IMPORTANT!

Molina Provider News:



Well child visits (Child Health Check-up Visits) include preventive and comprehensive services for eligible children birth through 20 years of age and children in the Medicaid program.

Prior Authorization

Prior authorization is not required for yearly well child visits.

Claims

Submission

Providers must submit claims, whether paper or electronic, within 6 months of the date of service. Claims may be submitted:

Online:

Molina Portal (for existing registered providers/users): https://provider.molinahealthcare.com.

** The Molina Legacy Provider Portal is no longer accepting new provider registrations. As of March 1, 2022, the Molina Legacy Provider Portal will no longer accept new user registrations. Providers should register on the **Availity Portal** at https://availity.com/molinahealthcare to avoid any disruption in accessibility and functionality.

- Via a clearinghouse, Payer ID #51062
- On paper to:

Molina Healthcare PO Box 22812 Long Beach, CA 90801

When Molina is secondary, claims, whether paper or electronic, must be submitted within 90 days from the final determination by the primary insurance carrier. If Medicare is the primary carrier, claims must be submitted to Molina within 36 months from discharge or one (1) year from Medicare's determination, whichever is later.

Before filing a claim, please review the following:

- Member eligibility and ID#
- Claim's timely filing
- Primary versus secondary insurance
- Patient Liability has been confirmed through DCF documentation or the DCF website
- · Rendered services are covered
- · Rendered services were authorized

Procedure Codes

99381: New Patient Under One Year

99382: New Patient Ages 1-4 years

99383: New Patient Ages 5-11 Years

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- 99384: New Patient Ages 12-17 Years
- 99385 EP: New Patient Ages 18-20 Years
- 99391: Established Patient Under One Year
- 99392: Established Patient Ages 1-4 years
- 99393: Established Patient Ages 5-11 Years
- 99394: Established Patient Ages 12-17 Years
- 99395 EP: Established Patient Ages 18-20 Years

Modifiers

- EP: used with procedure code 99385 and 99395 to identify children 18 through 20 years of age
- FP: used with procedure code 99383-99385 or 99393-99395 when the appropriate diagnosis is billed for Family Planning services

Referral Codes

Providers who submit paper claims must complete field 24H (EPSDT Family Plan) on the CMS1500 claim form.

Providers who bill electronically using the 837P format must select the appropriate response for ASC X12N 837: Loop 2300 element CRC02 – "Was an EPSDT referral given to the patient? (Yes or No)" and provide the appropriate condition indicator in element CRC03 of the electronic claims file. Providers should also submit a value of "Y" in Loop 2400 segment SV111.

➤ Claim Header	CODE	REFERRAL DESCRIPTION
Loop 2300,CRC-02	AV	Patient refused referral (available, not used)
(EDI)	NU	Patient not referred (not used)
<u>OR</u>	S2	Under treatment (for referred diagnostic or corrective health problem)
	ST	New services requested (Patient referred to another provider for diagnostic or
> Box 24H - (Paper)		corrective treatments or scheduled for another appointment with check-up provider or diagnostic or corrective treatment for at least one health problem identified during a Child Health Check-Up, not including dental referrals.)

The claim and/or encounter will be rejected if the referral code is not included.

For additional information, please visit the resources listed below and our website at www.molinahealthcare.com. Providers may also call Molina Healthcare at 866-472-4585.

Thank you for your continued care to our Members!

Molina Healthcare of Florida

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Provider Resources

Medicaid Provider General Handbook

https://ahca.myflorida.com/medicaid/review/General/59G 5020 Provider General REQUIREMENTS.pdf

Medicaid Provider Handbook, Coverage Policies, and Fee Schedules

https://ahca.myflorida.com/medicaid/review/Promulgated.shtml

Recommendations for Preventive Pediatric Health Care

https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf

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