Provider Memorandum

Claim Attachment Rules for Itemized Bill Review

Molina Healthcare of Illinois (Molina) reminds providers of the correct process for when an itemized billing statement is needed. Note that submitting the Itemized Bill with the initial claim submission expedites review and payment of the claim.

Itemized Billing Statement Needed

An Itemized Bill (IB) is **required** when the expected reimbursement is $100,000 or greater. This should be submitted with the original claim. If the claim is processed without the IB, the claim will be reimbursed at the base DRG amount X Contract %, and no outlier payment will be made.

Where To Send

You have two options for submission for the Itemized Bill; the Provider Portal is the preferred method. Reminder: submit the IB **with** the initial claim submission to:

- **Provider Portal (preferred)**: availity.com/molinahealthcare (Molina Payer ID 20934)
- **Paper**: Molina Healthcare of Illinois, Inc.
  P.O. Box 540
  Long Beach, CA 90806

How To Identify a Claim With an Itemized Bill Request

Remit codes 252 and N26 are used when processing a claim requiring an Itemized Bill.

Remit Code	Description
252	An attachment/other documentation is required to adjudicate this claim/service.
N26	Missing itemized bill/statement.

How To Identify if Medical Records and an Itemized Billing Statement Are Needed

You may receive a remit comment, "Itemized Statement Required for Charge Line Review. If facility is seeking payment for potential outliers on inpatient claim, an appeal must be submitted for outlier consideration and include all necessary supporting documentation."

When you receive this remit comment, the medical records are needed due to a difference between the billed level of care compared to the level of care approved during the authorization process. The itemized billing statement is also needed because the expected reimbursement is $100,000 or greater.

Where To Send Formal Disputes

If the claim is denied, you can submit a formal dispute (or corrected claim). You have two dispute options for submission; the Provider Portal is the preferred method:

- **Provider Portal (preferred)**: availity.com/molinahealthcare (Molina Payer ID 20934)
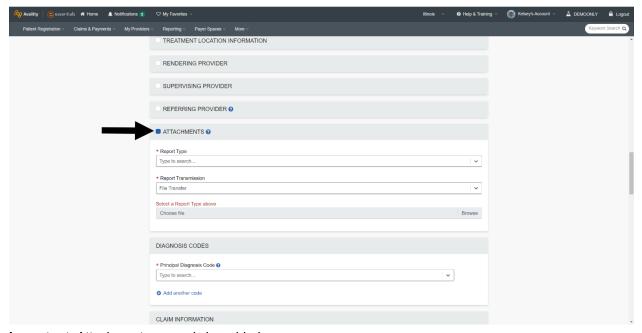- **Fax**: (855) 502-4962

Claims Status

Whether you submit claims via clearinghouse or the Availity Provider Portal, the Portal will show the status as pend/in process, if not yet final. You can search for the claim via the member info and Date of Service, or the claim ID provided by their clearinghouse to verify status before attempting to attach documents.

Claims Attachments

When submitting a claim through a clearinghouse, you can add attachments (i.e., the Itemized Bill) via the Provider Portal if the claim is **not** finalized (i.e., the claim must be pending or in process). If the claim has moved to a finalized status (i.e., paid or denied), a corrected claim or dispute should be submitted **with** the Itemized Bill. For assistance with the process, contact Availity Client Services at (800) 282-4548.

How To Attach

1. In the Availity Portal, go to **Claims & Payments** and select appropriate bill type (e.g., Professional Claim).
2. You will be prompted to select your organization, transaction, and payer.
3. As you complete the form, you will come to the **Attachments** section. On the **Report Type** dropdown, Itemized Bill is not an option, so select "**Medical Record Attachment.**"

Important: Attachments can only be added:
- With the initial submission.

- When a claim is pending/in-process.
- With a corrected claim.

It is **always best** to attach an Itemized Bill with the initial claim.

If you are attaching to a **previously submitted claim** that is pending/in process:

1. Use Claim Status Inquiry to find the correct claim, click it, and view the **Claim Details** page.
2. You can access the **Attachments** section at the bottom of the Claim Details page.
3. Select the type of attachment, click Select File, browse your device for the correct file, and select Upload.
4. Repeat step 3 until all appropriate files are loaded, then click Submit Attachments.

Tips for Submitting a Corrected Claim With Attachments

- Use the Corrected Claim function to submit additional attachments for a claim with a finalized (paid or denied) status.
- Do not submit multiple corrections on the same claim. They will be denied as duplicates.
- The corrected claim will contain the prior claim number.
- Corrected claims are automatically sent to a claims adjuster for review.

Attachment Rules

- You can attach multiple files.
- The size of all files combined cannot exceed 120 megabytes (MB).
- Only these file types are allowed: PDF, TIF, JPG, BMP, and GIF.
- File names must be alphanumeric with no special characters.
- Duplicated file names are not allowed.

For Provider Portal support, contact Availity at **(800) 282-4548**, 7 a.m. to 7 p.m. Central Time.

Questions?

We're here to help. Contact your dedicated Provider Network Manager or email the Provider Network Management team at MHILProviderNetworkManagement@MolinaHealthcare.com. For help identifying your dedicated Provider Network Manager, visit Molina's Service Area page at MolinaHealthcare.com.

Provider Portal Alert

We are sunsetting the Molina Legacy Provider Portal this year. Ensure that you and your staff have access to streamlined claims management, authorizations, eligibility/benefit verification, and more. Get started with Availity Essentials Provider Portal today! Click here.

Get Critical Updates

Receive news and updates about Molina services and plan requirements delivered straight to your inbox! Click here to receive Molina's provider updates.

Note: Molina's website and documents are best viewed in Google Chrome or Microsoft Edge.