Provider Memorandum

NICU Claims Processing Change

Effective March 1, 2018, NICU claims received by Molina Healthcare of Illinois (Molina) for processing will require an invoice if experimental or investigational drugs and/or treatment have been denied as part of the prior authorization process. If no experimental or investigational drugs or treatment were provided or denied as part of the prior authorization, your claim can be submitted as normal and will be processed. If the authorization on file for NICU services includes a denial for experimental or investigational drugs and/or treatment, your claim will process as follows:

1. If the invoice is not submitted with the claim, Molina will allow payment up to the Diagnostic Related Grouping allowed amount while not exceeding a payment of $100,000.00, and will not allow additional payment for the outlier. Your remittance advice will include the CARC code 252 (An attachment/other documentation is required to adjudicate this claim/service) as well as the RARC code N26 (Missing itemized bill/statement). The itemization can then be submitted with the claim via the Molina Provider Portal or paper for consideration of the itemized charges. To access the Provider Portal, please visit MolinaHealthcare.com.

2. If the invoice is submitted with the original claim, Molina will process and pay for the approved charges and any charges identified as non-covered by the Medical Claims Review team will be deducted from the total billed charges.

As a valued partner of Molina, we want to ensure that you are aware of this new requirement. We value our collaborative relationship and joint focus on improving health care for Molina Members in Illinois.

As always, our goal is to provide you with excellent customer service and support. If you have questions, please contact your Provider Network Manager, the Network Management Department at (630) 203-3965, or email us at IllinoisProviders@MolinaHealthcare.com.