MOLINA[®] HEALTHCARE

Split Claim Editing Reporting

When services are submitted on split claims, both claims will be edited for correct coding. This may result in an edit applying to the column I codes of a column I/column II codes pair, due to timing of submission.

- <u>First</u> submitted claim has a column II code, with or without a modifier, the claim will move through the system without any bundling type edits and be set to a pay status.
- <u>Second</u> submitted claim with the column I codes is received during processing will identify those codes as having a bundling relationship with the column II code on the first claim or the "historical" claim.

Edits will fire as an 'out of sequence' column I/column II bundled code on the second claim and deny the column I codes.

If the service on the column II code were to support the modifier 59 criteria and the modifier is appended on the code the edit will not apply per NCCI guidelines on the second claim.

Molina recommends providers submit services on a single claim to prevent this type of edit situation from occurring.

When codes are submitted separately an appeal should be submitted with documentation. The appropriate codes will be paid as supported by documentation



Source:

National Correct Coding Initiative Manual (NCCI)