



CBO DISPATCH

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CBO Dispatch No.: NGA 17-003

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Replacement Claims



in IBHIS

Replacement claims allow providers to submit updates or corrections to previously approved or denied claims and keep the date the original claim was received. Contract providers who are live in the Integrated Behavioral Health Information System (IBHIS) may replace most Medi-Cal or non-Medi-Cal claims that have been accepted by the system and has a Payer Claim Control Number/unique claim ID.

Claims eligible to be replaced

- ☺ Medi-Cal claims originally submitted and received by the State within twelve months of the month of service. *This is true even if the claim is now more than one year from the date of service.*
- ☺ Non-Medi-Cal claims.

Examples of when to send replacement claims

- ✓ Adding adjudication from a primary third party payer.
- ✓ Adding a duplicate modifier.
- ✓ Adding an Emergency or KTA indicator.
- ✓ After adding pregnancy information to the client's record.
- ✓ Correcting lockout denials.
- ✓ Changing Provider Authorization (P-Auth)/Funding Plan. **Warning:** *Changing P-Auths can impact plan dollars and Medi-Cal dollars.*
 - *Changing from a non-Medi-Cal P-Auth to a Medi-Cal P-Auth creates a Medi-Cal claim for submission to the State. Ensure that the replacement is submitted with enough time to reach the State within the claiming statute.*
 - *Changing P-Auths impacts Funding Plan dollars. Ensure that there is enough funding in the new P-Auth to cover the replacement claim.*

Claims that cannot be replaced

- ☹ Claims that were not accepted by IBHIS (no 277CA for claims).
- ☹ Claims that have not received an 835 yet.



- ⊗ Claims denied by the State for late submission.
- ⊗ Claims that need the Medi-Cal Client Index Number (CIN) corrected/changed.
 - The State sees claims with a different CIN as a claim for a different client, and the State does not allow a claim for one client to replace a claim for a different client. Correcting or changing a CIN requires a new original claim (with the correct CIN) to be submitted. The steps to correct/change the CIN depends upon the reason for the change.
 - The CIN was never correct for the client: Update the client's Financial Eligibility to correct the CIN and submit a new original claim. (Ask your vendor how to do this within your Electronic Health Record (EHR).) IBHIS will use the corrected CIN on the outbound claim to the state.
 - Void any approved claims with the incorrect CIN.
 - The client's CIN changed for a date of service: Please refer to [CBO Dispatch #NGA 16-031 – Handling CIN Changes in IBHIS](#). Remember, you must submit a new original claim when a new CIN has been added to the client's record.

Restrictions

- Claims can be replaced more than once, but the replacement claim submitted must refer to the last valid claim. (Ask your vendor about how to achieve this requirement in your system.)
- Medi-Cal replacement claims cannot include changes to more than two of the following four (4) elements.
 - The type of service (e.g., from a mental health service to a medication support service or from targeted case management to a mental health service).
 - The date of service.
 - The place of service.
 - The billing provider.

Changes to more than two of these elements will result in the State denying the replacement claim.

- Medi-Cal has strict deadlines for original and replacement claims. Claims received by Medi-Cal after these deadlines will be denied as late.
 - Original claims: 12 months from the month of service.
 - Replacement claims: 15 months from month of service.

Claims that have been accepted by IBHIS are in process six (6) to eight (8) weeks before they are submitted on a claim file to the State. Following the contract terms for claims submission timeliness should allow claims to meet these Medi-Cal timeliness rules.

- Approved Medi-Cal claims cannot be replaced with a non-Medi-Cal claim. To change an approved Medi-Cal claim to non-Medi-Cal, providers must void the Medi-Cal approval and submit a new, original, non-Medi-Cal claim.

Please note that the Integrated System (IS) does not permit replacement of approved claims, claims denied for IS Rules, and claims that have already been replaced.

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IBHIS providers, if you have any questions or need further information, please create a HEAT ticket using the link below:

<https://extra.dmh.lacounty.gov/SelfServiceSupport/Pages/SelfService.aspx>.

