



ATTENTION LTC-PCS PROVIDERS

Due to programming changes implemented October 1, 2013, claims for procedure code T1019, TOS 19 with modifiers UB, UN & UP were incorrectly denied with error code edit 210 (PROVIDER NOTCERTIFIED FOR THIS PROCEDURE).

These claims will be systematically corrected, recycled and paid by October 22, 2013.

Claim denials with error code edits 210 (PROVIDER NOTCERTIFIED FOR THIS PROCEDURE) will receive an override for edit 241 (CLAIM HELD FOR PRE-PAYMENT REVIEW) in order to allow those claims to be recycled and paid by the October 22, 2013 Remittance Advice. NO ACTION IS REQUIRED ON THE PART OF THE PROVIDER. We apologize for any inconvenience this may have caused.

For questions related to this notification, please contact Molina Medicaid Solutions Provider Services at (800) 473-2783 or (225) 924-5040.