Post Pay General Policy

All States & All Lines of Business

Purpose

To notify providers of general payment integrity guidelines that are utilized when a medical review is conducted on a submitted claim in either the pre- or post- payment settings. This policy serves as a general resource guide regarding Molina Healthcare's claims processes. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. In the event of a conflict, federal and state guidelines, as applicable, as well as the member's benefit plan language supersede the information in this policy. Additionally, to the extent there are any conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

Molina (or its authorized representative) conducts post-payment reviews of healthcare providers' records related to services provided to Molina members. During these reviews, healthcare providers must grant access to medical records and billing documents upon Molina's request. These reviews serve to ensure the following:

1. The provision of the most suitable and cost-effective services and supplies.
2. Verification that the records and documentation substantiate the setting or level of service provided to the patient.

These reviews are carried out in accordance with the Treatment, Payment, and Health Care Operations (TPO) exception under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule (45 CFR 164.506). This exception allows for the release of medical records containing protected health information between covered entities without the need for additional authorization for the purpose of payment and healthcare claims review. However, if a healthcare provider believes an additional release authorization is necessary for this review, they should obtain authorization from Molina members, along with the healthcare provider's consent-to-treatment forms, unless permitted by law to waive this requirement.

Molina employs various resources for these reviews, including but not limited to:

1. Centers for Medicare & Medicaid Services (CMS) guidelines as stated in Medicare manuals.
2. Medicare local coverage determinations and national coverage determinations.
3. All Molina policies, including medical coverage policies, Molina provider manuals, claims payment policies, Molina PI Department policies published on Molina.com, and code-editing policies.
4. National Uniform Billing Guidelines from the National Uniform Billing Committee.
5. American Medical Association Current Procedural Terminology (CPT®) guidelines.
6. Healthcare Common Procedure Coding System (HCPCS) rules.
7. ICD-10-CM Official Guidelines for Coding and Reporting.
8. American Association of Medical Audit Specialists National Health Care Billing Audit Guidelines.
9. Industry-standard utilization management criteria and/or care guidelines, including MCG care guidelines (formerly Milliman Care Guidelines) and Interquel: current edition on the date of service.
10. UB-04 Data Specifications Manual.
11. American Hospital Association Coding Clinic Guidelines.
12. Social Security Act.
13. Food and Drug Administration guidance.

14. National professional medical societies' guidelines and consensus statements.
15. Publications from specialty societies such as the American Academy Pediatrics, American Society for Parenteral and Enteral Nutrition, American Thoracic Society, Infectious Diseases Society of America, etc.
16. Department of Health and Human Services final rules, regulations, and instructions published in the Federal Register.
17. Nationally recognized, evidence-based published literature from sources such as UpToDate®, World Health Organization, Modified Framingham Criteria, Academy of Nutrition and Dietetics, American Society for Parenteral and Enteral Nutrition, Medscape, American Association for the Study of Liver Diseases, Society for Healthcare Epidemiology of America, Kidney Disease: Improving Global Outcomes, Clinical Practice Guideline for Acute Kidney Injury, The Third International Consensus Definitions for Sepsis and Septic Shock, Journal of the American Society of Nephrology (JASN).

Molina's pre- and post-payment reviews aim to identify and address practices that may lead to unnecessary costs in the healthcare industry, including Medicare and Medicaid programs. These practices may include, but are not limited to:

1. Improper payment for services.
2. Payment for services that do not meet professionally recognized standards/levels of care.
3. Excessive billed charges or incorrect code selection for services or supplies.
4. Billing for items or services that were not provided or should not have been provided based on documentation.
5. Unit errors, duplicate charges, and redundant charges.
6. Insufficient documentation in the medical record to support billed charges.
7. Billing for experimental and investigational items.
8. Lack of medical necessity to support billed services or days.
9. Services billed that are not covered by the member's benefit plan, Molina policies, Medicare policies, or Medicaid policies, including National Coverage Determinations and Local Coverage Determinations.
10. Absence of objective clinical information in the medical record to support the billed condition.
11. Items that are not separately payable or included in another charge, such as routine nursing, capital equipment charges, reusable items, etc.

* For additional information regarding Molina's interpretation of coding guidelines please refer to PI Coding General policy located on https://www.molinahealthcare.com/providers

Supplemental Information

Definitions

Term	Definition
CMS	Center for Medicare and Medicaid

State Exceptions

State	Exception

Documentation History

Type	Date	Action
Published	09/01/2023	New Policy
Revised Date		