Provider Bulletin – 2017 Fourth Quarter

A bulletin for the **Molina Healthcare of Texas** Network

Provider Re-Enrollment for CHIP – December 31, 2017 Deadline

Federal law and regulation require states to screen and enroll all Children's Health Insurance Program (CHIP) providers by December 31, 2017.

To meet this requirement, current CHIP providers must be actively enrolled with the Texas Medicaid & Healthcare Partnership (TMHP) by December 31, 2017.

In This Issue:

- Provider Re-Enrollment for CHIP
- Date Span Billing
- EVV Reminders
- Procedure Code T4528 – U1 Modifier Required
- Provider Demographics Update
- Two Midnight Rule
- In Office Lab Testing
- Claims Reconsiderations & Appeals – Electronic Submissions

MolinaHealthcare.com

Your Extended Family.

While CHIP providers must enroll with TMHP to continue to receive reimbursement for CHIP services, CHIP-only providers are not required to participate in Texas Medicaid. Providers must indicate in the application that they intend only to serve CHIP members to ensure they do not appear on the Medicaid online provider lookup (OPL).

Note: *CHIP providers actively enrolled with TMHP as a Medicaid provider do not need to repeat the enrollment process to continue to receive reimbursement for CHIP services.*

Additional details are available on the TMHP website at www.tmhp.com or via the TMHP Contact Center at 1-800-925-9126.

Date Span Billing

When billing for monthly supplies, providers are to bill with the date the supplies are delivered and bill up to the monthly allotment per the limits in the TMHP Manual. Claims must represent a numerical quantity of 1 month for supplies. Please submit claims for monthly supplies per date span (monthly). If you have questions, please contact your Provider Services Representative.

EVV Reminders

- The EVV Provider Services Team offers a bi-weekly EVV/Reason Code training on Wednesdays at 10 a.m., central time. To register for this training, email MHTXProviderTraining@MolinaHealthcare.com.
- MHT utilizes a 60 day look back report for all EVV claims. Every week, a report is run that checks all denied claims for the **previous 60 days** and looks for a match based on the received transactions from the vendor files.
    - If you receive a denial related to EVV, do not submit a corrected claim. Check your vendor system and conduct any visit maintenance required (modifiers, member ID, NPI, units, authorization, HCSPCS code, etc). Make sure all data elements match the claim and submit through the vendor system. Once the vendor submits that to MHT, it will be loaded into our system and ready for the next file run of our weekly 60 day look back.
    - If you email the EVV Provider Services team regarding a claims issue, please ensure you provide your NPI/TIN, claim numbers, your EVV vendor, and a brief description of your issue. The EVV Provider Services team will research your issue and provide a response within 24-48 hours.
- Please schedule in office visits with the EVV Provider Services team in advance so the team is able to research your concerns prior to your visit. The team is unable to see providers who visit the office without making prior arrangements.
- For EVV Provider Updates, please visit the Provider Updates section of our website. EVV related documents, including our criteria for unlocking visit maintenance beyond the 60 days period, are located at www.molinahealthcare.com/providers/tx/medicaid/comm/Pages/updatesevents.aspx, under the EVV section.
- The EVV Provider Services team would like to communicate important EVV and Home Health updates via email. Please click the following link to provide us with your up-to-date contact information: https://www.surveymonkey.com/r/6BZQPH9.

Procedure Code T4528 – U1 Modifier Required

Reminder: A U1 modifier is required when billing the code T4528. Claims for T4528 submitted without the U1 modifier will be denied. For questions, please contact your provider services representative.

Two Midnight Rule (Medicare & MMP)

Molina Healthcare follows the CMS standards as outlined in Chapter 1 of the Medicare Benefit Policy Manual, including the Two Midnight Rule for Medicare and MMP reimbursement. For inpatient reimbursement, Molina requires that Medicare and MMP members stay in an inpatient facility:

- For at least two midnights; and
- That the services rendered are reasonable and necessary according to medical criteria, in order to qualify for inpatient admission.

Stays less than two midnights, that are reasonable and necessary will be approved/processed as observation services.

On rare occasions, Molina will make an exception and pay as an inpatient stay for stays less than two midnights. Rare exceptions include:

- The patient expires and the attending physician has clearly documented the reasons in the medical record for an expectation of an inpatient stay lasting more than two midnights.
- The patient is transferred or leaves the facility against medical advice before the two midnight stay is completed; and the attending physician has clearly documented the reasons in the medical record for an expectation of an inpatient stay lasting more than two midnights.
- The patient makes an unexpected clinical improvement leading to early discharge.
- Inpatient admission for those procedures on the CMS inpatient only list, as found in CMS Addendum E.

Additional information on exceptions can be found at:
https://www.cms.gov/apps/ama/license.asp?file=/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Downloads/CMS1392FC_Addendum_E.zip

Molina appreciates your efforts in providing excellent care of our members. If you have any questions regarding the Two Midnight Rule or Molina's reimbursement policies, please call Provider Services at (866) 449-6849, Monday to Friday, 8 a.m. to 5 p.m.

Provider Demographic Updates

In an effort to maintain data integrity and up-to-date records, Molina asks that providers complete the Provider Data & Demographic Form once a quarter. The Provider Data & Demographic form can be found at www.MolinaHealthcare.com. Completed forms can be faxed to (877) 900-8452 or emailed to MHTXProviderServices@MolinaHealthcare.com.

Please Note: Providers should notify Molina 30 days in advance of any demographic changes. This includes changes to office location and office hours, contact information, tax ID numbers, NPIs, additions or terminations of an office location or provider, and the opening or closing of PCP practices to new patients.

In Office Lab Testing

The services below are allowed in a physician's office, for all lines of business. All other lab testing must be referred to an In-Network Laboratory Provider that is a certified, full service laboratory, offering a comprehensive test menu that includes routine, complex, drug, genetic testing and pathology.

For more information about In-Network Laboratory Providers, please consult the Molina Provider Directory (https://providersearch.molinahealthcare.com/). For testing available through In-Network Laboratory Providers, or for a list of In-Network Laboratory Provider patient services centers, please reach out to the In-Network Laboratory Provider.

Specimen collection is allowed in a physician's office and shall be compensated in accordance with your agreement with Molina Healthcare and applicable state and federal billing and payment rules and regulations.

Claims for tests performed in the physician office, but not listed below will be denied.

Code	Description
80047	Basic Metabolic Panel
80048	Basic Metabolic Panel
80053	Comprehensive Metabolic Panel
81025	Urine Pregnancy Test
82947	Glucose, Quantitative
83655	Lead Screening
83735	Magnesium
84436	Thyroxine, Free
84437	Thyroxine, Requiring Elution
84439	Thyroxine, Free
84443	TSH
85007	Blood Count, Differential, WBC
85008	Blood Smear, Manual Blood Count
85014	Hematocrit
85018	Hemoglobin
85032	Manual Cell Count
85049	Platelet, Automated Count
85060	Peripheral Smear
85095	Bone Marrow ASP only
85102	Bone Marrow Biopsy Core
85535	Iron Stain
85576	Platelet Aggregation, any agent
85610	Prothrombin Time
86308	Herterophile, Mono Test

Code	Description
86580	Tuberculosis
87400	Influenza
87804	Influenza
87807	RSV
87880	Rapid Strep
88305	Pathology
88342	Pathology
81000 - 81005	Urinalysis
82043 - 82044	Urine Microalbumin
82270 - 82272	Blood, Occult
82565 - 82575	Creatinine
85025 - 85027	CBC
86140 - 86141	C Reactive Protein
88150 - 88155	Pathology/Pap Smear
88164 - 88167	Pathology/Pap Smear
88174 - 88175	Pathology/Pap Smear
88312 - 88313	Pathology
88331 - 88332	Pathology Consultation, during surgery

Claims Reconsiderations & Appeals – Electronic Submissions

Molina offers several electronic submission options for claims reconsideration requests and appeals. To ensure timely review of reconsideration requests, please be sure you are completing the Claim Reconsideration/ Adjustment form. For claims appeals, please complete the Provider Complaint/Appeal Request form. Both forms can be found at MolinaHealthcare.com under the Provider Forms section.

Completed forms can be submitted electronically via:

Fax: (877) 319-6852 Email: MolinaTXProviderAppeals/Complaints@MolinaHealthcare.com

Claims appeals can also be submitted 24 hours a day, 7 days a week via the Molina Provider Portal at https://provider.molinahealthcare.com/.

Questions?

Call Provider Services
(855) 322-4080 – 8 a.m. – 5 p.m.
Monday through Friday

Connect with Us

www.facebook.com/MolinaHealth
www.twitter.com/MolinaHealth
https://provider.MolinaHealthcare.com

Join our Email Distribution List

To receive this bulletin via email, contact MHTXProviderServices@MolinaHealthcare.com to send us your:

- Group Name
- TIN
- NPI
- Service Locations
- Contact Name
- Contact Phone and Fax
- Email

Molina Healthcare of Texas
Attn: Provider Services
5605 MacArthur Blvd., Suite 400
Irving, TX 75038