



New Request for Claim Reconsideration Form

To prepare for Medicaid expansion as part of the state of Ohio's Medicaid reprocurement process, a new [Request for Claim Reconsideration Form](#) is now available on the Molina Healthcare of Ohio website at www.MolinaHealthcare.com.

The revised Claims Reconsideration Request Form can be found by selecting "Providers," then "Ohio," then "Forms." The form is located under the "Claims" section and is available for immediate use. Providers completing the form can take advantage of a new feature to electronically enter information, saving you valuable time.

The Medicaid Reconsideration box or the Medicare Appeal box **must** be checked in order to aid in the distribution to the appropriate staff and ensure turnaround times are met. Check boxes indicating if the provider is participating or non-participating with Molina Healthcare are also required in order to process the form and should not be left blank.

Additional options can be checked to indicate the type of request, such as:

- **Member:** Processed under incorrect member.
- **Provider:** Processed under incorrect provider or tax ID number.
- **CCI Edits:** Requires supporting documentation or medical records.
- **Timely Filing:** Requires documentation showing the claim was filed in a timely manner.
- **Coordination of Benefits Information:** Requires alternative insurance information or COB-related adjustment.
- **Payment Amount:** Boxes can be checked for claims reversal, underpayment or overpayment, non-duplicate service or an on-file pre-authorization.
- **Comments/Other**

Please take a few minutes to review the changes and submit all future requests using the revised Claims Reconsideration Request Form to Molina Healthcare via fax to (614) 781-4464 to the attention of Provider Services, or mail to: Molina Healthcare of Ohio, ATTN: Provider Services P.O. Box 349020 Columbus, OH 43234-9020.

New Advanced Imaging Unit to Review PA Requests

Effective Feb. 4, 2013, Molina Healthcare's newly developed Advanced Imaging Unit will be responsible for providing Prior Authorization (PA) reviews for all high-tech outpatient elective diagnostic imaging procedures. PA is required for non-emergency CT scans (including CTA), MRI/MRA studies, PET Scans and Nuclear Cardiology/MPI. This PA requirement applies to all Molina Healthcare providers for all lines of business. The implementation of this team should improve turnaround times for PA of these services. For a complete list of procedure codes requiring prior authorization, please visit www.MolinaHealthcare.com and select "Providers," then "Ohio," then "Forms". On the forms page, select the [CPT Codes Requiring Prior Authorization](#) link.

Continue to use the Molina Web Portal at <https://eportal.molinahealthcare.com/Provider/login> to submit PA requests 24 hours a day, 7 days a week. If you are not registered and would like to submit authorization requests via the Web Portal, please contact your Provider Services Representative. For

faster Advanced Imaging authorization processing, please fax to **1-877-731-7218**. **For any questions regarding an Advanced Imaging authorization please contact us at 1-855-714-2415. Please note that these new numbers are for advanced imaging PA requests only.**

The Advanced Imaging Unit will continue to require clinical notes or other supporting documentation for each request. When submitting your PA request, please include all pertinent supporting documentation. This will assist in reducing denials related to missing information or insufficient documentation to support medical necessity. If you have any questions or concerns, please contact Provider Services at 1-800-642-4168 Monday through Friday between 8:00 a.m. and 5:00 p.m.

Preventive Health Guidelines Updated

Molina Healthcare has updated our provider [Clinical Practice Guidelines](#) and [Preventive Health Guidelines](#). The clinical practice guidelines offer recommendations for care for acute respiratory tract infection, ADHD, asthma, COPD, coronary and other vascular diseases, depression, diabetes and hypertension. Similarly, the preventive health guidelines present recommendations for preventive services for infants, children, adults and pregnant women.

Both sets of guidelines can be found on the Molina Healthcare website at www.MolinaHealthcare.com by selecting "Providers," then "Ohio," then "Health Resources," then "Guidelines." Members should be directed to preventive health guidelines on the "Member" section of the website.

To request a copy of any of the guidelines, please contact Molina Healthcare Provider Services at 1-800-642-4168. A representative will be available to assist you from 8 a.m. to 5 p.m. Monday through Friday.

Behavioral Health CPT Coding Changes for 2013

Major changes to the codes in the Psychiatry section of the American Medical Association's (AMA) manual on Current Procedural Terminology (CPT) have been made for 2013. The following table provides a crosswalk between the CPT coding options in 2012, which will terminate effective Dec. 31, 2012, to the coding options that take effect on Jan. 1, 2013.

2012 Code	2013 Code(s)
Initial Psychiatric Evaluation	
90801 , psychiatric diagnostic evaluation	90791 , psychiatric diagnostic evaluation (no medical services) 90792 , psychiatric diagnostic evaluation with medical services (E/M new patient codes may be used in lieu of 90792)
90802 , interactive psychiatric diagnostic evaluation	90791 or 90792 , with +90785 (interactive complexity add-on code)
Outpatient Psychotherapy	
(Time is face-to-face with patient)	(Time is with patient and/or family)
90804 , outpatient psychotherapy 20-30 min.	90832 , psychotherapy, 30 min.
90805 , outpatient psychotherapy w/ E/M services 20-30 min.	Appropriate outpatient E/M code (not selected on basis of time), and +90833 , 30-minute psychotherapy add-on code
90806 , outpatient psychotherapy 45-50 min.	90834 , psychotherapy, 45 min.
90807 , outpatient psychotherapy w/ E/M services 45-50 min.	Appropriate outpatient E/M code (not selected on basis of time), and +90836 , 45-minute psychotherapy add-on code
90808 , outpatient psychotherapy 75-80 min.	90837 , psychotherapy, 60 min.
90809 , outpatient psychotherapy w/ E/M services 75-80 min.	Appropriate outpatient E/M code (not selected on basis of time), and +90838 , 60-minute psychotherapy add-on code

2012 Code	2013 Code (s)
Outpatient Interactive Psychotherapy	
(Time is face-to-face with patient)	(Time is with patient and/or family)
90810 , interactive psychotherapy, 20-30 min.	90832 psychotherapy, 30 min., and +90785 , interactive complexity add-on cod
90811 , interactive psychotherapy w/ E/M, 20-30 min.	Appropriate outpatient E/M code (not selected on basis of time), and +90833 , 30-minute psychotherapy add-on code, and +90785 , interactive complexity add-on code
90812 , interactive psychotherapy, 45-50 min	90834 , psychotherapy, 45 min. and +90785 , interactive complexity add-on code
90813 , interactive psychotherapy w/ E/M, 45-50 min.	Appropriate outpatient E/M code (not selected on basis of time), and +90836 , 45-minute psychotherapy add-on code, and +90785 , interactive complexity add-on code
90814 , interactive psychotherapy, 75-80 min	90837 , psychotherapy, 60 min., and +90785 , interactive complexity add-on code
90815 , interactive psychotherapy w/ E/M, 75-80 min.	Appropriate outpatient E/M code (not selected on basis of time), and +90838 , 60-minute psychotherapy add-on code, and +90785 , interactive complexity add-on code
Inpatient Psychotherapy	
(Time is face-to-face with patient)	(Time is with patient and/or family)
90816 , inpatient psychotherapy, 20-30 min.	90832 , psychotherapy, 30 min.
90817 , inpatient psychotherapy, 20-30 min. w/E/M	Appropriate inpatient E/M code (not selected on basis of time), and +90833 , 30-minute psychotherapy add-on code
90818 , inpatient psychotherapy, 45-50 min.	90834 , psychotherapy, 45 min.
90819 , 45-50 min. w/ E/M	Appropriate inpatient E/M code (not selected on basis of time), and +90836 , 45-minute psychotherapy add-on code
90821 , inpatient psychotherapy, 75-80 min.	90837 , psychotherapy, 60 min.
90822 , 75-80 min. w/ E/M	Appropriate inpatient E/M code (not selected on basis of time), and +90838 , 60-minute psychotherapy add-on code
Interactive Inpatient Psychotherapy	
(Time is face-to-face with patient)	(Time is with patient and/or family)
90823 , interactive inpatient psychotherapy, 20-30 min.	90832 , psychotherapy, 30 min. +90785 , interactive complexity add-on co
90824 , interactive inpatient psychotherapy, 20-30 min. w/ E/M	Appropriate inpatient E/M code (not selected on basis of time), and +90833 , 30-minute psychotherapy add-on code, and +90785 , interactive complexity add-on code
90826 , interactive inpatient psychotherapy, 45-50 min.	90834 , psychotherapy, 45 min. +90785 , interactive complexity add-on cod
90827 , interactive inpatient psychotherapy, 45-50 min. w/ E/M	Appropriate inpatient E/M code (not selected on basis of time), and +90836 , 45-minute psychotherapy add-on code, and +90785 , interactive complexity add-on code
90828 , interactive inpatient psychotherapy, 75-80 min.	90837 , psychotherapy, 60 min. +90785 , interactive complexity add-on code
90829 , interactive inpatient psychotherapy, 75-80 min. w/ E/M	Appropriate inpatient E/M code (not selected on basis of time), and +90838 , 60-minute psychotherapy add-on code, and +90785 , interactive complexity add-on code
Other Psychotherapy Codes	
90857 , Interactive group psychotherapy	90853 , group psychotherapy (other than of multi-family), and +90785 , interactive complexity add-on code
No existing code	90839 , psychotherapy for crisis, first 60 min.
No existing code	+90840 , crisis code add on for each additional 30 min.
Other Psychiatric Services or Procedures	
90862 , pharmacologic management	Appropriate E/M code (Prescribing psychologists will use +90863)

In addition, a new concept – add-on codes – has been introduced. This list includes only those codes that have been revised in some way and is not a full list of CPT codes describing psychiatric work. Providers are encouraged to refer to the 2013 edition of the CPT manual from the AMA and to visit the American Psychiatric Association's (APA) website at <http://www.psychiatry.org/practice> for information on webinars and other educational opportunities.

For questions about the changes, APA members can call the Healthcare Systems & Financing Practice Management Helpline at 1-800-343-4671. Non-members may contact the CPT experts at your professional association.

The Molina Healthcare Behavioral Health [CPT Codes Requiring Prior Authorization](#) list, available at www.MolinaHealthcare.com by selecting "Provider," then "Ohio," then "Forms," is being updated to include these additional codes and will soon be available for your reference.

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HEDIS Toolkit Mailing

Molina Healthcare strives to meet Healthcare Effectiveness Data and Information Set requirements. HEDIS® is regarded as the industry standard for measuring and comparing health plan performance. To assist provider offices with increasing HEDIS rates and to help improve medical record documentation, the Molina Healthcare Quality Improvement department has created a HEDIS toolkit.

Letters were sent on Dec. 17 to notify all contracted primary care providers and OB/GYNs that Molina Healthcare has contracted with Medical Review Group (MRG) to assist with the HEDIS medical record data abstraction in 2013. MRG may contact offices to schedule data collection or to request that copies of chart components be sent via mail or fax for off-site reviews. The HEDIS toolkit, included with the letter, provides the following tools:

- Medical Documentation Booklet
- HEDIS® Help Sheets for Adults and Children
- Frequent Questions About HEDIS® Data Collection
- Postpartum Appointment Calendar

Commitment to Healthy Members and Quality Services

Molina Healthcare is committed to working with our provider network to ensure your patients receive the appropriate care and services they need. As a quality-accredited health plan, Molina Healthcare monitors Healthcare Effectiveness Data and Information Set (HEDIS®) rates, regarded as the industry standard for measuring health plan performance and quality of care and services. We share HEDIS® rates with contracted providers in an effort to find opportunities to improve the use of preventive care.

Antidepressant Medication Management

Major depression is a serious medical illness and affects 25 million Americans each year and is 70 percent more common in women than in men. Between 80 percent and 90 percent of those diagnosed with major depression can be effectively treated and can return to their normal daily activities with medication management. Without treatment, the frequency of depressive illness, as well as the severity of symptoms, tends to increase over time.^{1,2}

¹ The National Alliance on Mental Illness. 2009. *Major Depression Fact Sheet*. <http://www.nami.org/Template.cfm?Section=Depression&Template=/ContentManagement/ContentDisplay.cfm&ContentID=88956> (May 31, 2011)

² Department of Veteran Affairs, Department of Defense. 2009. *VA/DoD clinical practice guideline for management of major depressive disorder (MDD)*. http://www.healthquality.va.gov/MDD_FULL_3c.pdf (May 31, 2011)

Wellness Report

Molina Healthcare annually monitors the percentage of members 18 years of age and older with a diagnosis of major depression and were newly treated with antidepressant medication, and who remained on an antidepressant medication treatment for 12 weeks and six month periods.

HEDIS® Measure	2011 Rate	2012 Rate	Goal*
Antidepressant Medication Management – 12 weeks	56.86%	66.51%	54.00%
Antidepressant Medication Management – 6 months	39.43%	50.82%	38.00%

* National NCQA 75th percentile for Medicaid HMO plans.

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Improvement Strategies

- Schedule follow-up appointments for patients prescribed antidepressant medications to ensure that they are medication-compliant and to determine if the medications are effective.
- Schedule post-discharge appointments within seven days and within 30 days of discharge before the patient goes home.
- Provide appointment reminder calls to help ensure that patients do not miss appointments.
- Encourage appropriate follow-up care in order to evaluate the efficacy of and compliance with the treatment regime.
- Recommend community resources to meet the patient's social, psychological and job needs after discharge. A list of Community Resources is available on the Molina Healthcare website.
- Reduce the likelihood of future hospitalizations or relapses through education and increased self-awareness.

Fighting Fraud, Waste and Abuse

Proper member identification is vital to reduce fraud, waste and abuse (FWA) in government health care programs. The best way to verify a member's identity is by obtaining a copy of the member's ID card and a form of picture ID. This is especially important for members that are not established within your practice or may be seeking emergency care. If a photo ID cannot be provided, another way to determine the patient's identity is to confirm the member's age by asking their date of birth. Together we can help prevent and deter FWA.

Join our Email Distribution List and Connect with Us

If you prefer to receive this bulletin via email, please email us the provider group name, TIN, service location address, contact name, contact phone number and email address at ProviderServices@MolinaHealthcare.com.

Connect with Us. Molina Healthcare is on Facebook and Twitter. Like us at www.facebook.com/MolinaHealth and follow us at www.twitter.com/MolinaHealth. Email us your Facebook URL and Twitter handle at ItMatters@MolinaHealthcare.com so we can like your Facebook page and follow you on Twitter, too.

Questions?

If you have any questions, please call Molina Healthcare's Provider Services at 1-800-642-4168. Representatives are available to assist you from 8 a.m. to 5 p.m. Monday through Friday.