

April 1st, 2020

# Provider Memorandum

## **New Prepayment Claims Review**

This decision letter is to notify you that Molina Healthcare of New York, Inc. (Molina) will be implementing a program on **June 1st, 2020** to evaluate and review high level Evaluation and Management (E/M) services for high-coding practitioners that appear to have been incorrectly coded, based upon diagnostic information that appears on the claim and peer comparison. This will allow us to ensure that payments are aligned with national industry coding standards.

## **Impacted Lines of Business**

The prepayment claims review will apply to only the Medicaid (MMC) line of business.

## **Effective Coding of Evaluation and Management Services**

Evaluation and management (E/M) services are visits performed by physicians and non-physician practitioners to assess and manage a patient's health. Molina will be instituting a process to evaluate and review high level E/M services for high-coding practitioners that appear to have been incorrectly coded, based upon diagnostic information that appears on the claim and peer comparison. If you do not agree with a payment determination, you have the right to file an appeal by submitting the portion of the medical record that supports additional reimbursement. Molina will review the submitted medical record(s) to assess the intensity of service and complexity of medical decision-making for the E&M services provided.

Medical Necessity of a service is the overarching criterion for payment in addition to the individual requirements of a CPT code. It would not be medically necessary or appropriate to bill a higher level of evaluation and management service when a lower level or service is warranted. The volume of documentation should not be the primary influence upon which a specific level of service is billed. Documentation should support the level of service reported. See CMS Regulations and Guidance link: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/r178cp.pdf>

Providers should report E/M services in accordance with the American Medical Association's (AMA's) CPT Manual and the Centers for Medicare and Medicaid Services (CMS') guidelines for billing E/M service codes: Documentation Guidelines for Evaluation and Management. The level of service for E/M service codes is based primarily on the member's medical history, examination and medical decision-making. Counseling, coordination of care, the nature of the presenting problem, and face-to-face time are considered contributing factors.

Thank you for the opportunity to review and respond to this inquiry.

## **Questions**

Providers who have questions, concerns or would like additional training, including how to use the Molina Provider Portal, may contact their provider network managers or email the Provider Network Management Department at [MHNYProviderServices@molinahealthcare.com](mailto:MHNYProviderServices@molinahealthcare.com).