

Provider Bulletin

Re:

Dear Providers,

Thank you for your continued partnership.

Questions?

We're here to help. Contact your Provider Services Representative or email the Provider Services team at **<u>NVProviderRelations@MolinaHealthcare.com</u>**



Learn more about provider updates, visit <u>MolinaHealthcare.com/</u> <u>Providers/NV/NewsandUpdates</u>

Sincerely,

Molina Healthcare of Nevada Provider Services

NA[®] Claims Correction in Availity

Molina Healthcare is alerting our providers that the Claims Correction function on the Availity Essentials provider portal cannot populate the claim submission form to allow the provider to make necessary changes in certain instances. The current error message is:

The payer is unable to return data for this claim. Reenter your claim data on the appropriate **Claims** screen, select **Replacement of Prior Claim** in the **Frequency Type** field, and enter the payer's claim number in the **Payer Claim Control Number**.

To assist our providers, Molina has corrected the message:

The payer is unable to populate the data for this claim. To fix this claim, you **must**:

- Enter your claim data on the appropriate **Claims** screen
- Select Replacement of Prior Claim in the Frequency Type field; (7 Replacement of Prior Claim)
- Enter the Prior Claim number in the Payer Claim Control Number field

Under the **Claims & Payment** tab is the **Claims & Encounters** option – clicking this brings up the screen below:

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INSURANCE COMPANY/BENEFI	T PLAN INFORMATION						
Organization	Claim Type		Payer		Responsibility Sequer	ce 😡	
Molina Healthcare Inc	 Type to search 	· ·	Type to search	-	Primary	-	

The provider will choose the appropriate **Claim Type**, **Professional Claim (CMS-1500)** or **Facility Claim (UB-04)**. Then, the claim entry form will appear. The provider needs to enter data into all required fields by:

 Selecting Replacement of Prior Claim in the Frequency Type field (7 – Replacement of Prior Claim). The screen below shows where the provider would select the correct Frequency Type for a Corrected Claim.

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	CLAIM INFORMATION						
	* Patient Control Number / Claim Number @		Medical Record Identification Number		* Place of Service O		
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	* Frequency Type O		* Provider Accepts Assignment O		* Release of Information O		
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	* Provider Signature on File	* Claim P	filing Indicator		Prior Authorization Number O		
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	* Paver Claim Control Number 9						

2. Entering the Prior Claim Number in the Payer Claim Control Number field:

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	Spinal Manipulation Service Patient Condition C	ode Clinical Laboratory Improvement Ar	mendment Number 😡	
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	Payer Claim Control Number			

Not registered with Availity Essentials?

If your organization is not yet registered for Availity Essentials and you're responsible for the registration, please visit **availity.com/MolinaHealthcare** and click the **Register** button.

Call Availity Client Services at **(800) AVAILITY (282-4548)**. Assistance is available Monday-Friday from 8 a.m. to 8 p.m. ET with any registration issues.