

## Updated Nursing Facility Room and Board Revenue Codes

### Information for providers in the MyCare Ohio and Medicaid networks

Effective July 1, 2018, Medicaid and MyCare Ohio claims **must** use the following revenue codes for reimbursement of nursing facility room & board.

Accepted R&B Revenue Code	Description
0022	R&B - Medicare crossover only
0120	R&B - Skilled stay
0101	R&B - Custodial stay
0160	R&B - other (used by Ohio Department of Medicaid (ODM) to identify a short term stay of a waiver enrollee)
0169	R&B - other (used by ODM to identify a flat fee for a low acuity waiver enrollee)
0183	Therapeutic leave day
0185	Hospitalization leave day
0189	Other Leave of absence - other (used by ODM to identify a leave day for a PA1/PA2 low acuity resident)
0192	R&B - Medicare cross overs only
0220	Flat fee: PA1/PA2 low acuity covered day
0419	Ventilator-dependent day (ODM approved providers only)
0658	R&B Hospice

Nursing facility claims received with a room & board revenue code that is not on this list will be denied.

All other revenue center codes used on nursing facility claims will be considered outpatient or for information purposes only and not for purposes of reimbursement for room & board.

## Updated In Office Laboratory Testing List

### Information for all network providers

Effective May 15, 2018, the following tests are approved for payment in the physician office setting:

- Urine Drug Testing: CPT Codes 80305 and 80306
- Hemoglobin A1c: CPT Codes 83036 and 83037

Look for our updated In-Office Laboratory Testing list under the "Forms" tab on our website in coming weeks!

## Medicaid Redetermination

### Information for all network providers

Your patients' Medicaid renewal deadline may be approaching soon. Ohio Medicaid patients must renew their Medicaid eligibility every 12 months with their local County Department of Job and Family Services (CDJFS) or

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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.)

Email us at [OHProviderRelations@MolinaHealthcare.com](mailto:OHProviderRelations@MolinaHealthcare.com)

Visit our website at [MolinaHealthcare.com/OhioProviders](http://MolinaHealthcare.com/OhioProviders)

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### Did You Know?

Did you know that one of the goals of Molina Healthcare's Nursing Facilities Service Line is to improve the care of our MyCare Ohio members residing in nursing facilities? An important part of these members' experience is the transition of care (ToC) from one setting to another. Members may transition to or from one of these settings:

- Skilled Nursing Facility
- Acute Rehabilitation
- Long-Term Acute Care Hospital
- Home Health Care (HHC)

The goal of the ToC team is to ensure members' needs are being met after a transition, including assistance with:

- Notifying the Primary Care Provider of hospitalization
- Discharge paperwork review

they will lose their benefits. The renewal process is called Medicaid Redetermination.

#### Four (4) ways your patients can complete the renewal process to remain eligible for Medicaid benefits:

- **By Phone:** Call the Medicaid Renewals Hotline, (844) 640-6446 and select option 2 or call their local [CDJFS office](#)
- **By Mail:** Complete the form they received and mail to their local CDJFS. The return address is on the front page of the letter or may be located at [www.ifs.ohio.gov](http://www.ifs.ohio.gov) under the "County Directory" tab
- **In Person:** Complete the form they received in the mail and drop it off at the front desk of their local [CDJFS office](#) or bring the documents they need to report their income and fill out a form in person
- **Online:** Go to <http://ssp.benefits.ohio.gov/> and log into or sign up for an account, then click the "Renew my Benefits" tab

Additional resources:

- Ohio Medicaid Hotline at (800) 324-8680 (TTY 711)
- 2-1-1 connects people with community resources in 70 Ohio counties, the [211-map](#) is available at <http://ouw.org/211-map/>
- Visit the Benefit Bank website at [www.thebenefitbank.org](http://www.thebenefitbank.org)
- Find a Certified Application Counselor at [www.uhcanohio.org](http://www.uhcanohio.org)

#### New Requirements to Report Individual Practitioners NPI

##### *Information for providers in the MyCare Ohio and Medicaid networks*

Effective July 1, 2018, the Ohio Department of Medicaid (ODM) will require Ambulatory Health Care Clinics (AHCCs), Federally Qualified Health Centers (FQHCs), Freestanding Birth Centers (FBCs), Outpatient Health Facilities (OHFs) and Rural Health Clinics (RHCs) provider types to report individual practitioners' National Provider Identifiers (NPIs) in the rendering provider fields next to the procedure code in the detail lines of claims.

For EDI submissions, the individual rendering providers' NPIs will be reported in the 2310B Rendering Provider loop. Claims will be rejected if they do not include the individual practitioner's NPI. Modifiers must also be used with the individual practitioners reported in the rendering fields of claims.

The exceptions for this new requirement include:

- Mid-level health care workers (i.e., registered nurses) and unlicensed dependent practitioners (i.e., behavioral health trainees) who are currently unable to enroll in Medicaid. Their services should be reported under their overseeing practitioner's NPI.
- Federally Qualified Health Center (FQHC) transportation
- Ambulatory Health Care Clinics (Provider Type 50) when the individual rendering provider is not a licensed professional. When the services listed below are performed by general or technical staff rather than a licensed professional, a rendering provider will not be required.
  - Radiology & Laboratory
  - Durable Medical Equipment (DME)

#### Medicaid Check Run Updates

##### *Information for all network providers*

Effective May 2018, Molina Healthcare's Medicaid Line of Business will move to two check runs per week and the last day of the month.

Updated check runs calendar:

- Medication reconciliation
- Delivery of Durable Medical Equipment or HHC services
- Transportation
- Red flag education

#### Notice of Changes to Prior Authorization (PA) Requirements

Molina Healthcare updates the PA Code list quarterly. Always use the list posted to our website under the "Forms" tab, do not print the list.

#### FQHC Transportation Reimbursement

##### *Information for providers in the Medicaid FQHC networks*

Pursuant to [Ohio Administrative Code rule \(OAC\) 5160-28-03.1](#) Molina Healthcare will pay a per trip fee for transportation services provided by all Federally Qualified Health Centers (FQHC) that have a transportation contract with the Ohio Department of Medicaid (ODM).

- Trip must be to or from an FQHC service site where a covered visit takes place on the same date of service
- Molina Healthcare will be paying \$25.00 per trip or the lessor of billed charges, regardless of units billed
- Claim must be billed using T2003
- If a subsequent trip is billed on the same date of service for same member it must be billed on a separate line using a UA or UB modifier

#### Provider Training Sessions

##### *Information for all network providers*

Molina Healthcare is now offering monthly training sessions!

##### **Provider Portal Training:**

- Thurs., June 28, 2 to 3 p.m. meeting number 806 580 057
- Thurs., July 26, 2 to 3 p.m. meeting number 802 316 122

##### **Claim Submission Training:**

- Tues., June 26, 1 to 2 p.m. meeting number 809 217 821
- Tues., July 24, 1 to 2 p.m. meeting number 808 005 202

Click "Join" at [WebEx.com](http://WebEx.com) or call (855) 655-4629 and follow the instructions. Meetings do not require a password.

- Ohio Medicaid – Mon., Thurs. and the last day of the month
- Ohio Marketplace – Mon. and Thurs.
- MyCare Ohio – Mon., Tues. and Thurs.
- Ohio Medicare Advantage Prescription Drug Plan (MAPD) – Mon. through Fri.

## Outpatient Therapy Caps

### Information for providers in the Medicare network

In accordance with the Bipartisan Budget Act (BBA) of 2018, Medicare claims are no longer subject to the therapy caps:

- one cap for occupational therapy services
- one cap for physical therapy and speech-language pathology combined

For Molina Healthcare Medicare Plans, claims for therapy services above a certain amount of incurred expenses, which is the same amount as the previous therapy caps (\$2,010 in 2018), continue to require prior authorization.

## ODM Enrollment Application Requirements

### Information for all network providers

Ohio Department of Medicaid (ODM) provider enrollment applications are required to be submitted with W-9 forms and must be signed by the applicant. If an application is submitted without this form or if the applicant name and signature name do not match, ODM will return it to the provider to be corrected and resubmitted. If you have questions about ODM enrollment or need help, call (800) 686-1516.

## Corrected Claims

### Information for all network providers

**Submission of Corrected Claims:** Effective April 1, 2018, corrected claims must be submitted with the Molina Healthcare claim ID number from the original claim being corrected, and with the appropriate corrected claim indicator based on claim form type.

Corrected claims received without this information will not be accepted and will receive the following denial information on the Molina Healthcare remittance:

- Category Code A3
- Status Code 748
- Entity Code 41
- Error Description: "Missing incomplete/invalid payer claim control number"

**Submission of Final Claims after Interim Billing:** Also effective April 1, 2018, inpatient facility claims billed on a UB claim form, bill type 0117 will no longer be accepted as the final original claim. Facilities which have submitted interim claims should submit a final claim upon patient discharge using the 0111 bill type.

**Please Remember:** Corrected claims are used to change or add information to a previously submitted claim. Corrected claims should be sent through the original claim submission process with a corrected claim indicator and Molina Healthcare claim ID number as outlined in the "Corrected Claim Billing Guide," located on our website under the "Forms" tab. Corrected claims are not adjustments.

## Durable Medical Equipment (DME) Q&A Sessions

### Information for DME network providers

Molina Healthcare of Ohio is now offering monthly question and answer sessions to all Durable Medical Equipment (DME) providers.

### Question and Answer Sessions:

- Tues., June 12, 10 to 11 a.m. meeting number 806 407 870
- Tues., July 24, 2:30 to 3:30 p.m. meeting number 800 012 052

Click "Join" at [WebEx.com](http://WebEx.com) or call (855) 655-4629 and follow the instructions. Meetings do not require a password.

## Online Claim Reconsiderations

### Information for all network providers

Providers can submit online claim reconsiderations with attachments totaling up to 20MB in the Provider Portal by doing a claim search.

**Include your fax number to receive a timely response.** Sign in using the same email address **you utilize for the Provider Portal** to receive an electronic acknowledgment letter in your portal inbox.

## National Drug Code (NDC) Billing Guidelines

### Information for all network providers

All professional and outpatient claims with CPT/HCP CS/Rev drug code details **must** have the corresponding valid NDC code submitted with the CPT/HCP/PCS drug code or the claims will be **denied**.

Drugs acquired through the 340B drug pricing program **must** be billed with an SE modifier so they can be properly excluded from federal drug rebates. For more information, see the Provider Manual on our website.

Per the final Medicare 2018 Outpatient Prospective Payment System rule, modifiers JG and TB will be used to signify use of a 340B drug. For claims that crossover directly to ODM from Medicare, ODM will request rebates for eligible drugs, as appropriate. If a provider submits a claim for a dually eligible individual directly to ODM, ODM will expect proper reporting of the SE modifier in accordance with ODM guidelines. **This is important**

- Submit electronically with payer ID 20149 or on the Provider Portal at <http://Provider.MolinaHealthcare.com>
- Include all elements that need correction and all originally submitted elements
- Do not submit only codes edited by Molina Healthcare
- Do not submit via the claims reconsideration process
- Do not submit paper corrected claims

When submitting attachments through the Provider Portal:

- Supported file formats are PDF, TIFF, JPG, BMP and GIF
- Only 1 file is allowed per claim
- If a file exceeds 128 MB an alert will be sent and the claim will not process. For files that exceed 128MB contact your Provider Representative for submission alternatives.

Corrected claims must be received by Molina Healthcare no later than the filing limitation stated in the provider contract or within 120 days of the original remittance advice.

### ODM Behavioral Health (BH) Redesign

**Information for all network providers who are certified by the Ohio Department of Mental Health and Addiction services to provide community Medicaid behavioral health services**

MyCare Ohio's BH Redesign went into effect on Jan. 1, 2018. To prevent a delay in service, continue to submit your prior authorization (PA) requests. For questions, contact [BHProviderServices@MolinaHealthcare.com](mailto:BHProviderServices@MolinaHealthcare.com). Visit <http://bh.medicaid.ohio.gov/manuals> for updates and resources.

#### Question and Answer Sessions:

- Tues., June 5, 1 to 2 p.m. meeting number 805 003 479
- Wed., June 20, 2 to 3 p.m. meeting number 803 439 317
- Mon., July 9, 11 a.m. to 12 p.m. meeting number 803 368 902
- Tues., July 17, 8:30 to 9:30 a.m. meeting number 809 898 687
- Wed., July 25, 12 to 1 p.m. meeting number 802 583 187
- Tues., July 31, 3 to 4 p.m. meeting number 809 481 824

#### Provider Portal Claims Training sessions:

- Thurs., June 14, 1 to 2 p.m. meeting number 808 331 894
- Mon., June 25, 11 a.m. to 12 p.m. meeting number 808 624 834
- Wed., July 11, 11 a.m. to 12 p.m. meeting number 802 607 764
- Mon., July 23, 2 to 3 p.m. meeting number 803 931 383

Click "Join" at [WebEx.com](http://WebEx.com) or call (855) 655-4629 and follow the instructions. Meetings do not require a password.

#### BH Provider Forums:

- Athens: Mon., June 4, 10 a.m. to 1 p.m.
- Columbus: Tues., June 5, 10 a.m. to 1 p.m.
- Cleveland: Thurs., June 14, 10 a.m. to 1 p.m.

Register for the forums at <http://www.eventbrite.com> and search "MCO BH Provider Forum." Additional provider forums will be coordinated – information on the additional sessions will be announced in a MITS BITS email newsletter.

#### for providers who serve both Medicaid and MyCare Ohio members.

More information is available at <http://www.healthlawpolicymatters.com> by searching "Medicare 340B Reimbursement."

#### Non Par Laboratory Testing PA Information for all network providers

Non-par providers **are required** to submit a PA for laboratory services.

Marketplace non-par providers will be required to submit specific laboratory specimens to in-network independent clinical laboratories.

#### 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.