

Notice of Changes to Prior Authorization Requirements

Information for all Medicaid providers

As communicated in the [February Provider Bulletin](#), sent to our network on Jan. 28, 2022, effective March 1, 2022, Molina will require Prior Authorization (PA) for Intensive Home-Based Therapy (IHBT) Current Procedural Code (CPT) code H2033 Multi-Systemic Therapy for Juveniles (MST). This update is based on updates to the ODM Behavioral Health (BH) Provider Manual located at bh.medicaid.ohio.gov/manuals.

Reminder: Molina posts new comprehensive PA Code Lists to our Provider Website quarterly. However; changes can be made to the lists between quarterly updates. Always use the lists posted to our website under the “Forms” tab instead of printing hard copies. This ensures you are accessing the most up-to-date versions of Molina’s PA requirements.

Prolonged Service Codes: 99354 and 99355

Information for Medicaid and MyCare Ohio Community BH providers

Effective for dates of service on or after Jan. 1, 2022, ODM requires providers to use American Medical Association (AMA) procedure codes 99415 and 99416 to indicate prolonged Evaluation and Management (E&M) services for BH provider types 84 and 95.

This new billing logic follows National Correct Coding Initiative (NCCI) edits and will no longer allow the use of 99354 and 99355 with E&M codes 99202-99205 and 99211-99215. Prolonged services codes 99354 and 99355 will continue to be covered for use with other codes as allowed by CPT guidance.

Find additional details in the Nov. 3, 2021 [Prolonged Services Code Updates Effective January 1, 2022 for Community BH Providers](#) MITS Bits, located on the ODM BH website, under “MITS Bits & Newsletters.”

Ordering, Referring, and Prescribing Providers NPI

Information for all network providers

As of July 1, 2021, Molina requires the billing of Ordering, Referring and Prescribing (ORP) providers based upon the requirements developed by the ODM in compliance with federal regulations 42 CFR 438.602 and 42 CFR 455.410. Claims billed with the attending field information will also be used to satisfy the ORP requirements.

For providers with notable ORP billing errors, Molina will be reaching out to address and educate. Molina will continue to share updates on these billing requirements in future Provider Bulletins. In January, Molina’s system began to include the following CARC/RARC remit messaging:

Scenario	Referring	Ordering	Attending
Remit	N286	N265	N253
CARC	16	16	
CARC Description	Claim/service lacks information or has submission/billing error(s)	Claim/service lacks information or has submission/billing error(s)	Missing/incomplete/invalid attending provider primary identifier

In This Issue – February 2022

- [Changes to PA Code List](#)
- [Codes 99354 and 99355](#)
- [ORP Providers NPI](#)
- [BH Centralized Fax Numbers](#)
- [Claim Reconsiderations](#)
- [SUD Services PA Request Form](#)
- [Pregnancy Report Billing Code](#)
- [PsychHub on the Website](#)
- [BH Provider Manual Updates](#)
- [Provider Enrollment in MITS](#)
- [Non-Contracted BH Providers](#)
- [Update: Definitive UDS Counts](#)
- [Changing a Remittance Address](#)
- [Changing a Service Location](#)
- [BH Cash Advance Repayments](#)
- [Limits, Audits and Edits](#)

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

Visit our website at MolinaHealthcare.com/OhioProviders

Visit the ODM BH website at <https://bh.medicaid.ohio.gov/manuals>

Connect with Us

www.facebook.com/MolinaHealth
www.twitter.com/MolinaHealth

Join Our Email Distribution List

Get this bulletin via email. Sign up at MolinaHealthcare.com/ProviderEmail.

Behavioral Health Provider Manual

On Feb. 1, 2022, the [BH Provider Manual](#) was updated by ODM and OhioMHAS to reflect IHBT changes effective March 1, 2022 and with the addition of Prevention Medicine Counseling codes 99401 and 99402. Visit the ODM BH website to view the updated manual.

Provider Enrollment in MITS

Information for CBHC providers

As a reminder, ODM and OhioMHAS are using the Medicaid Information Technology System (MITS) as the primary source of provider enrollment and affiliation information.

RARC	N286	N265	N253
RARC Description	Missing/incomplete/invalid referring provider primary identifier	Missing/incomplete/invalid referring provider primary identifier	Missing/incomplete/invalid referring provider primary identifier

Consistent with these rules, a valid National Provider Identifier (NPI) will be required on claims for select ORP provider types which are eligible to order, refer or prescribe including:

Hospital	Independent Diagnostic Testing Facility
Psychiatric Hospital	Waivered Services Organization
Nursing Facility	Medicare Certified Home Health Agency
Professional Medical Group	Other Accredited Home Health Agency
Hospice	OMHAS Certified/Licensed Treatment Program
Pharmacy	Psychiatric Residential Treatment Facility
FQHC	Certified OH Behavioral Analyst
Clinic	Occupational Therapist Individual
Independent Laboratory	Certified RN Anesthetist Individual
Waivered Services Individual	Durable Medical Equip Supplier
Audiologist Individual	Speech Language Pathologist
Anesthesia Assistant Individual	Ohio Department of Mental Health Provider
Physical Therapist Individual	Non-Agency Personal Care Aide
Wheelchair Van	Non-Agency Nurse – RN or LPN
Portable X-Ray Supplier	Non-Agency Home Care Attendant

Behavioral Health Centralized Fax Numbers

Information for behavioral health Medicare and MyCare Ohio providers

For reference, below is a list of the Behavioral Health fax numbers:

- Medicare PA: (844) 251-1450
- MyCare Ohio PA: (844) 251-1451
- Medicare/MyCare Ohio Inpatient and Discharge PA: (844) 834-2152
- Marketplace PA Request: (833) 322-1061
- Medicaid PA Request: (866) 449-6843

Claim Reconsiderations

Information for all network providers

BH providers are required to follow the standard claim reconsideration process for disputing how a claim was processed. Submit a claim reconsideration form only when disputing a payment denial, payment amount or code edit.

- A Claim Reconsideration Request Form must be submitted for any dispute that is related to a claim dispute that is not due to an authorization.
- An Authorization Reconsideration Form must be attached to any request involving an authorization denial or update.

A claim reconsideration must be submitted within 120 calendar days from the disputed claim remit date. Use the Provider Portal to submit the reconsideration:

- Access the Provider Portal at provider.molinahealthcare.com
- Log in with your User ID and Password

CBHC providers must update MITS with accurate information to be shared with all MCPs via the daily Provider Master File (PMF).

Non-Contracted BH Providers

Information for Medicaid and MyCare Ohio network providers

As of Oct. 1, 2020, non-contracted (out-of-network) Community Behavioral Health Center (CBHC) providers who deliver services to Molina members are required to submit a PA for all services per Molina’s standard policies. Failure of a non-contracted provider to obtain PA will result in claim denials for those services. This change is based on the July 1, 2020 update by ODM to the transition of care language in Appendix C of the Managed Care Plan (MCP) Provider Agreement, under 31. Transition of Care Requirements for Managed Care Members Receiving Behavioral Health Services.

To join the Molina network email us at MHOBHProviderTeam@MolinaHealthcare.com.

Update to Definitive UDS Counts

Information for Medicaid and MyCare Ohio providers

Based on feedback from the ODM, as of Jan. 1, 2022 Urine Drug Screening (UDS) code G0483 counts towards the 12 definitive UDS annual units allowed to be billed for an individual member. PA will still be required to bill code G0483, regardless of how many UDS units have been billed. As a reminder, after 12 definitive UDS units, PA is required for any definitive UDS.

View the ODM “[Ohio Urine Drug Testing Prior Authorization Request Form](#)” at medicaid.ohio.gov under “Resources for Providers” select “Managed Care” then “Policy” and “Managed Care Policy Forms.” The form is also on our Provider Website, on the “Forms” tab.

OhioMHAS has established guidelines for the appropriate clinical use of urine drug screening for patients with SUD.

Changing a Remittance Address

Information for all network providers

It is important for providers to update any changes to their remittance Explanation of Payment (EOP) address with Molina directly in order to

- Attachments can be included with the reconsideration request

Reminder: The forms are available on the Provider Website, under the “Forms” tab. Any claim reconsideration request, or request to review claims that is not submitted via the standard claim reconsideration process, will be returned to the provider with instructions on the correct process to address the claims. The BHProviderServices@MolinaHealthcare.com email box is no longer addressing these inquiries.

SUD Services PA Request Form

Information for SUD providers

The [Substance Use Disorder Services Prior Authorization Request](#) form, implemented by the Ohio Department of Medicaid (ODM) and the Ohio Department of Mental Health and Addiction Services (OhioMHAS), is available on the ODM website at medicaid.ohio.gov, by selecting “Medicaid Forms” and typing in either ODM 10276 or the name of the form. Benefits of the form include:

- Adherence to American Society of Addiction Medicine (ASAM) criteria
- Increase consistency in the PA process
- Standardized documentation to align with OhioMHAS requirements
- Ensure the member perspective is considered

Billing Code Added for Pregnancy Report

Information for Medicaid and MyCare Ohio providers

Healthcare Common Procedure Coding System (HCPCS) code T1023 should be used for “Report of Pregnancy.” The report must be submitted on either form ODM 10257 [Report of Pregnancy \(ROP\)](#) or the [Pregnancy Risk Assessment Form \(PRAF\)](#).

Payment may be made for one report of a pregnancy diagnosis in conjunction with an E&M service that is not associated with a normal obstetrics/gynecology visit. For additional information read the July 1, 2021, [Medicaid Community Behavioral Health Billing Codes for Prolonged Services & Coverage Added for “Report of Pregnancy”](#) MITS Bits, located on the ODM BH website, under “MITS Bits & Newsletters.”

PsychHub on the Molina Provider Website

Information for behavioral health providers

Molina members and providers have access to the online platform PsychHub, a digital mental health education tool, via our website. PsychHub includes a library with over 180 consumer-facing, animated videos focused on improving mental health literacy and reducing stigma about seeking care.

Molina participating providers can sign up for free to access content, videos, and BH focused learning hubs with the Molina defined coupon code: PHMolina2022. Some courses have Continuing Education Credits (industry-recognized certificates delivered electronically) available for Clinical Psychologists, Clinical Social Workers, and Licensed Professional Counselors.

avoid delays or misrouted payments. All agency level or contractual updates need to be sent directly to Molina following the Provider Information Update process. To make these critical updates, complete the [Provider Information Update Form](#), available on the Molina Provider Website, under the “Forms” tab. Submission should include an updated W-9. The completed form can be emailed, mailed or faxed to Molina.

Agency-level updates must be completed by direct contact with Molina following the above process.

Changing a Service Location Address

Information for all network providers

Service locations are key to claim processing, so it is important that any changes to a service location address are submitted timely to Molina to avoid claim denials. To update a service location address, complete the Provider Information Update Form, available on the Molina website, under the “Forms” tab. Submission should include any appropriate attachments for specialists or primary care providers. The completed form can be emailed, mailed or faxed to Molina.

BH Cash Advance Repayments

Information for Community BH providers in the Medicaid network

As a reminder, providers who suspended their payments should have resumed their agreed-upon repayment schedules and monthly payment amounts as of July 1, 2020.

BH Limits, Audits and Edits

Information for Medicaid and MyCare Ohio providers

When a patient is in a residential treatment and counseling program, sending the patient off-site for therapy services would not be considered a covered service. Please refer to the ODM [“BH Workgroup Limits, Audits and Edits”](#) document on the ODM BH website, under “Provider” then “Manuals, Rates & Resources” and under “Billing and IT Resources” and “Additional Resources” for additional information.