



Reimbursement Policy for Fee Schedule

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare’s reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In the event of a conflict, federal and state guidelines, as applicable, as well as the member’s benefit plan document 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

Molina Healthcare retains the authority to assess and evaluate any modifications made to the Fee Schedule and reserves the prerogative to review and conduct audits limited to the look back based upon the agreed look back period for your state, please see the grid below to determine your states look back period. Please note that all look back periods are based off the last paid date.

State	Marketplace	Medicaid	Medicare
AZ	365	365	1095
CA	365	365	1095
FL	912	912	1095
ID	1095	1095	1095
IL	547	365	1095
KY	730	730	1095
MA	1095	1095	1095
MI	1095	1095	1095
MS	180	1095	1095
NM	637		1095
NV	1095	1095	1095
NY	1095	1095	1095
OH	730	730	1095
SC	547	1095	1095
TX	180	730	1095
UT	365	1095	1095
VA	365	365	1095
WA	730	730	1095
WI	365	365	1095

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		

References

This policy was developed using:

- CMS
- State Medicaid Regulatory Guidance
- State Contracts