Molina Healthcare of New Mexico, Inc.
New Claim Edits for Encounters

Molina Healthcare of New Mexico, Inc. (Molina Healthcare) is required by the New Mexico Human Services Department to report all services rendered to Molina Healthcare Members. The reporting of these services is called encounter data reporting and is a critical contractual requirement. Molina Healthcare is implementing three new encounter claim edits to ensure encounter submission compliance.

1. **Institutional Claims (UB04) – Covered/Non-Covered Days Value Codes:**

Beginning with a May 1, 2017 date of service, Institutional Claims billed on the UB04 form with the types of bill and accommodation revenue codes listed below must be billed with the appropriate value code for covered and/or non-covered days (80 and/or 81). The value code units should be billed in form locators 39-41 and must equal the date span billed in form locator 6.

Claims that do not follow these guidelines will be denied. Denials will apply to claims with the following criteria on a UB04 if not billed with the above requirements:

> <u>Type of Bill:</u> 11x, 12x, 18x, 21x, 22x, 28x, 32x, 41x, 65x, 66x, 69x, 84x, 86x or 89x *(Excludes any type of bill xx5 for late charges).*

> And

> <u>Revenue Codes:</u> 0100 – 0179, 0180, 0185, 0190, 0191, 0192, 0193, 0194, 0199, 0200 – 0219, 1000, 1001, 1002 or 1005

2. **Institutional Claims (UB04) – Occurrence Code with Patient Status 20, 40, 41 or 42**

Beginning with a May 1, 2017 of service, Institutional Claims billed with the patient status codes listed below in form locator 17 must also include an Occurrence Code 55 (Date of Death) with the appropriate date in form locators 34-36:

- 20 = Expired
- 40 = Expired at Home
- 41 = Expired in a medical facility, such as hospital, SNF, ICF or freestanding hospice *(Hospice Claims Only)*
- 42 = Expired – place unknown *(Hospice Claims Only)*

17 STAT	18	19	20	21	CONDITION CODES 22 23 24 25	26	27	28	29 ACDT STATE	30

34 OCCURRENCE CODE DATE	35 CODE	OCCURRENCE SPAN FROM THROUGH	36 CODE	OCCURRENCE SPAN FROM THROUGH

Claims billed with one of the above patient status codes, occurrence code 55 and date should not be billed with a through date span that is beyond the date in fields 34-36.

Claims will be denied in the following cases:

1. Claims billed with patient status codes 20, 40, 41 and 42 without an occurrence code 55; and/or
2. Claims billed with occurrence code 55 and date but with a through date span that is beyond the date of death.

3. **Provider Enrollment with New Mexico Medicaid:**

In May 2015, providers were notified that beginning with July 1, 2015 dates of service, Molina Healthcare will deny claims if the provider has not enrolled with New Mexico Medicaid. Molina Healthcare has been diligently working with the State and Providers to ensure enrollment is active and the appropriate registered provider type for services is billed.

In addition to denying claims without active enrollment, Molina Healthcare will also deny effective claims received after May 18, 2017 when the registered provider type with New Mexico Medicaid is not appropriate for the services billed.

For example, a claim received with the criteria below *will* be denied for incorrect provider billing*:*

- Registered Provider Type 311 (Nursing Facility, Private)
- UB04 Billed with revenue code 0120 (Room & Board - Semi-private)

If you have any questions, please contact your Molina Healthcare Provider Services Representative toll free at (800) 377-9594. If you are not sure who to contact, please refer to the Provider Services Territory Grid on the Molina Healthcare Provider Website link: Provider Services Territory Grid