I/T/U Training

I/T/U Contacts

Jennifer Carlson
Sr. Rep, Prov Relations
Phone: (505) 239-2061 or
Fax: (505) 798-7313
Email:
Jennifer.Carlson@Molinahealthcare.com
All Molina contracting, escalated issues, roster submissions

Melvin Carviso
ITU Billing & Claims Liaison
Phone: (505) 616-6097
All counties Statewide
Email: Melvin.Carviso@molinahealthcare.com
All claims aging reports & business office manager contact

Josephine Barney
Mgr., Growth & Community Engagement
Email: josephine.barney@molinahealthcare.com
Member outreach events & health fairs

Sharilyn Roanhorse-Aguilar
Dir, Native American Affairs
Email:
Sharilyn.Roanhorse-Aguilar@molinahealthcare.com
Senior leadership & tribal programs

Provider Responsibilities

Contracting

- No contracting is needed for ITU/Tribal 638 providers, however you will need to be contracted for any services billed outside of the OMB rate reimbursement, such as P4P

Credentialing

- No credentialing is needed, however Molina requests you submit your provider adds, terms and changes on a monthly roster due by the 15th of each month

Training

- ITU providers are not required to participate in regulatory trainings, however we do encourage you to complete provider trainings that would be applicable to your providers

Providers are to submit rosters monthly. Send your rosters to: MHNM.ProviderServices@Molinahealthcare.com

I/T/U Claims Management

For I/T/U's, day activity providers, assisted living providers, nursing facilities and home care agencies including Community Benefit providers, the following applies:

- 95% of the claims submitted must be adjudicated within a time period of no greater than fifteen (15) calendar days of receipt, and
- 99% or more of the claims must be adjudicated within a time period of no greater than thirty (30) calendar days of receipt.

All I/T/U billing offices are sent a bi-weekly claims detail report that identifies claims received and processed by Molina to assist in working their aging reports. The report provides information regarding the payment or denial of the claims submitted to include the check date and check number. The report also includes the reason for non-payment of claims. Molina also accepts the facilities aging reports to research and return the findings in a timely manner.

- Semi-Annual, in-person visits will be held to resolve claims/billing issues.
- Calls to be held with the *Albuquerque Area I* and *Navajo Area I* on a quarterly basis.

I/T/U Claims – OMB Rate

OMB Rate: Outpatient/Inpatient Services

OMB Rate: Outpatient/Inpatient Services (most outpatient facility services are paid at the Office of Management and Budget, OMB Rate.) Billed using the UB-04 (837I) and one of the following revenue codes**:**

- Outpatient Facility Services: 0519 Physical Health
- Inpatient Facility Charge daily rate: 0100 Inpatient Per Diem
- Dental Services: 0512 Dental Service (includes orthodontia providers)
- Outpatient BH Services: 0919 Behavioral Health
- ASC Services: CMS-1500 with place of service 24, Facility charge – bill with modifier SG
- PHN (Public Health Nurse) = off-site visits
  - UB w/Rev 519
  - Bill Type 13X
  - Box 80 with location where services were rendered
  - CPT/HCPC Code Required
  - Doctor's Order Required (medical record ONLY)

Timely Filing Limit:
Turquoise Care = 2 years from Discharge or DOS

I/T/U Claims – General Claim Guidelines

CMS-1500/837P claims

Medicaid Fee Schedule reimbursement (billed on a CMS-1500):

- Ambulatory surgical center facility services (ASC)
- Anesthesia (professional charges)
- Targeted case management
- Hearing aids (hearing testing is reimbursed at the OMB rate)
- Physician inpatient hospital visits and surgeries
- Smoking cessation
- Telehealth charge (telemedicine)
- Transportation claims are paid at transportation rates (T2001-T2007 Transportation Services)
- Vision appliances - frames, lenses, dispensing glasses, contacts, etc. (The exam is in the OMB rate which is billed separately.)
- DME (E0100-E8002)
- Labs (80000-89999)

Timely Filing Limit:
Turquoise Care = 2 years from Discharge or DOS

I/T/U Claims - General Claim Guidelines

Outpatient Encounter

An Outpatient Encounter or visit is face-to-face contact between a practitioner and an eligible recipient as documented in the eligible recipient's physical or behavioral health record. An encounter or visit can occur at an IHS facility, tribal 638 facility, or a MAD recognized offsite location. (See 8.310.12 NMAC for full details.)

- More than one OMB charge can be billed in a day if the recipient has different distinct services such as going to a dentist and then to an eye exam on the same day or goes a second time to the same facility on the same day with a different diagnosis.
- If a recipient returns for lab work or radiology services on a day without any other billable encounter, the lab or radiology can still be billed as one encounter, using revenue code 0519, and be paid at the OMB rate.

I/T/U Claims - Outpatient Claim Guidelines

Outpatient Services

*All claims are paid to the GROUP

IHS outpatient reimbursement at the current year OMB rate billed on UB-04 (837I) with REV codes in box 42, bill type 13X.

- **REV 0519** (Medicaid only): Physical health, PT/OT/ST, nutritional services and off-site visits. CPT/HCPCS codes *not* required**.**
- **REV 0512 :** Dental service
- **REV 0919 :** Behavioral health service use CPT/HCPCS codes when billing REV code 0919

NOTE: If CPT/HCPCS codes are included when billing REV code 0519 for physical health visits, the claim could pay or deny incorrectly, the best practice is to *not* use any CPT/HCPCS codes for this REV code.

I/T/U Claims - COVID-19 Claim Guidelines

Turquoise Care – COVID-19 VACCINE SERVICES

***All claims are paid to the GROUP**

IHS outpatient reimbursement at the current year OMB rate billed on UB-04 (837I) with REV codes in box 42, bill type 13X.

- Billing on a UB-04 claim form, with revenue code 0519 and append the associated HCPCS COVID-19 vaccine administration procedure code. Reimbursement will be made at the OMB rate.

NOTE: If CPT/HCPCS codes are *not* included when billing REV code 0519 for COVID-19 services the claim could pay or deny incorrectly, the best practice is to make sure to append the appropriate CPT/HCPCS codes for this REV code for COVID-19 vaccine services.

Timely Filing Limit:
Turquoise Care = 2 years from Discharge or DOS

I/T/U Claims - ASC Claim Guidelines

ASC (Ambulatory Surgery Center) billing instructions:

Medical charges billed on a CMS-1500

- Professional fees:
  - Box 24B Enter ‘24’
  - Box 24D Enter valid procedure code
- Anesthesia fees:
  - Box 24B Enter ‘24’
  - Box 24D Enter valid ASA code
- Facility fee:
  - Box 24B Enter ‘24
  - Box 24D Enter procedure code with modifier SG

Dental charges billed on a CMS-1500

- Professional fees:
  - Box 24B Enter ‘24’
  - Box 24D Enter procedure code 41899 – up to 4 units
- Anesthesia fees:
  - Box 24B Enter ‘24’
  - Box 24D Enter ASA code 00170
- Facility fee:
  - Box 24B Enter ‘24’
  - Box 24D Enter procedure code 41899 with modifier SG

NOTE: A separate NPI is needed for ASC claims

I/T/U Claims - Inpatient Claim Guidelines

Inpatient Services

*All claims are paid to the GROUP

IHS inpatient reimbursement at the current year OMB rate per diem billed on UB-04/837I with REV codes in box 42, bill type 11X or 12X.

- **REV 0100:** •Inpatient per diem use bill type 11X (Medicaid) or 12X (ancillary for Medicare)

NOTE: Although NO PRIOR AUTHORIZATION IS REQUIRED for inpatient stays within the I/T/U facility, it is strongly recommended that Molina is notified of the admit. This will ensure member receives care coordination and discharge planning for pharmacy, transportation or any durable medical equipment need after they are discharged.

I/T/U Claims - Pharmacy Claim Guidelines 1500

Pharmacy billed on a CMS-1500/837I

Beginning at the left edge of the shaded area of box 24A, enter the 2-digit qualifier N4 immediately followed by the 11-digit NDC and description. For example, the entry for NDC code 57896010105 would be: N457896010105 ACETAMINOPHEN

In box 24D, in the non-shaded area, enter procedure code 99070

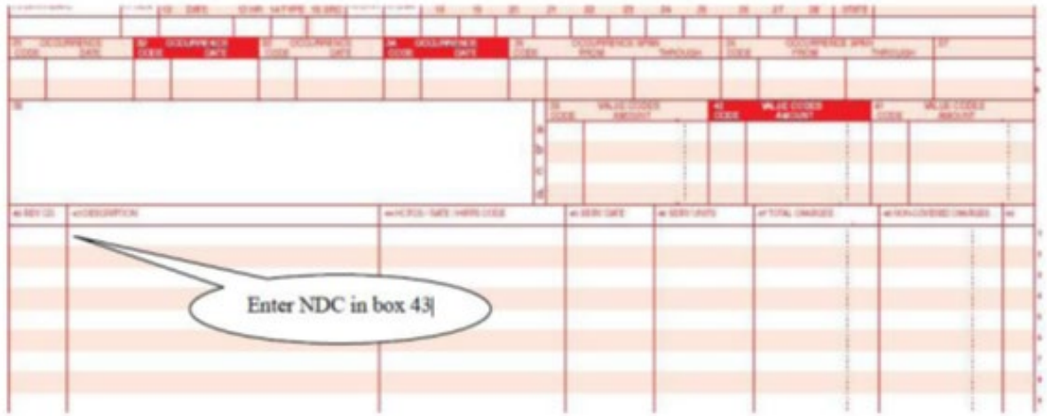
PBM Name: CVS Caremark
BIN: 004336
PCN: MCAIDADV
Group: RX51AE
Phone: 855-322-4078 Select pharmacy or UM 8-5pm Mon-Fri MST after 5pm calls are routed to CVS

I/T/U Claims - Pharmacy Claim Guidelines UB

Pharmacy billed on a UB-04/837P

Form locator 42 REV 0250
Form locator 43 NDC number – enter the 2-digit qualifier N4 immediately followed by the 11-digit NDC and description
Form locator 44 99070 or valid J-code

PBM Name: CVS Caremark
BIN: 004336
PCN: MCAIDADV
Group: RX51AE
Phone: 855-322-4078 Select pharmacy or UM 8-5pm Mon-Fri MST after 5pm calls are routed to CVS



I/T/U Claims - Dental

Dental Claims

Dental Visits are not covered by Medicare. Molina Turquoise Care will reimburse as the primary payer when billed with REV code 0512. Claims must be billed to the Primary insurance first with Rev code 0510.

Turquoise Care (outpatient billing & reimbursement)

- Reimbursement at the current year OMB rate
- Bill on UB-04 with REV codes in box 42
- Bill type 13X REV 0512

I/T/U Claims - Behavioral Health

Most Behavioral Health services (including the basic evaluation and therapy, comprehensive community support services – CCSS, day treatment, and multi-systemic therapy – MST) are paid at the OMB rate on a UB claim form. I/T/Us may bill more than one encounter at OMB rate for multiple behavioral health services.

BH services not paid at the OMB rate billed on a CMS-1500 include Assertive Community Therapy, Behavior Management, medication assisted treatment center services (methadone programs), Accredited ARTC, RTC, and TFC. HCA/MAD will inform MCOs of the rates.
Group Therapy: A BH provider or group practice may report one unit of service for each separate and distinct family or group therapy session provided by a different practitioner or different type of group for up to 3 separate encounters on the same day. Modifiers: XE = Separate Encounter or XP = Separate Practitioner should be used.

If the I/T/U facility has been designated by HCA as Treat First providers, claims will be billed as any other BH service on a UB-04 with REV code 0919 and appropriate CPT/HCPCS code.

I/T/U Claims - Coordinating Benefits

Other Insurance Coverage – Coordinating Benefits

Molina Healthcare does not coordinate benefits with any self-insured tribal plan.

The following are examples:

- Navajo Nation Employee Benefit Plan (HMA)
- Jicarilla Apache Nation – insured through BCBS – services rendered at Dulce PHS Health Center
- San Felipe – insured through BCBS

Services provided to recipients with primary medical coverage by a third party, such as an insurer of other third party (excluding Medicare) who may be liable for the medical bill, the provider will reimburse the inpatient or outpatient OMB rate for that year less the third-party payment.

For example: *primary carrier pays $100 on a $250 charge; Molina will reimburse the difference of the current OMB rate less the $100 payment from the primary carrier.*

I/T/U – EPSDT Services

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental and specialty services.

When an EPSDT screening is performed, it can be billed at the OMB rate using revenue code 0519, as well as another 0519 encounter rate for treatment or other service provided that same day for services that are not part of the EPSDT screen, such as treating the recipient for an illness.

Early

Assessing and identifying problems early

Periodic

Checking children's health at periodic, age-appropriate intervals

Screening

Providing physical, mental, developmental, dental, hearing, vision and other screening tests to detect potential problems

Diagnostic

Performing diagnostic tests to follow up when a risk is identified

Treatment

Control, correct or reduce health problems found

Non-Emergency Medical Transportation

Non-Emergency Medical Transportation (NEMT) is a Covered Service for all Molina Healthcare members. Superior Ambulance is our contracted vendor. Superior Ambulance provides transportation to and from medical appointments. NEMT is **not** for emergencies or transfers between facilities and cannot be used for trips to a pharmacy. NEMT can be coordinated for "non-emergent" discharges from facility, and clinics and request standing order for dialysis or chemotherapy.

For Members: Contact Superior three (3) days in advance to schedule NEMT.

Contact Information:
Phone: 505-341-0042, or Toll-free, 833-707-7100 (TTY: 711)
Provider Website: Contact | Superior Ambulance (superior-nm.com)

I/T/U – Traditional Medicine Benefit

Traditional and Holistic Healing Value Added Service

The Traditional and Holistic Healing Value Added Service helps Members use traditional healing services to help complement the health care with their PCP:

- We honor the Native American culture;
- Ceremony is used to be well and stay well;
- We value Member privacy when using this benefit; and
- Made the process easy.

Allows Members are to apply for a grant to help cover costs of a traditional healer once a year:

- Services In-home: $300 Services Office/Clinic/Hospital Setting: $250
- Contact: (844) 862-4543, TTY 711

Molina Healthcare Cares:

- We do not ask private questions about your healer or what type of ceremony;
- A Care Manager will be assigned to help you with the benefit;
- The Care Manager will follow up after services are done, they never ask about specific rituals or practices, and all information is kept confidential.

Contact Us

Provider Escalation Steps

- **Do you have a question? We can help!**

1

Call Provider Services Contact Center

Phone: (855) 322-4078
Hours: Monday-Friday 8am-5pm MST

2

Contact Availity

Availity Essentials: Molina Provider Portal
Provider can inquire via **Secure Claims Messaging** or **Claims Inquiry Tool**
(please note: this tool will connect you to the dedicated Molina NM Analyst Team)

3

Reach out to your Provider Relations Representative

Providers should visit the Regional Map to locate their personal rep for their county:
Molina NM Rep Map
Providers can contact the provider services general box: MHNM.ProviderServices@molinahealthcare.com

4

Reach out to your Molina EVV team

Providers can contact the provider services general box: NMEVV@MolinaHealthCare.Com

Contact Health Plan Leadership Directly

Marlene Driscoll – Manager, Provider Relations: Marlene.Driscoll@MolinaHealthCare.Com

Thank you!