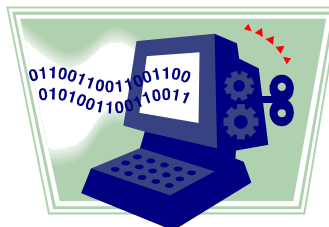


# RMD Bulletin

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## Other Health Coverage Codes



**Having trouble understanding OHC Codes? Below is information that may help...**

Other Health Coverage (OHC) is any non-Medi-Cal private health coverage plan or policy that provides or pays for health care services. A beneficiary eligible for Medi-Cal may also have OHC. OHC includes benefits available from the following organizations:

- ✓ Commercial health insurance companies
- ✓ Prepaid Health Plans (PHPs)
- ✓ Health Maintenance Organizations (HMOs)
- ✓ Professional associations
- ✓ Unions
- ✓ Fraternal groups
- ✓ Employer/employee benefits plans
- ✓ Self-insured and self-funded plans
- ✓ Medicare-contracted HMOs or risk plans
- ✓ Medicare supplemental policies

The following organizations are not considered OHC:

- ✓ Medi-Cal managed care\*
- ✓ Medicare fee-for-service
- ✓ Automobile insurance
- ✓ Life insurance

\*Medi-Cal managed care is not OHC. Providers should bill Medi-Cal in the Integrated System (IS) for mental health services to these clients.

### **Billing OHC Before Medi-Cal:**

Short-Doyle/Medi-Cal Phase II requires providers to have claims adjudicated by the OHC and to report payment amount and the adjudication date in the IS. Providers have always been required to bill OHC before billing Medi-Cal; however, the adjudication date must now be reported with payment amount.

### **OHC and COV Codes Chart:**

The following chart is to be used to determine when to refer a recipient to their HMO for services or bill OHC before Medi-Cal. OHC and Scope of Coverage (COV) codes used in this table are described on the following page.

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If the OHC code is...	and the COV code is...	Do the following
A, B, C, E, F, G, H, I, J, K, M, P, Q, R, S, T, U, V, W, X, Y, Z 2, 3, 4, 5, 6, 7, 8 (or HMO coverage designated through any other code)	<p style="text-align: center;">COMPREHENSIVE* OR</p> <p style="text-align: center;">Includes COV** code:</p> <p>(I) Inpatient (O) Outpatient (M) Medical (P) Pharmacy (V) Vision (L) Long term care services</p>	<p>(1) Get authorization to bill OHC, (2) Bill OHC, (3) Report the adjudicated amount and date in the IS.</p>
D, L, N, O, 9		Bill Medi-Cal Directly

\*COMPREHENSIVE indicates coverage for all medical services except long term care and dental.

\*\*Each COV code indicates a different set of services. For example, a recipient may have **IOMPVL** indicated as their COV. This means the recipient has **I**npatient, **O**utpatient, **M**edical and allied, **P**harmacy, **V**ision, and **L**ong term care services.

<b>Other Health Coverage (OHC) Codes Chart</b>			
OHC Code	Carrier	OHC Code	Carrier
<b>A</b>	Any carrier	<b>R</b>	Undefined
<b>B</b>	Blue Cross of California	<b>S</b>	Blue Shield of California
<b>C</b>	Champus (HMO)	<b>T</b>	Travelers Plan Administrators (only)
<b>D</b>	Medicare Part D (after 1/1/06) Prudential (prior to 1/1/06)	<b>U</b>	CIGNA/Connecticut General/Equicor
<b>E</b>	Aetna	<b>V</b>	Coverage other than those specified (variable)
<b>F</b>	Medicare HMO	<b>W</b>	Great West Life Assurance Co.
<b>G</b>	General American	<b>X</b>	Blue Shield of California
<b>H</b>	Mutual of Omaha	<b>Y</b>	Undefined
<b>I</b>	Incarcerated Juvenile	<b>Z</b>	Blue Cross of California
<b>J</b>	John Hancock Mutual Life Insurance	<b>2</b>	HealthSource Provident Administrators
<b>K</b>	Kaiser (HMO)	<b>3</b>	Principal Financial Group/Principal Mutual
<b>L</b>	Dental-only policies	<b>4</b>	Pacific Mutual Life Insurance
<b>M</b>	Multiple coverage (recipient has more than one insurance policy)	<b>5</b>	First Health/Alta Health
<b>N</b>	None	<b>6</b>	American Association of Retired Persons (AARP)
<b>O</b>	Override	<b>7</b>	Undefined
<b>P</b>	PHP/HMO	<b>8</b>	New York Life Insurance
<b>Q</b>	Undefined	<b>9</b>	Healthy Families (HF) Program

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## Example Eligibility Response Printout:

SUBSCRIBER LAST NAME: HELLO. EVC #: 4953W8DVDQ. CNTY CODE: 19. PRMY AID CODE: 34. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN MEMBER: PHP-L.A. CARE HLTH PLAN: MEDICAL CALL (888)839-9909. HCP: COMMUNITY HLTH PLAN CALL: (800) 475-5550. PCP: RODERICK N SEAMSTER CALL: (323)564-4331. **OTHER HEALTH INSURANCE COV UNDER CODE P PHP/HMO. COV: COMPREHENSIVE.**

The above OHC eligibility response printout indicates a **CODE P**. Refer to the first column on the chart and find the corresponding **CODE P**. Read across the table and follow the instructions given which are (1) get authorization to bill OHC, (2) bill OHC, and (3) report the adjudicated amount and date in the IS. In this example, the recipient has comprehensive coverage which indicates coverage for all medical services except long term care and dental.

OHC code details can be found in the Provider Manuals on the Department of Health Care Services Medi-Cal website at [http://files.medi-cal.ca.gov/pubsdoco/manuals\\_menu.asp](http://files.medi-cal.ca.gov/pubsdoco/manuals_menu.asp). Under the “General” heading, click on the “Part 1 – Medi-Cal Program & Eligibility” link.

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

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