Provider Memorandum

Information on Molina Healthcare Transportation and Ambulance Claim Denials

In order to help better serve the transportation needs of our Members and ensure a smoother process for processing claims, Molina Healthcare of Illinois (Molina) is encouraging transportation providers to review our billing requirements.

Molina uses data requirements for transportation claims denials as outlined by the Illinois Department of Healthcare and Family Services (HFS) transportation provider handbook and provider notices. Molina's billing guidelines help ensure the required and correct information is included in claims and that they align with HFS encounter standards.

Transportation provider services are classified as "emergency" or "non-emergency," and are based on whether or not the service is medical in nature. Both emergency and non-emergency medical transportation services are comprised of ambulance and helicopter/fixed wing transports, while non-emergency (NET), which is not medical in nature, includes medicar, taxicab, service car, private automobile, bus, train and commercial airport transports.

Molina is requesting transportation providers carefully review Molina's published guidelines when submitting claims and corrected claims listed as according to the "Illinois Transportation Billing Guidelines for Managed Care Processing and Payment" memo, which is posted on the public Molina Healthcare provider website. Claims that are not billed with the outlined requirements will be denied and not reprocessed. Corrected claims are required to be submitted in order to receive payment.

Some common Remittance Advice Remark Codes (RARC) denials providers may receive include:

- **RARC - N745** Missing Ambulance Report – (Occurs when no NTE segment/Box 19 information sent)
- **RARC - N746** Incomplete/invalid Ambulance Report) - (Occurs when incorrect NTE segment/Box 19 information sent)
- **RARC - N519** Invalid combination of HCPCS modifiers - (Occurs when a missing/invalid transportation modifier and or when 2 RR modifiers are sent on a service line)
- **RARC – M22** Missing/Incomplete/invalid number of miles traveled (Occurs when EDI claim is missing CR1-06 numeric value – also see requirements question below)

Frequently asked questions for providers regarding transportation and ambulance claims denials:

Q. When did Molina update its transportation billing requirements?
A. Molina implemented HFS required billing requirements that led to some transportation claims denials beginning April 8, 2017.

Q. Why are only some (and not all) claims denied?
A. Only some claims with dates of service 1/1/2017 and after are affected.

Q. Do the claims denials affect both manual paper claims and electronic claims, such as ePortal?
A. Yes.

Q. What requirements must be followed to ensure claims will not be denied?
A. Transportation providers are required to submit claims with specific trip information regarding the pick-up and drop-off of the transportation service visit as indicated below.

The following billing requirements are needed to ensure correct encounters per guidance of the State of Illinois.

- Proper transportation places of service
- Proper transportation modifiers
- Box 19 of the manual claim, or in 837P format Loop 2300 (NTE) must include specific trip data
- Correct taxonomy per servicing provider type and code billed
- For electronic claims, mileage MUST also be reported in the Loop 2300 CR1-06 segment (using 'DH' in the CR1-05) as follows: **CR1****A*DH*6****~**

Q. What are the specific elements to report in Box 19, or in 837P format Loop 2300 (NTE)?
A. Box 19 of the manual claim, or in 837P format Loop 2300 (NTE) must include the following and must be submitted in the following specific format:

Claim Text Note	Box 19 of paper claim form, or in the 837P format Loop 2300 (NTE) must include all of the following:

Required on all transportation claims per HFS requirements. Claims and encounters billed without this information beginning with dates of service January 1, 2017, and after will be rejected or denied.	• **TR (Must be on all transportation claims sent to Molina and MUST be sent in first position)**
	• State or Province *Code (Use Code source 22: States and Outlying Areas of the U.S.)*
	• License Plate Number or FAA 'N' Number (Tail Number)
	• Departure and Arrival in Military Time (time as follows: HHMM, where H = hours(00-23), M-minutes (00-59);
	    Claim text note example MUST follow this format:
	    NTE*ADD***TR**,IL,12345678,1155,1220
	    (Each element must be separated with a comma)
	
	Member Origin and Destination Name:
	Paper claim Box 32 (Complete Address)
	<u>Box 32 Example:</u>
	200 House St., Anytown, IL 60656 to Anytown Hospital, 500 Main Street, Anytown, IL 60056
	*(For 837P - NM1*45 and NM1*PW - aka Pick-up and drop-off)*
	
	NOTE: The State or Province Code, Origin Time and Destination Time fields must contain the length per field as listed above. Vehicle license number may vary from one (1) to a maximum of 8 characters. If the license plate or FAA tail number is less than 8 characters, left justify and space fill.

Q. Do I need to follow the Box 19/NTE example above exactly including commas and spaces to fill in license plate number?
A. Yes, transportation claims will reject due to missing or incomplete data elements that do not follow the guidelines established above. Claims must be submitted in the <u>exact format</u> provided.

Q. Does "TR" need to be submitted on every claim?
A. Yes, this is a Molina-specific requirement and claims will deny if filled out incorrectly. This requirement applies to paper, Electronic Data Interchange (EDI) or submissions through the Molina Provider Portal. The "TR" requirement was implemented by Molina because the NTE segment/Box 19 can contain any type of information in that field. For Molina, the "TR" identifies those elements as the HFS-required transportation-specific data elements when sent. It is not unusual for payers to have additional requirements outside of what is required and is also published in our companion guide(s).

TIP: Speak to your clearinghouse/claim system vendor on how to default the "TR" entry for only Molina payer id 20934 as the first element in the NTE/Box 19.

Q. Are spaces allowed after commas?
A. No, data elements must be in order. The only exception where spaces are allowed is after the license plate number to ensure character total equals eight before the next comma. (Example: TR,IL,123456spacespace,0000,0000)

Q. I am indicating other notes in the Box 19/NTE segment; will my claims reject if there are other notes after the specific elements?
A. Yes your claims will reject. HFS also does not allow anything after the specific elements in Box 19/NTE segment for transportation. Please do not include any additional information in Box 19/NTE segment other than what has already been requested.

Q. Will providers be asked to resubmit their claims or will the claims be reprocessed by Molina?
A. Molina will not reprocess claims that are incorrectly billed. Providers should rebill in accordance with the instructions provided in the transportation provider memorandum posted on May 22, 2017. Provider memorandums issued by Molina can be found on the public provider site. Please use the following link for access to memorandums and other provider communications: http://www.molinahealthcare.com/providers/il/duals/comm/Pages/provbulletin.aspx

Q. What if providers rebill without that information?
A. Molina encourages providers to submit claims with the necessary information on their initial claim submission. Claims submitted in accordance with the timely filing requirements of 180 days or your individual contract will adjudicate through Molina's system. However, once the state rejects the encounter for the missing information, Molina will require providers to resubmit corrected claims in accordance with the timely filing requirements of 180 days or your individual contract. Failure to respond timely will result in your claims being recouped. Claims that are resubmitted must follow standard corrected claims protocol. The claim frequency, CLM05-3 must be a "7" and the original reference number in the REF*8 with the provider's original patient control number that was initially denied.

Claim examples:

Incorrectly Billed Claim Examples	
The following claim examples will be denied when submitted to Molina. Potential problems with rejected claims can be caused by one of the following problems: • Required information is not present • Incorrect sequence • No commas used to separate data • Added commas between data • Additional information added after box 19/NTE specific elements • Missing the "TR," before the state code • Too many spaces between commas/elements	
Example	**Denial Reason**
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) Picked up from residence and brought to hospital	Required information is not present
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) IL, 815701AM,1804,1814 1234 Main Street, Anytown IL, 65432	Additional information added after box 19/NTE specific elements
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) TRIL123456 15511547	No commas used to separate data
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) TR, IL, 11334403, 0719 ,0729	Too many spaces between commas/elements
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) IL,1032,1944,1956,9919 W HWY 20,GALENA IL 61036,1 MED CENT	Missing the "TR," before the state code
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) IL,112233 ,0719,0729	Missing the "TR," before the state code

Correctly Billed Claim Examples
The following claim examples will not be denied and will continue through the claims process. The following examples contain: - Correct format submitted   - Required information sent in sequence   - No additional information added at the end   - Spaces added to the license plate if license plate is less than 8 characters (Left justify and space fill)

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

TR,IL,1234567 ,1201,1225 ⬅ **1 space added before comma**

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

TR,IL,123456 ,2054,2121 ⬅ **2 spaces added before comma**

Providers who need assistance to expedite adoption of required billing guidance or have questions about billing guidelines, transportation and ambulance denials or the Molina's claims process can contact their Provider Network Manager or the Provider Network Management Department at (630) 203-3965.