Sidebar

THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:

COUNTIES:

☒ Imperial
☒ Riverside/San Bernardino
☒ Los Angeles
☒ Orange
☒ Sacramento
☒ San Diego

LINES OF BUSINESS:

☒ Molina Medi-Cal Managed Care
☒ Molina Medicare Options Plus
☒ Molina Dual Options Cal MediConnect Plan (Medicare-Medicaid Plan)
☒ Molina Marketplace (Covered CA)

PROVIDER TYPES:

☒ **Medical Group/ IPA/MSO**

Primary Care
☒ IPA/MSO
☒ Directs

Specialists
☒ Directs
☒ IPA

☒ **Hospitals**

Ancillary
☒ CBAS
☒ SNF/LTC
☒ DME
☒ Home Health
☐ Other

FOR QUESTIONS CALL PROVIDER SERVICES:
(855) 322-4075, Extension:

Los Angeles/Orange Counties
122233   117079
120104   127657

Riverside/San Bernardino Counties
128010   127709
127684

Sacramento County
126232   121360
121031

San Diego County
120056   121588
120630

Imperial County
125682   120153

CORRECTED CLAIM PROCESS

This is an advisory notification to Molina Healthcare of California (MHC) network providers regarding an update to MHC's practice to more accurately process corrected claims.

Effective April 1, 2018, MHC will be implementing a solution to automatically reject professional (CMS1500) resubmitted claims that do not include the required elements of a corrected claim in box 22.

Corrected Claims

Corrected claims are considered new claims for processing purposes. Corrected claims must be submitted electronically with the appropriate fields on the 837I or 837P completed. MHC's Provider Portal includes functionality to submit corrected institutional and professional claims. Corrected claims must include the correct coding to denote if the claim is replacement of prior claim or corrected claim for an 837I or the correct resubmission code for an 837P. Claims submitted without the correct coding will be returned to the provider for resubmission.

Corrected claims will be rejected and require resubmission with the correct information if any of the following occur:

➤ Original claim ID is missing on the corrected claim
➤ Corrected claim was submitted incorrectly using the wrong resubmission code
➤ Corrected claim is not submitted with original CRN/DCN number

EDI (Clearinghouse) Submission
837P

In the 2300 Loop, the CLM segment (claim information) CLM05-3 (claim frequency type code) must indicate one of the following qualifier codes:

➤ "1" – ORIGINAL (initial claim)
➤ "7" – REPLACEMENT (replacement of prior claim)
➤ "8" – VOID (void/cancel of prior claim)

In the 2300 Loop, the REF*F8 segment (claim information) must include the original reference number (Internal Control Number/Document Control Number – ICN/DCN).

837I

Bill type for UB claims are billed in loop 2300/CLM05-1. In Bill Type for UB, the "1", "7" or "8" goes in the third digit for "frequency".

In the 2300 Loop, the REF*F8 segment (claim information) must include the original reference number (Internal Control Number/Document Control Number – ICN/DCN).

QUESTIONS

If you have any questions regarding the notification, please contact your Molina Provider Services Representative at (855) 322-4075.