

Provider Memorandum

Understanding Molina's Outpatient Hospital Claim Rollup Requirement

Molina Healthcare of Illinois (Molina) is aligned with the Illinois Department of Healthcare and Family Services (HFS) methodologies regarding outpatient hospital payment and when a claim rollup is required. Providers should understand that Molina recognizes some exceptions to this methodology.

All-Inclusive Outpatient Payment Methodology

Outpatient hospital services reimbursed through the Enhanced Ambulatory Procedure Group (EAPG) Prospective Payment System (PPS) shall include:

- Surgical services.
- Diagnostic and therapeutic services.
- Emergency department services.
- Observation services.
- Psychiatric treatment services.

The all-inclusive EAPG payment largely covers all services provided by salaried hospital personnel; all drugs administered and/or provided for take-home use; all equipment and supplies used for diagnosis and/or treatment; and all X-ray, laboratory, and therapy provided to the patient on the same day.

The Exceptions

An outpatient claim **must** contain **at least one** procedure code, or an Emergency Department or observation revenue code. All services rendered on the same day **must be billed on a single outpatient institutional claim**.

However, if during the same treatment span (following Emergency Department or observation services) the patient is admitted to the hospital as an inpatient, **only** the Emergency Room charge **or** the observation service may be billed on the outpatient claim. It is up to the hospital to determine which outpatient service will provide greater reimbursement.

Charges incurred as a result of services provided by other outpatient departments prior to the patient's admission, such as laboratory or radiology services, are to be shown on the inpatient claim.

Example: Outpatient Rollup Claim Requirement

When a provider is billing outpatient claims in a series with overlapping date spans, the provider **must submit all services on a single outpatient institutional claim**.

These claims have the same provider pay-to NPI and Tax ID:

- 1) Claim 1: Bill Type 131
 - a) Header DOS: 8/5/2020–8/12/2020
 - i) Line 1: DOS 8/05/2020–8/05/2020
 - (1) Service Code: 97162
- 2) Claim 2: Bill Type 131
 - a) Header DOS: 8/12/2020–8/12/2020
 - i) Line 1: DOS 8/12/2020–8/12/2020
 - (1) Service Code: 97110

These are duplicates even though the line level DOS is different because the pay-to NPI/TIN are the same **and** the DOS at the header level overlap. They should be a single claim.

When in doubt, ask your Provider Network Manager for guidance.

Questions?

We're here to help. Contact your Provider Network Manager or email the Provider Network Management team at MHILProviderNetworkManagement@MolinaHealthcare.com. For help identifying your Provider Network Manager, visit [Molina's Service Area](#) page at MolinaHealthcare.com.

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