Molina Healthcare: Audit/Recovery Policy for Revenue to CPT Code Review

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plan document supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

This policy is designed to ensure the accuracy and compliance of claims submitted to Molina Healthcare, specifically focusing on the alignment between Revenue Codes and CPT (Current Procedural Terminology) Codes. All healthcare service providers submitting claims to Molina Healthcare.

Review Guidelines:

- ***Revenue to CPT Mismatches:***
  - Molina Healthcare will periodically review claims to ensure that the Revenue Codes used align appropriately with the associated CPT Codes.
  - Any discrepancies identified between the Revenue Code and the CPT Code may result in the claim being flagged for further review and potential adjustment or denial.
  - Providers are expected to ensure that their billing staff are adequately trained in the correct usage of Revenue and CPT Codes to minimize discrepancies.
- ***Itemized Bill Review:***
  - Providers are required to submit itemized bills upon request by Molina Healthcare.
  - The itemized bill should clearly list all services rendered, associated CPT Codes, and corresponding Revenue Codes.
  - Any discrepancies noted during the review of the itemized bill may lead to further investigation and potential claim adjustment.
- ***Invoice Validations (Facility Claim Detail billing):***
  - Molina Healthcare may request providers to submit detailed facility claim invoices to validate the accuracy of the billed amounts.
  - These detailed invoices should include a breakdown of all services rendered, the associated charges, CPT Codes, and Revenue Codes.
  - Discrepancies between the detailed invoice and the claim submitted may result in adjustments to the claim.

Procedure:

- Molina Healthcare will conduct random audits on a predetermined percentage of claims submitted by providers to identify potential discrepancies.
- Providers will be notified in writing if a discrepancy is identified and may be required to submit additional documentation, including itemized bills or detailed facility claim invoices.

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- Failure to provide the requested documentation within the specified time frame may result in the claim being adjusted or denied. The time frame will be listed on the notification.
- Providers have the right to appeal any claim adjustments or denials made because of this audit/recovery process. Details of the appeal process will be provided in the notification letter.

Responsibilities:

- It is the responsibility of the provider to ensure accurate billing practices and the correct use of Revenue and CPT Codes.
- Molina Healthcare is committed to maintaining a transparent and fair audit/recovery process and will provide support and clarification to providers as needed.

Review and Updates:

- This policy will be reviewed annually or as needed to ensure it remains current and in line with best practices and regulatory requirements.

Supplemental Information

Definitions

Term	Definition
CMS	the Centers for Medicare & Medicaid Services. It is a federal agency within the United States Department of Health and Human Services that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children's Health Insurance Program (CHIP), and health insurance portability standards.
Revenue Code	According to the AAPC (American Academy of Professional Coders), a revenue code is defined as payment codes for services or items in FL 42 of the UB-92 found in Medicare and/or NUBC (National Uniform Billing Committee) manuals. In a broader context, revenue codes are a standardized system that identifies any accommodations and specific services provided to patients in a healthcare setting. These services may include room and board, imaging services, medications, and more. All payments for medical services in the USA are linked to these codes.
CPT Code	A medical code set used to report medical, surgical, and diagnostic procedures and services
Itemized Bill Review	An analysis of the detailed charges on a bill
Invoice Validation:	The process of verifying that billing details on facility claims are accurate and complete

State Exceptions

State	Exception

Documentation History

Type	Date	Action
Published		
Revised Date		