

Provider Bulletin

Molina Healthcare of Nevada

June 2025

RE: Availity appeals and reconsideration changes

Dear Providers,

Molina Healthcare of Nevada is sharing important updates regarding claim reconsiderations and appeals through the Availity provider portal.

To learn more, please see the attached informational flyer.

Questions?

We're here to help. Contact your Provider Relations Representative or email the Provider Relations team at NVProviderRelations@MolinaHealthcare.com

Learn more about provider updates, visit MolinaHealthcare.com/NV.

Thank you for your continued partnership.

Sincerely,

Molina Healthcare of Nevada Provider Relations

Availity Appeals and Reconsideration changes

Summary of changes to drop-down menu options for Dispute this Claim

Overview of changes

Based on feedback we received from the Molina provider community regarding the multiple options to select from when submitting a reconsideration or appeal, we have streamlined the options in Availity to simplify the selection process for you. There are now only two options to select from:

- **Claim Payment Inquiry/Reconsideration**
- **Claim Payment Dispute/Appeal**

Details of the updated options

1. Claim Payment Inquiry/Reconsideration

A Claim Payment Inquiry or Reconsideration is a review of a claim you believe was paid or denied incorrectly due to a minor error. These inquiries are typically straightforward and can be quickly resolved. This option consists of the following categories:

1. **Reconsideration – Authorization (not a formal appeal)**
2. **Reconsideration – Eligibility (not a formal appeal)**
3. **Reconsideration – Pricing Review (not a formal appeal)**
4. **Reconsideration – Other (not a formal appeal)**

Examples to use this option include:

- Retro-eligibility issues
- Coordination of benefit updates
- Claims denied as a duplicate in error
- Claims denied for no authorization when authorization is not required or when an approved authorization is on file

Please note that you cannot submit supporting documentation with a claim payment inquiry. The outcome of a payment inquiry may result in either a claims adjustment or a directive to submit a **Corrected Claim** or initiate the **Claim Payment Dispute/Appeal** process.

2. Claim Payment Dispute/Appeal

A Claim Payment Dispute or Appeal is a more formal review of a claim you believe was paid or denied incorrectly. This process typically requires you to submit supporting documentation to substantiate your dispute or appeal. This option consists of the following categories:

1. Appeal – Authorization
2. Appeal – Benefit
3. Appeal – Code Edit
4. Appeal – Contractual Payment Issue
5. Appeal – Enrollment/Eligibility/COB
6. Appeal – Untimely Filing

Examples to use this option include:

- Denials for code edits
- Untimely filing
- Non-covered benefits
- Absent or denied authorizations