



PROVIDER BULLETIN

A bulletin for the Molina Healthcare of Ohio provider networks

Prior Authorization Update

Information for providers in the Medicaid, MyCare Ohio and Medicare network

Effective April 1, 2021, the Ohio Department of Medicaid (ODM) will rescind the Nov. 12, 2020 memo “[EFFECTIVE IMMEDIATELY – COVID-19 Surge – Removing Administrative Barriers](#)” that lifted prior authorization (PA) and/or pre-certifications for all long-term acute care facility (hospital), skilled nursing facility (SNF) and Inpatient Rehabilitation facility (IRF-hospital) admissions. Per ODM, this change is due to Ohio having seen a decrease in the number of COVID-19 (Coronavirus) cases and the number of hospitalizations due to COVID-19. Molina is lifting this waiver on the same date.

Note: The associated Medicare SNF waiver Molina implemented will also be rescinded on April 1, 2021.

Molina Hospice Health Care Isolation Center (HCIC) and Vent/Vent Weaning Billing Guidelines

Information for providers in the Medicaid and MyCare Ohio network

Billing for Hospice HCIC and Vent/Vent Weaning will only be accepted on a Uniform Billing (UB) form. Claims submitted on a Centers for Medicare & Medicaid (CMS)-1500 form will be denied for incorrect billing.

The following guidance should be followed. If not specifically noted below, all other fields should be billed based on Uniform Billing Editor facility claim submission billing requirements.

Both Hospice HCIC and Vent/Vent Weaning Billing Requirements:

- FL 1-Service Location: Molina will validate the service location to confirm it is a certified HCIC. If it is not a certified facility, the claim will be denied for incorrect billing. The name, address, telephone number and National Provider Identifier (NPI) of the nursing facility (NF) where the hospice room and board services are being performed must be included. If the required information is left blank or if it matches the hospice provider billing in FL 2, the claim will be denied for incorrect billing.
- Type of Bill – 81X/081X: If the claim is billed with the incorrect Type of Bill, the claim will deny as incorrect billing.
- Healthcare Common Procedure Coding System (HCPCS) Code: This field should be left blank. If information is present the claim will deny as incorrect billing. Facilities should not bill Hospice Room and Board code T2046 or any other HCPCS Code.
- Billed Charges: Please reference the table that follows for the appropriate Ohio Department of Medicaid (ODM) NF rate and bill 95% of the rate noted in the table. If applicable, Molina will deduct Patient Liability from the payment.

Hospice HCIC Specific Billing Requirement:

- Revenue Code: Please reference the “ODM HCIC Nursing Facilities Per Diem rates” table that follows for the revenue codes to bill based on the HCIC Service Level of the member. Claims billed with any other Revenue Codes will be denied as incorrect billing.

Vent/Vent Weaning Specific Billing Requirement:

- Revenue Code: Please reference the “Hospice Vent/Vent Weaning Nursing Facilities Per Diem Rates” table below for the revenue codes to bill based on the Vent/Vent Weaning Service Level of the member. Claims billed with any other Revenue Codes will be denied as incorrect billing.
- Diagnosis Z99.11 is required to be on the claim to be payable.
- To determine which Flat Fee Daily rate, please review the nursing facility in the Medicaid Information Technology System (MITS) to determine the specialty code listed below.

ODM HCIC Nursing Facilities Per Diem Rates:

HCIC Service Level	COVID-19: Related Need	Flat Fee Daily Rate	Revenue Center Code
Quarantine Level of Care	Frequent Monitoring	\$250	167
COVID-19 Level 1	Minor COVID-19: Related symptoms; frequent monitoring	\$300	241
COVID-19 Level 2	Requires oxygen or other respiratory treatment and careful monitoring for signs of deterioration	\$448	242
COVID-19 Level 3	Requires care beyond the capacity of a traditional NF	\$820	243
COVID-19 Level 3 with ventilator	Requires care beyond the capacity of a traditional NF and ventilator care to support breathing	\$984	249

Hospice Vent/Vent Weaning Nursing Facilities Per Diem Rates:

Vent/Vent Weaning Service Level	NF Specialty Code	Flat Fee Daily Rate		Diagnosis Code	Revenue Center Code
		7/18/2020 – 6/30/2021	7/1/2021		
Vent-dependent - full rate for meeting Ventilator-Associated Pneumonia (VAP) threshold	862	\$819.49	\$972.46	Z99.11	419
Vent weaning - full rate for meeting VAP threshold	867	\$983.39	\$1166.95	Z99.11	410
Vent-dependent rate - 5% reduction for not meeting VAP threshold	864	\$778.52	\$923.84	Z99.11	419
Vent weaning - 5% reduction for not meeting VAP threshold	868	\$934.22	\$1108.60	Z99.11	410

Note: Hospice HCIC Room and Board Services do not require prior authorization from Molina; however, as previously communicated effective April 1, 2021 general Hospice Room and Board will require prior authorization.

COVID-19 Vaccine Updates

Information for all network providers

ODM updated the “[COVID-19 Vaccine Administration Billing Guidelines](#)” on March 1, 2021 with new vaccine and treatment codes for the Johnson & Johnson vaccine. View it at <https://medicaid.ohio.gov> under “Important Updates.”

ODM continues to develop billing and reimbursement methodology for the COVID-19 vaccines that are aligned as close as possible across Managed Care Plans (MCP) and Fee-for-Service (FFS) Medicaid. Molina is following ODM’s guidance for this new vaccine.

Behavioral Health Coding Update

Information for behavioral health providers

Effective June 1, 2021, with the next filing of the Medicaid payment rule, ODM will be allowing coverage for prolonged service procedure codes 99415 and 99416. Providers will need to report the appropriate prolonged service procedure code (99415 or 99416) with the appropriate office visit procedure code (99202-99215).

Until June 1, 2021, ODM has customized National Correct Coding Initiative (NCCI) files to allow reporting of prolonged services code 99354 and 99355 with office visit procedures. For a provider to receive payment for both services, modifier 25 will need to be appended to the denied procedure code. After June 1, 2021, providers should no longer be billing 99345 or 99355 with the office visit procedure code and modifier 25.

Note: The procedure code combination 99354 or 99355 with an office visit code and a modifier 25 is reported on the same date of service until 99415 and 99416 are recognized as covered by ODM for BH providers.

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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