

July 18, 2018

Provider Memorandum

Corrected Claims Billing Requirements

Molina Healthcare of Illinois (Molina) requires all providers to meet specific claim submission standards to facilitate payment. In an effort to ensure correct claim submission and improve the acceptance rate, providers are required to follow the below guidelines when submitting revised claims.

Providers must submit corrected claims when changing or adding information, such as a modifier or procedure code, using one of the following methods:

- **Molina's Provider Web Portal**
- **Electronic Data Interchange (EDI)**

All corrected claims submitted to Molina must abide by the following billing requirements:

- **Always** submit through the Web Portal or EDI, payer ID: as indicated in the steps below.
- **Do not** submit corrected claims through the claims reconsideration process.
- **Always** include the original claim in its entirety with the corrections made.
- **Do not** submit a corrected claim with only codes that were edited by Molina Healthcare on the original claim.

Web Portal Submission

- Log in with your username and password.
- Select "Create a professional claim" from the left menu.
- Select the radio button for the correct claim option.
- Enter the ID number of the claim you want to correct.
- Make corrections and add supporting documents explanation of benefits (EOB).
- Submit your claim.

Electronic Submission

CMS 1500

- In the 2300 Loop, the CLM segment (claim information) CLM05-3 (claim frequency type code) must indicate one of the following qualifier codes:
 - "7" – REPLACEMENT (replacement/Correction of prior claim)
 - "8" – VOID (void /Cancel of prior claim)
- The 2300 Loop, the REF segment (claim information), must include the original claim number of the claim being corrected, found on the remittance advice.

UB04

- Bill type for UB claims are billed in loop 2300/CLM05-1. In Bill Type for UB, the 7 or 8 goes in the third digit for "frequency."
- The 2300 Loop, the REF segment (claim information), must include the original claim number of the claim being corrected, found on the remittance advice.

Molina values and appreciates the services you provide to our Members. Thank you for working together with us and for your continued support. Please contact your Provider Service Representative if you have any questions. You may also contact the Provider Services Department at (630) 203-3965 or via email at IllinoisProviders@MolinaHealthcare.com.