

Process for Submitting EDI Inquiries to Molina

Information for Medicaid providers

Molina Healthcare (Molina) has received questions from providers and their Electronic Data Interchange (EDI) Clearinghouses/Trading Partners (TP) regarding the Ohio Department of Medicaid (ODM) Ohio Medicaid Enterprise System (OMES) EDI file submissions and response files.

The information below outlines the steps to take so Molina can thoroughly research and advise on the next steps. Molina requests that our providers also share this information directly with their EDI partners:

- Providers should submit an issue ticket with their respective clearinghouse to research and resolve all EDI issues before submitting the issue to Molina
- For EDI issues that cannot be resolved by the clearinghouse, providers should:
 - Send EDI questions to Molina via a secure email to OHProviderRelations@MolinaHealthcare.com.
 - All EDI questions must include the following data elements to ensure the most efficient intake and research process: date of service, Molina member's full name, Molina member's ID number, billed amount, Pay To NPI, Rendering Provider NPI, and the Molina Payer ID used for submission of the transactions.

TenderHeart Health Outcomes Partnership

Information for Medicaid and MyCare Ohio providers

On Sept. 1, 2023, Molina is launching a new partnership with TenderHeart Health Outcomes. TenderHeart offers incontinence services and supplies. Molina members who choose to receive incontinence supplies from TenderHeart will have access to a personal incontinence coach to help ensure they have the right product(s) for their comfort and to prevent leakage. TenderHeart's program will help members to avoid negative health outcomes, such as skin breakdown and urinary tract infections.

Members will receive a letter from TenderHeart explaining the program and how to select TenderHeart as their new incontinence supplier. Members may also choose to stay with their current incontinence supply provider. If a member chooses to join the TenderHeart program, they will still be able to receive other durable medical equipment items from their current providers. Or if a member receives an order for new durable medical equipment items outside the scope of TenderHeart, the member may choose any in-network provider to dispense those items. Please contact our Provider Services Team for more information about this program.

Updated: Notice of Changes to PA Requirements

Information for all network providers

Molina has posted the updated Prior Authorization (PA) Code List on our Provider Website for an effective date of July 1, 2023. To view the list of changes, view the "PA Code Changes 7-1-2023" tab in the [Prior Authorization \(PA\) Code List – Effective 7/1/2023 PA Code List](#), located on the "Forms" page of the Provider Website. This tab indicates non-covered codes, new codes that require PA, and

New In This Issue – June 2023

- [Submitting EDI Inquiries to Molina](#)
- [TenderHeart Health Outcomes](#)
- [Non-Emergency Med. Transportation](#)
- [Psych Diagnostic Evaluation](#)
- [Add-On Procedure Codes](#)
- [Member Renewal Date in Availity](#)
- [Molina Credentialing Update](#)
- [Nursing Coverage: Personal Care](#)
- [Ohio Pulsewrx Program](#)
- [End of COVID-19 PHE: PASRR](#)
- [UPDL: 30-Day Change Notice](#)
- [COVID-19 \(Coronavirus\) Codes](#)
- [Molina Quality Living Program](#)

Updated In This Issue

- [Changes to PA Code List](#)
- [Changes to Provider Manual](#)
- [PAs for Specific Drug Classes](#)
- [ORP Providers NPI](#)
- [Provider Training Sessions](#)
- [Website Roundup](#)
- [Did You Know: Pacify](#)

In Case You Missed It

- [Molina Legacy Portal Sunsetting](#)
- [New Century Health Fax Number](#)
- [Partnership Avalon Healthcare](#)
- [Enteral Nutrition Payment Changes](#)
- [FDA Withdrawal of Makena](#)
- [Fax Submission File Size](#)
- [A&G Mailing Address Update](#)
- [Revenue Code 0120 Update](#)
- [Filing Expedited UM Requests](#)
- [EOP and 835 Enhancements](#)
- [Medicaid Enrollment Requirements](#)
- [Women, Infants, and Children \(WIC\)](#)

Questions and Quick Links

Provider Services – (855) 322-4079
Monday - Friday: 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

- Email us at OHProviderRelations@MolinaHealthcare.com
- Visit our Provider Website at MolinaHealthcare.com/OhioProviders
 - [Provider Manual](#)
 - [PA Code List](#)
 - [PA Request Form](#)
 - [Provider Bulletin Archive](#)
 - [It Matters to Molina Page](#)

which codes no longer require PA for all lines of business. Codes that continue to require PA appear on the "PA Code List" tab and are to be submitted for review.

Molina posts new comprehensive PA Code Lists to our website quarterly. However, changes can be made to the lists between quarterly updates. Always use the lists posted on our website under the Forms tab instead of printing hard copies. This practice ensures you access the most up-to-date versions.

Updated: Notice of Changes to the Provider Manual Information for all network providers

Molina has added an addendum to the front of the [Marketplace Provider Manual](#) and the [MyCare Ohio Provider Manual](#). Updates include:

- [Updated Claims Recovery address](#)
- [New fax submission size for clinical information](#)
- [Added additional information about the Stark Statute](#)
- [Updated Appeals and Grievances Department Address](#)

Molina posts a new comprehensive Provider Manual to our website semi-annually. However, changes can be made to the manual between updates. Always refer to the manual posted on our website under the "Manual" tab instead of printing hard copies. This practice ensures you are accessing the most up-to-date versions.

Non-Emergency Medical Transportation

Information for Long-Term Services and Support (LTSS) providers

As of July 1, 2023, the PASSPORT waiver, non-emergency medical transportation (NEMT) benefit will be removed as a benefit under the PASSPORT Program due to a directive from the Centers for Medicare and Medicaid Services (CMS).

For services rendered after June 30, 2023, the following billing codes and modifiers will no longer be valid: T2003UAU5, T2003UAU4, T2025UAU6, and T2025UAU3.

Psychiatric Diagnostic Evaluation Limitations

Information for Medicaid Behavioral Health and Acute Facility providers

Effective July 1, 2023, claims billed for procedure codes 90791-90792 and G0396-G0397 with an HE modifier will be denied if received more than once in a calendar year per billing provider.

Procedure code H0001 with a modifier HE is restricted to two submissions per calendar year per billing provider. Claims submitted exceeding the frequency limit will be denied.

Visit medicaid.ohio.gov/resources-for-providers/billing/fee-schedule-and-rates/schedules-and-rates for additional information.

Add-On Procedure Codes

Information for Marketplace providers

Reminder: Molina uses the National Correct Coding Initiative (NCCI) publications to identify add-on procedure codes associated with a primary code.

Claims submitted with an add-on code that falls within the global period of the primary code will be bundled.

- [Provider Portal](#)

Join Our Email Distribution List

Get this bulletin via email. Sign up at MolinaHealthcare.com/ProviderEmail.

Connect with Us

facebook.com/MolinaHealth
twitter.com/MolinaHealth

Provider Training Sessions

It Matters to Molina Forums:

- Critical Incident Training: Tues., **June 27, 12 to 1 p.m.**
- Pregnancy Related Services and Billing: Thurs., **July 27, 2 to 3 p.m.**

General Provider Orientation:

- Tues., **June 6, 2 to 3 p.m.**
- Thurs., **July 6, 12 to 1 p.m.**

Claims and Billing Orientation:

- Thurs., **June 15, 2 to 3 p.m.**

Managed Long-Term Services and Support (MLTSS) Orientation:

- Tues., **July 18, 1 to 2 p.m.**

Provider training sessions are in Microsoft Teams. Please visit the IMTM page on our Provider Website and click on the desired training to access meeting details.

Availity Essentials Portal – General Training:

- Wed., **June 7, 12 p.m.**
- Fri., **June 23, 10 a.m.**
- Mon., **July 17, 12 p.m.**
- Wed., **July 26, 3 p.m.**
- Contact training@availity.com at any time to receive Availity Portal training.

Register for the Availity General Training in the Availity Portal. Under "Help & Training," select "Get Trained." Select the "Sessions" tab and choose a session.

Website Roundup

Recently added or updated documents:

- [MyCare Ohio Provider Manual Addendum](#)
- [Marketplace Provider Manual Addendum](#)
- [Medicaid Authorization Appeal, Clinical, and Non-Clinical Claim Dispute Guide](#)
- [Marketplace Authorization and Claim Reconsideration Guide](#)
- [LTSS Waiver Services Billing Guide](#)
- [Medicaid Renewals page](#)
- [Provider Advisory Council drop-down menu on the It Matters to Molina page](#)

Visit [cms.gov/medicare-medicare-coordination/national-correct-coding-initiative-ncci/ncci-medicare/medicare-ncci-add-code-edits](https://www.cms.gov/medicare-medicare-coordination/national-correct-coding-initiative-ncci/ncci-medicare/medicare-ncci-add-code-edits) for additional information.

Review Your Molina Medicaid Member's Renewal Date in Availity Information for Medicaid providers

Perform individual Eligibility verifications in Availity. Results will show a redetermination date for any member upcoming in the next 60 days in scenarios where the member needs to take action.

- Log in to Availity.
- Choose to do an Eligibility and Benefits Inquiry.
- Enter the patient's information and click submit: Enter in either Molina Member ID or state ID along with Date of Birth (DOB) and select the state of residence. If you do not have the Member ID, enter the First Name, Last Name, and DOB, and select the state of residence.
- If the member has a renewal date coming within 60 days and needs to take action, a message will display with their renewal date.
- If the member does not have a renewal date coming within 60 days and/or does not need to take action, a message will not appear.

As a reminder, ODM resumed the Medicaid renewals (also referred to as "Medicaid redeterminations") process on Feb. 1, 2023. The first disenrollments for non-renewal, or loss of eligibility, occurred on April 30, 2023, with a May 1, 2023, effective date.

Please visit the FAQs on Molina's website [Medicaid Renewals](#), to learn more. Primary Care Providers may also access Renewals information on their member rosters located in Availity.

Molina Credentialing Update

Information for Medicare and Marketplace providers:

The below listed provider types can submit one Ohio Department of Insurance (ODI) Standardized Credentialing Form Part B for Agency/Program/Organization Providers ("ODI Credentialing Form") to cover all their locations if they are all under the same ownership. Molina will only load the main/corporate office into our credentialing system. Additional and/or alternate locations will not be loaded into our credentialing system.

- Atypical (Non-Licensed Providers)
- Durable Medical Equipment Suppliers
- Federally Qualified Health Centers
- Indian Health Clinics
- Laboratories
- Physical Therapy/Occupational Therapy/Speech Therapy
- Radiology
- Rural Health Centers
- Transportation Services
- Urgent Care

Facilities with multiple locations that share one license only need to complete one ODI Credentialing Form.

Did You Know: Pacify

Did you know Molina is a proud partner with Pacify, a mobile app that provides on-demand support from live Lactation Consultants (IBCLCs), nurses, or health plan resources?

Pacify services include:

- Pacify Lactation Consults
- 24-hour Nurse Advice Line
- Molina Member Services
- Molina Transportation Line

Additional benefits include:

- No appointment required
- Available 24/7
- Services in English and Spanish
- 30-second average answer time

Members should use code MHOM2 to sign up for the app. Find additional resources at pacify.com.

COVID-19 (Coronavirus) Codes

Information for Medicaid providers

Per ODM, the COVID-19 Billing Guidelines will be updated soon to include the following:

- Corrections and additions for various code age restrictions
- New age parameters that will be live in the Q3 HCPCS system update

View the guidelines at medicaid.ohio.gov/resources-for-providers/covid/covid.

Reminder: Enteral Nutrition Payment Changes

Information for Medicaid and MyCare Ohio providers

Effective June 1, 2023, for dates of service on or after June 1, 2023, Healthcare Common Procedure Coding System (HCPCS) B4157-B4162 for Enteral Nutrition requires an invoice for pricing. Claims will be priced at 185% of the provider's cost multiplied by the contractual agreement.

For information on submitting the invoice attachment with the claim, refer to the [Reference Guide for Supporting Documentation for Claims](#) on the It Matters to Molina page under "Tools and Resources."

Reminder: FDA Withdrawal of Makena®

Information for all network providers

Effective April 6, 2023, the Food and Drug Administration (FDA) has withdrawn their approval of Makena® and all generic 17

Nursing Coverage to Meet Personal Care Needs

Information for all nursing providers

Home health nurses, private duty nurses (PDN), and waiver nurses (LPNs and RNs), while presenting to perform their assigned nursing duties, may find a member in need of additional services, which are typically performed by home health or personal care aides. Per OAC rule 5160-44-05, the nurse is required to take action to mitigate the risks and report the situation to the care manager or waiver service coordinator.

In these circumstances, the primary concern of all parties should be the health, safety, and welfare of the members. Per OAC 5160-12-01, nurses who are available and able to provide necessary nursing services as well as fill in gaps in care for a member requiring personal care services can be compensated for all services provided at the nursing rate. These service extensions are also permissible under OAC 5160-12-02 or through a revision to the waiver member's person-centered services plan in accordance with OAC 5160-44-02.

Circumstances when a nurse needs to extend a visit to ensure a member's health, safety, and welfare may result in a reportable incident per OAC 5160-44-05. The reporting of these incidents will enable ODM to monitor trends and patterns, as well as provide additional oversight through Molina's investigation processes. The incident report will also provide documentation to support the nurse's need to extend their visit.

Ohio Pulsewrx Program for Continuous Glucose Monitoring

Information for Medicaid and MyCare Ohio providers

The Ohio Pulsewrx Program offers eligible households a smartphone compatible with FreeStyle Libre 2 and 3 via The Lifeline Wireless Program and Affordable Connectivity Program (ACP).

Ohio Medicaid members receive a smartphone built to connect them with important contacts, health resources, and mobile apps for long-term connectivity and health and wellbeing. All Medicaid members are eligible, including MyCare Ohio recipients.

Pulsewrx is offering sessions for providers to learn how Ohio Medicaid recipients can enroll in this free and important benefit. Pulsewrx will discuss the phone benefit, provide a website demo, and share best practices for successful enrollment.

- Tues., June 6: 12 to 12:30 p.m. Register at us02web.zoom.us/webinar/register/WN_klzIZFLqR_i1Hslgr4Jijw
- Wed., June 7: 9 - 9:30 a.m. Register at us02web.zoom.us/webinar/register/WN_oOa9X9BdTfSB5zmtD5BI2g#/registration
- Mon., June 12: 2 - 2:30 p.m. Register at us02web.zoom.us/webinar/register/WN_DBSSE6wzRwyWJ7IAh2QUfA#/registration

This training is hosted by Pulsewrx. Please reach out to contact@pulsewrx.com with any questions.

Hydroxy Progesterone from the market for the prevention of preterm birth.

Based on the removal of FDA approval:

- Molina will be unable to accept new prescriptions for Makena® or any generic version.
- This applies to pharmacy benefits as well as medical benefits.
- All home health services for administering progesterone will be canceled.

Find additional information on the FDA website at fda.gov/drugs in the "[FDA withdraws approvals of Makena and its generics](#)" article.

Reminder: Fax Submission File Size Update for Clinical Information

Information for all network providers

As of May 1, 2023, the maximum clinical information fax size threshold Molina can accept is no more than 100 pages (10 MB) for the total size of the fax transmission.

Molina requires copies of **relevant** clinical information to be submitted for documentation to ensure accurate and timely clinical decision-making. Clinical information includes **but is not limited to** pertinent physician emergency department notes, inpatient history/physical exams, discharge summaries, physician progress notes, physician office notes, physician orders, regulatory required forms, nursing notes, results of laboratory or imaging studies, therapy evaluations, and therapist notes.

Molina **does not accept** clinical summaries, telephone summaries, or inpatient Care Manager criteria reviews as meeting the clinical information requirements. If there is a complex or extenuating clinical situation, please do not hesitate to contact the Healthcare Services Department or your Provider Services Team for further review and resolution.

Requests can be submitted via the [Availity Essentials Provider Portal](#). Providers may also find training and other resources on the Availity Essentials platform.

End of COVID-19 Public Health Emergency (PHE): PASRR**Information for all Medicaid providers**

The [COVID-19 \(Coronavirus\) Public Health Emergency](#) ended on May 11, 2023. While there were various flexibilities granted, the 30-day delay of PASRR Level I screenings and Level II evaluations terminated on May 11, 2023.

As such, the Center for Medicare and Medicaid Services (CMS) expects states to resume full PASRR activities in accordance with state PASRR rules ([OAC 5160-3-15](#), [OAC 5160-3-15.1](#) and [OAC 5160-3-15.2](#)) as of May 12, 2023. Providers must also return to the pre-PHE timeframes for completing PASRR requirements and related level of care requests. As a reminder, level of care determinations must not precede the date the PASRR requirements were met.

For additional questions, please submit them to PASRR@medicaid.ohio.gov.

Unified Preferred Drug List: 30-Day Change Notice**Information for all Medicaid providers**

ODM will post their [Ohio Unified Preferred Drug List \(UDL\) 30-Day Change Notice](#) on June 1 for an effective date of July 1, 2023. Find the list at pharmacy.medicaid.ohio.gov/drug-coverage.

Molina Quality Living Program Awardees**Information for all network providers**

Molina is proud to announce the most recent quarter's performance for nursing facilities in the Molina Quality Living Program.

- Platinum Level: Bethany Village and Bayley Senior Care
- Gold Level: Carlisle Manor and Loveland Healthcare Center
- Silver Level: Astoria Health and Rehab Center, Berkeley Square Retirement Community, Crossroads Rehabilitation and Nursing, Crown Pointe Care Center, Dayview Care Center, Four Winds Nursing Facility, Friends Care Community, Glen Meadows, Harding Pointe, Logan Acres Care Center, Meadow Grove City, Mohun Health Care, Morris Nursing Home, Otterbein Lebanon, Siena Gardens, St. Margaret Hall, The Lodge Care Center, The Residence at Salem Woods, Trinity Community, Twin Lakes, and Willow Brook Christian Services

About the Molina Quality Living Program: This program recognizes and awards nursing facility partners that meet or exceed select CMS quality measures when providing care to Molina MyCare Ohio members in custodial care.

Updated: Reimplementation of PAs for Specific Drug Classes**Information for Medicaid providers**

On [May 23, 2023](#), based on guidance from ODM, Gainwell reimplemented additional PA requirements based on specific drug classes. View the Unified Preferred Drug List (UPDL) at spb.medicicaid.ohio.gov/SPContent/DocumentLibrary/UPDL for a list of products that require a PA.

Reminder: Gainwell is ODM's Single Pharmacy Benefit Manager (SPBM).

Updated: Ordering, Referring, and Prescribing Providers NPI**Information for all network providers**

In April 2023, Molina sent a notification we would begin denying claims missing an Ordering, Referring, and Prescribing (ORP) provider on May 1, 2023. This

Reminder: Appeals and Grievances (A&G)**Mailing Address Update****Information for Medicaid, MyCare Ohio Medicaid, and Marketplace providers**

Effective May 1, 2023, the Molina of Ohio Appeals and Grievances team began using a centralized mailroom for Medicaid, MyCare Ohio Medicaid, and Marketplace lines of business. The new mailing address for the centralized mailroom is:

Molina Healthcare of Ohio, Inc.
Grievance and Appeals Unit
PO Box 182273
Chattanooga, TN 37422

It is important to send all appeal and grievance requests to the appropriate mailing address to avoid delays in processing. You may also submit appeal and grievance requests via fax and the Availity Essentials Portal. More information on how to submit appeal and grievance requests is available on MolinaHealthcare.com. You may also contact your Provider Services Representative for additional assistance.

Reminder: Revenue Code 0120 Update**Information for Medicaid providers**

Effective May 1, 2023, for long-term custodial and skilled care, revenue code 0120 is no longer accepted when Medicaid is the primary payer. The following revenue codes should be used:

- 0101 All-Inclusive Room and Board
- 0160 Room & Board – Other (this category is used by ODM to identify a short-term stay of a waiver enrollee)
- 0169 Room & Board – Other (this category is used by ODM to identify a flat fee for a low acuity waiver enrollee)
- 0183 Therapeutic Leave Day – charges for holding a room while the patient is temporarily away from the nursing facility provider
- 0185 Hospitalization Leave Day – charges for holding a room while the patient is temporarily hospitalized
- 0189 Other Leave of Absence (this category is used by ODM to identify a leave day for a PA1/PA2 low acuity resident)
- 0220 Flat Fee – PA1/PA2 low acuity covered day
- 0410 Ventilator-Weaning Day
- 0419 Ventilator Dependent Day

update was based on the guidance from ODM in compliance with federal regulations 42 CFR 438.602 and 42 CFR 455.410.

The May 1, 2023, effective date for claim denials has been postponed. Look for future communication from Molina with further details.

Reminder: As of July 1, 2021, Molina requires the billing of Ordering, Referring, and Prescribing (ORP) providers based upon the requirements developed by the ODM in compliance with federal regulations 42 CFR 438.602 and 42 CFR 455.410. Claims billed with the attending field information will also be used to satisfy the ORP requirements. For providers with notable ORP billing errors, Molina will be reaching out to address and educate. Molina will continue to share updates on these billing requirements in future Provider Bulletins.

In January, Molina's system began to include the following CARC/RARC remit messaging:

Scenario	Referring	Ordering	Attending
Remit	N286	N265	N253
CARC	16	16	
CARC Description	Claim/service lacks information or has submission/ billing error(s)	Claim/service lacks information or has submission/ billing error(s)	Missing/ incomplete/invalid attending provider primary identifier
RARC	N286	N265	N253
RARC Description	Missing/incomplete /invalid referring provider primary identifier	Missing/incomplete /invalid referring provider primary identifier	Missing/incomplete /invalid referring provider primary identifier

Consistent with these rules, a valid National Provider Identifier (NPI) will be required on claims for select ORP provider types which are eligible to order, refer or prescribe, including:

Pay to Provider Type	Pay to Provider Type	Claims requiring ORP
Psychiatric Residential Treatment Facility	03	All
Other Accred Home Hlth Agency	16	All with provider specialty code 455, 453, 450, 161, 160, 456, 457, 452
Professional Medical Group	21	ORP NOT required when rendering provider is any of the following types: Physician/Osteopath Individual, Physician Assistant, Clinical Nurse Specialist Individual, Nurse Midwife Individual, or Nurse Practitioner Individual (PT 20,24,65,71,72)
Non-Agency Nurse - RN or LPN	38	All
Physical Therapist Individual	39	All
Speech Language Pathologist	40	All

These are revenue center codes from the National Uniform Billing Committee official "UB-04 Data Specifications Manual." All other revenue center codes used on Medicaid nursing facility encounters will be considered outpatient or for informational purposes only and not for purposes of Medicaid reimbursement for room & board.

Reminder: Filing Expedited Service Requests or Appeals

Information for Medicare providers

An Expedited/Urgent service request, including an appeal, should only be used if the treatment is required to prevent serious deterioration in the member's health or could jeopardize the member's ability to regain maximum function. Requests outside of this definition should be submitted as routine/non-urgent (pursuant to Medicare 42 CFR § 422). If the request meets the criteria for Expedited/Urgent, indicate the reason at the time of the submission to avoid delays and follow all CMS guidelines. As a reminder, request services in a timely manner and provide necessary information for review so appropriate and timely decisions can be made.

Reminder: EOP and 835 Files Refund Reporting Enhancement

Information for all network providers

On March 1, 2023, Molina made enhancements to the reporting of refunds received that are displayed on an Explanation of Payment (EOP) and 835 files.

Refunds received by a provider or a third party payer are now:

- Reflected on the EOP and 835
- Reflected on the claim in the Refund column on a reversal claim on the EOP
- Including a remit message indicating receipt of a refund

If the refund received is a partial refund, a balancing adjustment claim ending in A is created to balance the reversal, ensuring no recoupment. Updates include:

- EOP: Adding Overpayment Recovery and Provider Return/Refund credit adjustment types in the Payment Adjustments section of the EOP. These net adjustments reflect the application of all refunds on the payment

Occup Therapist Individual	41	All
Audiologist Individual	43	All
Hospice	44	All
Certified OH Behavior Analyst	53	All
Mcare Certified Hm Hlth Agency	60	All
Anesthesia Assistant Indiv	68	All
Pharmacy	70	All
Cert RN Anesthetist Individual	73	All
Durable Medical Equip Supplier	76	All
Independent Diag Testing Fac	79	All
Independent Laboratory	80	All
Portable X-Ray Supplier	81	All
Waivered Services Individual	55	All with provider specialty code 453, 454, 455, 450, 451
Psychiatric Hospital	02	All with provider specialty code 018 or 019
Non-Agency Home Care Attendant	26	All with provider specialty code 260
Non-Agency Personal Care Aide	25	All with provider specialty code 450 and 250
Wheelchair Van	83	All with provider specialty code 451, 480, 490, or 830
Waivered Services Organization	45	All with provider specialty code 454, 453, 490, 451, 450, 455, 456, 457, 740, 452
Hospital	01	All with provider specialty code 761, 822, 823, 830, 002, 006, 700, 762, 760, 001, 003, 004, 005, 820, 821, 824
Clinic	50	claims with any procedure code on tab 1; claims with a TC modifier AND any procedure code on tab 2
Nursing Facility	86	claims with any procedure code on tab 1; claims with a TC modifier AND any procedure code on tab 2
FQHC	12	claims with any procedure code on tab 3
Ohio Department of Mental Health Provider	84	claims with procedure codes 86580, 36415, or 82075, or claims with 81025 with QW modifier
OMHAS Certified/Licensed Treatment Program	95	claims with procedure codes 86580, 36415, or 82075, or claims with 81025 with QW modifier

separately from any forwarding balances/recoupments.

- The Provider Level Balance (PLB) segment on the 835: Items labeled as Provider Return/Refund credit reflect on the 835 as adjustment code type 72. Items labeled Overpayment Recovery reflect on the 835 as adjustment code type WO. This is Molina's method of recording refunds received and will result in a net total of \$0.00 on the payment.

Reminder: Medicaid Enrollment Requirements

Information for Medicaid providers

As a reminder, any provider who is not enrolled and noted as "active" in the ODM Provider Network Management (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.

Note: Providers who update their records after claims begin rejecting will need to submit corrected claims once the records are updated.

Visit [medicaid.ohio.gov](https://www.medicaid.ohio.gov) for additional information. Under "Resources for Providers," select "Managed Care," then "Policy," and "Managed Care Policy Guidance." Note that Medicaid enrollment is required by the CFR rule 42 CFR 438.602.

Reminder: Women, Infants, and Children Information for all network providers

Women, Infants, and Children (WIC) is a Special Supplemental Nutrition Program that provides nutrition education, breastfeeding education, and support to eligible pregnant and breastfeeding women, women who recently had a baby, infants, and children up to 5 years of age.

The WIC Program helps to improve pregnancy outcomes and provides infants and children with adequate diets for a healthy start. Additional benefits include:

- Access to supplemental, highly nutritious foods such as cereal, eggs, milk, whole grain foods, fruits, and vegetables
- Access to iron-fortified infant formula
- Referral to prenatal and pediatric health care and other maternal and child health and human service programs

Reminder: Molina Legacy Provider Portal Sunsetting***Information for all network providers***

Effective May 23, 2023, providers are no longer able to access the Molina of Ohio Provider Portal and its functions directly. Providers must log in via the Availity Essentials Provider Portal.

Find additional information in the Molina [Legacy Provider Portal Sunsetting Provider Bulletin](#).

Note: This does not affect the Dental SKYGEN Portal.

Reminder: New Century Health Fax Number Update***Information for Medicaid and Marketplace providers***

Effective June 30, 2023, New Century Health will be implementing a new fax number for cardiology services. The new fax number is (714) 582-7547 and replaces the fax number (877) 622-6879. Providers are encouraged to begin using the new fax number prior to the June 30th transition date.

Reminder: Partnership with Avalon for Laboratory Benefit Management***Information for Medicare, Medicaid, and Marketplace network providers***

Molina communicated Avalon Healthcare Solutions (Avalon) effective dates in previous Provider Bulletins. Please note the following effective dates:

- Medicare went live on May 1, 2023
- Marketplace went live on March 1, 2023
- Medicaid will go live in 2024

As a reminder, Molina is collaborating with Avalon on a new laboratory benefit management program. Avalon provides routine testing management services to Molina. Read additional details in the [May Provider Bulletin](#).

Member Eligibility and How to Apply: Visit the Ohio Department of Health website at odh.ohio.gov/know-our-programs/Women-Infants-Children, then select "Resources" and [Ohio WIC Program Eligibility](#) to locate the tabs "Who is eligible?" and "How to Apply."

Fighting Fraud, Waste, and Abuse

Do you have suspicions of member or provider fraud? The Molina AlertLine is available 24 hours a day, 7 days a week, even on holidays at (866) 606-3889. Reports are confidential, but you may choose to report anonymously.