

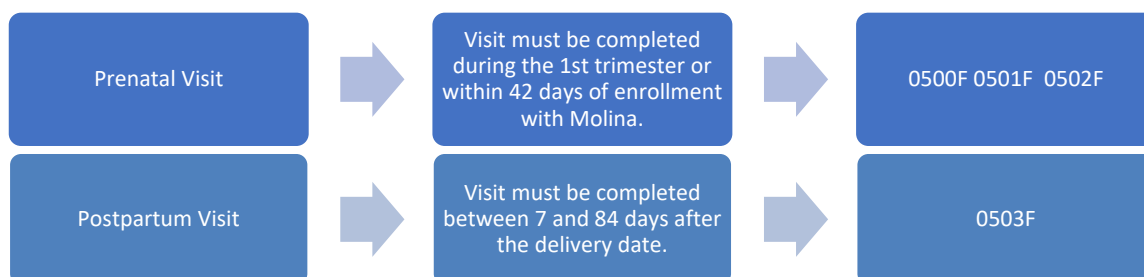
## Women's Health

### Global Billing Conversion to CPT® II codes

Molina Healthcare performs regular audits of delivery claims with global or bundled delivery codes which include prenatal and/or postpartum care. The purpose of the audit is to validate that claims have been submitted with the appropriate CPT II codes to document the first prenatal visit and any postpartum visit. Starting in March 2021, Molina Healthcare's administrative payment for providers who submit these CPT II codes **will increase to \$100** per record submitted.

The administrative payment amount was **increased from \$50 to \$100** to encourage more providers to incorporate the reporting of timely prenatal and postpartum visits into their normal billing processes for global deliveries. The negative impact global billing creates contributes to incomplete data on prenatal and postpartum care rates for Ohio CPC, Ohio SIM Perinatal Episodes of Care, and the state of Ohio overall.

Providers should submit the correct CPT II code for visits completed within the specified date range.



Since postpartum care is paid prospectively on global/bundled delivery claims, providers should submit a corrected claim with the appropriate delivery code if the member does not complete a postpartum visit.

*If postpartum services were not rendered, the global delivery coded claim is noncompliant and must be corrected. You can find information on how to correct a claim by viewing the "Claim Corrections" section of the Molina Provider Manual at our website:*

<https://www.molinahealthcare.com/providers/oh/medicaid/manual/PDF/oh-combined-provider-manual.pdf>.

If you have questions, you may reach out to Gretchen Conturo directly at [Gretchen.Conturo@MolinaHealthcare.com](mailto:Gretchen.Conturo@MolinaHealthcare.com).

## Behavioral Health

**2021 Friendly Call Program:** Molina continues to address social isolation during the COVID-19 pandemic. Molina is continuing the Friendly Call Program in collaboration with Ohio Area Office on Aging (AAA). This program identifies Medicaid members who may have decreased contact with friends and family at this time and matches the members with trained volunteers who will call the members weekly. These are non-clinical calls, so members are

able to speak about topics they are interested in like sports, the weather or activities they are involved in. Volunteers are trained and monitored by AAA, and Molina assesses members for participation in the program. Members' feedback regarding the program has been overwhelmingly positive.

**COVID-19 Vaccination Call Campaign:** Molina continues to work with our most vulnerable populations during the pandemic. As the State of Ohio moves toward distributing the vaccine to special populations, Molina is participating in a call campaign to members in the special populations to assist with registration and scheduling for the vaccine. Molina also offers transportation to and from the vaccine site if needed. If a member needs assistance with scheduling, they can call the phone number listed on the back of their Molina ID card.

### Behavioral Health Treatment Insights and Provider Support (BH-TIPS)

#### Virtual behavioral health consultation program for community-based primary care providers

Connect with Nationwide Children's Hospital psychiatrists through a virtual appointment to receive provider to provider consultation regarding:

- Screening, assessment, and diagnostic clarification
- Principles of medication management to fit the specific clinical needs
- Non-medication management modalities based on diagnosis
- Information about behavioral health resources and linkages in the local communities

Nationwide Children's goal is to support primary care providers in the management of children and adolescents with behavioral health concerns in the primary care setting through educational consultation and information about resources in their communities for timely access to care.

How does it work?

- Schedule a 15-minute appointment from Monday through Friday between 12 p.m. to 2 p.m. at <http://bit.ly/BHOfficeHours>.
- Fill out a brief form included in the appointment confirmation email to provide background information and your specific questions for the psychiatrist.
- Join the video conference via Zoom at your appointment time to meet with the psychiatrist and care manager clinician.
- Receive summary of consultation and resources discussed during the appointment.

To schedule your appointment, visit <http://bit.ly/BHOfficeHours>.

Questions? Email [BHOfficeHours@NationwideChildrens.org](mailto:BHOfficeHours@NationwideChildrens.org).

### Healthy Children

#### Lead Screening – Collaborative Quality Improvement Initiative

Molina is excited to collaborate with the other managed care plans (MCPs) and the Ohio Department of Medicaid (ODM) to improve lead screening rates in Medicaid children statewide. While there are numerous causes of lead poisoning, including environmental contaminants found in soil, household dust, and lead plumbing/fixtures, deteriorating lead-based paint is the most common cause of elevated blood levels in children in Ohio and was commonly used in homes until 1978. Even small amounts of lead can cause learning and behavioral problems in children. Irreversible neurological damage, renal disease,

cardiovascular effects, and reproductive toxicity are also possible effects. More than 67% of all housing units in Ohio were built before 1980 and are likely to contain some lead-based paint on interior and/or exterior surfaces.

The Ohio Department of Health estimates that 3.7 million Ohio housing units contain lead-based paint, meaning about 42% of all housing units likely contain lead hazards. These older homes tend to be lower-valued, likely contain lead-based paint and are less likely to have been renovated to remove lead hazards.

Although elevated lead levels have decreased over time in Ohio, COVID-19 has led to a decrease in lead screening in Ohio children. In addition, a preliminary review of CLPP blood lead data since March 16, 2020 suggests a significant decrease in lead screenings by almost 75%. Despite the reduced screenings, the data review shows a sizable increase in rates of newly poisoned children with higher blood levels at BLL>10ug/dl when compared to same timeframe during previous year.

In partnership with the MCPs, ODM, and other key stakeholders, the 2021 Lead Screening Quality Improvement team will:

1. Enhance collaboration with lead coalitions, networks, and organizations to leverage available support and resources across the state
2. Promote and assist in the coordination of lead screenings, including eliminating barriers to identifying high-prevalence communities, administering screenings to targeted populations, following-up on positive screenings with evidence-based treatment protocols and ongoing monitoring, and lead abatement, inspection, and risk
3. Address health disparities by collaborating with community partners such as health departments, providers, HUBs, head start programs, daycares, women's health entities, and other associations across the state to identify social determinants of health needs and provide appropriate support and resources
4. Address COVID-19 impacts for children and their families to align efforts (i.e. combine lead screening interventions with immunization interventions whenever possible) to optimize member visits and reduce member and provider burden
5. Sustain improvements and progress post-project with periodic analysis of data and review of implemented processes and maintain collaborative relationships with key stakeholders

Additional References:

- "Each year, approximately 160,000 children from birth to 6 years of age are screened for lead poisoning in Ohio and currently, less than 3% are found to have confirmed elevated blood levels." Retrieved from <https://odh.ohio.gov/wps/portal/gov/odh/known-our-programs/childhood-lead-poisoning/data-and-statistics>
- <https://ohiocapitaljournal.com/2021/02/08/lead-testing-of-ohio-children-plummets-during-pandemic/>
- <https://www.mass.gov/news/encouraging-lead-screenings-during-the-covid-19-pandemic>

## Chronic Conditions

### CPT II Coding for Comprehensive Diabetes Care

Molina is asking providers to make sure to use accurate CPT Category II codes to improve efficiencies in identifying and closing patient care gaps and in data collection for performance measurement.

By submitting CPT II codes, providers can benefit from fewer medical record requests during HEDIS® season and may result in higher risk adjusted payments for their patients. Submission of these codes also allows Molina to identify members who have poorly controlled diabetes. Once identified, appropriate interventions can be put in to place to help members control their diabetes and improve their overall health.

What are CPT Category II codes?	CPT Category II codes are tracking codes which can close care gaps and facilitate data collection for the purpose of performance measures. CPT Category II codes are comprised of four digits followed but the letter “F.”
Why do I bill CPT Category II codes?	Billing CPT Category II codes reduces the burden of chart review for a selected group of HEDIS performance measures.
How do I bill CPT Category II codes?	CPT Category II codes are billed in the procedure code field the same as CPT I codes. CPT II codes describe clinical components, usually evaluation, management or clinical services, and are not associated with a relative value. (CPT II codes are billed with a \$0 billable charge amount.)

The following table identifies the HEDIS quality measure and the CPT II codes found in the HEDIS Technical Specifications.

**CODES INCLUDED IN THE CURRENT HEDIS MEASURE**

Description	Codes
Codes to Identify Diabetes	ICD-10: E10, E11, E13, O24
Codes to Identify HbA1c Tests	CPT®: 83036, 83037 CPT®II: 3044F (if HbA1c <7%), 3051F (if HbA1c 7% - <8%), 3052F (if HbA1c 8% - 9%), 3045F (if HbA1c 7% - 9%), 3046F (if HbA1c >9%)
Codes to Identify Nephropathy Screening Test (Urine Protein Tests)	CPT®: 81000-81003, 81005, 82042-82044, 84156 CPT®II: 3060F, 3061F, 3062F
Codes to Identify Eye Exam (must be performed by optometrist or ophthalmologist)	CPT®: 67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245 HCPCS: S0620, S0621, S3000
Codes to Identify Diabetic Retinal Screening with Eye Care Professional billed by any Provider	CPT®II: 2022F-2026F, 2033F
Codes to Identify Blood Pressure Readings	Systolic greater than/equal to 140 CPT®II:3077F Systolic less than 140 CPT®II: 3074F (<130), 3075F (130-139) Diastolic greater than/equal to 90 CPT®II: 3080F Diastolic 80-89 CPT®II: 3079F Diastolic less than 80 CPT®II: 3078F Remote Blood Pressure Monitoring CPT®: 93784, 93788, 93790, 99091
Codes to Identify Telehealth Appointments	Telehealth Modifier: 95, GT WITH POS: 02
Codes to Identify Telephone Visits	CPT®:98966, 98967, 98968, 99441, 99442, 99443
Codes to Identify Online Assessments	CPT®: 98969, 99444

*HEDIS is a registered trademark of NCQA*

**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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