



Inpatient Authorization Request Update

Information for providers in all networks

Effective April 11, 2016, providers **must** submit prior authorization (PA) requests for inpatient admission (including emergency room) and outpatient service via the [Web Portal](#) or fax. Molina Healthcare will **no longer** accept these requests via phone or email.

Requests **must** include a valid working diagnosis at the time of the submission. This can include signs and symptoms, but not “rule out.”

This update will improve efficiency and turnaround time by ensuring requests and supporting documents are received at the same time.

Access the Web Portal at <https://Provider.MolinaHealthcare.com>. Outpatient service requests can be submitted via Clear Coverage™.

To fax, send the [Service Request Form](#) (www.MolinaHealthcare.com/Providers/OH) under the “Forms” tab) and supporting documents to:

Medicaid (includes MyCare Ohio Medicaid):	(866) 449-6843
Medicare (includes MyCare Ohio Medicare):	(877) 708-2116
Marketplace:	(855) 502-5130

Effective April 11, 2016 Prior Authorization Update

Information for providers in all networks

Effective April 11, 2016, the following codes will be added to Molina Healthcare’s current list of codes that require PA:

- 27279 – Arthrodesis sacroiliac joint
- 36299 – Vessel injection procedure
- 81210 – Braf gene
- 81225 – Cyp2c19 gene com variants
- 81281 – Long qt synd known fam var
- 81324 – Pmp22 gene dup/delet
- 81504 – Oncology tissue of origin
- 86152 – Cell enumeration
- 86153 – Cell enumeration phys interp [reported w/ modifier 26]
- 36299 – Vessel injection procedure
- 99199 – Special service or report

An updated PA Code List will soon be posted to www.MolinaHealthcare.com/Providers/OH under the “Forms” tab.

New Billing Information for Hospice and Nursing Facilities

Information for participating hospice providers in the Medicaid, MyCare Ohio and Marketplace networks

Effective for dates of service March 1, 2016 and after, participating hospice providers **cannot** bill directly for hospice room and board (revenue code 065X and HCPCs code T2046). The participating nursing facility **must** bill room and board on a UB using revenue code 065X with HCPCs code T2046 and bill only for overnight stays. The facility will be reimbursed 100 percent of the Medicaid fee schedule. Molina Healthcare is not responsible for reimbursing room and board

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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.)

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Join Our Email Distribution List

To learn how to receive this bulletin via email or view our bulletin archives, visit www.MolinaHealthcare.com/Providers/OH and click “Provider Bulletin” in the “Communications” tab.

Website Roundup

Recently updated at www.MolinaHealthcare.com/Providers/OH:

- [Prior Authorization Code List](#)
- [Consent to Sterilization Form](#)
- [Guides to Participating Providers](#)
- [Transportation Training](#)
- [Transportation Guide](#)

Clear Coverage™ Corner

Start using Clear Coverage™ for an authorization system that may provide an automatic decision. To learn more, join the next training session.

Fri., April 15 from 9 to 10 a.m.,
 Meeting Number: 808 734 469

Fri., May 20 from 9 to 10 a.m.,
 Meeting Number: 800 815 312

1. Go to <http://molina.webex.com>.
2. Enter the meeting number.
3. If asked, enter name and email.
4. Give your number for a call back.
5. Follow the instructions.

Request on-site training from your Provider Services Representative or by email OHProviderRelations@MolinaHealthcare.com.

to hospice providers. This billing practice only applies to participating providers.

Corrected Claims Submission Requirements

Information for providers in all networks

- **Always** submit corrected claims via Web Portal (<https://Provider.MolinaHealthcare.com>) or electronically (payer ID: 20149).
- **Include** all elements that need correction **and** all other elements originally submitted.
- **Do not** submit only codes edited by Molina Healthcare.
- **Do not** submit via the claims reconsideration process.

CMS 1500

- In 2300 Loop, the CLM segment (claim information) CLM05-3 (claim frequency type code) must indicate one of the following:
 - “7” – REPLACEMENT (replacement of prior claim)
 - “8” – VOID (void/cancel of prior claim)
- In 2300 Loop, the REF segment (claim information) must include the original claim number, found on the remittance advice.

UB04

- Bill type for UB claims are billed in loop 2300/CLM05-1. In bill type for UB, the 7 or 8 go in the third digit for “frequency.”
- In 2300 Loop, the REF segment (claim information) must include the original claim number, found on the remittance advice.

Primary payment details on both professional and facility claims

- Loop 2320 will have other payer information. Page 18 and 19 of the companion guide shows how to report the other payer loops.
- AMT*D will have the other payer paid amount.
- Line level payment amount should be reported at 2430 loop.

SBIRT Identification of At risk Patients in Primary Care

Information for providers in the Medicaid network

Ohio Medicaid now reimburses for screening, brief intervention, referral and treatment (SBIRT) to identify at-risk patients for alcohol and substance abuse. Codes G0396 and G0397 allow Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), physicians, physician assistants and advance practice nurses to:

- Use a validated screening instrument for screening
- Perform a brief intervention in the primary care setting
- Refer, as needed, those who need more extensive treatment

Refer members to Molina Healthcare’s Care Management program, a free service that supports the care and treatment you provide.

Codes Added to ODM Fee Schedules

Information for providers in the Medicaid network

New codes added to the Provider Administrated Pharmaceuticals fee schedule include J7297 and J7298 (replacing J7302) and 2016 procedure codes. New coverage for procedures 96127 and 99420 are listed in the CPT and HCPCS Level 2 Procedure Code Changes. To learn more: <http://medicaid.ohio.gov/Providers/FeeScheduleandRates>.

Delivery Claims Update

Information for OB/GYNs in the Medicaid and MyCare Ohio networks

Effective April 1, 2016, claims for caesarean section, labor induction or delivery after labor induction must meet one of the following:

- ICD-10 that gestation age greater than 39 weeks, or
- Conditions indicate medical necessity

Improve Claim Reconsideration Response Time

Submit claim reconsiderations to dispute denial, payment amount or edits. A form must be submitted for each claim. Submissions without a completed form or corrected claims submitted as reconsiderations will be returned. Find the [Request for Claim Reconsideration Form](http://www.MolinaHealthcare.com/Providers/OH) at www.MolinaHealthcare.com/Providers/OH under the “Forms” tab.

Updating Provider Information

Providers must notify Molina Healthcare in writing 30 business days before changes, such as:

- Practice ownership or TIN
- Practice name
- Practice address, phone or fax
- Practice office hours
- New office site location
- *PCPs only:* Open/closed to new patients
- Provider joins or leaves practice

Find the [Provider Information Update Form](http://www.MolinaHealthcare.com/Providers/OH) at www.MolinaHealthcare.com/Providers/OH under the “Forms” tab.

Email: MHOProviderUpdates@MolinaHealthcare.com

Fax: (866) 713-1893

Mail: Molina Healthcare of Ohio
Attn: PIM
P.O. Box 349020
Columbus, OH 43234-9904

Provider Spotlight

Congrats to gift basket winners in the monthly Clear Coverage™ and Web Portal drawings: SAYYAH AJLOUNI MD.

Fighting Fraud, Waste & Abuse

Do you have suspicions of member or provider fraud? The Molina Healthcare AlertLine is available 24/7, even on holidays at (866) 606-3889. Reports are confidential, but you may choose to report anonymously.