

Provider Bulletin

Molina Healthcare of Nevada

May 2025

RE: Notification of CES Edits

Dear Providers,

Molina Healthcare of Nevada is notifying all providers of CES edits that will be applied to claims effective 7/1/2025.

To learn more, please see the attached flyer.

Questions?

We're here to help. Contact your Provider Relations Representative or email the Provider Relations team at NVProviderRelations@MolinaHealthcare.com

Learn more about provider updates, visit **MolinaHealthcare.com/NV**

Thank you for your continued partnership.

Sincerely,

Molina Healthcare of Nevada Provider Relations

NEW CES MOLINA EDITS

(Information for all Network Providers)

Starting on **July 1, 2025**, the following CES edits will deny claims.

No.	Medical Policy	Topic	Description	Primary Reference	Claim Types Applicable
1	Claims Processing Parameters Policy	Timely Filing Limits for Medicare Fee For Service Claims	Deny an inpatient claim when received more than 366 days after the date of service.	Pub 100-4 Medicare Claims Processing	I
2	Claims Processing Parameters Policy	Inpatient Claim Data Validation	Deny invalid ICD-PCS codes.	Pub 100-4 Medicare Claims Processing	I
3	Claims Processing Parameters Policy	Inpatient Claim Data Validation	Deny claims submitted with invalid Discharge Status codes.	Pub 100-4 Medicare Claims Processing	I
4	Duplicate Services Policy	Duplicate Claim Logic for Inpatient Claims	Deny duplicate claim lines using the Inpatient basic data elements.	Pub 100-4 Medicare Claims Processing	I
5	Duplicate Services Policy	Duplicate Claim Logic for Inpatient Claims (Coding Validation)	Flag duplicate claim lines using the Inpatient basic data elements. (Coding Validation)	Pub 100-4 Medicare Claims Processing	I
6	Diagnosis Code Guideline Policy	Principal Diagnosis for Inpatient Claims	Deny all services when the principal diagnosis is on the questionable admission diagnosis list.	ICD10 MANUAL	I

No.	Medical Policy	Topic	Description	Primary Reference	Claim Types Applicable
7	Diagnosis Code Guideline Policy	Principal Diagnosis for Inpatient Claims	Deny all services when the principal diagnosis is on the unacceptable principal diagnosis list.	ICD10 MANUAL	I
8	Diagnosis Code Guideline Policy	Principal Diagnosis for Inpatient Claims	Deny all services when a code from the unacceptable principal diagnosis list is billed without a requisite secondary diagnosis.	ICD10 MANUAL	I
9	Diagnosis Code Guideline Policy	Principal Diagnosis for Inpatient Claims	Deny vaginal (10D07Z3-10D07Z5, 10D07Z7, 10E0XZZ) and cesarean section (10D00Z0-10D00Z2) procedures when billed without a secondary diagnosis describing the outcome of delivery.	Pub 100-4 Medicare Claims Processing	I
10	Procedure-Gender Policy	Procedure-Gender Consistency	Deny the claim if the ICD-PCS procedures submitted are inconsistent with the patient's gender.	Pub 100-4 Medicare Claims Processing	I
11	Procedure Code Definition Policy	ICD-10-PCS Procedure Code Definition (Coding Validation)	Flag ICD-10-PCS procedures based on the procedure code definition. (Coding Validation)	Pub 100-4 Medicare Claims Processing	I
12	CMS Coverage Policies	Procedures Always Non-Covered Under the Inpatient Prospective Payment System (IPPS)	Deny ICD-10-PCS procedures always considered non-covered.	Pub 100-4 Medicare Claims Processing	I

No.	Medical Policy	Topic	Description	Primary Reference	Claim Types Applicable
13	CMS Coverage Policies	Incorrect Discharge Status Codes on Inpatient Claims (Coding Validation)	Flag inpatient claims submitted with an incorrect discharge status code and the date of admission for the home health claim is equal to or within three days from the date of discharge on the inpatient claim. (Coding Validation)	CMS MEDICARE CARRIERS MANUAL	I
14	CMS Coverage Policies	Incorrect Discharge Status Codes on Inpatient Claims (Coding Validation)	Flag inpatient claims submitted with an incorrect discharge status code and the date of admission for the second inpatient, SNF or Hospice claim is the same as the date of discharge on the initial inpatient claim. (Coding Validation)	Pub 100-4 Medicare Claims Processing	I
15	CMS National Coverage Determinations (NCD) Policy	Implantable Cardiac Defibrillators (ICDs)	Deny ICD-10-PCS (Insertion of defibrillator) when billed without an approved diagnosis on the claim.	Pub 100-03 Medicare National Coverage Determinations	I
16	CMS National Coverage Determinations (NCD) Policy	Implantable Cardiac Defibrillators (ICDs)	Deny ICD-10-PCS (Insertion of defibrillator) when reported with a diagnosis of post myocardial infarction or cardiomyopathy and a diagnosis indicating heart failure is also not present on the claim.	Pub 100-03 Medicare National Coverage Determinations	I
17	CMS National Coverage Determinations (NCD) Policy	Implantable Cardiac Defibrillators (ICDs)	Deny ICD-10-PCS (Insertion of defibrillator) when reported with a diagnosis indicating organ transplant status and a diagnosis of end stage heart failure is also not present on the claim.	Pub 100-03 Medicare National Coverage Determinations	I

No.	Medical Policy	Topic	Description	Primary Reference	Claim Types Applicable
18	CMS National Coverage Determinations (NCD) Policy	Implantable Cardiac Defibrillators (ICDs)	Deny ICD-10-PCS (Insertion of defibrillator) when billed and the bill type is not 0110-011Z (Hospital inpatient Part A).	Pub 100-03 Medicare National Coverage Determinations	I
19	CMS National Coverage Determinations (NCD) Policy	Transcatheter Edge-to-Edge Repair (TEER) of Mitral Valve	Deny 0345T, 33418, or 33419 (TEER of mitral valve) when billed and Condition Code 30 (Non-research services provided to patients enrolled in a qualified clinical trial) is not present.	Pub 100-03 Medicare National Coverage Determinations	I
20	CMS National Coverage Determinations (NCD) Policy	Transcatheter Edge-to-Edge Repair (TEER) of Mitral Valve	Deny 0345T, 33418, or 33419 (TEER of mitral valve) when billed and the bill type is not 0110-011Z (Hospital inpatient Part A).	Pub 100-03 Medicare National Coverage Determinations	I
21	CMS National Coverage Determinations (NCD) Policy	Percutaneous Left Atrial Appendage Closure (LAAC)	Deny 33340 (Percutaneous left atrial appendage closure (LAAC)) when billed and Condition Code 30 (Non-research services provided to patients enrolled in a qualified clinical trial) is not present.	Pub 100-03 Medicare National Coverage Determinations	I
22	CMS National Coverage Determinations (NCD) Policy	Percutaneous Left Atrial Appendage Closure (LAAC)	Deny 33340 (Percutaneous left atrial appendage closure (LAAC)) when billed and the bill type is not 0110-011Z (Hospital inpatient Part A).	Pub 100-03 Medicare National Coverage Determinations	I

No.	Medical Policy	Topic	Description	Primary Reference	Claim Types Applicable
23	CMS National Coverage Determinations (NCD) Policy	Stem Cell Transplantation and Bone Marrow Transplantation Inpatient Facility	Deny autologous stem cell transplant or bone marrow transplant ICD-10-PCS procedure codes when billed and the diagnosis is acute or chronic leukemia.	Pub 100-03 Medicare National Coverage Determinations	I
24	CMS National Coverage Determinations (NCD) Policy	Chimeric Antigen Receptor (CAR) T-cell Therapy	Deny ICD-10-PCS procedure codes XW033H7 or XW043H7 (Axicabtagene Ciloleucel) when billed without an approved diagnosis on the claim.	Pub 100-03 Medicare National Coverage Determinations	I
25	CMS National Coverage Determinations (NCD) Policy	Chimeric Antigen Receptor (CAR) T-cell Therapy	Deny ICD-10-PCS procedure codes XW033J7 or XW043J7 (Tisagenlecleucel) when billed without an approved diagnosis on the claim.	Pub 100-03 Medicare National Coverage Determinations	I
26	CMS National Coverage Determinations (NCD) Policy	Chimeric Antigen Receptor (CAR) T-cell Therapy	Deny ICD-10-PCS procedure codes XW033M7 or XW043M7 (Brexucabtagene autoleucel) when billed without an approved diagnosis on the claim.	Pub 100-03 Medicare National Coverage Determinations	I
27	CMS National Coverage Determinations (NCD) Policy	Chimeric Antigen Receptor (CAR) T-cell Therapy	Deny ICD-10-PCS procedure codes XW033N7 or XW043N7 (Lisocabtagene Maraleucel; Liso-Cel) when billed without an approved diagnosis on the claim.	Pub 100-03 Medicare National Coverage Determinations	I
28	CMS National Coverage Determinations (NCD) Policy	Chimeric Antigen Receptor (CAR) T-cell Therapy	Deny ICD-10-PCS procedure codes XW033K7 or XW043K7 (Idecabtagene vicleucel) when billed without an approved diagnosis on the claim.	Pub 100-03 Medicare National Coverage Determinations	I

No.	Medical Policy	Topic	Description	Primary Reference	Claim Types Applicable
29	CMS National Coverage Determinations (NCD) Policy	Chimeric Antigen Receptor (CAR) T-cell Therapy	Deny ICD-10-PCS procedure codes XW033A7 or XW043A7 (Ciltacabtagene autoleucel) when billed without an approved diagnosis on the claim.	Pub 100-03 Medicare National Coverage Determinations	I
30	CMS National Coverage Determinations (NCD) Policy	Chimeric Antigen Receptor (CAR) T-cell Therapy	Deny ICD-10-PCS procedure codes XW033G7, XW043G7, XW033C7 or XW043C7 (Allogenic or autologous CAR T-cell therapy) when diagnosis code Z00.6 (Diagnosis of examination of a participant in a clinical trial) is not present on the claim.	Pub 100-03 Medicare National Coverage Determinations	I
31	CMS National Coverage Determinations (NCD) Policy	Chimeric Antigen Receptor (CAR) T-cell Therapy	Deny ICD-10-PCS procedure codes XW033G7, XW043G7, XW033C7 or XW043C7 (Allogenic or autologous CAR T-cell therapy) when condition code 30 (Non-research services provided to patients enrolled in a qualified clinical trial) is not present on the claim.	Pub 100-03 Medicare National Coverage Determinations	I
32	CMS National Coverage Determinations (NCD) Policy	Never Events	Deny any procedure when billed with a diagnosis code representing wrong procedure, wrong patient, or wrong body part.	Pub 100-03 Medicare National Coverage Determinations	I
33	CMS National Coverage Determinations (NCD) Policy	Lumbar Artificial Disc Replacement (LADR)	Deny lumbar artificial disc replacement ICD-10-PCS procedure (OSR20JZ or OSR40JZ) when billed and the patient's age is greater than or equal to 61 years.	Pub 100-03 Medicare National Coverage Determinations	I

No.	Medical Policy	Topic	Description	Primary Reference	Claim Types Applicable
34	CMS National Coverage Determinations (NCD) Policy	Pancreas Transplantation Inpatient Facility	Deny pancreas transplant ICD-10-PCS procedures when billed without kidney transplant ICD-10-PCS procedure and a covered diagnosis.	Pub 100-03 Medicare National Coverage Determinations	I
35	Bundled Facility Payment Policy	Inpatient Hospital Repeat Admissions (Coding Validation)	Flag the inpatient hospital claim when another inpatient hospital claim from the same facility (same Tax ID and same provider ID) is billed and the admission date on the second claim is less than two weeks from the discharge date on the first claim. (Coding Validation)	Pub 100-10 Medicare Quality Improvement Organization	I
36	Bundled Facility Payment Policy	Out of Sequence for Inpatient Hospital Repeat Admissions (Coding Validation)	Flag the inpatient hospital claim when another inpatient hospital claim from the same facility (same Tax ID) has been previously paid for the same bill type and the discharge date on the second claim is within two weeks of the admission date on the previously paid claim. (Coding Validation)	Pub 100-10 Medicare Quality Improvement Organization	I

This is based on guidance from the Centers for Medicare and Medicaid Services (CMS). Find additional information in the 100-04 Medicare Claims Processing Manual, located at [cms.gov](https://www.cms.gov) by selecting Regulations & Guidance under the Medicare drop-down menu, then Manuals.