

Provider Bulletin

Molina Healthcare of Washington, Inc.

Changes regarding High Dollar Claims and Itemized Bill Review (Medicaid)

Molina Healthcare of Washington, Inc. is pleased to announce updates to the processing of High Dollar Claims, effective immediately. Molina will continue to require an **Itemized Bill (IB)** when the **expected reimbursement is \$100,000 or more in allowed charges**.

What's Changing?

- Previously, all high dollar claims were either pended for IB review or denied in full if submitted without IB.
- Claims submitted with an IB will be pended and reviewed per Molina's existing process.
- To ensure ongoing cashflow for providers, **claims submitted without an IB** will now be **processed/paid at the base DRG amount**. No outlier payments will be made until an IB is submitted to Molina. Instructions for IB submission are below.

Itemized Bill Submission Options:

1. Availity Provider Portal Submission

- Use the **Availity Portal** to attach the IB during your **initial claim submission**.
- The portal will display the claim status as **"pending"** or **"in process"** if not yet finalized.
- You can search for claims using member information and Date of Service.

2. Clearinghouse Submission

- If submitting through a clearinghouse, information on how to indicate an attachment on an 837 file can be found at https://www.cgsmedicare.com/ib/claims/pwk_segment.html
 - You may still upload the IB via the Availity Provider Portal, this should be done within 3 days of submitting the 837 files, provided the claim is **not finalized**.
- If the claim is already **finalized** (i.e., *paid or denied*) but still requires an itemized bill to pay in full, please **submit a corrected claim with the IB attached**.

How to Attach an Itemized Bill in Availity

1. In the **Availity Portal**, go to **Claims & Payments** and select the appropriate bill type (e.g., Professional Claim).
2. Choose your **organization**, **transaction**, and **payer**.
3. In the **Attachments** section: From the **Report Type** dropdown, select **"Medical Record Attachment"** (Itemized Bill is not listed as an option).

Attachments can only be added during the initial submission, when the claim is pending/in-process, or with a corrected claim. Best Practice is to always attach the Itemized Bill with the initial claim submission.

Need help refer to the [Washington State Provider FAQ & Contact List – Apple Health-IMC](#) or contact the Molina Provider Support Center at (855) 322-4082.