

THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:
COUNTIES:

- Imperial
- Riverside/San Bernardino
- Los Angeles
- Orange
- Sacramento
- San Diego

LINES OF BUSINESS:

- Molina Medi-Cal Managed Care
- Molina Medicare Options Plus
- Molina Dual Options Cal MediConnect Plan (Medicare-Medicaid Plan)
- Molina Marketplace (Covered CA)

PROVIDER TYPES:

- Medical Group/ IPA/MSO**

Primary Care

- IPA/MSO
- Directs

Specialists

- Directs
- IPA

Hospitals
Ancillary

- CBAS
- SNF/LTC
- DME
- Home Health
- Other

FOR QUESTIONS CALL PROVIDER SERVICES:

(855) 322-4075, Extension:

Los Angeles/Orange Counties

 X111113 X123071
 X127657

Riverside/San Bernardino Counties

 X127684 X120618
 X121805

Sacramento County

X121360

San Diego County

 X123006 X121401
 X127709 X121413
 X121599

Imperial County

X125682 X125666

Molina's Healthy Women Program

This is an advisory notification to Molina Healthcare of California (MHC) network providers regarding Molina Cares Member Incentive Program.

MHC is now offering a \$50 Walmart gift card for members who need a cervical cancer screening during 2019. Eligible members will receive a mailing that includes the incentive requirements and a Molina's Healthy Women Visit Form.

MHC patients who do not show record of completing their needed screening will schedule an appointment with their PCP and bring in the Visit Form for completion during the visit. A provider signature is requested.

For your convenience, we've also included the recommended coding and exclusion requirements below:

Screening	Age Range	Code Set	Exclusions
Cervical Cancer	24-64 years	Cervical Cytology: CPT: 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175 HCPCS: G0123, G1024, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091 HPV Test: CPT: 87620-87622, 87624, 87625 HCPCS: G0476	Documentation of a "complete," "total," or radical abdominal or vaginal hysterectomy with no residual cervix. Medical record submission is required for applicable exclusions.

Medical Records and Visit Forms can be submitted toll-free via fax to (562) 499-0794 or via email at:

MHCHEDISDepartment@MolinaHealthCare.Com

QUESTIONS

If you have any questions regarding the notification, please contact your Molina Provider Services Representative at (855) 322-4075. Please refer to the extensions to the left.