

# Provider Memorandum

## Claims Submission Reminder

Molina Healthcare of Illinois (Molina) is reminding providers to follow claims submission requirements as summarized below.

## Reimbursement Guidance and Payment Guidelines

Molina requires coding of both diagnoses and procedures for all claims.

- The required coding schemes are the International Classification of Diseases, 10th Revision, Clinical Modification ICD-10-CM for diagnoses.
- For procedures, the Healthcare Common Procedure Coding System Level 1 (CPT codes), Level 2 and 3 (HCPCS codes) are required for professional and outpatient claims.
- Inpatient hospital claims require ICD-10-PCS (International Classification of Diseases, 10<sup>th</sup> Revision, Procedure Coding System).
- Molina also requires that all claims be coded in accordance with the HIPAA transaction code set guidelines.

## About Molina Claims Adjudication

Molina uses a claims adjudication system that:

- Incorporates edits and audits in line with state and federal requirements, and
- Administers payment rules based on generally accepted principles of correct coding, which include:
  - Manuals and Relative Value Unit (RVU) files published by the Centers for Medicare and Medicaid Services (CMS), including:
    - National Correct Coding Initiative (NCCI) edits, such as procedure-to-procedure (PTP) bundling edits and Medically Unlikely Edits (MUEs). If a state benefit limit is more restrictive than a federal MUE, Molina will apply the state benefit limit. Also, if a professional organization has a more restrictive standard than a federal MUE or state benefit limit, the professional organization standard may be used.
    - In the absence of state guidance, Medicare National Coverage Determinations (NCDs).
    - In the absence of state guidance, Medicare Local Coverage Determinations (LCDs).
    - CMS Physician Fee Schedule Relative Value File (RVU) indicators.
  - Current Procedural Technology (CPT) guidance published by the American Medical Association (AMA).
  - ICD-10 guidance published by the National Center for Health Statistics.
  - State-specific claims reimbursement guidance.
  - Other coding guidelines published by industry-recognized resources.
  - Payment policies based on professional associations or other industry-recognized guidance for specific services. Such payment policies may be more stringent than state and federal guidelines.
  - Molina policies based on the appropriateness of health care and medical necessity.
  - Payment policies published by Molina.

**Questions**

Providers with questions, may contact their provider network managers or email the Provider Network Management Department at [MHILProviderNetworkManagement@MolinaHealthcare.com](mailto:MHILProviderNetworkManagement@MolinaHealthcare.com).

Providers who need help identifying their assigned provider network manager may visit Molina's Service Area page at [www.MolinaHealthcare.com/providers/il/medicaid/contacts/Pages/servicearea.aspx](http://www.MolinaHealthcare.com/providers/il/medicaid/contacts/Pages/servicearea.aspx).

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