

“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:

- In the Provider Manual
- In the PA Code Lists
- In the PA Form
- 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?

- Fill out the Claim Reconsideration Form
- Email your Molina Provider Services Representative
- In the Provider Portal
- 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.

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Questions?

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

Email us at OHProviderRelations@MolinaHealthcare.com

Visit our Provider Website at
MolinaHealthcare.com/OhioProviders

How to Join WebEx

To join WebEx, call (404) 397-1516 and follow the instructions. To view sessions, log into WebEx.com, click on “Join” and follow the instructions. Meetings passwords are case sensitive. For trouble connecting to a Molina training, email Molina at OHProviderRelations@MolinaHealthcare.com and we’ll assist you with getting connected immediately.

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Join Our Email Distribution List

Get this bulletin via email. Sign up at
MolinaHealthcare.com/ProviderEmail.

Website Roundup

Recently updated documents include:

- [Ohio Managed Medicaid Consolidated Plan Resource Guide](#)

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
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- [Behavioral Health Toolkit](#)
- [Claims Payment Systemic Errors](#)

Provider Training Sessions

Monthly It Matters to Molina Provider Forum Topic: Claim and Authorization Reconsideration

- Wed., Feb. 24, 2 to 3 p.m., meeting number 177 894 3648, password JZcmJ38SXX3

Quarterly Provider Orientation:

- Thurs., Feb. 18, 3 to 4:30 p.m., meeting number 177 539 0817, password Kfi5p8kWe9N

To join WebEx, follow the instructions under [“How to Join WebEx.”](#)

Notice of Changes to the Provider Manual

Molina posts a new comprehensive Provider Manual to our website semi-annually. However; changes can be made to the manual between comprehensive 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 of Molina’s Provider Manual.

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,

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	V2208	V2303	V2321	V2523	V2760
92311	92370	V2112	V2209	V2304	V2399	V2530	V2761
92312	92371	V2113	V2210	V2305	V2410	V2531	V2762
92313	V2020	V2114	V2211	V2306	V2430	V2599	V2770
92314	V2025	V2115	V2212	V2307	V2499	V2600	V2780
92315	V2100	V2118	V2213	V2308	V2500	V2700	V2781
92316	V2101	V2121	V2214	V2309	V2501	V2702	V2782
92317	V2102	V2199	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.

and to update the claims process to collapse billing of Preventable Readmission into Anchor Admission. These changes went into effect on Jan. 1, 2021. The updated policy is located on our Provider Website, under the “policies” tab.

Hospice Services to Require PA Information for Medicaid and MyCare Ohio network providers

Molina has postponed the effective date for hospice services billed under HCPCS T2046 to require PA for inpatient and out-of-network (non-contracted) providers. The original effective date was Jan. 1, 2021. The new effective date is April 1, 2021.

For codes that require PA, always view the current PA Code List on our Provider Website, or use the PA Look Up tool on the Provider Portal.

Changes to Drug Test Codes

On Jan. 1, 2021, Molina, based on ODM guidance, stopped using the CPT codes maintained by the American Medical Association (AMA) for reporting of definitive drug tests and will adopt the HCPCS codes maintained by Centers for Medicare and Medicaid Services (CMS). New HCPCS codes include: G0480, G0481, G0482 and G0483.

As a reminder, testing should be performed only for drugs or drug classes that are likely to be present, as indicated by:

- The patient’s medical history
- The patient’s current clinical presentation
- Current patterns of use and abuse in the general population

2021 Updates to Patient Driven Grouping Model (PDGM)

Information for Medicare, MyCare Ohio Medicare and Marketplace Home Health providers

Effective Jan. 1, 2021, CMS will no longer issue up-front payment for Requests for Anticipated Payment (RAPs). Molina will be aligning to this change.

Molina has updated the “Patient Driven Grouping Model (PDGM) FAQs” document, located on the MyCare Ohio Provider Website, under the “Manual” tab, on the “Quick Reference Guides & FAQs” page, and on the Medicare

- 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> 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 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>. 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, select "Laws & Regulations" then "HHS Guidance Portal" and in "Keyword Search" type in "[Announcement of December 2019 Encounter Data Software Release Updates.](#)"