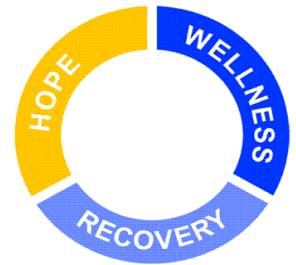




PROVIDER BULLETIN



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Network Providers

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1. **MEDI-CAL DENIAL CODE CO 16/N294: INVALID SERVICE FACILITY LOCATION**

1. **MEDI-CAL DENIAL CODE CO 16/N294: INVALID SERVICE FACILITY LOCATION**

On May 8, 2018, the Department of Health Care Services (DHCS) Mental Health and Substance Use Disorder Services (MHSUDS) updated the Short-Doyle/Medi-Cal (SDMC) adjudication system to deny all claims when Post Office PO Box, PO Box, Lock Box, Box, or Lock Bin submitted is in the Service Facility Address field (Loop 2310C Segment N3 at the Claim level and Loop 2420C Segment N3 at the Service level). These fields should contain the physical address of where the service was rendered. When the place of service is Office, these fields contain the street address of the billing provider. Each billing provider's address is stored in the Integrated Behavioral Health Information System (IBHIS). **When the place of service is Home, these fields contain the client's home address as listed in client demographics. When any other place of service is selected, Service Facility Location field contains the street address where the service was rendered based on what is on the submitted claim.**

Be aware that Medi-Cal claims will deny for an Invalid Service Location when there is not a physical street address on claims. IBHIS uses the address from the client's demographics as the Service Facility Location on claims to Medi-Cal when the place of service is home. Having a physical address associated with each client's medical record and in the demographic details for the client in IBHIS will assure that a physical address is included on claims for services in the home. For homeless clients, use the address of the place where they receive mail. If the address in Client Demographics is documented as a PO Box, then claims for that client will deny when the place of service is home. The address of the provider office also can be used as the address for homeless clients. Also, when submitting claims for services that are rendered away from the office, only use an actual street address. **If no street address is available, use the cross streets or a more detailed description of where the service was rendered on all Medi-Cal claims.**

If you have any questions or need additional information, please use the following link to create a HEAT Ticket using the HEAT app available on the LACDMH secure website: [DMH SSLVPN](#).

Reminder!!! Please ensure both client's home address as listed in client demographics and service location address on the submitted claim does not include any P.O. Box wording (e.g. Post Office PO Box, PO Box, Lock Box, Box, or Lock Bin) to avoid State Medi-Cal denial code 16/N294.