

# Provider Bulletin — April 2018

A bulletin for the Molina Healthcare of New York, Inc. Network



## Questions?

Call Provider Services  
(877) 872-4716  
Monday through Friday  
8:00 a.m.-6:00 p.m.

## Molina Healthcare Provider Update – Corrected Claim Policy

Effective April 1st, 2018, Molina Healthcare of New York, Inc.'s systems have been updated to include automation of corrected claims.

Molina systems have been modified to reject incoming 837P corrected claims when the original claim ID (ICN/DCN) is invalid (not a QNXT claim ID found in history). Claims submitted to Molina from TMHP or UHIN will have the following error message generated from the Molina Claims Gateway:

- Category Code A3
- Status Code 748
- Entity Code 41
- Error Description: “ *Missing Incomplete/invalid payer claim control number*”

**EDI:** Providers will be notified of the 837P corrected claim rejections via the 277ca with claim status code 748 and error description “*Missing incomplete/invalid payer claim control number*”

**Paper:** Providers will be notified via an EOP utilizing the same error message.

*This change has been communicated to Providers via the CMS Provider Manual updates for 2018 with the following insert:*

### ***“Corrected Claims “***

*Corrected Claims are considered new Claims for processing purposes. Corrected Claims must be submitted electronically with the appropriate fields on the 837I or 837P completed. Molina’s Provider Portal includes functionality to submit corrected Institutional and Professional claims. Corrected claims must include the correct coding to denote if the claim is Replacement of Prior Claim or Corrected Claim for an 837I or the correct Resubmission Code for an 837P. Claims submitted without the correct coding will be returned to the provider for resubmission.*

### ***EDI (Clearinghouse) Submission***

#### ***837P***

*In the 2300 Loop, the CLM segment (claim information) CLM05-3 (claim frequency type code) must indicate one of the following qualifier codes:*

- *“1” – ORIGINAL (initial claim)*
- *“7” – REPLACEMENT (replacement of prior claim)*
- *“8” – VOID (void/cancel of prior claim)*

*In the 2300 Loop, the REF\*F8 segment (claim information) must include the original reference number (Internal Control Number/Document Control Number – ICN/DCN).*

#### ***837I***

*Bill type for UB claims are billed in loop 2300/CLM05-1. In Bill Type for UB, the “1”, “7” or “8” goes in the third digit for “frequency”.*

*In the 2300 Loop, the REF\*F8 segment (claim information) must include the original reference number (Internal Control Number/Document Control Number – ICN/DCN).”*