MOLINA HEALTHCARE

PROVIDER BULLETIN

A bulletin for the Molina Healthcare of Ohio provider networks

Prolonged Services Codes

Information for Medicaid and MyCare Ohio providers

Effective Jan. 1, 2021, two new codes were added to the Ohio Department of Medicaid's (ODM) Outpatient Behavioral Health (BH) fee schedule: 99417 and G2212. Both of these add-on codes are to be billed in 15-minute increments. These codes should not be reported for any time unit less than 15 minutes. Molina Healthcare's system is configured to accept these codes.

Current Procedural Terminology (CPT) code 99417 in accordance with the American Medical Association (AMA) is used to prolong the Evaluation and Management (E/M) service if the primary E/M code was selected based on the time alone and not medical decision making. It is only to be added to E/M codes 99205 and 99215. Time spent less than 15 minutes should not be reported utilizing code 99417, as time spent less than 15 minutes is considered to be part of the time allotted to the base E/M codes 99205 or 99215. Use of this code is different from the current BH prolonged service codes (99354, 99355); which are one hour and one half hour in length, respectively. Both 99354 and 99355 are used to extend the visit beyond the time allotted for the base code based on either medical decision making or time. During the visit, 99354 can be added once to the primary service E/M code and 99355 can be added for each subsequent 30 minutes.

Per the Centers for Medicare and Medicaid Services (CMS) guidelines, G2212 is used to prolong office or other outpatient E/M service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service for; each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact. This code should be reported on Medicaid for individuals dually eligible for Medicare. Please follow billing guidance from the primary payer to determine which code to use for individuals with primary insurance coverage other than Medicaid. G2212 should be listed separately in addition to CPT codes 99205, 99215 for office or other outpatient E/M services. Do not report G2212 on the same date of services as 99354, 99355, 99358, 99359, 99415, or 99416 and do not report G2212 for any time unit less than 15 minutes.

Urine Drug Screening

Information for Medicaid and MyCare Ohio providers

ODM has posted a new "Ohio Urine Drug Testing Prior Authorization Request Form" to the ODM website under "Managed Care" and "For Managed Care Plans," on the "Forms" tab at https://medicaid.ohio.gov. The form is also posted to our website, on the "Forms" tab.

In addition, the Ohio Department of Mental Health and Addiction Services (OhioMHAS) has established broad guidelines for the appropriate clinical use of urine drug screening (UDS) for patients with substance use disorder (SUD).

For additional information read the "Medicaid Advisory Letter (MAL) No. 650: Guidelines for Urine Drug Screen Services," document is available on

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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

Visit our website at MolinaHealthcare.com.OhioProviders

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

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Behavioral Health Provider Manual

On Jan. 15, 2021, the BH Provider Manual was updated by ODM and OhioMHAS. Visit the ODM BH website to view the updated manual.

Claim Reconsideration

Information for all network providers

BH providers are required to follow the 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 denial that is not due to an authorization.
- An Authorization Reconsideration Form must be attached to any

the ODM website at https://medicaid.ohio.gov, under "Resources" by selecting "Publications" then "ODM Guidance" and on the "Medicaid Policy" tab, under the "Medicaid Advisory Letter (MAL)" header. The Feb. 13, 2021 Prior Authorization (PA) Code List is posted on the Molina website with additional PA requirement information.

Changing a Remittance Address

Information for providers in all networks

It is important for providers to update any changes to their remittance Explanation of Payment (EOP) address with Molina directly in order to 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 website, under the "Forms" tab. Submission should include an updated W-9. The completed form can be emailed, mailed or faxed to Molina.

As a clarification, the March 2020 MITS Bits "Universal Roster Discontinuation and Move to Provider Master File Only, Effective Immediately" is critical to follow for practitioner enrollments and updates, but agency-level updates must be completed by direct contact with Molina following the process noted above.

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.

Reminder: Behavioral Health Limits, Audits and Edits

Information for Medicaid and MyCare Ohio providers

As a reminder, 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."

Top Denials

Information for all network providers

Molina has identified the top denial reasons that are responsible for the highest volume of denials on BH claims, including lacking appropriate modifier, ordering provider not present on claim and invalid diagnosis.

For additional information read the full "Top Denials" article in the August 2020 Special Edition Behavioral Health Provider Bulletin on the Molina website, under the "Communications" tab.

request involving an authorization denial or update.

The forms are available on our website, under the "Forms" tab.

Non-Contracted Behavioral Health 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.

Providers who wish to join the Molina network should reach out to MHOBHProviderTeam@MolinaHealthcare.com.

Provider Enrollment in MITS

Information for CBHC providers

As a reminder, ODM and OhioMHAS have discontinued the universal roster and moved towards using the Medicaid Information Technology System (MITS) as the primary source of provider enrollment and affiliation information.

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

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.