



A communication bulletin from Molina Healthcare of Michigan (MHM)

Claim Dispute Helpful Information

Molina strives for timely and accurate claims payment, applying state and national coding standards and requirements.

Here are some tips to dispute a claim and receive a prompt response:

- File your dispute within 90 days of the remittance date.
- Use the Claims Dispute Request form.
- Upload to the Molina Provider Portal or fax to (248) 925-1768.
- Molina will respond within 45 days for Medicaid/Marketplace and 60 days for Medicare.
- Please verify your pay to address (billing address from W9). Currently Molina's claims resolution team is mailing response letters to the Pay To address that is on file for the group. If your office has not been receiving our letters, a quick tip would be to verify that the groups pay to address is correct by contacting the provider contact center at (855) 322-4077. Note: No response letter is sent on claims that will be adjusted for payment.
- If you would like to receive your dispute resolution letter via fax, please include the contact person and provider fax number on the dispute form in the provider information section and include a note in the comments box at the bottom of the form.
- When submitting code edit disputes, for claims denied for National Correct Coding Initiative, be sure to include documentation to support why the service should be paid.
- Submit disputes via the web-portal to receive an automated response back to your email that it was received.

- The claims dispute form can be located on our webpage under frequently used forms.
 - <https://www.molinahealthcare.com/providers/common/PDF/Michigan/Claim-DisputeAppeal-RequestForm.pdf>

For initial claims, remember to always include appropriate modifiers and codes on your claim. For Medicaid, all providers listed on the claim must be registered in CHAMPS.

Thank you for serving Molina members.

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