

# Provider Bulletin

Molina Healthcare of Washington, Inc.

January 6, 2025

## Notification to Providers: New Outpatient Facility Edit (Medicaid)

**Molina Healthcare of Washington, Inc.** is introducing a new Outpatient Facility edit effective January 4, 2025. This edit will identify facility claim lines that have an inappropriate modifier appended to a particular procedure code.

The edit will flag claim lines that do not have the appropriate modifier for the corresponding CPT® or HCPCS procedure code. This is based on the current CPT® Professional Edition guidelines, which state: "A modifier provides the means to report or indicate that a service or procedure that has been performed has been altered by some specific circumstance but not changed in its definition or code."

**Example of the edit in action:** According to Medicaid guidelines, modifier 50 is not typically used with procedure code 69210. CPT 69210 refers to the removal of impacted cerumen requiring instrumentation, unilateral. However, providers have been using it with modifier 50, which is intended for bilateral procedures.

Additional guidance on modifier use can be found in "Coding with Modifiers," published by the American Medical Association (AMA), which states: "The CPT code set nomenclature uses modifiers as an integral part of its structure. A modifier provides a means by which a physician or other qualified health care professional can indicate a service or procedure was altered by specific circumstances but not changed in its definition or code."

If you have any questions regarding this edit, please contact Molina at (855) 322-4082, Monday through Friday, 7:30 a.m. to 6:30 p.m.