

Next Generation Medicaid: PNM, SPBM, and OH|ID

Information for Medicaid and MyCare Ohio providers

OH|ID Requirement: As of Oct. 1, 2022, all Medicaid providers need an OH|ID. Providers must obtain an OH|ID to access Medicaid's Provider Network Management (PNM) module and the Single Pharmacy Benefit Manager (SPBM) secure web portal and do business with Ohio Medicaid.

Get your State of Ohio digital identification (OH|ID) today:

- Create an OH|ID account at: ohid.ohio.gov/wps/portal/gov/ohid/create-account/create-account.
- Get help logging in at: ohid.ohio.gov/wps/portal/gov/ohid/help-center/help-logging-in/help-logging-in.
- View an in-depth OH|ID account creation user guide at: medicaid.ohio.gov/static/Providers/Billing/TradingPartners/OMES/OHID-Account-Creation-User-Guide.pdf.
- Contact the ODM Integrated Help Desk at (800) 686-1516, Monday-Friday, 8 a.m. - 4:30 p.m. ET. for technical assistance. Medicaid providers can email PNMCommunications@medicaid.ohio.gov with questions.

Why an OH|ID is essential: The OH|ID is required to securely access state agency systems. It gives providers a single set of login credentials to securely access state agency systems, including the Ohio Department of Medicaid's (ODM), from any device. The OH|ID adheres to best practice security and privacy regulations defined by the National Institute of Standards and Technology (NIST). Agencies and users using the OH|ID can rest assured that their digital identities are kept safe and secure.

Training for PNM and SPBM:

- PNM Training: Visit managedcare.medicare.ohio.gov/providers/provider-webinars-training to register for a self-paced training session or sign up for virtual and/or in-person learning. Training topics include PNM login and access, system navigation, new enrollment applications, demographic updates, revalidations, and prior authorization and claim submissions.
- SPBM Trainings: Visit the Gainwell website to view Pharmacy Web Portal training or Prescriber Web Portal training at spbmedicaid.ohio.gov. Training topics include SPBM login and access, system navigation, verifying member pharmacy benefit eligibility, submitting and viewing pharmacy claims, and submitting and viewing pharmacy prior authorization (PA).
Note: SPBM only pertains to the Medicaid line of business.

Credentialing Information: As of Oct. 1, 2022, ODM is the single point of contact for provider credentialing for Medicaid and MyCare Ohio.

- Initial Credentialing: Applications must be directed to ODM via the new PNM module.
- Recredentialing: Molina will continue to process recredentialing files for our providers until Jan. 31, 2023.

Reminder: All providers must have an active and valid Medicaid ID at the time of enrollment with Molina.

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Questions and Quick Links

- Provider Services – (855) 322-4079
8 a.m. to 5 p.m., Monday to Friday
(MyCare Ohio is available until 6 p.m.)
- 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](#)
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Be in the know on Medicaid provider changes coming: To prepare for the launch of the PNM, be sure to stay up to date on all email communications from ODM, which will include valuable information about training, support resources, and launch timeline updates for the Phase 3 Dec. 1, 2022 launch. Subscribe to the Next Generation provider newsletter by checking the box next to *ODM 2022 Press* at medicaid.ohio.gov/home/govdelivery-subscribe or visit the Dec. 1 Launch Training information page at managedcare.medicaid.ohio.gov/providers/December+1+launch+training+and+resources.

2022/2023 Flu Season Recommendations

Information for all network providers

Molina has adopted the Advisory Committee on Immunization Practices (ACIP) Influenza Vaccination Recommendations that stipulate all people six months of age and older who do not have contraindications should receive licensed, recommended, and age-appropriate flu vaccinations.

You can review the entire set of recommendations, including information about persons at risk for medical complications due to severe flu, on the Centers for Disease Control (CDC) website at cdc.gov/flu. View frequently asked questions on the 2022-2023 season by selecting "About Flu" and then "This Flu Season" and "[2022-2023 Flu Season FAQ](#)." Find Ohio resources at odh.ohio.gov/know-our-programs/seasonal-influenza/resources.

The flu vaccine is a covered benefit for Molina members. Members can receive the vaccine at an Ohio Medicaid contracted pharmacy and/or Primary Care Provider (PCP) office. For more information about the flu vaccine benefit, members can contact Member Services using the number on the back of their member ID cards. Thank you for helping keep your patients healthy during this flu season!

Your patients may receive one or more of the following communications:

- verbal flu shot reminder when members contact Molina
- newsletter with an article about the importance of getting a flu shot
- preventive tips available on the Molina Provider Website
- calls from Molina Care Managers and Pharmacists encouraging members to receive a flu shot
- social media messages encouraging members to get a flu shot
- a planner to track recommended preventive care services, like the flu shot

Tips for Preparing Patients for Telehealth Visits

Information for Medicaid and MyCare Ohio providers

Offering telehealth visits can be a great way to ensure your patients receive needed services while removing barriers that may prevent them from keeping scheduled office appointments, such as transportation. Molina developed a resource document to support our members and providers by removing some of the mystery around telehealth to make this service more accessible to our members. Please feel free to print and share this information with your patients or point them to our website. These tips may help your patients feel more knowledgeable about telehealth and have a better understanding of the benefits of this service delivery method.

To access the materials, visit the Molina Member Website at MolinaHealthcare.com/members/oh. Under the "Member" tab, select "Medicaid," then click on "About Medicaid," then "Member Resources" and select "[Telehealth Appointments](#)." From this page, you can access the link to the [tips](#) document.

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Connect with Us

www.facebook.com/MolinaHealth

www.twitter.com/MolinaHealth

2022-2023 Open Enrollment

Information for all network providers

Medicaid and MyCare Ohio: Due to the Next Generation Medicaid Program launch on Dec. 1, 2022, the Medicaid and MyCare Ohio Opt-Out open enrollment period begins on Nov. 1, 2022, and will end on Nov. 30, 2022. Enrollees are able to elect a new plan with an effective date of Dec. 1, 2022.

During this time, members are able to:

- Select their plan by calling the Ohio Medicaid Consumer Hotline at members.ohiomh.com/Login.aspx or by calling (800) 324-8680.
- If a member does not wish to change their current plan, then no action is required.

Marketplace: The Marketplace open enrollment period begins on Nov. 1, 2022, and will end on Jan. 15, 2023.

Medicare: The Medicare open enrollment period began on Oct. 15, 2022, and will end on Dec. 7, 2022.

Provider Training Sessions

It Matters to Molina Forums:

- Pregnancy Related Services and Billing: Tues., **Nov. 29, 1 to 2 p.m.**
- Molina Provider Website Navigation: Thurs., **Dec. 29, 8 to 9 a.m.**

General Provider Orientation:

- Wed., **Nov. 2, 3 to 4 p.m.**
- Fri., **Dec. 2, 1:30 to 2:30 p.m.**

Model of Care:

- Tues., **Nov. 22, 9 to 10 a.m.**
- Fri., **Dec. 16, 2 to 3 p.m.**

Provider Portal Orientation:

- Thurs., **Nov. 10, 2 to 3 p.m.**

Claims and Billing Orientation

- Thurs., **Dec. 8, 3 to 4 p.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.

Claim Submission: Electronic and Paper Information for all network providers

Effective Jan. 1, 2023, Molina will no longer accept claims submitted via non-approved submission pathways. Molina accepts claims electronically via clearinghouse and through the [Provider Portal](#). Molina also accepts paper claims on original (red colored) CMS-1500 and 1450 (UB-04) claim forms sent to the Molina Claims PO Box identified below. This PO Box is also found in the Provider Manual and on the Member ID card.

New and/or corrected paper claims must be sent via these approved routes to ensure they are received in a controlled, secure environment and to reduce delays in processing. **Paper claim submissions will not be considered "accepted" by Molina until received at the appropriate Claims PO Box.** Claims submitted to non-approved locations/pathways (e.g., Molina physical office locations) will be returned.

- Medicare and Molina Dual Options MyCare Ohio: PO Box 22664, Long Beach, CA 90801
- Marketplace: PO Box 22712, Long Beach, CA 90801
- Medicaid: As noted in the "Paper Claim Submission" article in the [October Provider Bulletin](#), effective Dec. 1, 2022, all Medicaid claims must be submitted via the PNM portal or EDI portal for all Managed Care Organizations. Paper claims will not be accepted by ODM, so no paper claims can be submitted for Molina to process.

Paper claim submission requirements:

Submission of paper claims must adhere to the following requirements:

- Must use original Flint OCR red and white CMS 1500 (02/12) and CMS 1450 (UB-04) paper claim forms. Other claim form types will be rejected upfront and returned to the provider. This includes black and white forms, copied forms, and forms with any altering to include claims with handwriting.
- Be typed with either 10- or 12-point Times New Roman font in black ink.
- Must avoid the use of highlights, italics, bold text, or staples.

Additional information on claim submission requirements is available in our Provider Manual(s) at MolinaHealthcare.com.

Electronic Visit Verification (EVV) Training

Information for impacted home and community-based service providers who will bill the following codes: G0151, G0152, G0153, G0156, G0299, G0300, S5125, T1000, T1001, T1002, T1003, T1019, and T2025

Sandata is offering virtual Electronic Visit Verification (EVV) deep-dive sessions to providers with their EVV training certificates. Each session will be offered monthly and include more in-depth Sandata instructor-led training. Register by visiting go.oncehub.com/ODMEVVHelp.

Training is offered from 12 to 2 p.m. on the following topics:

- **Nov. 1 and Dec. 6: System Setup:** Intended for Agency Providers, Independent Providers, and Alt EVV Agency Providers
- **Nov. 15 and Dec. 13: Visit Capture:** Intended for Agency Providers and Independent Providers
- **Nov. 22 and Dec. 20: Visit Maintenance:** Intended for Agency Providers and Independent Providers
- **Nov. 29 and Dec. 27: Claims Matching and Reports:** Intended for Agency Providers, Independent Providers, and Alt EVV Agency Providers

Availity Portal Training: Register in the Availity Portal. Under "Help & Training," select "Get Trained." In the training catalog, go to the "Sessions" tab and select one of the following:

- Wed., Nov. 16 at 12:30 p.m.
- Wed., Dec. 14 at 3 p.m.
- Contact training@availity.com at any time to receive Availity Portal training

Notice of Changes to PA Requirements Information for all network providers

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.

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.

Website Roundup

Information for all network providers

Recently added or updated documents:

- [Availity Single Sign On Recording](#)
- [Grievance/Appeal Request Form](#)

Did You Know? How to Compress Files

Information for all network providers

Providers have the option to attach files, up to 128 MB, in the Provider Portal. In order to meet this size restriction, providers have the option to compress a file to make it smaller or even roll multiple files into a single file for submission.

The most common way to compress a file is via a Zip file, available on any computer that runs a Windows system.

To Zip a file using Windows:

1. Select the file/files to compress.
2. Right-click one of the files and choose "Send To" and then "Compressed (zipped) Folder."
3. A new zipped folder with the same name will appear in the same location.

Electronic Visit Verification (EVV) Visit Updates

Information for impacted home and community-based service providers who will bill the following codes: G0151, G0152, G0153, G0156, G0299, G0300, S5125, T1000, T1001, T1002, T1003, T1019, and T2025

ODM has relaxed requirements for how often agency providers and their alt vendors send incomplete visits to the EVV aggregator. ODM historically required all visits, regardless of whether they were in a verified (i.e., completed) status, to be sent to the aggregator within 24 hours of the visit starting. Now agencies using an alternate system are required to send visits that are in a verified status within 24 hours of entry. ODM will continue to accept visits that are incomplete and those visits that have exceptions, but it is not required. In addition, agencies can also send EVV visit data from multiple alt vendors using the same agency provider Medicaid ID.

Find additional information in the "[Electronic Visit Verification October 2022 Newsletter](#)" at [medicaid.ohio.gov](https://www.medicaid.ohio.gov) under "Resources for Providers" by selecting "Programs & Initiatives," then "Electronic Visit Verification," and "Newsletters."

Evaluation and Management Services Billed with Rev. Code 0761

Information for all Network providers

As noted in the [December 2021 Provider Bulletin](#), as of Jan. 1, 2022, revenue code 0761 is incorrect billing for outpatient facility services and should not be submitted for any line of business. Please refer to the current Uniform Billing Editor Facility Claim Forms for correct billing requirements.

Shortened Benefit Year: Next Generation Medicaid Program

Information for Medicaid providers

Molina will not be offering a short calendar year due to the Dec. 1, 2022, launch of the Next Generation Medicaid program. Benefits will continue to be administered on the current schedule. Find a list of benefits in Appendix A of the [Provider Manual](#) on the "Manual" tab of the Provider Website.

Behavioral Health Provider Manual

Information for behavioral health providers

ODM and the Ohio Department of Mental Health and Addiction Services (OhioMHAS) updated:

- Sept. 29, 2022: The Behavioral Health (BH) Provider Manual to update provider enrollment references throughout given PNM implementation. Clarification to the Mobile Response and Stabilization Services (MRSS) section. Visit bh.medicaid.ohio.gov/manuals to view the updated manual.
- March 1, 2022: The BH Coding Workbook.

PsychHub Information on Provider Website

Information for all network providers

PsychHub is an online platform for digital mental health education, including a library with more than 180 consumer-facing, animated videos focused on improving mental health literacy and reducing stigma about seeking care. Providers can sign up for free to access content and videos at app.psychhub.com/signup/molina-mhp and access behavioral health-focused learning hubs. Some courses have Continuing Education Credits available for Clinical Psychologists, Clinical Social Workers, and Licensed Professional Counselors. With the successful completion of courses, the provider will unlock industry-recognized certificates delivered electronically.

The Zip file will be the folder icon with a little zipper.

4. To add new files to a zipped folder, simply drag them to the zipped folder.
5. Double-click on the folder to view the files inside it.

To Unzip a file using Windows:

1. Select the file/files to uncompress.
2. Right-click on the file and select "Extract All."
3. A folder will appear with the data.

Note: If an encrypted file is added to a zipped folder, the file will be unencrypted when it is unzipped, which might result in the disclosure of Protected Health Information (PHI).

Mac users visit support.apple.com and search "Zip and unzip files and folders on Mac."

Access Standards

Information for all network providers

Find Molina's appointment availability standards in our Provider Manual on our Provider Website.

Based on regulatory, industry, and National Committee for Quality Assurance (NCQA) guidelines, our standards are approved by our Quality Improvement Committee. We conduct an annual survey to measure compliance and perform targeted education and corrective action plans with providers that do not meet standards.

Corrected Claims Process

Information for Medicare, MyCare Ohio, and Marketplace providers

Corrected claims are new claims for processing purposes and must be submitted electronically with the appropriate 837I or 837P fields completed.

Corrected claims can be submitted through the Provider Portal for both institutional and professional claims. They must include the correct coding to denote if the claim is a replacement of a prior claim or a corrected claim. Claims without the correct coding will be rejected. For information on how to submit a corrected claim through the Provider Portal, read the Corrected Claims section of the Provider Manual.

Corrected Claims must be received within 365 of the original remittance date or

View the "[Psych Hub: Access Your Mental Health Practitioner HUB](#)" document on the "It Matters to Molina" page of the Provider Website for more details.

ODM Behavioral Health Limits, Audits, and Edits

Information for Medicaid behavioral health providers

Based on the guidance from ODM, Healthcare Common Procedure Coding System (HCPCS) codes H0011, H0010, H0012 or H2034 or H2036 and 90832 thru 90840, H0004, H0005, H0001, 99201- 99215, 99341-99350, H0038, H0005, H0015, T1002, T1003, H0006, 90839, 90840, 90853, 90846- 90849, or 96101-96118 cannot be billed on the same day. Find the ODM BH Workgroup Limits, Audits, and Edits document at bh.medicaid.ohio.gov/manuals, under "Billing and IT Resources" and "Additional Resources" for additional information.

In accordance with [OAC 5160-27-09](#), this billing restriction does not apply to medically necessary services from practitioners not affiliated with the residential treatment program. Examples include, but are not limited to, psychiatry, medication-assisted treatment, or other medical treatment outside the scope of the residential level of care defined by the American Society of Addiction Medicine (ASAM). Medicaid will reimburse providers of these services outside the per diem rate paid to a residential treatment program.

Psychological and Neuropsych Testing PA Code List

Information for Community Mental Health Center (CMHC), Substance Use Disorder (SUD), and Outpatient Hospital Behavioral Health (OPHBH) providers billing as a hospital

As noted in the [June 2022 Provider Bulletin](#), the following combination of codes may be utilized for up to 20 hours per calendar year per Medicaid enrollee. PA is required to exceed the annual 20 hours limit. Impacted codes: 96112, 96113, 96116, 96121, 96130, 96131, 96132, 96133, 96136, and 96137. Note: all other provider types not referenced in the above sub-header always require PA for these codes, as is noted on the posted PA Code List.

Behavioral Health Code Edit Requirements

Information for Medicaid Behavioral Health providers

As noted in the [June 2022 Provider Bulletin](#), requirements for these codes include:

	Code	Requirements
Psychiatric Diagnostic Evaluations	90791, 90792	One encounter per member, per calendar year, per code, per billing agency. PA is required for additional service.
Screening Brief Intervention and Referral to Treatment (SBIRT)	G0396, G0397	One of each code, per billing agency, per member, per year. Cannot be billed by provider type 95. PA is required for additional service.
Alcohol or Drug Assessment	H0001	Two assessments per member, per calendar year, per billing agency. Does not count towards the American Society of Addiction Medicine (ASAM) level of care benefit limit. PA is required for additional service.

reversal date of claims that have been recovered. Please note the best practices for submitting corrected claims below:

- Submit electronically or on the Provider Portal.
- Include all elements that need correction and all originally submitted elements.
- Do not submit only codes edited by Molina.
- Do not submit via the claim reconsideration process.
- Include the original Molina claim ID number.
- If there is a paid claim on file, the correction must be submitted against the paid claim ID number.
- Attachments being added to the corrected claim must have an attachment indicator in loop 2300.

Note: Providers can resubmit as an original claim if the claim was denied for needing additional information. Find additional supporting documents details in the "[Reference Guide for Supporting Document for Claims](#)" on the Provider Website, on the "Quick Reference Guides & FAQs" page under the "Manual" tab.

Medicaid corrected claims are required to go through the PNM system.

Claim Reconsideration Process

Information for Medicaid, Medicare, MyCare Ohio, and Marketplace providers

Submit claim reconsiderations only when disputing a payment denial, payment amount, or a code edit. Primary insurance Explanation of Benefits (EOB), corrected claims, and itemized statements are not accepted via claim reconsideration.

A claim reconsideration must be submitted within 120 calendar days from the disputed claim remit date. Submitting reconsiderations through the Provider Portal is the preferred process, but providers may fax the form and supporting documents to the Provider Resolution Team at (800) 499-3406.

The claim reconsideration request must include the following, or it will not be processed:

- Molina-assigned Claim Number
- Line of Business
- Member Name and ID Number
- Date of Service
- Provider ID/NPI

Updated: COVID-19 (Coronavirus) Codes

Information for all Medicaid providers

ODM has expanded vaccinations, as underlined in the following chart. Find additional details in the ODM COVID-19 Billing Guidelines at [medicaid.ohio.gov/resources-for-providers/covid](https://www.molinahealthcare.com/medicaid/ohio/resources-for-providers/covid). Applicable Current Procedural Terminology (CPT) codes include:

Pfizer-BioNTech		
0001A, 0051A	First Dose	Aged 12 and Older
0002A, 0052A	Second Dose	Aged 12 and Older
0003A, 0053A	Third Dose	Aged 12 and Older
0004A, 0054A, <u>0124A</u>	Booster	Aged 12 and Older
0071A	First Dose	Aged 5-11
0072A	Second Dose	Aged 5-11
0073A	Third Dose	Aged 5-11
0074A	Booster	Aged 5-11
0081A	First Dose	Ages Six Months - 5
0082A	Second Dose	Ages Six Months - 5
0083A	Third Dose	Ages Six Months - 5
Moderna		
0011A	First Dose	Aged 12 and Older
0012A	Second Dose	Aged 12 and Older
0013A	Third Dose	Aged 12 and Older
0064A	Booster	Aged 18 and Older
0094A, <u>0134A</u>	Booster	Aged 18 and Older
0111A	First Dose	Ages Six Months - 5
0112A	Second Dose	Ages Six Months - 5
Johnson & Johnson's Janssen		
0031A	First Dose	Aged 18 and Older
0034A	Booster	Aged 18 and Older
Novavax		
0041A	First Dose	Aged 18 and Older
0042A	Second Dose	Aged 18 and Older

ODM updated the [COVID-19 Comprehensive Billing Guidelines](#) on Oct. 10, 2022. Notable updates include a corrected rate for HCPCS codes 0124A and 0134A.

Updated: Claims Processing Update: Modifiers

Information for all network providers

Effective Dec. 1, 2022, Molina is adding some claims processing enhancements. These enhancements will increase the accuracy and appropriateness of claim adjudication for our provider community. We will be adding new edits that address coding situations that are complex and cannot auto-adjudicate. The edits are based on correct coding rules published by national industry sources and administrative bodies to detect potential coding errors and incorrect billing.

Some of the new edits support the correct use of modifiers. Modifiers have been defined by the American Medical Association (AMA) and adopted by the Centers for Medicare and Medicaid Services (CMS) to provide additional information about the services that were rendered. The National Correct Coding Initiative (NCCI) Policy Manual, Chapter 1: General Correct Coding Policies, provides

- Provider Phone and Fax
- Detailed Explanation of the Appeal
- Pricing sheet, if disputing payment amount
- Supporting documents

Updated: OhioRISE Information

Information for all Medicaid providers

Effective July 1, 2022, ODM launched the OhioRISE program for eligible Medicaid members. For additional information:

- Read the August "[OhioRISE Implementation](#)" Provider Bulletin.
- View the OhioRISE website at managedcare.medicaid.ohio.gov/managed-care/ohiorise.
- Visit the re-vitalized ohiomindsmatter.org website for educational resources, including medication guides, prevention resources, and suicide prevention guidelines. Click on "[About OhioRISE](#)" for OhioRISE information.

Reminder: Claim Reconsideration Status Now Live on the Availity Portal

Information for Medicaid and Marketplace providers

Providers can access the claim reconsideration status on the Provider Portal through the Availity Single Sign On features. To access this functionality:

- Log in to Availity Portal at provider.molinahealthcare.com
- Enter Claim Search Information that you are checking
- Click on the Claim ID
- Now you can see the Appeal Status and view or print the letter
- Click on the .pdf Letter icon to view the decision letter

Reminder: Sterilization, Hysterectomy, and Abortion Consent Forms

Information for Medicaid and MyCare Ohio providers

Molina would like to remind providers of the process necessary for proper claim payment for Sterilization, Hysterectomy, and Abortion Consent Forms.

The Signed Consent Form (SCF) for Sterilization, Hysterectomy, and Abortion forms are available on our Provider Website under the "Forms" tab and must be submitted with the claim when these services are billed:

directions on when modifiers should be used. It states, "Modifiers may be appended to HCPCS/CPT codes only if the clinical circumstances justify the use of the modifier. A modifier shall not be appended to a HCPCS/CPT solely to bypass an NCCI PTP edit if the clinical circumstances do not justify its use."

The new edits involve the review of the information on the claim and in the patient's claim history to determine if the modifier has been used correctly. Modifiers 25, 59, XE, XS, XP, and XU are among the most commonly used modifiers; therefore, the new edits will evaluate the correct use of these and other overriding modifiers. To prevent the incorrect processing of claims, we are providing information about when these modifiers should be used.

- **Modifier 25:** CPT and the AMA specify that by using modifier 25, the provider is indicating that a "significant, separately identifiable evaluation and management service (was provided) by the same physician on the same day of the procedure or other service." CPT guidelines also state that this significant and separate service must be "above and beyond" the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. The AMA Guidelines in "Coding with Modifiers" state that "The E/M service must meet the key components (i.e., history, examination, medical decision making) of that E/M service including medical record documentation. To use modifier 25 correctly, the chosen level of E/M service needs to be supported by adequate documentation for the appropriate level of service, as well as referenced by a diagnosis code. The CPT codes for procedures do include the evaluation services necessary before the performance of the procedure (e.g., assessing the site and condition of the problem area, explaining the procedure, obtaining informed consent); however, when significant and identifiable (i.e., medical decision making and another key component) E/M services are performed, these services are not included in the descriptor for the procedure or service performed."
- **Modifier 59:** is used to identify procedures/services that are not normally reported together but are appropriate under the circumstances. This may represent a different session or patient encounter, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same physician.
- **Modifier XE:** Separate Encounter is used for a service that is distinct because it occurred during a separate encounter.
- **Modifier XP:** Separate Practitioner is used for a service that is distinct because it was performed by a different practitioner.
- **Modifier XS:** Separate Structure is used for a service that is distinct because it was performed on a separate organ/structure.
- **Modifier XU:** Unusual Non-Overlapping Service is for the use of a service that is distinct because it does not overlap the usual components of the main service.

When preparing claims for submission, it is important to make sure that all the appropriate diagnosis codes are assigned to the claim and that modifiers are used only when clinically appropriate based on published guidelines. If you have claims that you believe were incorrectly denied due to the incorrect use of modifiers, please follow the standard claim dispute process outlined in the Provider Manual. Additional information about when to use modifiers can be

- **Consent to Sterilization:** Required except in unique circumstances of an unscheduled clinical event that requires sterilization because of a life-threatening emergency.
- **Consent to Hysterectomy:** Required.
- **ODM Abortion Certification:** Covered when medically necessary to save the life of the member or in instances of reported rape or incest, as noted in [OAC 5160-17-01](#).

If the form is missing or incomplete, the claim will be denied. The [Claim Reconsideration Request Form](#) must be used when submitting a claim reconsideration and include the complete SCF. Additional information is available in the Molina Provider Manual.

When a procedure was done as an emergency or the member was not made sterile, an Operative Report should be submitted with the claim for review.

Reminder: Maternal and Infant Support Program (MISP)

Information for Medicaid providers

Effective Oct. 1, 2022, Molina began editing claims in accordance with [OAC 5160-21-04](#), Maternal and Infant Support Program (MISP), an ODM regulatory program that provides additional support to members and babies. MIPS allows for group prenatal care services while continuing to reimburse for pregnancy education such as Lamaze and tobacco cessation.

Group pregnancy care (evidence-based pregnancy education) represented by CPT code 99078 with modifier TH should be billed in conjunction with a 99211, 99212, or 99213 Evaluation and Management (E&M) code by a physician, physician assistant, or advanced practice registered nurse.

- Both the CPT 99078 and E&M code must also have a modifier TH or must use a TH modifier for all codes
- The E&M code must be billed on the same date of service as 99078
- 99078 and the E&M codes do not have to be the same provider but do have to be billed with the same date of service
- There is a limit of six sessions per pregnancy

Reminder: SUD Residential Treatment Notification of Admission Form

Information for Medicaid BH providers

found in the CPT manual and in the Provider and NCCI manuals found on CMS's website at [cms.gov](https://www.cms.gov).

"It Matters to Molina" Corner

Information for all network providers

Thank you for the great response to the "It Matters to Molina" question! Our winner is Jessi Farley from Evolution Counseling and Yoga.

The October "It Matters to Molina" question answer is "2." What module is replacing the MITS provider enrollment subsystem?

1. SPBM
2. PNM
3. OH|ID
4. OhioRISE

November Question: On what date will ODM implement Phase 3 of the Next Generation Medicaid Program, which will include streamlining the providers' process of claims and PA submission to the Managed Care Plans?

1. Nov. 1, 2022
2. Dec. 1, 2022
3. Jan. 1, 2023

Note: Find training and resources for the Phase 3 launch at [Managedcare.medicaid.ohio.gov/providers/december+1+launch+training+and+resources](https://www.managedcare.medicaid.ohio.gov/providers/december+1+launch+training+and+resources).

Email your answer to OHProviderBulletin@MolinaHealthcare.com by November 15 to enter the drawing. Molina will announce the winner and the correct answer to the question in the December Provider Bulletin.

In addition to participating in the monthly drawings, we want to hear from you. Please take the time to share feedback with us about your experience working with Molina. Your feedback is essential, and It Matters to Molina.

You Matter to Molina: Get to Know Your Provider Representatives

Information for all network providers

Our Molina Provider Services team is here to help answer your questions and connect you with training opportunities. Throughout 2022 we will introduce you to our team members and how to contact us directly for assistance.

Katherine Cos, Manager of Provider Engagement Team:

- My favorite things to do include reading, cooking, and spending time with my animals. I also enjoy watching football with my husband and cheering on the Miami Dolphins and the Cincinnati Bengals.
- Interesting Fact: I am a foster parent for dogs through the Franklin County Dog Shelter.
- **Why I serve our Molina providers:** Providers are an integral part of the lives of our members, as well as the communities in which they serve. I appreciate the opportunity to collaborate with providers on ways in which we can support them in their endeavors to better member health outcomes, as well as to assist in eliminating barriers along the way.

Our Provider Engagement Team is available by email at OHProviderServicesPET@MolinaHealthcare.com.

ODM has released a standardized form and process for providers of residential treatment for substance use disorders (SUD) to notify managed care entities (MCE) that a Medicaid member has been admitted for treatment. View the ODM 10294 [SUD Residential Treatment Notification of Admission](https://www.medicaid.ohio.gov/forms/10294) form at [medicaid.ohio.gov](https://www.medicaid.ohio.gov) on the "Medicaid Forms" page.

Reminder: Provider Contract for Next Generation Medicaid

Information for Medicaid providers

Molina has received provider inquiries regarding what actions they need to take contractually with Molina in preparation for the Next Generation Medicaid program. No provider action is required at this time. Molina will continue to share information as it becomes available.

Reminder: Annual Mandatory Model of Care Training

Information for Medicare providers

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, 2022.

- Molina hosts a 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](https://www.molinahealthcare.com/provider-bulletin).

Reminder: Health Care Education: Outcomes for People with Disabilities

Information for all network providers

Join the Ohio Association of Health Plans, the Ohio Center for Autism and Low Incidence (OCALI), and an amazing lineup of speakers to build your confidence, skill, and ability to improve outcomes for people with disabilities. Find additional information or register for a session at sites.google.com/ocali.org/improving-outcomes-2022.

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.