RMD Bulletin

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Replacement of Medi-Cal Claims Denied in Error for OHC

Re-issue as of 1/15/2013

The Los Angeles County Department of Mental Health (DMH) has received **confirmation** from the State that they **have completed fixing** the system processing error and corrected affected eligibility records in the Medi-Cal Eligibility Data System (MEDS), which caused a large number of Medi-Cal claims to be inappropriately denied due to Other Health Care (OHC). The denial reason on these claims was CO*22, indicating that the provider did not bill the OHC prior to billing Medi-Cal as required. For more details related to the information upload issue, refer to *NGA RMD Bulletin 12-020 - Alert! OHC Denials*.

Effective immediately, providers are instructed to verify the eligibility and replace these denied claims accordingly. Please note that this fix can only be retroactively applied to claims within the last 12 months and not every claim that was denied due to OHC was denied in error. We are working with the State on finding a solution that will allow replacement of claims that are more than fifteen months from the month of service and original claims that are more than twelve (12) months from the month of service. Providers must check eligibility to confirm that the client was Medi-Cal eligible for the month of service and that the service should not have been billed to the OHC.

Clients with Medi-Cal managed care are part of the carve-out and mental health services should be provided by DMH providers and billed through the Integrated System (IS). Please contact Revenue Management if eligibility checks continue to identify OHC for clients with Medi-Cal managed care.

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If you have any questions or require further information, please do not hesitate to contact RMD at (213) 480-3444 or RevenueManagement@dmh.lacounty.gov.