

Ohio CANS Information Technology System

Information for all Medicaid providers

On May 2, 2022, the Ohio Department of Medicaid (ODM) launched the Ohio Children's Initiative Child and Adolescent Needs and Strengths (CANS) Information Technology System for use across Ohio's child-service systems. Providers use the CANS to inform care planning, including decision-making for children and adolescents with Behavioral Health (BH) needs. The CANS IT System will:

- Document CANS assessments and reassessments/updates with a youth/caregiver in a single location
- Support the cross-system goal of "one child, one CANS" and ensure that youth/caregivers do not need to retell their stories
- Improve care continuity and collaboration
- Record information about the child/youth and their caregiver(s) within one shared system
- Tracks trends and outcomes to identify gaps and inform access and capacity improvement efforts

The new OhioRISE program goes live on July 1, 2022, and will use the Ohio Children's Initiative CANS tool to establish program eligibility. In preparation for accessing the CANS system, ODM recommends:

- Obtain your Ohio Children's Initiative CANS certification
- Enroll as a Medicaid provider with this specialty
- Learn how to use the CANS IT System through training offered by ODM

Update on Coordination of Benefits

Information for all Medicaid behavioral health providers

Effective July 1, 2022, community behavioral health providers are required to follow standard third-party payment requirements for Medicaid providers outlined in Ohio Administrative Code (OAC) rule [5160-1-08](#). The Third Party Liability (TPL) bypass process and list remain in effect.

As a reminder, on Nov. 29, 2019, based on temporary permission from the Centers for Medicare and Medicaid Services (CMS), ODM amended OAC rule [5160-27-03](#) to add an exception to allow community behavioral health providers to submit a claim for Medicaid reimbursement when the provider had billed a third party, the third party had not paid the claim within 30 days, and the provider had concerns regarding the recipient's access to care. Effective July 1, 2022, OAC 5160-27-03 will be amended to remove this provision.

Reminder for BH Billing Agencies to Update Affiliations with Their Practitioners

Information for all Medicaid behavioral health providers

Medicaid-enrolled behavioral health 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

In This Issue – June 2022

- [Ohio CANS IT System](#)
- [Update: Coordination of Benefits](#)
- [Reminder: BH Billing Agencies](#)
- [Changes to PA Code List](#)
- [Codes 99354 and 99355](#)
- [ORP Providers NPI](#)
- [BH Centralized Fax Numbers](#)
- [Claim Reconsiderations](#)
- [SUD Services PA Request Form](#)
- [Pregnancy Report Billing Code](#)
- [PsychHub on the Website](#)
- [BH Provider Manual Updates](#)
- [Provider Enrollment in MITS](#)
- [Changing a Remittance Address](#)
- [Changing a Service Location](#)
- [Non-Contracted BH Providers](#)
- [Update: Definitive UDS Counts](#)
- [BH Cash Advance Repayments](#)
- [Limits, Audits, and Edits](#)

Questions?

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 website at MolinaHealthcare.com/OhioProviders

Visit the ODM BH website at <https://bh.medicare.ohio.gov/manuals>

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Behavioral Health Provider Manual *Information for BH providers*

ODM and OhioMHAS updated:

- June 14, 2022: The BH Provider Manual to reflect the addition of CANS assessment, Mobile Response and Stabilization Services (MRSS), and OhioRISE.
- March 1, 2022: The BH Coding Workbook.

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
- View the Community Behavioral Health Center (CBHC) Practitioner Enrollment Files (one for provider type 84 and one for provider type 95)

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.

Notice of Changes to Prior Authorization Requirements

Information for all Medicaid providers

Effective July 1, 2022, Intensive Home-Based Therapy (IHBT) will be a service provided only by OhioRISE. New enhancements include:

- Multi-system Therapy (MST) and Functional Family Therapy (FFT) evidenced-based models
- IHBT Individual Licensed Provider Model
- IHBT Teamed Provider Model

Reminder: As of March 1, 2022, Molina requires Prior Authorization (PA) for IHBT Current Procedural Code (CPT) code H2033 Multi-Systemic Therapy for Juveniles (MST). This PA requirement is based on updates to the ODM BH Provider Manual located at bh.medicicaid.ohio.gov/manuals and was originally communicated in the [February Provider Bulletin](#), sent to our network on Jan. 28, 2022.

Note: Molina posts new comprehensive PA Code Lists to our Provider Website quarterly. However, changes can be made to the lists between quarterly updates. Always use the lists posted on our Provider Website under the “Forms” tab instead of printing hard copies to ensure you access the most up-to-date versions of Molina’s PA requirements.

Prolonged Service Codes: 99354 and 99355

Information for Medicaid and MyCare Ohio Community BH providers

Effective for dates of service on or after Jan. 1, 2022, ODM requires providers to use American Medical Association (AMA) procedure codes 99415 and 99416 to indicate prolonged Evaluation and Management (E&M) services for BH provider types 84 and 95.

This new billing logic follows National Correct Coding Initiative (NCCI) edits and will no longer allow the use of 99354 and 99355 with E&M codes 99202-99205 and 99211-99215. Prolonged services codes 99354 and 99355 will continue to be covered for use with other codes as allowed by CPT guidance.

Find additional details in the [Prolonged Services Code Updates Effective January 1, 2022 for Community BH Providers](#) MITS Bits, located on the ODM BH website, under “MITS Bits & Newsletters.”

Ordering, Referring, and Prescribing Providers NPI

Information for all network providers

As of July 1, 2021, Molina requires the billing of Ordering, Referring, and Prescribing (ORP) providers based upon the requirements developed by

Visit the [ODM BH Provider Manual & Reimbursement Rates](#) website to view the updated manual.

Provider Enrollment in MITS

Information for CBHC providers

As a reminder, ODM and OhioMHAS use the MITS as the primary provider enrollment and affiliation information source.

MITS is the primary source of provider enrollment and affiliation information. CBHC providers must update MITS with accurate information that ODM will share with all MCPs via the daily Provider Master File (PMF).

Changing a Remittance Address

Information for all network providers

Providers need to update any changes to their remittance Explanation of Payment (EOP) address with Molina directly to avoid delays or misrouted payments. All agency-level or contractual updates must be sent directly to Molina following the Provider Information Update process. Complete the [Provider Information Update Form](#), available on the Molina Provider Website, under the “Forms” tab to make these critical updates. Submission should include an updated W-9. The completed form can be emailed, mailed, or faxed to Molina. Contact Molina following the above process with agency-level updates.

Changing a Service Location Address

Information for all network providers

Service locations are key to how a claim is processed. Changes to a service location address must be submitted timely to Molina to avoid claim denials. To update a service location address, complete the Provider Information Update Form, available on the Molina website, under the “Forms” tab. Submission should include any appropriate attachments for specialists or primary care providers. The completed form can be emailed, mailed, or faxed to Molina.

Non-Contracted BH Providers

Information for Medicaid and MyCare Ohio network providers

Based on July 1, 2020, ODM updates to Appendix C of the Managed Care Plan (MCP) Provider Agreement, under 31: Transition of Care

the ODM in compliance with federal regulations 42 CFR 438.602 and 42 CFR 455.410. Claims billed with the attending field information will also be used to satisfy the ORP requirements.

Read the [December 2021 Provider Bulletin](#) on our Provider Website, under the “Communciations” tab, on the “Provider Bulletin” page for additional information.

Behavioral Health Centralized Fax Numbers

Information for behavioral health Medicare and MyCare Ohio providers

Find a list of Behavioral Health fax numbers in the [PA Request Form](#) on the Molina Provider Website, under the “Forms” tab.

Claim Reconsiderations

Information for all network providers

As of September 6, 2021, BH providers must follow the standard claim reconsideration process for disputing how a claim was processed. Submit a claim reconsideration form only when disputing a payment denial, payment amount, or code edit.

- Providers must submit a Claim Reconsideration Request Form for any dispute related to a claim that is not due to authorization.
- An Authorization Reconsideration Form must be attached to any request involving an authorization denial or update.

Providers must submit a claim reconsideration within 120 calendar days from the disputed claim remit date. Use the Provider Portal to submit the reconsideration:

- Access the Provider Portal at provider.molinahealthcare.com
- Log in with your User ID and Password
- Providers can include attachments with the reconsideration request

Reminder: The forms are available on the Provider Website, under the “Forms” tab. Any claim reconsideration request, or request to review claims not submitted via the standard claim reconsideration process, will be returned to the provider with instructions on the correct process to address the claims. The BHProviderServices@MolinaHealthcare.com email box is no longer handling these inquiries.

SUD Services PA Request Form

Information for SUD providers

The [Substance Use Disorder Services Prior Authorization Request](#) form, implemented by ODM and the Ohio Department of Mental Health and Addiction Services (OhioMHAS), is available on the ODM website at medicaid.ohio.gov by selecting “Medicaid Forms” and typing in either ODM 10276 or the name of the form. Benefits of the form include:

- Adherence to American Society of Addiction Medicine (ASAM) criteria
- Increase consistency in the PA process
- Standardized documentation to align with OhioMHAS requirements
- Consideration of the member perspective

Billing Code Added for Pregnancy Report

Information for Medicaid and MyCare Ohio providers

Providers should use Healthcare Common Procedure Coding System (HCPCS) code T1023 for Report of Pregnancy. Providers must submit the report on either ODM 10257 [Report of Pregnancy \(ROP\)](#) or the [Pregnancy Risk Assessment Form \(PRAF\)](#).

Requirements for Managed Care Members Receiving Behavioral Health Services, as of Oct. 1, 2020, non-contracted/out-of-network CBHC providers who deliver services to Molina members are required to submit a PA for all services. Failure of a non-contracted provider to obtain PA will result in claim denials for those services.

To join the Molina network, email us at MHOBHProviderTeam@MolinaHealthcare.com.

Update to Definitive UDS Counts

Information for Medicaid and MyCare Ohio providers

Based on feedback from ODM, as of Jan. 1, 2022, Urine Drug Screening (UDS) code G0483 counts towards the 12 definitive UDS annual units allowed to be billed for an individual member. PA will still be required to bill code G0483, regardless of how many UDS units have been billed. As a reminder, after 12 definitive UDS units, PA is required for any definitive UDS.

View the ODM [“Ohio Urine Drug Testing Prior Authorization Request Form”](#) at medicaid.ohio.gov; under “Resources for Providers,” select “Managed Care,” then “Policy” and “Managed Care Policy Forms.” The form is also on our Provider Website, on the “Forms” tab. OhioMHAS has established guidelines for the appropriate clinical use of urine drug screening for patients with SUD.

BH Cash Advance Repayments

Information for Community BH providers in the Medicaid network

Reminder, as of July 1, 2020, providers who suspended their payments should have resumed their agreed-upon repayment schedules and monthly payment amounts.

BH Limits, Audits, and Edits

Information for Medicaid and MyCare Ohio providers

When a patient is in a residential treatment and counseling program, sending the patient off-site for therapy services would not be considered a covered service. Please refer to the ODM [“BH Workgroup Limits, Audits and Edits”](#) document on the ODM BH website, under “Provider,” then “Manuals, Rates & Resources,” and

Payment may be made for one report of a pregnancy diagnosis in conjunction with an E&M service that is not associated with a normal obstetrics/gynecology visit. For additional information, read the [Medicaid Community Behavioral Health Billing Codes for Prolonged Services & Coverage Added for "Report of Pregnancy"](#) MITS Bits, located on the ODM BH website, under "MITS Bits & Newsletters."

PsychHub on the Molina Provider Website

Information for behavioral health providers

Through the Molina Provider Website, Molina members and providers can access the online platform PsychHub, a digital mental health education tool. PsychHub includes a library with over 180 consumer-facing, animated videos focused on improving mental health literacy and reducing the stigma about seeking care.

Molina participating providers can sign up for free to access content, videos, and BH-focused learning hubs with the Molina-defined coupon code: PHMolina2022. Some courses have Continuing Education Credits (industry-recognized certificates delivered electronically) available for Clinical Psychologists, Clinical Social Workers, and Licensed Professional Counselors.

Molina has posted the [Psych Hub: Access Your Mental Health Practitioner Hub](#) document on our 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

under "Billing and IT Resources" and "Additional Resources" for additional information.