MOLINA HEALTHCARE

Provider Bulletin

A bulletin for the Molina Healthcare of Ohio Medicaid network • Special Edition – October 2011

Billing Requirements for Home Health Care Visits for both Mom and Newborn Baby after Delivery

Prior authorization (PA) is **not** required for up to two home health care visits (G0154) for mom and baby within the baby's first month of life only, provided the appropriate diagnosis code(s) are billed on the claim(s) as listed below.

Diagnosis	Description
V24.1	Lactating mother
V24.2	Routine postpartum follow-up
651.03	Twin pregnancy, antepartum
651.13	Triplet pregnancy, antepartum
651.23	Quadruplet pregnancy, antepartum
651.33	Twin pregnancy with fetal loss and retention of one fetus, antepartum
651.43	Triplet pregnancy with fetal loss and retention of one or more, antepartum
651.53	Quadruplet pregnancy with fetal loss and retention of one or more, antepartum
651.63	Other multiple pregnancy with fetal loss and retention of one or more fetus(es), antepartum
651.73	Multiple gestation following (elective) fetal reduction, antepartum condition or complication
651.83	Other specified multiple gestation, antepartum

For claims processed on and after October 10, 2011, for both mom and baby, the following guidelines apply:

- HQ modifier must be appended to both mom and baby's claim, indicating a group visit.
- Pursuant to OAC 5101:3-12-05 Reimbursement: Home Health Services, the amount of reimbursement for each visit shall be the lesser of the provider's billed charge or seventy-five percent of the provider's contracted rate when billing with the modifier HQ "group setting" for group visits conducted in accordance with 5101:3-12-04 of the Administrative Code.

Certificate of Medical Necessity and PA Requirement for Home Health Services

- Per OAC 5101:3-12-01, a face-to-face encounter with the qualifying treating physician must be done 90 days prior to start of care or within thirty days following the start of care. The treating physician must complete a certificate of medical necessity (CMN), Form JFS 07137, documenting this visit and the reasons for requesting home care.
- Reimbursement will not be made for home health care services when the CMN, on the appropriate JFS 07137 form, has not been received, excluding home health care visits for mom and baby after delivery. Please submit the required CMN form along with the prior authorization request or with the original claim submission to avoid a claim denial.

Molina Healthcare values our providers' partnership in serving Medicaid consumers.

Questions?

If you have any questions, please call Molina Healthcare's Provider Services at 1-800-642-4168. Representatives are available to assist you from 8 a.m.to 5 p.m. Monday through Friday.