

## **RMD Bulletin**

**Knowledge is power...**



It has come to our attention that some providers are still holding on to claims for clients who have Medicare and Medi-Cal (Medi/Medi). Providers are instructed not to hold any Medi/Medi claims.

- If the procedure code is billable to Medicare, submit the claim to Medicare for adjudication. Once adjudication information is received from Medicare enter the information in the IS and submit the claim to Medi-Cal. To do this, Direct Data Entry (DDE) providers must add Medicare as a payer and check the Medi-Cal box on the Claim Screen; Electronic Data Interchange (EDI) providers must send the Medicare coordination of benefits loop on the claim to DMH.
  - Submit your claims with late code 3 unless there is a more appropriate late code. When the procedure code is billable to Medicare, late code 3 would be appropriate if the rendering provider is not eligible to bill Medicare.
- If the claim is not billable to Medicare, submit the claim to Medi-Cal using late code 3 unless there is a more appropriate late code that would apply. For DDE providers, this means do not include Medicare as a payer on the Claim Screen; for EDI providers, this means do not send the Medicare coordination of benefits loop on the claim.

Late code 3 must be entered for all Medi/Medi claims – *even if they are not more than six months from the date of service* – regardless of the procedure code unless a more appropriate late code would apply.

Attached is a decision tree for Medi/Medi claiming to help you determine how to bill.

**We're here to help you...**

If you have any questions or require further information, please contact RMD at (213) 480-3444 or via e-mail at [RevenueManagement@dmh.lacounty.gov](mailto:RevenueManagement@dmh.lacounty.gov).

**DOES NOT APPLY TO FEE-FOR-SERVICE PROVIDERS**

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