

Provider Bulletin

Molina Healthcare of California

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July 1, 2026

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Billing Reminder: Skilled Nursing Facilities, Intermediate Care Facilities for Individuals with Developmental Disabilities and Subacute Care Facilities

This is an advisory notification to Molina Healthcare of California (MHC) network providers applicable to the Medi-Cal and Medicare lines of business.

What you need to know:

As part of our ongoing partnership, we'd like to share a quick billing reminder to help support timely and accurate claim submission. We continue to see common trends contributing to claim denials, and a few simple checks can make a meaningful difference in reducing delays and rework.

Service Paid on Another Claim

- **Description:** These claims are denied when the same services have already been billed and paid under a different claim number.
- **Recommendation:** Before submitting a duplicate claim, check the status of the original claim by submitting an inquiry. Based on the inquiry results, Molina may adjust the original claim if needed.

Missing Authorization

- **Description:** Claims may be denied when required authorization has not been obtained prior to billing.
- **Recommendation:** Verify authorization requirements and obtain authorization before submitting claims. Ensure that the authorization number is included on the claim to prevent unnecessary denials.

Enrollment Discrepancy

- **Description:** Claims are denied when the member does not have active enrollment during the date of service.
- **Recommendation:** Verify the members' eligibility before rendering services and before claim submission. Checking eligibility in advance can help prevent denials related to enrollment status.

Denial Reason

- **Description:** The revenue code submitted on the claim is invalid or not appropriate for the services billed.
- **Recommendation:** Providers are strongly encouraged to validate that the revenue code billed aligns with the type of service rendered and complies with current billing guidelines. Use authoritative coding resources and payer-specific billing manuals to ensure accuracy prior to submission. Claims submitted with invalid or incorrect revenue codes will result in denials and delay payment.

Provider Action

Taking a few moments to review and apply these best practices can help reduce claim denials and support more efficient processing.

If you have any questions or need support, please don't hesitate to reach out to your Provider Relations Representative. We appreciate your continued partnership.

To submit claims, check authorization status and member eligibility, log onto Molina's provider portal: [Avality Essentials](#)

For additional resources, please reference:

- [Intermediate Care Facilities for Individuals with Developmental Disabilities Toolkit](#)
- [Skilled Nursing Facilities Toolkit](#)

What if you need assistance?

If you have any questions regarding the notification, please contact your [Molina Provider Relations Representative](#).

