



## **'ClaimCheck' Processing Update for Add-On Procedure Codes**

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Effective with the Remittance Advice of August 18, 2011, claims processing will now also “look” for a paid primary procedure code in claims history before the final adjudication of the add-on code. Prior to this update, both the primary and the add-on codes had to be submitted on the same claim and process through ClaimCheck at the same time. Add-on procedure codes will continue to deny if they go through ClaimCheck while the primary code is in Medical Review. In this circumstance, providers must re-submit the add-on code after the primary code has been paid.

Claims that have received denial error code 945 (Add-on procedure is invalid without primary) will be systematically recycled. No action is required by the provider. Those add-on codes that have the appropriate primary code paid in history should now be reimbursed. Some claims may continue to deny with the 945 denial code or for a different reason. The recycle is anticipated to occur on the remittance of August 25, 2011. Please contact Molina Provider Relations at (800) 473-2783 or (225) 924-5040 if there are questions.