative:

- My favorite thing is watching sports, especially Ice Hockey and Soccer. The Columbus Blue Jackets and Everton FC are my favorite teams. I coach for the Columbus Academy and have found that sports teach players and fans to always strive for more. Soccer player Cristiano Ronaldo said, "It is my conviction that here are no limits to learning, and that it can never stop, no matter what our age."
- Interesting Fact: My first name is pronounced Dar-Yoush, but I go by Dar.
- Why I serve our Molina providers: I serve our providers because I strongly believe in Molina's mission to provide quality healthcare to those on government assistance who need it most. I serve and support our providers so they can provide the best quality healthcare to our members.

Jean-Paul Mantilla, Provider Services Claims Analyst:

- My favorite thing to do is watch movies. Movies provide a world of opportunity, from learning something new to escaping reality for a few hours. Movies are a form of art like paintings, sculptures, and photography. I am also a huge fan of the band Queen and OSU Football.
- Interesting Fact: I was born in Managua, Nicaragua, and I learned to speak English by watching Star Wars: Return of the Jedi. The experience of learning English from Luke, Leia, and Han Solo taught me that there is nothing I can't do if I have the right movie to show me.
- Why I serve our Molina providers: I really enjoy what I do. I have been with Molina for 14 years, and I like knowing that the relationships I have built with providers ultimately benefit and help our members.

Our Provider Services Representatives are available by email at:

- Physician Questions: OHProviderServicesPhysician@MolinaHealthcare.com
- General Questions: <u>OHProviderRelations@MolinaHealthcare.com</u>

### Chiropractic Services Expansion

# Information for Medicaid chiropractic providers

Effective June 13, following guidance from Ohio Medicaid, Molina has expanded the coverage of chiropractic services to include Evaluation and Management (E&M) services provided by a licensed chiropractor.

#### Member Contact Information Update Request

#### Information for Medicaid providers

ODM requests that Medicaid members visit the ODM website at <u>medicaid.ohio.gov/</u> <u>home/update-contact-info/update-contact-</u> <u>info</u> to update their contact information before the Next Generation Medicaid Program implementation.

#### Health Care Education: Improved Outcomes for People with Disabilities Information for all network providers

Join the Ohio Association of Health Plans, the Ohio Center for Autism and Low Incidence (OCALI), and an amazing lineup of speakers to build your confidence, skill, and ability to improve outcomes for people with disabilities. Find additional information or register for a session at <u>sites.google.com /ocali.org/improvingoutcomes-2022</u>.

# Updated Sequestration Suspension and Reduction

Information for Medicare and MyCare Ohio providers

Molina, based on guidance from the CMS, has updated the Medicare and MyCare Ohio sequestration for 2022 to include the following:

- 1% payment adjustment April 1 June 30, 2022
- 2% payment adjustment beginning July 1, 2022

For additional information, visit <u>cms.gov</u>, and under "Outreach & Education," select "<u>All Fee-For-Services Providers</u>" under the "Provider Type." View the <u>original</u> and <u>updated</u> CMS Announcement Provider Bulletin on our Provider Website.

#### Ohio Medicaid Immunizations Temporary Payment Policy Update

#### Information for Medicaid providers

During this unprecedented time of COVID-19, the state of Ohio and ODM have implemented several emergency rules and policy changes to ensure timely access to medical services for the millions of Ohioans who depend on Medicaid. Even with these updates, we are seeing decreased utilization of preventative medical services, including childhood immunizations.

To better serve our members, the Ohio Medicaid Managed Care Plans have decided to continue the temporary payment policy allowing for reimbursement to non-Vaccines for Children (VFC) providers for both the toxoid and the administration of needed immunizations for children and adolescents ages 0-20 years old. This policy took effect for dates of service beginning on Jan. 1, 2022, and will continue through Dec. 31, 2022.

	VFC Participating Providers	Non-VFC Participating Providers	
	Managed Care and Fee-for-Service	Available only to MCP-Contracted Providers	
Eligible for	Administration fee only;	Both administration fee and toxoid	
Reimbursement	Single fee per administration (or	components;	
	needlestick).	• Single fee per administration (or needlestick).	
Coding	<ul> <li>90460 (each administration, maybe multiple in one visit) + toxoid CPT; 90460 reported on multiple detail lines to indicate the total number of immunizations administered. The total number of detail lines reported must equal the total number of VFC toxoid codes.</li> </ul>	<ul> <li>90471 (first immunization administration at visit) + toxoid CPT.</li> <li>90472 (additional immunization administrations) + toxoid CPT.</li> <li>90471, and 90472 for additional immunizations, should be reported on multiple detail lines to indicate the total number of administrations performed. The</li> </ul>	
	<ul> <li>Submit a \$0.00 charge with the toxoid code.</li> <li>Report appropriate immunization toxoid</li> </ul>	total number of detail lines reported must equal the total number of immunization toxoid codes administered by the provider.	
	<ul> <li>Report appropriate infinitization toxold code for multiple antigen (or combo) immunizations.</li> <li>Do not use 90461, 90471-90474.</li> </ul>	<ul> <li>Report appropriate immunization toxoid code for multiple antigen (or combo) immunizations.</li> </ul>	
Billed in Conjunction with Well/Sick Visits	• Append the visit code with modifier 25 to signify that a separately identifiable visit was provided.	• Append the visit code with modifier 25 to signify that a separately identifiable visit was provided.	

How to Bill

• Providers should submit completed vaccines to the Ohio Impact Statewide Immunization Information System (ImpactSIIS) to assure patient vaccination records are up-to-date.

• A comprehensive list of the toxoids included in this initiative has been included below for your reference.

Considering this policy change, you are now encouraged to give any needed immunizations during office visits. We are confident that this change will enhance access to pediatric care and those critically needed immunizations. As always, we thank you for your continued partnership.

Included Toxoids

CPT Code	Description	CPT Code	Description
90619	Meningococcal conjugate vaccine	90687	Flu vaccine quad IM
90620	Meningococcal B, OMV	90688	Flu vaccine quad IM
90621	Menb rlp vaccine im	90694	Vacc AIIV4 no prsrv 0.5ML IM
90633	Hep A vaccine ped/adol 2 dose	90696	DTAP-IPV vaccine 4-6 yr IM
90634	Hep A vaccine ped/adol 3 dose	90697	Dtap-ipv-hib-hepb vaccine im
90647	HIB vaccine prp-omp IM	90698	DTAP-HIB-IP vaccine IM
90648	HIB vaccine prp-t IM	90700	DTAP vaccine < 7 yrs IM
90649	HPV vaccine 4 valent IM	90703	Tetanus vaccine IM

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90650	HPV vaccine 2 valent IM	90707	MMR vaccine SC
90651	HPV vaccine 9 valent IM	90710	MMRV vaccine SC
90653	Flu vaccine, inactivated (IIV)	90713	Poliovirus IPV SC/IM
90656	Flu vaccine no preserv 3 yrs & >	90714	TD vaccine no prsrv >/= 7 IM
90658	Flu vaccine 3 yrs & > IM	90715	TDAP vaccine >7 IM
90660	Flu vaccine nasal	90716	Chicken pox vaccine SC
90670	Pneumococcal vaccine 13 val IM	90721	DTAP/HIB vaccine IM
90672	Flu vaccine quad nasal	90723	DTAP-hep B-IPV vaccine IM
90673	Flu vaccine trivalent IM	90732	Pneumococcal vaccine
90674	CCIIV4 vaccine, no prsv, 0.5 ml IM	90733	Meningococcal vaccine SC
90685	Flu vaccine quad IM	90734	Meningococcal vaccine IM
90686	Flu vaccine quad IM	90759	Hep B vac 3ag 10mcg 3 dos im

Should you have any questions or concerns, we encourage you to contact one of the Managed Care Plans for assistance.

- Buckeye Health Plan: Provider Services (866) 296-8731
- CareSource: Provider Services (800) 488-0134
- Molina Healthcare: Provider Services (855) 322-4079
- Paramount Advantage: Provider Services (800) 891-2542
- United Healthcare: Provider Services (800) 600-9007

#### 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.