Reimbursement Policy for Post-Pay Authorization Audit

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

This Policy covers claims without authorization, denied authorization, or mismatched authorization.

Post-Pay Audit

Molina Healthcare reserves the right to perform post-payment audits for procedures and diagnoses that necessitate authorization according to the Molina provider manual. Please consult your provider manual Molina Healthcare and contract for proper authorization billing guidelines

Prior authorization requests do not guarantee payment. Unauthorized services will not be reimbursed.
Definitions

Supplemental Information

Term	Definition
CMS	Center for Medicare and Medicaid

Documentation History

Type	Date	Action
Published	06/01/2023	New Policy
Revised Date		

State Exceptions

State	Exception

References

This policy was developed using

- CMS
- State Medicaid Regulatory Guidance
- State Contracts