

Quest Diagnostics: Molina's Preferred In-Network Clinical Laboratory Provider

Information for all network providers

Quest Diagnostics is Molina's Preferred in-network clinical laboratory provider. Quest offers numerous benefits to providers, including:

- Widespread patient access: Quest has free-standing Patient Service Centers in many locations across Ohio; they may also install a drop box in a provider office or send a courier out to pick up samples directly from the office.
- Extensive testing options: Quest can perform laboratory testing required to care for Molina Healthcare's membership, including but not limited to routine medical labs, toxicology and prescription drug monitoring, and a wide array of genetic and other specialized test options.
- Access to test results: Providers can access Quest's online tools to order tests and view test results. Quest provides Molina with direct access to Molina Healthcare members' test results, which helps to alleviate year-end HEDIS® record audits at the provider office. Quest also offers an online platform to give Molina members direct access to test results.

Please visit QuestDiagnostics.com or call (866) 697-8378 to learn more about Quest's testing offerings and the variety of options available for your practice to utilize Quest's services.

As a reminder, network providers are expected to utilize in-network clinical laboratory providers whenever possible. To find an in-network laboratory, visit our [Provider Online Directory](#), located by selecting "Find a Provider" on our Provider Website.

Annual Mandatory Model of Care Training

Information for Medicare providers

The Centers for Medicare and Medicaid Services (CMS) requires contracted Medicare medical providers to complete basic training on the Dual Eligible Special Needs Plan (D-SNP) Model of Care by Dec. 31, 2023.

- Molina will host monthly Model of Care provider training to help train you and your staff and address questions. Find an upcoming training in the Provider Training Session article.
- Find information on Model of Care requirements in the [Model of Care Provider Bulletin](#).

Modifier Utilization for Facility Claims

Information for Marketplace providers

Effective Aug. 1, 2023, based on guidelines from CMS, a claim line that has an inappropriate modifier will be denied per CMS NCCI Policy, Chapter 1.

An edit will be applied on a claim line that does not have the appropriate modifier appended for use with a particular Current Procedural Terminology (CPT) or Healthcare Common Procedural Coding System (HCPCS) procedure code.

For additional information on the appropriate use of modifiers, please view [Chapter 1 – General Correct Coding Policies](#) of the NCCI Policy Manual, at

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Questions and Quick Links

Provider Services – (855) 322-4079
Monday - Friday: 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 us at OHProviderRelations@MolinaHealthcare.com
- Visit our Provider Website at MolinaHealthcare.com/OhioProviders
 - [Provider Manual](#)
 - [PA Code List](#)
 - [PA Request Form](#)
 - [Provider Bulletin Archive](#)
 - [It Matters to Molina Page](#)
 - [Provider Portal](#)

Join Our Email Distribution List

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

Connect with Us

facebook.com/MolinaHealth
twitter.com/MolinaHealth

Provider Training Sessions

It Matters to Molina Forums:

[cms.gov](https://www.cms.gov), by selecting “Medicare-Medicaid Coordination” then “The National Correct Coding Initiative (NCCI)” and “NCCI Policy Manual.”

Molina Hospice and Vent/Vent Weaning Billing Guidelines

Information for all network providers

Reminder: Nursing Facility Room and Board (T2046): Hospice providers billing for nursing facility room and board must bill using the Health Care Financing Administration (HCFA) CMS-1500. The name of the nursing facility in which the services were delivered must be placed in Box 32 and the National Provider Identifier (NPI) related to the nursing facility must be placed in 32a.

Reminder: Ventilator and Ventilator Weaning Claims: Molina will only accept UB-04 claim form for ventilator and ventilator weaning; claims submitted on a CMS 1500 form will be denied for incorrect billing. When billing Ventilator Weaning claims, the provider is required to include the Name and NPI of the nursing facility in which the services were delivered in Box 80 (Remark code). In addition, when billing for Ventilator and/or Ventilator Weaning services, the diagnosis code **Z99.11** must be included. Type of Bill – 81X/081X or 21X/021X: If the claim is billed with the incorrect Type of Bill, the claim will deny as incorrect billing.

Description of Service	Specialty Code	Revenue Center Code	Diagnosis Code	Rate 7/1/2023
Vent Dependent: Full rate for meeting VAP threshold	862	419	Z99.11	\$1,368.74
Vent Weaning: Full rate for meeting VAP threshold	867	410	Z99.11	\$1,642.48
Vent Dependent Rate: 5% reduction for not meeting VAP threshold	864	419	Z99.11	\$1,300.30
Vent Weaning: 5% reduction for not meeting VAP threshold	868	410	Z99.11	\$1,560.36

A Nursing Facility may provide ventilator only services or both ventilator and weaning services as approved by the Ohio Department of Medicaid (ODM). Upon approval, a nursing facility will be assigned the related provider specialty code(s) according to the table above. This will enable claims to pay at the enhanced rate(s) when the corresponding Revenue Center Code (RCC) and Diagnosis Code are billed on the claim.

If ODM determines that a nursing facility fails to meet the ventilator-associated Pneumonia (VAP) threshold for two consecutive quarters, provider specialty codes 862 and 867, if applicable, will be end dated. The nursing facility will be assigned the specialty code 864 and, if applicable, 868 until ODM confirms the facility has come into compliance.

Bed-hold days should be billed using the appropriate leave day revenue center code and will be paid at the Nursing Facility’s per Medicaid day payment rate for reserving beds under section 5165.34 of the Revised Code.

NFs interested in participating in the NF Ventilator/Ventilator Weaning Program must complete form ODM 10227 “Request to Participate in the ODM Nursing Facility Ventilator Program” and email to NFPolicy@medicaid.ohio.gov. To

- Pregnancy Related Services and Billing: Thurs., July 27, 2 to 3 p.m.
- Cost Recovery: Thurs., Aug. 31, 1 to 2 p.m.

General Provider Orientation:

- Thurs., July 6, 12 to 1 p.m.
- Fri., Aug. 4, 12 to 1 p.m.

Claims and Billing Orientation:

- Tues., Aug. 15, 1 to 2 p.m.

Managed Long-Term Services and Support (MLTSS) Orientation:

- Tues., July 18, 1 to 2 p.m.

Model of Care:

- Mon., Aug. 21, 2 to 3 p.m.

Molina Dental Services Provider Training:

- Thurs., July 27, 1 to 2 p.m.
- Thurs., Aug. 24, 11 a.m. to 12 p.m.

Provider training sessions are in Microsoft Teams. Please visit the IMTM page on our Provider Website and click on the desired training to access meeting details.

Availity Essentials Portal – General Training:

- Mon., July 17, 12 p.m.
- Wed., July 26, 3 p.m.
- Tues., Aug. 8, 3 p.m.
- Mon., Aug. 28, 12 p.m.
- Contact training@availity.com at any time to receive Availity Portal training.

Register for the Availity General Training in the Availity Portal. Under "Help & Training," select "Get Trained." Select the "Sessions" tab and choose a session.

Website Roundup

Recently added or updated documents:

- [Authorization Reconsideration Form](#)
- [Molina Provider Orientation](#)
- [Nursing Facility Orientation](#)
- [CMC: MCO Consolidated Resource Guide](#)
- [Q2 2023 Provider Newsletter](#)

Itemized Statement Requirements

Information for all network providers

Molina requires an itemized statement to process certain claims for payment. When the itemized statement is not received with the initial claim, the claim will be denied for the missing information, and a corrected claim will be needed. Submit an itemized statement with your initial claim or corrected claim through Availity to avoid a delay in payment. Itemized

expedite processing, please include “New Vent Request” followed by your provider name and number in the subject line.

Ohio CMC MCO Consolidated Resource Guide

Information for Ohio CMC providers

Since the launch of the Ohio Comprehensive Maternal Care (CMC) program on Jan. 1, 2023, CMC providers and the Ohio Medicaid Managed Care Organizations (MCOs) have worked together and identify opportunities for additional connections and collaborations between our organizations. One area of recommendation from CMC providers is the need for a single guide to reflect key information across all seven MCOs: AmeriHealth, Anthem, Buckeye, CareSource, Humana, Molina, and UnitedHealthcare.

As a result of this feedback, the seven MCOs have developed an [Ohio CMC: Ohio Medicaid MCO Consolidated Resource Guide](#) for CMC providers to use as a quick reference for key information from the MCOs. Molina has posted this new guide to our Provider Website for ease of reference under the “Health Resources” tab, on the “Behavioral Health Resources” page. Additionally, ODM will be posting this guide to the Ohio CMC page. Please refer to this guide for quick access to a variety of topics including primary MCO contacts for CPC, transportation information, and Pregnancy Risk Assessment Form (PRAF) resources.

National Provider Identifier (NPI) and Claim Submission

Information for Medicaid and MyCare Ohio hospitals

Per ODM, providers must use the general acute care hospital NPI (primary NPI) on all claims submitted directly to Medicaid, including claims where the recipient has Medicare coverage. Medicaid will deny claims submitted directly with NPIs other than the general acute care hospital NPI. However; on claims that automatically “cross-over” from Medicare, Medicaid will accept “secondary” NPIs associated with a psychiatric unit, rehabilitation unit, or renal dialysis services. Providers must report “secondary” NPIs to Medicaid in order to have them accepted on automatic “cross-over” claims from Medicare. They are then mapped to the general acute care hospital (primary) NPI for direct-crossover processing and payment purposes.

Please email questions to hospital_policy@medicaid.ohio.gov.

Ohio Amblyope Registry

Information for all network providers

Providers can register any patient, up to 18 years of age, who has been diagnosed with lazy eye (amblyopia) with the Ohio Amblyope Registry (OAR) program for free.

Registration makes the patient eligible for resources to help with treatment, including educational material about amblyopia, children’s storybooks about lazy eye, and free eye patches for patching therapy.

To learn more about the Amblyope Registry, visit OhioAmblyopeRegistry.com or call (877) 808-2422.

Behavioral Health QMHS Billing Modifier

Information for behavioral health providers in all networks

Reminder Behavioral Health providers with a Qualified Mental Health Specialty (QMHS) should be billing the appropriate modifier for the level of licensure as shown below.

statements are needed with a claim in the following scenarios:

- Medicare benefits were exhausted
- An authorization date span does not match the claim date span
- The claim is over \$100,000 in billed charges
- Global Obstetrics (OB) claim (global code billed to a primary carrier and Molina is secondary)
- Claims where an outlier payment would be applicable

Q2 Provider Newsletter

Information for all network providers

The [Q2 2023 Provider Newsletter](#) is available on the Provider Website on the “Communications” tab. Articles in this edition include:

- Payment Solutions
- NPPES Review for Data Accuracy
- Cultural Competency Resources for Providers and Office Staff
- Is Your Authorization Request Urgent?
- Submitting EDI Claims
- 2023 Molina Model of Care Provider Training
- Availity Essentials is the Official Portal for Molina Providers
- Molina’s Featured PsychHub Training
- Marketplace Benefit Interpretation Policy Guide
- Helping Your Patients Shouldn’t Stop When They Leave Your Office
- Save Your Humira® Patients Money by Switching to Amjevita®, the First Humira® Biosimilar
- Clinical Policy Update Highlights from First Quarter

Updated: Process for Submitting EDI Inquiries to Molina

Information for Medicaid providers

Molina has received questions from providers and their Electronic Data Interchange (EDI) Clearinghouses/Trading Partners (TP) regarding the Ohio Department of Medicaid (ODM) Ohio Medicaid Enterprise System (OMES) EDI file submissions and response files.

As a reminder, these are the appropriate Payer IDs:

Medical Claims	
Line of Business	Payer ID
Ohio ABD (Medicaid)	0007316
Ohio Adult Extension (Medicaid)	0007316

- High School (QMHS): Practitioner Modifier HM
- Associate's (QMHS): Practitioner Modifier HM
- Bachelor's (QMHS): Practitioner Modifier HN
- Master's (QMHS): Practitioner Modifier HO
- 3 Years' Experience (QMHS): Practitioner Modifier UK

Claims could deny if the appropriate specialty and modifier is not billed accurately and updated in ODM's PNM system. Find additional information in the ODM Behavioral Health Provider Manual at bh.medicaid.ohio.gov/manuals.

Updated: Medicaid Enrollment Requirements

Information for Medicaid providers

As a reminder, any provider, group, ordering, or referring who is not enrolled and noted as "active" in the ODM Provider Network Management (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.

Note: Providers who update their records after claims begin rejecting will need to submit corrected claims once the records are updated.

Visit medicaid.ohio.gov for additional information. Under "Resources for Providers," select "Managed Care," then "Policy," and "Managed Care Policy Guidance." Note that Medicaid enrollment is required by the CFR rule 42 CFR 438.602.

Reminder: TenderHeart Health Outcomes Partnership

Information for Medicaid and MyCare Ohio providers

On Sept. 1, 2023, Molina is launching a new partnership with TenderHeart Health Outcomes. TenderHeart offers incontinence services and supplies. Molina members who choose to receive incontinence supplies from TenderHeart will have access to a personal incontinence coach to help ensure they have the right product(s) for their comfort and to prevent leakage. TenderHeart's program will help members to avoid negative health outcomes, such as skin breakdown and urinary tract infections.

Members will receive a letter from TenderHeart explaining the program and how to select TenderHeart as their new incontinence supplier. Members may also choose to stay with their current incontinence supply provider. If a member chooses to join the TenderHeart program, they will still be able to receive other durable medical equipment items from their current providers. Or if a member receives an order for new durable medical equipment items outside the scope of TenderHeart, the member may choose any in-network provider to dispense those items. Please contact our Provider Services Team for more information about this program.

Reminder: Non-Emergency Medical Transportation

Information for Long-Term Services and Support (LTSS) providers

As of July 1, 2023, the PASSPORT waiver, non-emergency medical transportation (NEMT) benefit will be removed as a benefit under the PASSPORT Program due to a directive from CMS.

For services rendered after June 30, 2023, the following billing codes and modifiers will no longer be valid: T2003UAU5, T2003UAU4, T2025UAU6, and T2025UAU3.

Ohio Healthy Families (Medicaid)	0007316
Ohio Marketplace Program	20149
Ohio Marketplace Program Primary with Ohio Medicaid Secondary (ABD, Adult Extension, Healthy Families)	20149
MMP Medicare (MyCare Ohio)	20149
MMP Medicaid (MyCare Ohio)	20419
MMP Opt-Out/MMP Medicaid Secondary (MyCare Ohio)	20149
Medicare (MAPD)	20149

The information below outlines the steps to take so Molina can thoroughly research and advise on the next steps. Molina requests that providers also share this information with their EDI partners:

- Providers should submit an issue ticket with their respective clearinghouse to research and resolve all EDI issues before submitting the issue to Molina.
- For clearinghouses wishing to check the status of EDI submissions or have rejections researched contact OMESDISupport@medicaid.ohio.gov or, call the ODM Integrated Helpdesk (IHD): (800) 686-1516, option 4, sub-option 1. Representatives are available 8 a.m.-4:30 p.m. Monday-Friday.

Reminder: Molina Credentialing Update

Information for Medicare and Marketplace providers:

The below listed provider types can submit one Ohio Department of Insurance (ODI) Standardized Credentialing Form Part B for Agency/Program/Organization Providers ("ODI Credentialing Form") to cover all their locations if they are all under the same ownership. Molina will only load the main/corporate office into our credentialing system. Additional and/or alternate locations will not be loaded into our credentialing system.

- Atypical (Non-Licensed Providers)
- Durable Medical Equipment Suppliers
- Federally Qualified Health Centers
- Indian Health Clinics
- Laboratories
- Physical Therapy/Occupational Therapy/Speech Therapy
- Radiology
- Rural Health Centers

Reminder: Review Your Molina Medicaid Member's Renewal Date in Availity

Information for Medicaid providers

Perform individual Eligibility verifications in Availity. Results will show a redetermination date for any member upcoming in the next 60 days in scenarios where the member needs to take action.

- Log in to Availity.
- Choose to do an Eligibility and Benefits Inquiry.
- Enter the patient's information and click submit: Enter in either Molina Member ID or state ID along with Date of Birth (DOB) and select the state of residence. If you do not have the Member ID, enter the First Name, Last Name, and DOB, and select the state of residence.
- If the member has a renewal date coming within 60 days and needs to take action, a message will display with their renewal date.
- If the member does not have a renewal date coming within 60 days and/or does not need to take action, a message will not appear.

As a reminder, ODM resumed the Medicaid renewals (also referred to as "Medicaid redeterminations") process on Feb. 1, 2023. The first disenrollments for non-renewal, or loss of eligibility, occurred on April 30, 2023, with a May 1, 2023, effective date.

Please visit the FAQs on Molina's website [Medicaid Renewals](#), to learn more. Primary Care Providers may also access Renewals information on their member rosters located in Availity.

Fighting Fraud, Waste, and Abuse

Information for all network providers

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.

- Transportation Services
- Urgent Care

Facilities with multiple locations that share one license only need to complete one ODI Credentialing Form.

Reminder: Enteral Nutrition Payment Changes

Information for Medicaid and MyCare Ohio providers

Effective June 1, 2023, for dates of service on or after June 1, 2023, HCPCS B4157-B4162 for Enteral Nutrition requires an invoice for pricing. Claims will be priced at 185% of the provider's cost multiplied by the contractual agreement.

For information on submitting the invoice attachment with the claim, refer to the [Reference Guide for Supporting Documentation for Claims](#) on the It Matters to Molina page under "Tools and Resources."

Notice of Changes to PA Requirements

Information for all network providers

Molina posts new comprehensive PA Code Lists to our website quarterly. However, changes can be made to the lists between quarterly updates. Always use the lists posted on our website under the Forms tab instead of printing hard copies. This practice ensures you access the most up-to-date versions.

Notice of Changes to the Provider Manual

Information for all network providers

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