PASSPORT BY MOLINA HEALTHCARE

# Payment Policy 29
# Optum Pause and Pay

## Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Passport by Molina Healthcare 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 a conflict, federal and state guidelines, as applicable, and the member's benefit plan document supersede the information in this policy. Also, to the extent of 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.

## Policy

Passport by Molina Healthcare is committed to continuously improving its overall payment integrity program and administers payment rules based on accepted principles of correct coding. Passport has partnered with Optum to implement best practices to reduce waste, abuse, and error in medical claim billing through a pre-payment review. This payment integrity solution ensures that claims submitted to Passport are coded and billed properly for accurate reimbursement. This program is designed to identify practices inconsistent with acceptable fiscal, business, or medical practices that unnecessarily increase costs and overuse of resources and inaccurate payments for service. Depending on the type of review, Optum may require medical records for review to support the services submitted on the claim and prior to payment determination. Medical records will be reviewed to verify the extent and nature of the services rendered for the patient's condition and that the claim is coded correctly for the services provided. This review does not include a determination of medical necessity. Optum reviewers have a broad and diverse range of clinical expertise to ensure thorough review of medical records and accurate decision making. Optum staff are required to maintain certain certifications/credentials depending upon their role and experience. Referrals of aberrant billing patterns or behavior that may be potentially fraudulent may be made to the Special Investigations Unit (SIU). SIU may then pursue an internal investigation using established processes. This program will support Passport's contractual obligations related to FWA (Fraud, Waste, and Abuse) contract language.

**Reimbursement**

The following outlines how Passport will process claims in support of this correct coding and payment accuracy solution when medical records are required as part of pre-payment review.

**Notification and Prepayment Review**
Passport by Molina Healthcare receives notification from Optum indicating which claims are selected for pre-payment review and sends an Explanation of Payment (EOP) to providers with a message indicating that Optum is requesting Medical Records on Passport's behalf. The claim selection process is based on the submitted claim.

The EOP contains the following Remit Remark Code and Message referencing each line:

**Remit Remark Code:** M127
**Remit Message:**
*"Optum is requesting Medical Records on Molina's behalf. The allowed time limit for Medical Record submission and any appeals is based on timely filing requirements. Please direct questions regarding this Medical Record request to Optum at (877) 244-0403."*

Within 2 business days, Optum issues an initial medical record request letter to the provider with a list of impacted claims and instructions for submitting documentation including a cover sheet with a bar code to identify the case number and pertinent information for Optum.



PI_29
Publish Date: 1/22/2024
Revision Date(s):
Molina KY 2765_APP 1/4/2024

Medical records should be submitted within 45 days. A subsequent reminder letter is issued if not received.

For each claim selected, the provider will be asked to submit:

- Complete medical records to include history and physical, office/treatment records, consultation reports, operative reports, anesthesia and recovery room records and discharge summaries, if applicable
- Infusion flow sheets or medication administration logs, if applicable
- Orders and results of diagnostic tests, including pathology, radiology, and laboratory, if applicable
- For DME, include a signed receipt from the member verifying receipt of any device/equipment/supplies, if applicable
- For all drug codes, as applicable, include the NDC information, drug name, units, provider HRSA grant number and information, along with invoice with the acquisition cost for the individual drugs.
- Itemization of services billed for the above dates, if applicable

Document submission options include electronically via secured internet upload, fax, or US Mail

1. https://sftp.databankimx.com/form/RecordUploadService
2. FAX: 267-687-0994
3. HARD COPY (i.e., paper copy, CD, DVD) using the following address:

**Mail:**
Optum on behalf of Passport
P.O. Box 51456
Philadelphia, PA 19115

**Delivery Service:**
Optum on behalf of Passport
458 Pike Road
Huntingdon Valley, PA 19006

The submission of medical records is not a guarantee of payment, and Passport edits apply. Optum will review medical records within 10 business days of receipt.

If the claim is supported, a letter will be mailed, and the claim will be reprocessed.
If the claim is partially supported, a letter will be mailed with the rationale for each line denial and the claim will be reprocessed.
If the claim is unsupported, a letter will be mailed with the rationale for each line denial.

If records are not received within 120 days of the initial request, the review is performed based on available information and a technical denial is issued. A letter will be sent to the provider as final communication and Passport will be notified that Optum has closed the case. Instructions for submitting a reconsideration or appeal are included in the letter.

**Reconsiderations**
If a provider disagrees with Optum's initial review findings or technical denial, a reconsideration request may be submitted to Optum for review. The communication must include the cover sheet and bar code, an explanation of the denial's disagreement and supporting documentation such as additional medical records and source information. Upon review, if it is determined that a coding and/or payment adjustment is applicable, the healthcare provider will receive a letter from Optum with the review outcome and Passport will perform the appropriate claim adjudication.

**Appeals**
Optum will perform the appeal review on behalf of Passport. If the provider submits an appeal, the provider will receive a letter acknowledging the appeal request. Once an appeal is received, Optum will render a final decision within 30 days. If a provider does not agree with the final appeal decision, the provider may file for independent external review. The appeal response letter will provide instructions on how to submit a Kentucky Independent External Review Request (see below).

**Kentucky Independent External Review Requests**
In accordance with 907 KAR 17:035, if a provider receives an adverse final decision of a denial, in whole or in part of a health service or claim for reimbursement related to this service, a provider may request an external independent third-

party review. Providers may only do so after first completing an internal appeal process with Passport by Molina Healthcare.

Providers must submit their request for external independent third-party review within 60 days from the date of receipt of the notice. Providers may submit their request to Passport via one of the following methods:

1. Email: ReviewRequests@passporthealthplan.com
2. Fax: (502) 585-8334
3. Mail:
   Passport by Molina Healthcare
   Attention: External Independent Third-Party Review Requests
   PO Box 36030
   Louisville, KY 40233

All communications sent by Optum are shared with Passport by Molina Healthcare for record retention.

**Provider Inquiries/Support**
Optum's Provider Inquiry Response Team (PIRT) is dedicated specifically to answering questions.
Optum's provider inquiry team is equipped to educate providers on submitting medical records for review, case status, understanding review outcome, etc.
Providers can contact the Optum PIRT (Provider Inquiry Response Team) team on **1-877-244-0403**. Operational hours are Monday through Friday 8:00 a.m. to 6:30 p.m., Central Standard Time, excluding holidays.

## Supplemental Information

**Definitions**

| Term | Definition |
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## Documentation History

| Type | Date | Action |
|---|---|---|
| Effective Date | 2/22/2024 | New Policy |
| Revised Date | | |

## Related Policies

| Policy Name |
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| PI Payment Policy 29 Optum Pause and Pay (Molina) |
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## Coding

**CODING DISCLAIMER.** Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes not effective when the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Passport by Molina Healthcare adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Passport by Molina Healthcare has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Passport reserves the right to revise this policy as needed.