

Molina Policy COVID-19 Bypasses

Information for all network providers

Effective Oct. 1, 2023, Molina will turn back on edits that were previously paused due to the Public Health Emergency.

These will include the following:

- Modifiers for Telehealth: Claim lines that are reported with any COVID-19-related modifiers: 95, CG, CR, CS, G0, GQ, GT. Edits will start firing on inappropriate code-modifier combinations.
- Place of Service (POS) for Telehealth: When claims are reported with any COVID-19 related modifiers 95, CG, CR, CS, G0, GQ, GT and reported in telehealth POS 02, 12, 13. The edit will start firing on inappropriate code-POS combinations.
- New Patient with Telehealth POS: This edit will deny a new patient visit when a previous new patient visit has been reported by a provider of the same specialty within the same group practice within the last three years for POS 02, 12, 13.

Updated: Notice of Changes to PA Requirements

Information for all network providers

Molina has posted the updated Prior Authorization (PA) Code List on our Provider Website for an effective date of Oct. 1, 2023. To view the list of changes, view the "PA Code Changes 10-1-2023" tab in the [Prior Authorization \(PA\) Code List – Effective 10/1/2023](#) PA Code List, located on the "forms" page of the Provider Website. This tab indicates non-covered codes, new codes that require PA and which codes no longer require PA for all lines of business. Codes that continue to require PA appear on the "PA Code List" tab.

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.

MCG Auto-Authorization Advanced Imaging: Cite AutoAuth

Information for all network providers

Molina continues to enhance the Advanced Imaging Prior Authorization (PA) process. Molina has partnered with MCG Health to offer Cite AutoAuth self-service for High-Cost Advanced Imaging PA requests.

Providers can receive an expedited, often immediate, response by attaching the relevant care guideline content to each PA request and sending it directly to Molina. Cite AutoAuth matches Molina criteria to the clinical information and guideline content to potentially authorize the procedure automatically.

- Self-service tools include but are not limited to, MRIs, CTs and PET scans. View the PA Code LookUp Tool on the Provider Website for a full list of imaging codes that require PA.
- Access Cite AutoAuth in the Availity Essentials Portal. Providers should utilize Availity as their primary submission route. Submission is also available via fax at (877) 731-7218 and phone at (855) 714-2415.

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- [ORP Provider Information](#)
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- [CES Edit 9064 Modifier 78](#)
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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.

- View Molina's Cite AutoAuth video at youtube.com/watch?v=Lmjvwx16QOo for more details.

PA Reminders:

- Refaxing/resubmitting requests can cause delays in processing.
- Allow 24-48 hours before calling for a status update.
- There is a high risk of denials without clinical notes.
- Expedited/Urgent requests should only involve a serious threat to the member's health.

Clinical Notes Needed for Medical Necessity:

- Any lab test results that were not available at the time of the submission.
- Any previous imaging results such as ultrasounds, echocardiograms, X-rays, CT, MRI, or PET scan reports.
- Reports of any investigative or therapeutic procedures such as endoscopy, biopsies or surgery.
- Recent (within the past six months) reports from other specialist consultants and/or physical or occupational therapists.

New Services Added to Prepayment Coding Validation

Information for all network providers

Molina, in partnership with Optum, performs prepayment medical record audits. This process utilizes billing practice guidelines to support uniform billing and coding for all payers. The prepayment review of claims and medical records ensures claims are billed accurately and coded correctly in accordance with CPT, state and federal policies. The concepts utilized for the prepayment audit are in alignment with correct coding practices and incorporate a review of medical records to validate the submitted medical coding of services. This is not a medical necessity review.

Effective Oct. 1, 2023, Optum, on behalf of Molina, will expand this process to include auditing of the following services. Medical records may be requested prior to payment.

- Potentially Upcoded Musculoskeletal Excision Procedures
- Radiation Therapy and Planning Management services billed more frequently than industry standard and/or code description

Ordering, Referring and Prescribing (ORP) Provider Information

Information for all network providers

Molina recognizes that claims are incorrectly warning for provider types 21 (Medical Group) and 19 (Managed Care Organization) as requiring an Ordering, Referring or Prescribing provider. Please disregard this remit message until Molina's system is updated; currently, Molina is not denying claims for missing ORP providers.

CES Edit 9031 Add-On Procedure-Primary Procedure Flagged

Information for Medicare and MyCare Ohio providers

Effective Oct. 1, 2023, based on guidance from the Centers for Medicare & Medicaid Services (CMS), Molina will implement a new Medicare Professional edit 9031 and will start to deny claims where add-on files are identified using CMS National Correct Coding Initiative (NCCI). Find additional information on the [Medicare NCCI Add-on Code Edits](#) page at [CMS.gov](https://www.cms.gov), under "Medicare-Medicaid Coordination" by selecting "National Correct Coding Initiative (NCCI)" and "Add-on Code Edits" under "NCCI for Medicare."

Connect with Us

facebook.com/MolinaHealth
twitter.com/MolinaHealth

Provider Training Sessions

It Matters to Molina Forums:

- Community Engagement: Wed., Sept. 27, 1 to 2 p.m.
- Open Forum: Tues., Oct. 31, 1 to 2 p.m.

General Provider Orientation:

- Thurs., Sept. 7, 10 to 11 a.m.
- Fri., Oct. 6, 12 to 1 p.m.

MLTSS Provider Orientation:

- Mon., Oct. 16, 2 to 3 p.m.

Nursing Facility and Assisted Living Provider Orientation

- Mon., Sept. 18, 2 to 3 p.m.

Model of Care:

- Wed., Sept. 13, 1 to 2 p.m.
- Tues., Oct. 10, 1 to 2 p.m.

Molina Dental Services Provider Training:

- Thurs., Sept. 28, 1 to 2 p.m.
- Tues., Oct. 31, 10 to 11 a.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:

- Tues., Sept. 12, 2 p.m.
- Mon., Sept. 25, 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.

"It Matters to Molina" Corner

Information for all network providers

Molina Healthcare of Ohio is now offering the opportunity for entry into a monthly drawing for a prize! To enter, you must join one of our provider trainings and share your name and email address during the training.

Molina hosts Live Provider Trainings that include:

- It Matters to Molina Forums
- Provider Orientations
- Specialized Orientations
- Model of Care Training

CES Edit 9056 Unspecified Diagnosis Code**Information for Medicare and MyCare Ohio providers**

Effective Oct. 1, 2023, based on the guidance from CMS, Molina will implement a new Medicare inpatient claim edit 9056 and will be denying claims when an unspecified diagnosis code is reported as a principal or secondary diagnosis based on the Medicare Code Editor (MCE). Please reference the CMS reference guide for more details. Find additional information in the CMS [April 2022 Update to the Java Medicare Code Editor \(MCE\) for New Edit 20- Unspecified Code Edit](#), at [CMS.gov](#), located under "Regulation & Guidance" then "Transmittals" and "2021 Transmittals" and search for "R11059CP."

CES Edit 9064 Inappropriate Use of Modifier 78**Information for Medicare and MyCare Ohio providers**

Effective Oct. 1, 2023, based on the guidance from CMS, Molina will implement a new Medicare professional claim edit 9064 that will deny when modifier 78 is billed on lines with an inappropriate place of service for an operation procedure. Appropriate places of service for Modifier 78 would include 19, 21, 22, 23, 24 and 25. Find additional information in [Chapter 12 – Physicians/Nonphysician Practitioners](#) of the 100-04 Medicare Claims Processing Manual, at [CMS.gov](#), located under "Regulation & Guidance" then "Manuals" and "Internet-Only Manuals (IOMs)."

CES Edit 9130 Home Health Occurrence Code 50**Information for Marketplace providers**

Effective Oct. 1, 2023, and based on guidance CMS, Molina will implement a new Marketplace claim edit 9130 and will start denying home health claims billed without occurrence code 50. Find additional information in the CMS [Home Health \(HH\) Patient-Driven Groupings Model \(PDGM\) – Split Implementation](#), at [CMS.gov](#), located under "Regulation & Guidance" then "Transmittals" and "2020 Transmittals" and search for "R4489CP."

CES Edit 9523 Surgical Procedure Anatomical Modifier Required**Information for Medicare and MyCare Ohio providers**

Effective Oct. 1, 2023, based on the guidance from CMS, when a bilateral surgical procedure is billed without an anatomical modifier on the facility claim for Medicare Inpatient claims, edit 9523 will deny the claim. Find additional information in [Chapter 4 – Part B Hospital \(Including Inpatient Hospital Part B and OPPS\)](#) of the 100-04 Medicare Claims Processing Manual, at [CMS.gov](#), located under "Regulation & Guidance" then "Manuals" and "Internet-Only Manuals (IOMs)."

Updated: TenderHeart Health Outcomes Partnership**Information for Medicaid and MyCare Ohio providers**

Effective Nov. 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

Visit the "It Matters to Molina" page and view upcoming trainings under the "Upcoming Trainings" header.

Provider Hours Requirement**Information for all Medicaid and MyCare Ohio providers**

As a reminder, providers must offer hours to Molina members that are comparable to commercial or Medicaid Fee-for-Services plans if the provider serves only Medicaid members.

Americans with Disabilities Act**Information 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 \(ADA\)](#) on our website, on the "Culturally and Linguistically Appropriate Resources/ Disability Resources" page under the "Health Resources" tab, or the [Americans with Disabilities Act FAQ](#) on our MyCare Ohio website under the "Manual" tab, on the "Quick Reference Guides & FAQs" page.

Remind Patients about Healthchek**Information for PCPs in the Medicaid and MyCare Ohio network**

Remind your patients or their parents/guardians when it's time to get important Healthchek Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services. Molina covers Healthchek services at no cost to our members. Physicians and advanced practice nurses are eligible to provide Healthchek services. For additional information, visit:

- The ODM website at [medicaid.ohio.gov](#) and under "Families & Individuals," select "Programs & Initiatives," then "[Healthchek](#)"
- The Molina Provider Website, under "Health Resources," on the "[Healthchek-EPSDT](#)" page

also choose to stay with their current incontinence supplies 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 provider. 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.

Annual Mandatory Cultural Competency Training

Information for all network providers

Per CMS guidelines in rule 42 CRF § 438.10 (h)(1)(vii), Molina is required to validate our network providers' completion of annual Cultural Competency training.

Providers have the option to:

- Utilize Molina's training on the "Culturally and Linguistically Appropriate Resources/Disability Resources" page under the "Health Resources" tab of our website
- Utilize their own training that meets the federal requirement

Please note: Molina does not review and assess providers' training programs. Providers are mandated to complete training in compliance with the federal requirement and then attest to its completion.

Once training is complete, providers must:

- Fill out and sign the [Cultural Competency Attestation](#) form
- Email the form by Dec. 31, 2023, to OHAttestationForms@MolinaHealthcare.com

Reminder: Value-Added Benefits

Information for Medicaid providers

Medicaid members are eligible for additional value-added benefits through Molina, including:

- \$0 co-pay for health visits, eye exams and semi-annual dental cleaning
- Up to three months of Weight Watchers, including support from a Molina health coach
- Three months of Amazon Prime, including grocery and everyday item delivery
- Standard frames and lenses every 12 months. Kids also receive up to a \$150 allowance for contact lenses every 12 months
- Virtual Care with Teladoc®
- Additional Transportation benefits
- My Molina phone app and MyMolina.com with 24/7 online connection to health care
- Benefits for pregnant members include up to \$250 in gift cards. Find additional information in the Member's Obstetric and Gynecological Health Reminder article in the [August 2023 Provider Bulletin](#)

For details on these items and more, review the [Value Added Benefits for Members](#) document on our Provider Website, on the It Matters to Molina page, under Tools and Resources.

Reminder: Marketplace Skilled Nursing Facility Per Diem

Information for Marketplace providers

Unified Preferred Drug List: 30-Day Change Notice

Information for Medicaid providers

ODM will post their Ohio Unified Preferred Drug List (UDL) 30-Day Change Notice on Oct. 1 for an effective date of Oct. 1, 2023. Find the list at medicaid.ohio.gov/stakeholders-and-partners/phm.

Reminder: 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. Note that Medicaid enrollment is required by the CFR rule 42 CFR 438.602.

Reminder: EOP and 835 Files Refund Reporting Enhancement

Information for all network providers

On July 24, 2023, Molina made enhancements to the reporting of refunds received that are displayed on the Explanation of Payment (EOP) and 835 files.

Refund amounts were previously combined as a bulk total for the payment with a reference ID of the payment check history ID (CHKHST ID) on an EOP and 835. These sections will be updated to utilize a reference ID of the claim itself, allowing for more precise reporting of these transactions. Note: The setup of using WO/72 code types will remain. Updates include:

- EOP: Reference ID on the EOP adjustment section will reflect the claim ID for the transactions related to each refund posting and no longer use the check history ID.
- Provider Level Balance (PLB) segment on the 835: Items labeled as Provider Return/Refund credit reflect on the

For Skilled Nursing Facilities with contracts containing updated Marketplace reimbursement rates, the following guidelines apply.

Billing with Revenue Code 0120 is no longer appropriate for per diem reimbursement. Only the following Revenue Codes should be used for per diem reimbursement:

- SNF Level 1 (Rev Code 0191): \$230 per diem
- SNF Level 2 (Rev Code 0192): \$300 per diem
- SNF Level 3 (Rev Code 0193): \$400 per diem
- SNF Level 4 (Rev Code 0194): \$480 per diem
- SNF Level 5 (Rev Code 0199): \$590 per diem

SNF Level of Care Guidelines:

Per Diem Inclusions: Per diems include, but are not limited to:

- Skilled nursing care
- Room and board (including enteral feedings)
- Laboratory services
- All medications, including IV
- Medical/surgical supplies
- Oxygen and supplies
- Durable Medical Equipment (DME) (to be used by the member while at the facility, which include, but are not limited to, overlay air mattresses, Positive Airway Pressure [PAP] therapy and bariatric equipment
- Medical social work
- Physical Therapy (PT)/Occupational Therapy (OT)/Speech Therapy (ST) treatments
- Respiratory therapy
- Basic diagnostic tests (completed at the facility)
- Portable X-ray services

Per Diem Exclusions

- Physician coverage
- Psychiatric evaluations, psychotherapy and psychopharmacology services
- Continuous Ambulatory Peritoneal Dialysis (CAPD)/hemodialysis
- Customized wheelchairs
- Devices and equipment needed for home placement and use only
- Ambulance transportation
- Total parental nutrition (TPN)
- Wound vacuum
- Customized orthotics, prosthetics and orthopedic devices made for individual use
- High-cost medication (considered on a case-by-case basis)

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

835 as adjustment code type 72 with a reference ID of the claim ID for each refund. Items labeled Overpayment Recovery reflect on the 835 as adjustment code type WO with a reference ID of the claim ID for each refund. This is Molina's method of recording refunds received and will result in a net total of \$0.00 on the payment.

View the April Provider Bulletin for the previous [EOP and 835 Files Refund Reporting Enhancement](#) article with additional information.

Reminder: 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 identified 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 posted 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.

Reminder: 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.

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.

- 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](#).

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.

Fighting Fraud, Waste and 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.