



November 15, 2023

## Provider Notice

Dear Provider,

Over the past several years, Molina Healthcare has been implementing Code Edit payment policies that reflect guidelines set forth by industry authorities. Our goal is to process professional and facility outpatient claims consistently and in accordance with best practice standards.

Starting on 01/15/2024, Molina will begin implementing additional enhancements through pre-payment code editing, which includes a review of claims services submitted by physicians and facilities to ensure accurate coding and billing practices are in contractual compliance and in accordance with the CMS National Correct Coding Initiative, the American Medical Association and state Medicaid guidelines.

Molina's payment policies focus on areas such as:

- National bundling edits, including the Correct Coding Initiative (CCI)
- Modifier usage
- Global Surgery rules
- Multiple Procedure Reductions
- Unit limitations
- Age/Gender appropriateness

Molina believes this will enable you and your billing staff to more readily understand our payment/denial of claims, given the widespread use of these policies.

After the implementation, you may receive claims denials or payment changes based on these enhanced coding policies on your Explanation of Benefits or electronic remittances. If a provider does not agree with the payment decision, an appeal can be submitted utilizing Molina's standard process. This process can be found in your Provider Handbook.

Sincerely,

Molina Healthcare

[Molinahealthcare.com](https://www.molinahealthcare.com)

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