



CBO DISPATCH

The “B” means BUSINESS

CBO Dispatch No.: NGA 15-026

Issue Date: October 23, 2015

Services Directly Billable to Medi-Cal



Specialty mental health providers are required to bill Medicare and receive an approval or denial before billing Medi-Cal for clients who have both Medicare and Medi-Cal (Medi-Medi). Some specialty mental health services are not billable to Medicare because of the level of service or the provider rendering the service. The California Department of Health Care Services (DHCS) Mental Health Services Division (MHSD) has determined which types of services do not require approval or denial from Medicare before being billed to Medi-Cal. Below is a complete list of the procedure codes that can be billed directly to Medi-Cal for Medi-Medi clients.

- H0018
- H0019
- H0032
- H2011
- H2012
- H2015
- H2019
- H2025
- S9484
- T1017
- 90885
- 90889
- 0101

Please note that H2010 and H0033 are no longer directly billable to Medi-Cal.

This list supercedes the list issued in RMD Bulletin 11-028.

DHCS MHSD also allows disciplines not eligible to enroll as Medicare providers to bill Medi-Cal directly for services for Medi-Medi clients. Below is a list of taxonomy prefixes for those disciplines eligible to enroll as Medicare providers. Rendering providers with these taxonomies must have claims approved or denied by Medicare before billing Medi-Cal for Medi-Medi clients.

- 207 (Physician)
- 208 (Physician)
- 103 (Psychologist)
- 363 (Nurse Practitioner/Physician Assistant)
- 364 (Clinical Nurse Specialist)
- 104 (Social Worker)

Submit these claims without including Medicare as a payer. If a claim for one of these services was previously denied because Medicare was not a payer on the claim, you can replace the claim and bill it directly to Medi-Cal.

WE'RE WORKING FOR YOU...

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



DOES NOT APPLY TO FEE-FOR-SERVICE PROVIDERS

