

Bobby Jindal  
GOVERNOR



Anthony Keck  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Bureau of Health Services Financing

September 2, 2010

Norm Nichols  
Executive Account Manager  
Molina Medicaid Solutions  
P.O. Box 3396  
Baton Rouge, Louisiana 70821

FIMS #: 1823 /crc

Dear Mr. Nichols:

Please include the following in the Remittance Advice messages beginning September 7, 2010, and run the message for three consecutive weeks. It should also be included on the website homepage and the next issue of the *Louisiana Medicaid Provider Update*. If there are questions, please contact Cindy Caroon at 342-0490.

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**Revised ClaimCheck Multiple Surgery/Modifier -51 Processing**

Beginning with the September 7, 2010 date of processing, ClaimCheck editing related to multiple surgical procedures during the same surgical session performed by the same provider has been updated. This update was necessary to prevent inadvertent duplicate denials and to properly apply the multiple surgery reductions based on industry standards including the relative value units for the procedures. In addition, this revision will now expedite correct payment and prevent additional administrative burden for providers by minimizing the need to resubmit claims where the 51 modifier was incorrectly applied. With this update, when the -51 modifier has or has not been applied to the appropriate procedure(s), the system will now add or remove the -51 modifier from the claim and will then process and reimburse the claim accordingly. The denial codes previously used (errors 934 and 938) will now reflect an educational message (EOB) indicating whether the -51 modifier was added or removed from the procedure code for processing.

Providers will see the following EOB messages when these edits occur:

- 934: Modifier 51 required. Added to claim-ClaimCheck.
- 938: Modifier 51 invalid. Removed from claim-ClaimCheck.

When all procedures of the same surgical session have adjudicated, overpayments identified by providers are to be handled via the current adjustment/void process. As part of the on-going assessment and adjustments in claims processing related to the implementation of ClaimCheck editing, Louisiana Medicaid anticipates minimizing current hard copy requirements related to surgical procedures wherever possible. Providers will be notified as these improvements occur.

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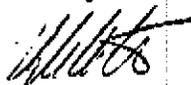
Providers should note that claims adjudicated prior to ClaimCheck implementation were subject to reimbursement policy and practices on the date of adjudication.

The recycle of claims that have been previously denied for errors 934 and 938 since the implementation of ClaimCheck editing is anticipated to occur on the R/A of September 14, 2010. For further questions, please contact Molina Provider Relations at 225.924.5040 or 800.473.2783.

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Thank you for your assistance in this matter.

Sincerely,



Kyle Viator  
Medicaid Deputy Director

KV/crc

cc: Program Operations FIMS File  
MMIS Section Chief-FIMS copy  
Karen Barnes