

Itemized Bill and Medical Record Submission Process

Claim Attachment Rules for Itemized Bill Review

The purpose of this document is for Molina Healthcare of Nebraska (Molina) to remind providers of the correct process when an itemized billing statement and/or medical records is needed. Note that submitting the Itemized Bill with the initial claim submission expedites review and payment of the claim.

When is the Itemized Bill Needed

An Itemized Bill (IB) is typically required when the expected reimbursement is \$100,000 or greater; however, there are instances in which it could be less than \$100,000. If the claim is processed without the IB, the claim will be reimbursed at the base DRG amount X Contract %, and no outlier payment will be made. The remaining lines are then denied with RARC N26 “Itemized statement required for charge line review” i.e., N26 = Missing itemized bill/statement.

Where To Send

Providers have two options for submission of the Itemized Bill with the initial submission of the claim: mail the paper claim or submit the claim via the Provider Portal (Avality). The Provider Portal (Avality) is the preferred method. Please refer to the “Claims Attachment” section on this document for more detail. It is always best to attach an Itemized Bill with the initial claim.

- **Provider Portal - Avality (preferred):** [Portal login](#)
- **Paper:** Molina Healthcare of Nebraska, Inc.
P.O. Box 93218
Long Beach, CA 90809-9994

How To Identify a Claim With an Itemized Bill Request

If the claim is filed without the appropriate records or IB, providers will receive a remittance advice with codes 252 and N26.

Remit Code	Description
252	An attachment / other documentation is required to adjudicate this claim/service.
N26	Missing itemized bill/statement.

Method to Resubmit the Claim with Needed Information

If the initial claim was not submitted with the needed information, it is considered an “incomplete claim” and therefore, the Corrected Claim process needs followed to resubmit the claim with the required documentation. **Do not submit a reconsideration request or claim appeal for the purpose of adding attachments to a previously processed claim.** When the corrected claim is received with the IB, it is routed to Medical Claims Review. Once the review is finalized, the Corrected Claim will be processed with the RA reason, “Program integrity/utilization review decision.” A detailed list of disallowed charges and explanations is mailed to the provider.

Claims Attachments

When submitting a claim through a clearinghouse, providers can add attachments (i.e., the Itemized Bill) via the Provider Portal if the claim is not finalized (i.e., the claim status must be pending or in process). If the claim has moved to a finalized status (i.e., paid or denied), a corrected claim should be submitted with the Itemized Bill and/or Medical Records.

How To Attach

1. In the Availity Portal, go to **Claims & Payments** and select appropriate bill type/
2. You will be prompted to select your organization, transaction, and payer.
3. As you complete the form, you will come to the **Attachments** section. On the **Report Type** dropdown, Itemized Bill is not an option, so select “**Medical Record Attachment.**”

***Important:** Attachments can only be added:

- With the initial submission.
- When a claim is pending/in-process.
- With a corrected claim.

If you are attaching to a **previously submitted claim** that is pending/in process:

1. Use Claim Status Inquiry to find the correct claim, click it, and view the **Claim Details** page.
2. You can access the **Attachments** section at the bottom of the Claim Details page.
3. Select the type of attachment, click Select File, browse your device for the correct file, and select Upload.
4. Repeat step 3 until all appropriate files are loaded, then click Submit Attachments.

Tips for Submitting a Corrected Claim With Attachments

- Use the Corrected Claim function to submit additional attachments for a claim with a finalized (paid or denied) status.

- Do not submit multiple corrections on the same claim. They will be denied as duplicates.
- The corrected claim will contain the prior claim number.
- Corrected claims are automatically sent to a claims adjuster for review.

Attachment Rules

- You can attach multiple files.
- The size of all files combined cannot exceed 640 megabytes (MB).
- Only these file types are allowed: PDF, TIF, JPG, BMP, and GIF.
- The size of each individual file cannot exceed 64 MB.
- File names must be alphanumeric with no special characters.
- Duplicated file names are not allowed.

Provider Portal Alert

Availity Essentials is Molina's exclusive provider portal. Ensure that you and your staff have access to streamlined claims management, authorizations, eligibility/benefit verification, and more. Get started with Availity Essentials today! [Click Here](#). For Provider Portal support, contact Availity at **(800) 282-4548**, 7 a.m. to 7 p.m Monday-Friday. Central Time.

To summarize:

It's always best to file the initial claim with the information needed. If this cannot happen, providers should expect the following:

1. If appropriate, Molina will pay the base DRG in accordance with the Molina-Provider Agreement. The other line items will be denied requesting records and/or IB.
2. Providers should submit a Corrected Claim and attach the appropriate records and/or IB. Do not submit this as a reconsideration or claim appeal.
3. The Corrected Claim is reviewed by the Medical Claims Review Team.
4. The Corrected Claim is processed and if appropriate, additional payment is made for previously denied lines, as well as the outlier payment.
5. Details of any disallowed charges are mailed to the provider to assist with reconciliation of the claim adjudication. Please note that Molina Payment Policies, such as the "*Hospital Routine Supplies Services*" frequently rationalize the disallowed charges.

www.molinahealthcare.com/members/common/pages/molinabillingpolicies/ne#accordion3

Questions?

We're here to help. Contact Provider Relations at NEProviderRelations@MolinaHealthcare.com.