



Provider Newsflash



A fax bulletin for the Molina Healthcare of Washington Provider Network

Modifier Correct Coding Validation Effective January 1, 2021 (Medicaid, Medicare, Marketplace)

Effective January 1, 2021, Molina Healthcare is adding new review functionality to improve the accuracy of our claims processing by addressing modifier coding that is too complex to auto-adjudicate and has a human review component.

The new edits are based on correct coding rules, published by national industry sources and administrative bodies, to detect potential coding errors and incorrect billing practices. Modifiers have been defined by the American Medical Association (AMA), and adopted by Centers for Medicare and Medicaid (CMS), to provide additional information about the services that were rendered.

Modifiers 25, 59, XE, XS, XP and XU are among the most commonly used modifiers; therefore, the new edits will be evaluating the correct use of these and other overriding modifiers.

When preparing claims for submission, it is important to make sure that all appropriate diagnosis codes are assigned to the claim and that modifiers are used only when clinically appropriate based on published guidelines.

Additional information about when to use modifiers can be found in the CPT manual, in the Provider and NCCI manuals found on CMS's website.

If you do not agree with a denial due to the incorrect use of modifiers, you have the right to file an appeal by submitting the medical record that supports reimbursement. To file an appeal you must:

- Log into the Provider WebPortal at provider.MolinaHealthcare.com
- Select the claim number you are appealing
- Upload the relevant medical record

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

Thank you for your continued service to Molina Healthcare members.