



Provider Newsflash



A fax bulletin for the Molina Healthcare of Washington Provider Network

Medicaid, Marketplace & Medicare: E/M Code Edit Reviews Effective June 1, 2020

In an ongoing effort to ensure accurate claims processing and payment, Molina Healthcare is taking additional steps to verify the accuracy of payments made to providers. This letter is to notify you that effective June 1, 2020, as part of our claims process, Molina Healthcare will be reviewing select claims for Evaluation and Management (E&M) services to better ensure that payments are aligned with national industry coding standards.

Providers should report E&M services in accordance with the American Medical Association's (AMA's) CPT Manual and the Centers for Medicare and Medicaid Services (CMS') guidelines for billing E&M service codes: Documentation Guidelines for Evaluation and Management. The level of service for E&M service codes is based primarily on the member's medical history, examination and medical decision-making. Counseling, coordination of care, the nature of the presenting problem, and face-to-face time are considered contributing factors.

Molina Healthcare will evaluate and review high level Evaluation and Management (E/M) services that appear to have been incorrectly coded, based upon diagnostic information that appears on the claim and peer comparison. The following are examples of remittance advice messages which may be used for claims Molina Healthcare has down coded:

- Line (X) Service Code '99204, 99205, 99215, 99214' visit level lowered to "99203, 99204, 99213, 99214"
- This claim line was processed using a code that more accurately represents the treatment received
- The information submitted on the claim does not support the code originally billed. The provider has been reimbursed using the level (insert level) E/M code which more appropriately supports the information submitted on the claim.
- Payer deems the information submitted does not support this level of service
- Alert: Payment based on an appropriate level of care

If you do not agree with the down coding of the E&M service, you have the right to file an appeal by submitting the portion of the medical record that supports additional reimbursement. Molina Healthcare will review the submitted medical record(s) to assess the intensity of service and complexity of medical decision-making for the E&M services provided. Documentation should support the level of service reported. Please see the following CMS Regulations and Guidance (<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/r178cp.pdf>)

If you have any questions or concerns, please contact the Provider Contact Center at (855) 322-4082, 7:30 am to 6:30 pm, Monday through Friday.

Thank you for your continued service to Molina Healthcare members.