

Inpatient and Outpatient Authorization Request Update

Information for providers in all networks

Reminder: Effective April 11, 2016, all prior authorization requests for inpatient admission (including emergency room admissions) and outpatient services must be submitted via Clear Coverage™ (outpatient only), [Web Portal](#) or fax.

Requests must include a valid working diagnosis, which can include signs and symptoms, but not “rule out.” Requests without a working diagnosis will be denied.

For questions on how to submit requests, contact Provider Services at OHProviderRelations@MolinaHealthcare.com.

Effective April 26, 2016 – Encounter Requirements

Information for providers in all networks

The following encounter requirements **must** be met, or the claim(s) **may not be accepted** by Molina Healthcare for adjudication.

EPSDT

Complete the referral field indicator (field 24) on Early Periodic Screening, Diagnosis and Treatment (EPSDT). To learn more, view the [EPSDT Billing Guide](#) at www.MolinaHealthcare.com/Providers/OH under the “Manual” tab.

Missing/Invalid Covered Days

- Value code 80 (covered days) **must** be present on inpatient claims and the number of units **must** correspond with the inpatient units billed on the claim, or the inpatient claim **will not be accepted**.
- Non-covered days **must** be reported with a value code of 81. If the covered and non-covered days’ values (80 and 81) are not reported on separate lines (value code and procedure line), the claim **will not be accepted**.
- The sum of the covered days and non-covered days billed units on the line level **must** be equal to the sum of value code 80 and 81 amounts at the header level.

Invalid Admit Source

Admit Source 9 is invalid for inpatient claims for Medicaid patients. Medicaid claims with this Admit Source **will not be accepted**.

Newborn Facility Claims

The type of admission for newborn inpatient claims **must** be 4. The Admit Source **must** be either 5 or 6.

| Code | Code Structure for Newborn | IP | OP |
|------|---|-----|---|
| 5 | Born Inside this Hospital: use, as applicable, with Priority (Type) of Visit 4 (Newborn) | YES | Required only if Priority (Type) of Visit = 4 |
| 6 | Born Outside this Hospital: use, as applicable, with Priority (Type) of Visit 4 (Newborn) | YES | Required only if Priority (Type) of Visit = 4 |

Newborn Claims

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Questions?

Provider Services – (855) 322-4079
8 a.m. to 5 p.m., Monday to Friday
(MyCare Ohio available until 6 p.m.)

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To learn how to receive this bulletin via email or view our bulletin archives, visit www.MolinaHealthcare.com/Providers/OH and click “Provider Bulletin” in the “Communications” tab.

Website Roundup

Recently updated at www.MolinaHealthcare.com/Providers/OH:

- [Patient/Client Liability Reconciliation Form](#)
- [Provider Information Form](#)
- [Preferred Drug Listing \(PDL\)](#)
- [Q2 PDL Updates](#)
- [Prior Authorization Drug List](#)
- [Guides to Participating Providers](#)

Clear Coverage™ Corner

Information for providers in all networks

Clear Coverage™ may give an automatic PA decision. To learn more, join the next training session.

Fri., May 20 from 9 to 10 a.m.,

Meeting Number: 800 815 312

Fri., June 17 from 9 to 10 a.m.,

Meeting Number: 800 264 368

1. Go to <http://molina.webex.com>.
2. Enter the meeting number.
3. If asked, enter name and email.
4. Give your number for a call back.
5. Follow the instructions.

Providers **must** report birth weight on all newborn institutional claims using the appropriate value code:

- **Paper UB-04:** Report in block 39, 40 or 41 using value code 54 and the birth weight in grams. Include decimal points. For example, birth weight of 1,000 grams is reported as 1000.00.
- **Electronic:** Report birth weight as a Money Amount. Reference ODM Companion Guide (837I) at <http://medicaid.ohio.gov> for the appropriate loop and segment.

Inpatient Interim Claims

All inpatient bill types that are interim claims should have a valid patient discharge status 30 (Still Patient). To be accepted by Molina Healthcare, interim claims **must** be billed as follows:

- They are UB Claims, *and*
- Discharge Status = 30 (Still Patient), *and*
- The Type of Bill equals x12, x13, x17, or x18

Effective April 1, 2016 – Delivery Claims

Information for the Medicaid and MyCare Ohio networks

Claims for caesarean section, labor induction or delivery after labor induction **must** meet one of the following:

- ICD-10 that gestation age greater than 39 weeks, or
- Conditions indicate medical necessity

Additionally, the diagnosis on the procedure code for the service must point to the gestational diagnosis code.

Molina Healthcare of Ohio Received NCQA Award

Information for the Medicaid and Marketplace networks

Molina Healthcare of Ohio was awarded the Multicultural Health Care Distinction by the National Committee for Quality Assurance (NCQA). The Multicultural Health Care program evaluates how well an organization complies with the standards for the following areas:

- Collection of race/ethnicity and language data
- Provision of language assistance
- Cultural responsiveness
- Quality improvement of culturally/linguistically appropriate services
- Reduction of health care disparities

To learn more, see our press release at www.MolinaHealthcare.com. Click on “Molina News” under the “About Molina” tab.

Federal Requirement for Revalidation

Information for the Medicaid, Medicare and MyCare Ohio networks

The Affordable Care Act (ACA) requires Medicare and Medicaid provider agreements to be renewed every five years. Providers will receive a revalidation and reminder notice from ODM. Providers who fail to revalidate will be terminated from the Medicaid program and cannot be reimbursed for services.

For a list of revalidation dates, visit <http://medicaid.ohio.gov> under “Important Updates.” For questions, call (800) 686-1516.

Request an on-site training by emailing OHProviderRelations@MolinaHealthcare.com.

ODM Behavioral Health Redesign

Information for the Medicaid and MyCare Ohio networks

Effective Jan. 1, 2017, as part of the Behavioral Health Redesign, the Ohio Department of Medicaid (ODM) will require rendering providers on claims for behavioral health services.

All provider organizations must have rendering providers credentialed and added to their organization at that time. Visit <http://mha.ohio.gov> and select “MITS Claims Processing” under the “Funding” tab for updates.

Walk-in Retail Clinics

Effective for dates of services Jan. 1, 2016 and after, walk-in retail clinics (place of service 17) are an accepted place of service. Walk-in retail clinics, also known as “little clinics” or “minute clinics,” are conveniently located in pharmacies or retail stores.

Health Care Coding Tips

Molina Healthcare has posted Health Care Coding Tips to www.MolinaHealthcare.com/Providers/OH under the “Health Resources” tab.

The tips provide information on coding and documentation rules applied by the Centers for Medicare and Medicaid Services (CMS) to help providers identify codes and document patients’ health statuses.

Provider Spotlight

Congrats to the gift basket winner in the monthly Clear Coverage™ drawing: Muntean Healthcare.

Fighting Fraud, Waste & Abuse

Do you have suspicions of member or provider fraud? The Molina Healthcare 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.