PROVIDER BULLETIN

A bulletin for the Molina Healthcare of Ohio provider networks

MOLINA HEALTHCARE®

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Authorization Requests without Inpatient Orders or Supporting Clinical Documentation Will Be Rejected Starting Oct. 1, 2025

Info for Medicaid providers

Effective Oct. 1, 2025, Molina Healthcare of Ohio, Inc. will implement a new policy regarding authorization requests received without inpatient orders or supporting clinical documentation.

These requests will no longer be closed for incompleteness—they will be formally rejected.

This change aligns with updated internal procedures and regulatory guidance to ensure timely and accurate processing of prior authorization (PA) requests. The goal is to promote accountability and reduce delays in care due to incomplete submissions.

What Providers Need to Know:

- Requests missing inpatient orders or clinical documentation will be rejected rather than closed.
- Rejected requests will require resubmission with complete documentation to be reconsidered.
- Providers will receive formal notification of rejection, including the reason and guidance for resubmission.

How to Prepare:

- Utilize Molina's portal (Availity Essentials) for streamlined electronic submissions and status tracking.
- Ensure all authorization submissions include complete clinical documentation and inpatient orders where applicable.
- Review your internal workflows to avoid delays caused by incomplete submissions.

As a reminder, Molina does not accept retrospective authorizations.

Q4 PA Code Changes

Info for all network providers

Molina has posted the following PA Code Change documents on our Provider Website, under the Forms tab, for an Oct. 1, 2025, effective date.

- Medicaid: Q4 2025 PA Code Changes
- Medicare and MMP: Q4 2025 PA Code Changes
- Marketplace: Q4 2025 PA Code Changes

Place of Service (POS) 02 Telehealth

Info for Medicaid providers

Molina is aligning with the Centers for Medicare & Medicaid Services (CMS) reimbursement guidelines regarding Place of Service (POS) 02, which designates telehealth services provided outside the patient's home.

The Provider Bulletin is a monthly newsletter distributed to all network providers serving beneficiaries of Molina Healthcare of Ohio Medicaid, Medicare, MyCare Ohio and Health Insurance Marketplace health care plans.

Molina is updating its claim processing system to reimburse physician services billed with POS 02 at the Medicaid facility rate on Medicaid claims.

Molina is making this change to align with CMS's definition of POS 02 as a setting where the site-of-service payment differential applies, resulting in facility-based reimbursement.

View the CMS Transmittal 3873 Change Request 10272 at cms.gov and select Regulations & Guidance under Medicare, then Transmittals. Type R3873CP in the search bar under 2017 Transmittals, then select the download.

Specialized Recovery Service Program: T1016
Info for Medicaid providers

On Aug. 22, 2025, Healthcare Common Procedure Coding System (HCPCS) Code T1016 was updated based on OAC 5160-43-08 Specialized Recovery Services program billing procedures and payment rates for recovery management.

Updates include:
- Service dollar amount will increase from $19.00 to $27.54 per 15 minutes.
- Addition of a monthly billing cap on the total number of units reimbursed monthly, not to exceed a maximum of 8.5 units of service per month.

Marketplace Appointment Access Standards Update
Info for Marketplace providers

Molina has added an addendum to our Marketplace Provider Manual with updated Medical Appointment Access standards aligned to CMS requirements. View it on our Marketplace Provider Website, under the Provider Manual header on the Forms page.

Maternal and Infant Support Program Billing Guidelines
Info for Medicaid providers

The Ohio Department of Medicaid (ODM) has created a Maternal and Infant Support Program (MISP) Services Overview and Billing Guidelines document.

Find it at medicaid.ohio.gov by selecting Programs & Initiatives under Families & Individuals, then selecting Maternal and Infant Support.

Availity Essentials: Care Managed Member
Info for all network providers

Effective Oct. 18, 2025, Molina will retire the Care Managed Member tile, in Availity Essentials > Payer Spaces, under Applications.

Availity Essentials: Prior Authorization Submissions Require Clinical Records
Info for all network providers

Effective Oct. 20, 2025, Molina will begin requiring additional documentation, including clinical records, for all prior authorization (PA) submissions. The clinical records submitted should be for the PA being requested.

Note: Attachments will function as required fields. Without them, the system will block the submission.

Availity Essentials: Attachment Size
Info for all network providers

Based on provider feedback, Molina has increased the maximum attachment size in Availity Essentials from 128MB to 640MB.

Thank you for your feedback, and remember, You Matter to Molina.

Consent for Sterilization Form
Info for Medicaid providers

ODM is working to update the Consent for Sterilization form. The version on the ODM website expired on 7/31/2025, but it will continue to be accepted until further notification is provided by ODM.

Find additional information in the ODM MAL 681: Sterilization Consent Form (HHS-687), located at medicaid.ohio.gov by selecting Resources for Providers, Policies & Guidelines and then Medicaid Advisory Letters (MALs).

New ODM Behavioral Health Provider Manual
Info for Medicaid providers

ODM has posted a new Behavioral Health Provider Manual. View it on the ODM website at medicaid.ohio.gov by selecting Behavioral Health under the Resources for Providers menu.

Please note that the new supervisor modifiers, HT and HP, for reimbursement are only applicable to Fee for Service (FFS) claims, not Molina.

Access Standards
Info for all network providers

Find Molina's appointment availability standards in our Provider Manuals on our Provider Website.

Based on regulatory, industry and National Committee for Quality Assurance (NCQA) guidelines, our standards are approved by our Quality Improvement Committee. In addition to other ongoing monitoring activities, we conduct a survey at least annually to measure compliance and perform targeted education and corrective action plans with providers that do not meet standards.

Americans with Disabilities Act
Info for all network providers

Section 504 of the Rehabilitation Act forbids organizations receiving federal financial assistance from denying individuals with disabilities access to services. The Americans with Disabilities Act (ADA) prohibits discrimination against people with disabilities that may affect public accommodations, including health care. By eliminating barriers to healthcare access, we can improve the quality of life for people with disabilities.

Learn more in the Molina Provider Education Series [Americans with Disability Act (ADA)](#), located on our Provider Website, on the You Matter to Molina page, under the Communications tab, or the [Americans with Disabilities Act FAQ](#) on our MyCare Ohio website under the Manual tab, on the Quick Reference Guides & FAQs page.

Annual: Culturally and Linguistically Appropriate Services (CLAS) Training
Info for all Medicaid and MyCare Ohio providers

Per the CMS guidelines in rule 42 Code of Federal Regulations (CFR) § 438.10 (h) (1) (vii), Molina is required to validate our network providers' completion of Culturally and Linguistically Appropriate Services (CLAS) Training. This requirement helps to ensure providers meet all members' unique and diverse needs.

Molina provides annual CLAS training to our participating provider network.

Molina offers educational opportunities in CLAS concepts for providers, their staff and Community-Based Organizations through training modules delivered through a variety of methods, including:
- Written materials
- CLAS Training Videos
- Access to reference materials, including the Industry Collaborative Effort (ICE) and A Physician's Practical Guide to Culturally Competent Care

To learn more, view the training resources on the [Availity Essentials Provider Portal](#). After logging into Availity Essentials navigate to Molina Healthcare under Payer Spaces, then select the Resources tab.

Note: Providers have the option to utilize their own CLAS training that meets the federal requirement.

Once the CLAS training is completed, fill out the Culturally and Linguistically Appropriate Services (CLAS) Training Attestation available in Availity Essentials.

Thank you for your cooperation.

Updated: Medicaid Reimbursed Home Health Services
Info for Medicaid and MyCare Ohio providers

As a reminder, in accordance with OAC [5160-12-01](#), home health services are only reimbursable to providers who are Medicare-certified home health agencies (MCHHAs), also known as Provider Type 60.

Note: Home health services are defined as the following codes: G0151, G0152, G0153, G0156, G0299, G0300

Providers who are not Provider Type 60 with ODM are not eligible to provide home health services. In addition, a Provider Type 16, known as Other Accredited Home Health Agency, can only provide and receive reimbursement for the following services:
- State Plan Benefit: T1000, T1001, T1001 U9
- Ohio Home Care Waiver: T1002, T1003, T1019, S5136, S5136 UD

<u>Note: Private Duty Nursing (PDN) Service, T1000, is only eligible for reimbursement from Provider Types 16, 38, 60, 65, 71 and 72, per ODM.</u>

Updated: Ordering, Referring and Prescribing (ORP) Providers National Provider Identifier (NPI) Update

Info for all network providers

Effective <u>Sept. 25, 2025,</u> Molina will begin denying claims missing an Ordering, Referring and Prescribing (ORP) provider based on the guidance below.

Denials are for all dates of service for claims <u>with a receipt date of Sept. 25, 2025, and after</u>.

As a reminder: Molina began to require the billing of ORP providers on July 1, 2021, based upon the requirements developed by the Ohio Department of Medicaid (ODM) in compliance with federal regulations [42 CFR 438.602](#) and [42 CFR 455.410](#). Claims billed with the attending field information populated will also be used to satisfy the ORP requirements.

A valid National Provider Identifier (NPI) is required on claims for select ORP provider types, including:
- Hospital
- Independent Diagnostic Testing Facility
- Psychiatric Hospital
- Waivered Services Organization
- Nursing Facility
- Medicare Certified Home Health Agency
- Professional Medical Group
- Other Accredited Home Health Agency
- Hospice
- Ohio Department of Mental Health and Addiction Services (OMHAS) Certified/ Licensed Treatment Program
- Pharmacy
- Psychiatric Residential Treatment Facility
- Federally Qualified Health Center (FQHC)
- Certified Ohio (OH) Behavioral Analyst
- Clinic
- Occupational Therapist Individual
- Independent Laboratory
- Certified Registered Nurse (RN) Anesthetist Individual
- Waivered Services Individual
- Durable Medical Equipment Supplier
- Audiologist Individual
- Speech Language Pathologist

- Anesthesia Assistant Individual
- Ohio Department of Mental Health Provider
- Physical Therapist Individual
- Non-Agency Personal Care Aide
- Wheelchair Van
- Non-Agency Nurse – RN or Licensed Practical Nurse (LPN)
- Portable X-Ray Supplier
- Non-Agency Home Care Attendant

[For additional information and provider type/code specific information, visit medicaid.ohio.gov and select Managed Care under the Resources for Provider Header, then Managed Care program File Specifications and Methodologies. View the Methodology for Encounter Data Quality Measures under Appendix K. Find additional information on ORP NPI in our Provider Manual.](#)

Molina started to include the following CARC/RARC (Claim Adjustment Reason Code/Remittance Advice Remark Code) remit messaging in December 2021:

Referring:
- Remit: N286
- CARC: 16
- CARC Description: Claim/service lacks information or has submission/billing error(s)
- RARC: N286
- RARC Description: Missing/incomplete/invalid referring provider primary identifier

Ordering:
- Remit: N265
- CARC: 16
- CARC Description: Claim/service lacks information or has submission/billing error(s)
- RARC: N265
- RARC Description: Missing/incomplete/invalid ordering provider primary identifier

Attending:
- Remit: N253
- CARC: 16
- CARC Description: Claim/service lacks information or has submission/billing error(s)
- RARC: N253
- RARC Description: Missing/incomplete/invalid attending provider primary identifier

Reminder: Molina Partnership with Evolent Health to Include Oncology
Info for Medicaid network providers

Molina is pleased to announce our expanding collaboration with Evolent, formerly known as New Century Health, as the administrator of the Molina Oncology Quality Management program.

Beginning Sept. 1, 2025, Evolent will review oncology-related infused and injectable chemotherapeutic agents, supportive/symptom management medications and radiation treatment Prior Authorization (PA) requests for services that will be administered in a physician's office, outpatient hospital or ambulatory setting.

Find additional information in the [August Provider Bulletin](#), located on our Provider Website.

View the [Medicaid: Q3 PA Code Changes Evolent Codes](#) document on our Provider Website, on the Forms page. Treatment plans will be reviewed as a whole using nationally recognized evidence-based guidelines. The clinical policies applicable to Evolent reviews are available on the Evolent website at [evolent.com/molina-policies](#) by scrolling down to "Medication Oncology" or "Radiation Oncology."

Should you have any questions, you may contact Evolent at (888) 999-7713, Option 6.

Updated: Molina Contracting: Next Generation MyCare Ohio LTSS
Info for LTSS providers who plan to serve Next Generation MyCare Ohio members

In preparation for the 2026 launch of the Next Generation MyCare Ohio program, Molina will host training sessions throughout September to provide important information on how LTSS providers can contract with Molina for MyCare Ohio. As a reminder, ODM will roll out the Next Generation MyCare Ohio program Phase 1 on Jan. 1, 2026.

Training topics will include:
- Specialties & Services: A list of impacted specialties and services
- Contracting Documents: Learn what documents need to be completed for contracting with Molina

- Completing the Required Forms: A guide on how to fill out the required forms
- Timeline for Participation: Details on the 2026 phased implementation of the Next Generation MyCare Ohio program

Training dates and times for **Adult Day, Assisted Living, Out-of-Home Respite LTSS providers only** include (select one):
- Wed., Sept. 10, 2 to 3 p.m.
- Mon., Sept. 15, 9 to 10 a.m.

Remember, if you receive a contract from Molina via DocuSign, email or USPS mail, please sign and return it as quickly as possible. Prompt action helps ensure uninterrupted service delivery. For any questions or concerns, our team is here to support you. Please do not hesitate to contact [MHINewMarketsDevContracting@MolinaHealthcare.com](#).

Updated: Molina Clinical Policy Page Update
Info for Medicaid providers

Molina has posted the October 2025: Clinical Policies Updates document on the [Clinical Coverage Policies](#) page of our Provider Website with all of the updates that will be effective on Oct. 1, 2025.

Updated: Website Roundup
Info for network providers

Recently added or updated documents:
- [August CPSE Report](#)
- [October 2025: Clinical Policies Updates](#)

Updated: Live Provider Training Sessions
Info for all network providers

Molina is offering the chance to enter a monthly drawing for a prize! To enter, join a provider training and share your name and email.

You Matter to Molina Forums:
- Home Health Prior Authorization Process and Best Practices: Mon., Sept. 29, 1 to 2 p.m.
- Medicaid and FIDE SNP (Fully Integrated Dual Eligible Special Needs Plan) Open Enrollment, plus FIDE SNP Supplemental Benefits: Wed., Oct. 1, 10 to 11 a.m.
- Molina Member Value Added and FIDE SNP Benefits Overview for Providers: Thurs., Oct. 30, 1 to 2 p.m.

General Provider Orientation:
- Thurs., Sept. 4, 11:30 a.m. to 12:30 p.m.
- Wed., Oct. 8, 2 to 3 p.m.

Specialized Provider Orientation:
- Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC): Fri., Sept. 19, 10 to 11 a.m.
- Behavioral Health: Thurs., Oct. 23, 2 to 3 p.m.

Molina Model of Care:
- Thurs., Sept. 11, 1 to 2 p.m.
- Fri., Oct. 17, 10 to 11 a.m.

Molina Dental Services Training:
- Tues., Sept. 30, 3 to 4 p.m.
- Thurs., Oct. 30, 11 a.m. to 12 p.m.

Availity Essentials Portal Training: Visit the Help & Training section on the portal or contact training@availity.com for training.

In Case You Missed It: View the complete articles on the Provider Bulletin page under the Communications tab of our Provider Website, under the identified month, noted in parentheses ( ).

- NDC Source Change: Effective Sept. 1, 2025, Molina is updating our adjudication process to be more accurate and complete by updating our database source for NDC. Providers must ensure all NDCs are valid and actively marketed. All other billing criteria for NDCs will remain unchanged. (August 2025)
- Sharing Member Information with Molina: Under the HIPAA Privacy Rule providers are allowed to share contact information for their patients with the appropriate MCO. Molina staff may reach out to you and request contact information for you patients who are Molina members. (August 2025)
- New Provider Type: Pediatric Recovery Centers: ODM has added Pediatric Recovery Centers as a new provider type as of Jully 1, 2025. (August 2025)
- Real-Time Claim Adjustments: LTSS: Effective Sept. 1, 2025, Molina will enhance our real-time claim adjustments by including LTSS HCPCS codes T1019, T2031, S5170, T1003, T1002, S5102, S5160, S5161, S5130 and A0080. (August 2025)
- Therapy Visit Limits and Modifier Requirements: On July 1, 2025, Molina updated our Marketplace therapy visit limits. Visits exceeding these limits will require a PA to be eligible for reimbursement. (August 2025)
- Automated Authorization Tool on Provider Portal: On Aug. 1, 2025, Molina launched an automated authorization tool in Availity. The tool allows Marketplace providers to submit authorization requests that may be automatically approved if they meet medical necessity based on MCG guidelines. (August 2025)
- Marketplace Skilled Nursing Facility Per Diem: As of Aug. 9, 2025, Molina requires Marketplace SNF authorizations to be submitted with the LOC requested. Authorizations submitted without the LOC may result in determination delays. (August 2025)
- Availity Essentials: Prior Authorization: On Aug. 25, 2025, Molina will retire the legacy PA application located in Availity Essentials > Payer Spaces. (August 2025)
- Dental Reminder: D2991 Covered Service: D2991 is a covered dental service. Diagnostic-quality radiographic images must be submitted with the claim and show evidence of incipient decay and photos of the affected surface. X-rays with AI markup are not acceptable. (August 2025)
- EVV Claim Processing Changes: On Aug. 1, 2025, ODM began Phase 4 of the EVV claims processing changes. Phase 4 impacts claims validation requirements for nurse assessments and consultations. Visit the ODM EVV website for additional information on the seven phases at medicaid.ohio.gov. (July 2025)
- EVV Claim Processing Denial Information: Based on the ODM EVV claims validation implementation changes, Molina provided a crosswalk related to EVV denials. (July 2025)
- ProgenyHealth for Marketplace: Starting on Aug. 4, 2025, Molina will expand our partnership with ProgenyHealth into the Marketplace line of business. Starting on Aug. 4, your process for notifying Molina of infants admitted into a NICU or special care nursery will change for Marketplace. (July 2025)
- Reimbursement for Residential Treatment Services: In accordance with OAC 5160-27-09, the following services are included in the residential treatment service and will not be reimbursed separately: Ongoing assessments and diagnostic evaluations, crisis intervention, individual/group/family psychotherapy and counseling, case management, SUD peer recovery, urine drug screens and medical services. (July 2025)
- Enhanced Benefit for Medicaid Members: Free Smartphone and Phone Plan: Adult Molina members in Ohio can now get a free Android smartphone and phone plan through Molina's partnership with TruConnect. (July 2025)

- Opioid Treatment Program Code Reminder: When billing OTP codes, the POS 58 must be used. If any other POS is used, the claim will be denied for an invalid POS. (July 2025)
- Partnering for Better Care: Supporting Molina Members in Appropriate Emergency Department Use: Your role as a medical provider is essential in guiding patients towards the right care at the right time. One area where your influence is especially impactful is in helping members understand when and how to use the emergency department appropriately. (July 2025)
- Annual Mandatory D-SNP Medicare Model of Care Training: CMS requires contracted Medicare medical providers to complete training on the D-SNP MOC by Dec. 31, 2025. Molina hosts training sessions for providers and their staff. (July 2025)
- Availity Essentials Claim Disputes Update: Molina has developed a step-by-step guide to better assist providers with claim disputes within Availity Essentials. (June 2025)
- Availity Essentials Digital Correspondence Update: Molina has added a Digital Correspondence Hub to the Availity Essentials Portal to allow providers to receive, manage and track digital communications with Molina. (June 2025)
- Nursing Facility and Hospice Ventilator and Ventilator Weaning: Effective July 1, 2025, NF and Hospice Ventilator and Ventilator Weaning claims must include diagnosis code Z99.11. (June 2025)
- Alzheimer's Disease and Related Dementias (ADRD) Program: Molina has announced the launch of the ADRD Program in partnership with Isaac Health, by July 1, 2025, which aims to provide specialized services and support for Molina members living with or at risk of ADRD. (June 2025)
- ODM MyCare Ohio Program Launch: ODM will launch the Next Generation MyCare Ohio program in two phases starting in January 2026. Stay up to date with the ODM News at medicaid.ohio.gov. (June 2025)
- ODM Update: Terminations have resumed for failure to complete Medicaid Agreement Revalidations in PNM. In January 2024, ODM began terminating providers who failed to complete their revalidation prior to their specified deadline. (May 2024)
- PA Request: The preferred method of PA submission is through Availity. Availity offers a more streamlined provider experience compared to faxing. Contact training@availity.com for training. Note: Using an older version of the PA request form may cause delays in processing. (March 2024)
- Medicaid Enrollment Requirements: Any provider, group ordering or referring who is not enrolled and noted as "active" in the ODM PNM system will receive denials for claims submitted to Molina. Claim denials will continue until the provider's Medicaid enrollment is noted as an "active" status. Providers who update their records after claims begin denying will need to submit corrected claims once the records are updated. Visit medicaid.ohio.gov for additional information. (March 2024)

Questions and Quick Links	Connect with Us	Join Our Email Distribution List
Provider Services: (855) 322-4079 Mon. – Fri. 7 a.m. to 8 p.m. for Medicaid, 8 a.m. to 6 p.m. for MyCare Ohio and 8 a.m. to 5 p.m. for Medicare and Marketplace • Email: OHProviderRelations@ MolinaHealthcare.com • Provider Website: Molina Healthcare.com/OhioProviders	facebook.com/MolinaHealth x.com/MolinaHealth **Fighting Fraud, Waste and Abuse** Suspect member or provider fraud? The Molina AlertLine is available 24 hours a day, 7 days a week at (866) 606-3889. Reports are confidential, but you may choose to report anonymously.	Did you receive this provider bulletin via fax? Sign up to receive the Provider Bulletin via email or to request removal from our fax distribution list by clicking the Sign up to receive Molina's Provider Bulletin via email here link on the Provider Bulletin page of our website.