Claims submission

Molina provider tip sheet

Claims must be submitted to Molina Healthcare of Florida, Inc., within six (6) months after the discharge for inpatient services or the date of service for outpatient services. If Molina is not the primary payer under coordination of benefits or third-party liability, the provider must submit claims to Molina within ninety (90) days after the primary payer's final determination. Except as otherwise provided by law or government program requirements, any claims not submitted to Molina within these timelines shall not be eligible for payment, and the provider waives any right to payment.

Submit claims to Molina via one of the following methods:

- Preferred: Availity Essentials portal at **Provider.MolinaHealthcare.com**
- EDI clearinghouse: Payer ID **#51062**
- On paper, send to:
  Molina Healthcare – Medicaid & Marketplace
  PO Box 22812
  Long Beach, CA 90801

Before filing a claim, please review the following:

- ✓ Member eligibility and ID number
- ✓ Claim timely filing
- ✓ Primary versus secondary insurance
- ✓ Confirmation of member liability through the Florida Department of Children and Families (DCF) documentation or the DCF website
- ✓ Rendered covered services
- ✓ Rendered authorized services (if applicable)

Every claim – whether paper or electronic – must include the following information:

- ✓ Member name, date of birth and Molina member ID number
- ✓ Member's gender
- ✓ Member's address
- ✓ Date(s) of service
- ✓ Valid International Classification of Diseases diagnosis and procedure codes

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- ✓ Valid revenue, Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) for provided services or items
- ✓ Valid Diagnosis Pointers
- ✓ Total billed charges
- ✓ Place and type of service code
- ✓ Days or units, as applicable
- ✓ Provider Tax Identification Number (TIN)
- ✓ 10-digit National Provider Identifier (NPI)
- ✓ Rendering provider name, as applicable
- ✓ Billing/pay-to-provider name and billing address
- ✓ Billing/pay-to-provider ZIP code +4 (as registered on the Medicaid portal)
- ✓ Billing/pay-to-provider taxonomy (as registered on the Medicaid portal)
- ✓ Place of service and type (for facilities)
- ✓ Disclosure of any other health benefit plans and submission of remittance advice from the primary payer
- ✓ Explanation of payment for crossover claims
- ✓ e-signature
- ✓ Service facility location information

Inaccurate, incomplete or untimely submissions and re-submissions may result in denial of the claim.

Services are not reimbursed when:

- ✓ They do not meet medical necessity criteria
- ✓ Prior authorization (PA) was not obtained for a service requiring it
- ✓ The member was not active at the time services were rendered
- ✓ Services duplicate another provider's service

For additional information on claims submission, please visit MolinaHealthcare.com/Providers/FL/Medicaid/Manual/Medical.aspx and review our Provider Manual.

Questions? Call Provider Services at (855) 322-4076.