April 7th, 2023

Provider Memorandum

Inpatient Clinical Validation Review

Beginning June 9th, 2023, Molina Healthcare of Wisconsin (Molina) will review services provided to our members to ensure program integrity, which includes both prepayment and post-payment review of claims and clinical documentation. This will impact the Medicaid, Marketplace and Medicare lines of business.

Molina conducts Medical Claim Reviews as noted in the provider agreement. This ensures that claims are reimbursed in accordance with generally accepted federal and state regulatory requirements, billing and coding guidelines, contract provisions, and established Molina policies and procedures.

Methodology

All Patients Refined Diagnosis Related Groups (APR DRG) is a classification system that categorizes patients according to their reason of admission, severity of illness, and risk of mortality.
APR DRGs are similar to DRGs, but also include a more detailed DRG breakdown for non-Medicare patients, particularly newborns and children. The APR DRG structure is similar to the DRG, but also measures severity of illness and risk of mortality in addition to resource utilization.

Process

Molina will be conducting an APR DRG Clinical Validation Review that will evaluate whether diagnoses and procedure codes on the claim align with industry coding standards:

- Official ICD-10-CM Coding Guidelines
- Applicable ICD Coding Manual
- Uniform Hospital Discharge Data Set (UHDDS)
- Coding Clinics

The APR DRG and principal diagnosis assigned represent the condition established after study to be chiefly responsible for the admission of the patient to the hospital for care and not based on clinical suspicions at the time of admission. The APR DRG Clinical Validation determination will be made using the medical record documentation available at the time of review and must support all diagnoses and procedures billed, including Major Complication or Comorbidity (MCC) and Complication or Comorbidity (CC) and Severity of Illness.

APR DRG Clinical Validation includes, but is not limited to, verification of:

- Diagnostic code assignments
- Procedural code assignments
- Sequencing of codes
- APR DRG grouping assignment and associated payment
- MCC and CC and severity of illness (if applicable)

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In the event that APR DRG Clinical Validation does not substantiate the billed APR DRG or is inconsistent with industry coding standards and requirements, Molina Healthcare may:

- Adjust the APR DRG to one that is supported by the medical record documentation
- Adjust payment
- Request refunds
- Issue a base APR DRG payment

Molina will be conducting an Appropriate Level of Care Review that will evaluate whether the level of care billed is supported in the clinical documentation reviewed. When performing inpatient and observation status reviews, Molina applies an evidenced-based clinical criteria guideline, as long as the methodology complies with federal or state regulations and the hospital or provider services agreement.

If Molina determines that the provider has submitted a claim beyond the authorization provided, Molina will conduct the appropriate Level-of-Care Review. If the review findings indicate an inappropriate level of care was billed, Molina may deny the claim and request the provider to resubmit the claim as observation.

Common Claim Outcome Scenarios and Associated Remit Code

Description	Scenario	Remit Code	Remit ID	Remit Description
OB Auto Auth NICU Services Not Authorized	No authorization on file for NICU services billed	N45	PINICUOBAUTO	NICU services not authorized, paying normal newborn APR DRG
IP Short Stay Criteria not met*	Medical Record did not support IP Short Stay, resubmit as observation	N180	PIIPSSMN	Medical Record did not support IP Short Stay, resubmit as observation
IP Short Stay Review Insufficient Records	IP Short Stay unable to review due to insufficient medical records on file	M127	IPSSNSFREC	Medical Records supplied are insufficient to make a POS determination
APR DRG Clinical Validation Review Revision	APR DRG billed on claim is not supported in the medical record reviewed. APR DRG is revised.	N208	PIIPDRGREV	APR DRG payment adjusted based on supporting documentation
None- no attribute	Additional Information Required	M127	M127	Missing patient medical record for this service
IP Short Stay Review Approve Criteria Met	IP Short Stay criteria met	NA	NA	NA
APR DRG Clinical Validation Review Approve	APR DRG Clinical Validation criteria met	NA	NA	NA

In accordance with Wis. Admin. Code § DHS 107.08(4)(a)4, if inpatient and outpatient services are provided for the same member, at the same hospital, on the same DOS as the date of the inpatient

hospital admission or discharge, the outpatient services are not separately reimbursable and must be included on the inpatient claim. This does not include reference laboratory services.
To review current Molina Payment Integrity Payment and Coding Polices, visit the Molina website.

Formal Disputes
Provider disputes/appeals **must** be submitted within 90 days from the remittance date. A request to review the processing, payment, or non-payment of a claim by Molina shall be classified as a Provider Claim Dispute and can be submitted via:

- Provider Portal (**preferred**): availity.com/molinahealthcare (Molina Payer ID **ABRI1**)
- Fax: (844) 251-1446. **Must** include a completed Claims Dispute Form.
- Email: MWIAppeals@MolinaHealthcare.com

The following information **must** be included with the submission:

- Provider's name
- Date of service
- Date of billing
- Date of payment and/or nonpayment
- Member's name
- Member's ID
- Claim number
- The reason(s) the claim merits reconsideration. If the appeal relates to medical emergency, medical necessity, prior authorization, or code edits, medical records or substantiating documentation **must** accompany your request for reconsideration.

Submissions **must** include a completed Claims Dispute Request Form (one claim per form). The Claims Dispute Request Form can be found on the Frequently Used Forms at MolinaHealthcare.com.
How To Attach

1. Log into the Availity Portal: availity.com/molinahealthcare
2. You will be prompted to select your organization, transaction, and payer.
3. As you complete the form, you will come to the **Attachments** section. On the **Report Type** dropdown select "**Medical Record Attachment.**"

Attachment Rules

- You can attach multiple files
- The size of all files combined cannot exceed 120 megabytes (MB)
- Only these file types are allowed: PDF, TIF, JPG, BMP, and GIF
- File names must be alphanumeric with no special characters
- Duplicated file names are not allowed

For Provider Portal support, contact Availity at **(800) 282-4548**, 7 a.m. to 7 p.m. Central Time.

Questions?
We're here to help. Contact your Provider Network Manager or email the Provider Network Management team at MHWIProviderNetworkManagement@MolinaHealthcare.Com or visit MolinaHealthcare.com.

Register Now for Availity, Molina Healthcare's Inc. (Molina) Provider Portal
Learn how Molina is working with Availity at availity.com/molinahealthcare.