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Medicaid Timely Filing Extension

Info for Medicaid providers

Since the Feb. 1, 2023 launch of the Ohio Department of Medicaid's (ODM) Fiscal Intermediary (FI), providers submitting claims via Electronic Data Interchange (EDI) system have experienced some issues with claim processes. ODM also acknowledges this and is working diligently with its vendors to resolve system challenges and improve the provider experience.

In response, Molina has extended timely filing on Ohio Medicaid claims until Sept. 30, 2024 for dates of service on or after Feb. 1, 2023.

- Note: This is only for EDI claims impacted by issues with the ODM Fiscal Intermediary.

On Oct. 1, 2024, the 365 timely filing limit will go into effect.

Please note there is no change to the dispute timeline. Providers may file a written dispute no later than 12 months from the date of service or 60 calendar days after the payment, denial or partial denial of a timely dispute submission, whichever is later.

Q4 PA Code Changes

Info for all network providers

Molina will post the following Prior Authorization (PA) Code Change documents by Sept. 1, 2024, under the Provider Website Forms tab for an Oct. 1, 2024 effective date:

- Medicaid: Q4 2024 PA Code Changes
- Medicare and MyCare Ohio (MMP): Q4 PA Code Changes
- Marketplace: Q4 PA Code Changes

Information includes non-covered codes, new codes that require PA and which codes no longer require PA for each line of business.

Medicaid Note: Code J9215 was noted in the [Medicaid: Updated Q3 PA Code Change with 9/1 Evolent Codes](#) list. However, J9215 will continue to require review by Molina Healthcare of Ohio following the standard PA request process. Authorization requests for J9215 should not be submitted to Evolent for review.

Molina posts new PA Code Change documents to our website quarterly. However, changes can be made between the quarterly updates. Providers should always use our PA Lookup Tool to view the most up-to-date information.

Live Provider Training Sessions

Info for all network providers

Molina is offering the chance to enter a monthly drawing for a prize! To enter, join a provider training and share your name and email.

You Matter to Molina Forums:

- Open Enrollment and Renewals (Redetermination): Fri., Sept. 27, 11 a.m. to 12 p.m.
- Provider Website Navigation: Fri., Oct. 25, 2 to 3 p.m.

General Provider Orientation:

- Mon., Sept. 9, 10 to 11 a.m.
- Mon., Oct. 7, 11 a.m. to 12 p.m.

Specialized Provider Orientation:

- Managed Long-Term Services and Supports (MLTSS): Thurs., Sept. 19, 11 a.m. to 12 p.m.
- Nursing Facility and Assisted Living: Thurs., Oct. 17, 1 to 2 p.m.

Molina Model of Care Training:

- Tues., Sept. 17, 1 to 2 p.m.
- Tues., Oct. 1, 1 to 2 p.m.

Molina Dental Services Training:

- Wed., Sept. 11, 9 to 10 a.m.
- Tues., Oct. 29, 10 to 11 a.m.

Molina Dental Services Authorization Training:

- Thurs., Sept. 26, 11 a.m. to 12 p.m.

Availity Essentials Portal Training: Visit the Help & Training section on the portal or contact training@availity.com for training.

New Molina Cotiviti Edits

Info for Medicaid providers

Effective Nov. 1, 2024, based on guidance from the Centers for Medicare & Medicaid Services (CMS):

- Services billed with a principal diagnosis that is on the Outpatient Prospective Payment System (OPPS) unacceptable principal diagnosis list will be denied.
- Claims billed with CPT Codes 87631, 87636-87637, O240U, or O241U (Respiratory infectious agent detection by nucleic acid) without an approved supporting diagnosis will be denied.
- Claims with any procedure appended with modifier QW (CLIA waived test) that is not designated as a CLIA waived test on the clinical laboratory fee schedule will be denied.

Find additional information in the 100-04 Medicare Claims Processing Manual, located at [cms.gov](https://www.cms.gov), by selecting Regulations & guidance under the Medicare header, then Manuals and Internet-Only Manuals.

New Medicare Benefit: 100-Day Supply of Medications Now Available

Info for Medicare providers

Molina Medicare Advantage members are now eligible* to receive 100-day supplies of their medications for the same copay as their 90-day supply as part of their insurance benefit.

Recent studies have shown higher medication adherence rates across hypertension, diabetes and statin therapeutic classes for members utilizing 100-day pharmacy fills.

By writing 100-day prescriptions for the applicable Rx categories, and encouraging

members to utilize this benefit, providers can improve health outcomes and overall STAR ratings.

The Advantages:

- Maximize patients' health plan benefits
- Improve medication adherence
- Save the patient money (a 100-day supply is the same cost as a 90-day supply)
- Improve overall access to medications
- Enhance member experience

*100-day medication refills are applicable for in-network pharmacies for non-specialty medications and non-controlled substances.

CPT II Coding Training

Info for Medicaid providers

In partnership with ArchProCoding (archprocoding.com), Molina is offering an **Electronic Medical Record (EMR) agnostic beginning-level virtual training**, meant to identify best practices related to how clinical providers accurately document their care and diagnoses.

These 90-minute trainings are available:

- Sept. 24, at 10 a.m.
- Sept. 25, at 2 p.m.

Register for a training session at MolinaHealthcare.surveymonkey.com/r/6JRD8MJ.

Note: There will be an **opportunity for continuing education units (CEUs)** with this training.

Molina is offering these trainings as part of our all-Managed Care Organization (MCO) Current Procedural Terminology (CPT) II Workgroup initiative.

If you have questions or would like to be added to the communication list for this training, please email MHOVBR@MolinaHealthcare.com.

Doula Services

Info for Medicaid and MyCare Ohio providers

ODM will implement the new Ohio Administrative Code (OAC) [5160-8-43](https://www.legis.gov/ohio/doc/5160-8-43) Doula Services on Oct. 3, 2024, in accordance with [House Bill 101](https://legis.gov/ohio/doc/5160-1-60).

This rule will set forth coverage and payment policies for services provided by a doula. Payment amounts will be reflected in Appendix DD of OAC [5160-1-60](https://www.legis.gov/ohio/doc/5160-1-60) Medicaid Payment.

ODM will be adopting the following Healthcare Common Procedure Coding System (HCPCS) codes for doula-rendered services:

- T1032 is for antepartum and postpartum support services, including consultation and telehealth visits, provided in fifteen-minute units up to a maximum of forty-eight units. PA is required after forty-eight units.
- T1033 is for one comprehensive support service, regardless of duration, provided during labor and delivery.

ODM, the Ohio Board of Nursing (BON) and MCOs are hosting a series of trainings for individuals interested in becoming a certified doula in the State of Ohio. Upcoming training:

- Medicaid 101, National Provider Identifier (NPI) basics, BON certification process, ODM provider enrollment process: Tues., Sept. 10, 1:30 to 3:30 p.m.
- MCO 101 and contracting process: Thurs., Sept. 26, 10 a.m. to 12 p.m.
- MCO claims billing and PA process: Tues., Oct. 29, 1:30 to 3:30 p.m.
- Fee-for-service billing and PA process: Thurs., Nov. 7, 10 a.m. to 12 p.m.
- Related maternal health topics overview: Thurs., Nov. 21, 12:30 to 2 p.m.

Register by visiting the [ODM Doulas](#) page at [medicaid.ohio.gov](#), and then selecting Programs & Initiatives under the Families & Individuals header, and then Maternal and Infant Support tab. Find the Doulas page under Resources.

Oct. 1, 2024: Optum Prepayment Claim Review *Info for all network providers*

Effective Oct. 1, 2024, Optum, on behalf of Molina, will expand the review process to include the following services:

- Professional and Outpatient facility with colonoscopy services that were submitted showing complete procedural success, but specific claim criteria suggest the service may be missing the appropriate discontinued indicator.
- Outpatient claims billing high dollar pass-through payment for hardware. Optum will review pass through device HCPCS code C1713.
- Professional/Outpatient claims in which the provider has submitted multiple advanced imaging studies of the same body area that

should not be billed together for the same recipient on the same date of service.

- Professional claims where certain surgical services (within the 10 and 90 day global surgery period) were performed by an emergency room but did not have the 54 modifier appended.
- Outpatient services for ER Critical Care that discharged to home or paid at the MUE limit.

Note: Medical records may be requested prior to payment.

UPDL: 30-Day Change Notice *Info for all Medicaid providers*

ODM will post their Ohio Unified Preferred Drug List (UPDL) 30-Day Change Notice on Sept. 1 for an effective date of Oct. 1, 2024. Find the list at [medicaid.ohio.gov/stakeholders-and-partners/phm](#).

Diabetes Benefits Update in 2024 *Info for Medicaid network providers*

Molina and the Ohio Medicaid MCOs are working collaboratively to make diabetes management easier for providers and their patients. Diabetes education and support and the use of continuous glucose monitors (CGMs) have proven to be effective in diabetes care management.

To facilitate increased utilization of these important tools, Molina and the other MCOs will pay an enhanced reimbursement rate to providers rendering Diabetes Self-Management Education (DSME) and billing the appropriate codes: G0108 and G0109. In addition, PA is **not** required for members who receive a covered CGM device through durable medical equipment (DME) providers or through their pharmacy. Providers must use HCPCS codes A4239 and E2103 for CGMs provided through DME.

For additional information regarding these updates, including who to contact at each MCO for questions, see the quick reference guide on our Provider Website, on the [Quick Reference Guides & FAQs](#) page, under the Manual tab.

Updated: EVV: Claims Adjudication Process

Info 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 is making policy updates and system enhancements to the Electronic Visit Verification (EVV) program, including a claims adjudication process introduced in phases, by service type.

Phase 1, originally announced with an effective date of Oct. 1, 2024 has been postponed. Per ODM, the changes will not take place any earlier than Jan. 1, 2025.

Reminder: Phase 1 will begin with home health services claims billed through fee-for-service (FFS). This phase does not impact Molina claim payment.

Find additional information at medicaid.ohio.gov, by selecting Programs & Initiatives under Resources for Providers, then on the EVV page, under the Learn More header:

- Read the June 2024 EVV Newsletter, by selecting [Read the latest EVV newsletters](#).

View the ODM updated [Review frequently asked questions about EVV July 1 Policy Updates and System Enhancements \(Updated 7/29/2024\)](#) document.

In Case You Missed It: View the complete articles on the Provider Bulletin page under the Communications tab of our Provider Website, under the identified month, noted in parentheses ().

- [Molina Expands Partnership with Evolent Health](#): Effective Sept. 1, 2024, Evolent will review oncology-related infused and injectable chemotherapeutic agents, supportive/symptom management medications and radiation treatment PA requests. ([August](#))
- [Advanced Imaging PA Submission Change](#): Effective Oct 1, 2024, advanced imaging PA requests must be submitted via Availity utilizing MCG-Cite Auto Auth functionality. ([August](#))
- [PNM Inactive Status](#): Reminder from ODM: If a provider goes into inactive status on the PNM system, it will automatically term all group affiliations with that provider. ([August](#))
- [Sept 1, 2024: Optum Prepayment Claim Review](#): Effective Sept. 1, 2024, Optum will be expanding its review process for specific outpatient claims. ([August](#))
- [Q3 PA Code Changes for Oncology](#): Molina posted new Medicaid and Marketplace PA Code Change documents with 9/1 Evolent Oncology Codes for a Sept. 1, 2024, effective date. ([August](#))
- [ODM Provider Appointment Access and Availability Surveys](#): ODM is conducting provider surveys through September 2024. For the Appointment Availity Survey, ODM will target medical, dental and BH providers who are enrolled to service the different categories listed in the ODM Provider Agreement's appointment availability table, F.1 Appointment Standards. ([July](#))
- [Professional Claims Limit of 50](#): Professional Claims have a limit of 50 lines per submission. For additional information, view the EDI Companion Guides on our Provider Website, under the EDI tab. ([July](#))
- [EVV: Live-In Caregivers](#): Effective July 1, 2024, the EVV program will permit an exemption to visit capture requirements when the direct care worker is a resident of the same household as the individual receiving services. ([July](#))
- [Dental Reminder](#): As a reminder, the final step to dental revalidation is to re-affiliate the provider to the location. ([July](#))
- [ODM Update](#): Terminations have resumed for failure to complete Medicaid Agreement Revalidations in PNM: On Jan. 23, 2024, ODM began terminating providers who failed to complete their revalidation prior to their specified deadline. ([May](#))
- [COPE Simulation](#): Molina is offering free virtual 90-minute COPE Simulations on Sept. 11, Oct. 10, Oct. 23 and Nov. 13 to help provide a greater understanding of poverty in the United States by exploring it through the eyes of real families. ([April](#))
- [Annual Mandatory MOC Training](#): CMS requires contracted Medicare medical providers to complete training on the D-SNP MOC by Dec. 31, 2024. Molina hosts training sessions for providers and their staff. ([April](#))
- [PA Request](#): The preferred method of PA submission is through Availity Essentials. Availity Essentials offers a more streamlined provider experience compared to faxing. Contact training@availity.com for training. ([March](#))
- [Medicaid Enrollment Requirements](#): Any provider, group ordering or referring who is not enrolled and noted as "active" in the ODM PNM system will receive denials for claims submitted to Molina. Claim denials will continue until the provider's Medicaid enrollment is noted as an "active" status. Providers who update their

records after claims begin rejecting will need to submit corrected claims once the records are updated. Visit medicaid.ohio.gov for additional information. ([March](#))

<p><u>Questions and Quick Links</u> Provider Services: (855) 322-4079 Mon. – Fri. 7 a.m. to 8 p.m. for Medicaid, 8 a.m. to 6 p.m. for MyCare Ohio and 8 a.m. to 5 p.m. for Medicare and Marketplace</p> <ul style="list-style-type: none">• Email: OHProviderRelations@MolinaHealthcare.com• Provider Website: MolinaHealthcare.com/OhioProviders	<p><u>Connect with Us</u> facebook.com/MolinaHealth x.com/MolinaHealth</p> <p><u>Fighting Fraud, Waste and Abuse</u> Suspect member or provider fraud? The Molina AlertLine is available 24 hours a day, 7 days a week at (866) 606-3889. Reports are confidential but you may choose to report anonymously.</p>	<p><u>Join Our Email Distribution List</u> Did you receive this provider bulletin via fax? Sign up to receive the Provider Bulletin via email, or to request removal from our fax distribution list by clicking the Sign up to receive Molina’s Provider Bulletin via email here link on the Provider Bulletin page of our website.</p>
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