

# Provider Memorandum

## Molina to Implement External Coding Validation (CV) in February

Molina Healthcare of Illinois (Molina) announces that effective February 1, 2021, we will be adding new processes to address coding situations that are too complex to auto-adjudicate and thus require a human review component. The process is based correct coding rules published by national industry sources and administrative bodies. It is designed to detect potential coding errors and incorrect billing practices to help prevent the incorrect processing of claims.

The process involves reviewing the information on the claim and in the patient's claim history to determine if the modifier has been used correctly. Modifiers 25, 59, XE, XS, XP, and XU are among the most commonly used modifiers; therefore, the Code Validation will be evaluating the correct use of these and other overriding modifiers.

### When These Modifiers Should Be Used

CPT and the AMA specify that by using modifier -25, the provider is indicating that a “significant, separately identifiable evaluation and management service (was provided) by the same physician on the same day of the procedure or other service.” CPT guidelines also state that this significant and separate service must be “above and beyond” the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed.

From the AMA Guidelines on Coding with Modifiers:

- “The E/M [Evaluation and Management] service must meet the key components (i.e., history, examination, medical decision-making) of that E/M service including medical record documentation.”
- “To use modifier 25 correctly, the chosen level of E/M service needs to be supported by adequate documentation for the appropriate level of service, as well as referenced by a diagnosis code.”
- “The CPT codes for procedures do include the evaluation services necessary before the performance of the procedure (e.g., assessing the site and condition of the problem area, explaining the procedure, obtaining informed consent); however, when significant and identifiable (i.e., medical decision-making and another key component) E/M services are performed, these services are not included in the descriptor for the procedure or service performed.”

Modifiers 59, XE, XP, XS, XU should be used when the physician needs to indicate that a procedure or service was distinct or independent from other services performed on the same day. Modifier 59 is used to identify procedures/services that are not normally reported together but are appropriate under the circumstances. This may represent a different session or patient encounter, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of

injury in extensive injuries) not ordinarily encountered or performed on the same day by the same physician.

### Examples of Claim Lines That Qualify for Coding Validation

- CCI edits with modifier override allowed **and** an override modifier is on the line.
- E/M on same day as a procedure **and** an override modifier is on the line.
- Multiple E/M on the same date of service.
- Cross-provider duplicate to identify multiple providers billing the same code on the same date.

### Preparing a Claim for Submission

When preparing claims for submission, make sure that **all** the appropriate diagnosis codes are assigned to the claim and that modifiers are used only when clinically appropriate based on published guidelines. If you have claims that you believe are incorrectly denied due to the incorrect use modifiers, please submit medical records through Molina's dispute process so that we can determine the correct payment for those claims. Additional information about when to use modifiers can be found in the Provider and NCCI manuals on [CMS's website](#).

### Submitting a Dispute

Molina requires providers to submit claim dispute documentation electronically via:

- **Provider Portal (preferred)**—Providers may submit their appeals and disputes along with supporting documentation through [Molina's Provider Portal](#), which can be accessed from the [Molina home page](#).
- **Fax**—A [Claims Dispute Request Form](#) is required when submitting via fax. The completed form, along with supporting documentation, may be faxed to Molina at **(855) 502-4962**. The [Claims Dispute Request Form](#) may be accessed on Molina's website under Frequently Used Forms.

For additional information about electronic claim appeal and dispute submission, refer to [this Provider Memorandum](#).

### Questions?

We're here to help. Contact your Provider Network Manager or email the Provider Network Management team at [MHILProviderNetworkManagement@MolinaHealthcare.com](mailto:MHILProviderNetworkManagement@MolinaHealthcare.com). For help identifying your Provider Network Manager, visit [Molina's Service Area](#) page at [MolinaHealthcare.com](#).

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Note: Molina's website and documents are best viewed in Google Chrome or Microsoft Edge.