

RMD Bulletin

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What to Do with Medi/Medi Claims



It has come to the attention of Revenue Management Division that clarification is needed about what to do with claims for clients who have both Medicare and Medi-Cal.

Submit your Medi/Medi Claim to Medi-Cal if...

- ☞ the claim was **adjudicated** (approved or denied) by Medicare or
- ☞ the procedure code for your claim is 101, H0018, H0019, H2011, H2012, H2013, H2019, S9494, or T1017 and does not need a late code. (State Department of Mental Health (DMH) Information Notice No.: 10-11, p. 2*) (Remember, submit these claims in the Integrated System (IS) with Medi-Cal as the only payer; do not include any Medicare information on the claim. [SD/MC Phase 2 - Trading Partner Action Item List, Item #151])

HOLD the Medi-Cal portion of your Medi/Medi Claim if...

- ☞ the claim was **rejected** (not adjudicated [i.e., not approved or denied]) by Medicare or
- ☞ the procedure code for your claim is 101, H0018, H0019, H2011, H2012, H2013, H2019, S9494, or T1017 and needs a late code. A late code has been identified by State DMH (State DMH Information Notice No.: 10-11, p. 2) but it is not available in the IS yet. We will advise you when the late code is available for use.

Non-Medicare Billable Claims

The State DMH has indicated in writing that they will accept certain Medicare rejections as denials as follows:

“as long as the rejection was due to the type of service, place of service, or provider eligibility. [State] DMH is considering the use of Adjustment Reason Codes to process claims through the SD/MC Phase II System that have been rejected by Medicare for specific reasons. [State] DMH will issue further guidance regarding use of Adjustment

*Because the State requires counties to group and submit claims by service type (i.e., mental health service, medication support service, etc.) using a limited number of HCFA Common Procedure Coding System (HCPCS) codes, the procedure codes submitted by providers to Los Angeles County DMH may differ from the procedure codes in the Information Notice.

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Reason Codes once implementation and oversight strategies have been finalized.”
(State DMH Information Notice No.: 10-11, pp. 2-3)

This means that in order for the State to process the Medi-Cal portion of these non-Medicare billable claims, providers would still need to submit their non-Medicare billable claims to Medicare for the rejection and then wait to submit the claim to Medi-Cal until State DMH provides further direction to counties.

We're here to help you...

If you have any questions or require further information, please contact RMD at (213) 480-3444 or RevenueManagement@dmh.lacounty.gov.