Recovery Policy for Billed Units Service Accumulator

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 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. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

Molina Healthcare is committed to maintaining precise and compliant coding and billing practices in accordance with federal and state regulations as well as industry standards. This policy outlines the framework for reviewing claims submitted to Molina Healthcare, ensuring the accuracy of coding for services provided to members within a specified timeframe.

This policy provides guidelines for auditing and recovering funds by examining billing units to ensure claims are correctly coded and billed. It applies to all coding and billing activities related to the treatment of Molina Healthcare members.

- Daily
- Weekly
- Monthly
- Annually

Molina Healthcare may initiate a Billing Units (Service Accumulator) review when there are concerns about treatments provided to a member within a specified timeframe. Reviews may be prompted by factors such as high frequency of services, unusual billing practices, or complaints.

The review will involve an examination of medical records, billing records, and any other relevant documentation. The primary focus will be on identifying inaccuracies in the coding and billing of Billed Units (Service Accumulator). Units submitted on a claim line for services rendered will be reviewed:

- By day
- By week
- By month
- By year

In cases where inaccuracies are identified, recovery of funds will be initiated in accordance with federal, state, and contractual regulations. Providers will be notified of any discrepancies and given the opportunity to respond and/or correct the inaccuracies. Molina Healthcare will monitor compliance with this policy and take corrective action as necessary to ensure ongoing adherence to coding and billing standards.

This policy ensures that Molina Healthcare operates in compliance with all applicable laws and regulations while maintaining the integrity and accuracy of billing and coding practices.

Supplemental Information

Definitions

Term	Definition
CMS	the Centers for Medicare & Medicaid Services. It is a federal agency within the United States Department of Health and Human Services that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children's Health Insurance Program (CHIP), and health insurance portability standards.

State Exceptions

State	Exception

Documentation History

Type	Date	Action
Effective Date	10/23/2023	New Policy
Revised Date	12/16/2024	Updated template and renamed the policy