



LOS ANGELES COUNTY
**DEPARTMENT OF
MENTAL HEALTH**
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Provider Bulletin

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FFS II Medi-Cal Providers

A Publication of the Local Mental Health Plan (LMPH) of the County of Los Angeles Department of Mental Health

IN THIS ISSUE

Denial Code- Invalid Treatment Authorization Request (TAR) Number

The purpose of this Provider Bulletin is to give guidance to Network Providers experiencing issues with Denial code reason '**Member Authorization Invalid/Authorization is Invalid**' for submitted professional services claims. These are services that are provided in an acute psychiatric hospital. These are settings identified by Place of Service (POS) codes, Inpatient Psychiatric Facility (51) or Inpatient Hospital (21).

In consultation with Department of Health Care Services (DHCS) about this issue, a solution was given for us to tell our providers to use an alternate pre-fix number along with the hospital issued TAR number.

When providers and billers submit a claim for service using POS codes for Inpatient Psychiatric Facility or Inpatient Hospital and they receive a denial code reason **Member Authorization Invalid/Authorization is Invalid**. You should resubmit your claim using the adding the alternate prefix number of 92 to the existing TAR number.

If you continue to receive the same denial code please open a Heat Ticket and DMH will investigate the issue.

If you have any questions regarding this Provider Bulletin, please contact the FFS Hotline at (213) 738-3311

Provider Bulletins are posted on the DMH website:

FFS2 Provider Bulletins - Department of Mental Health (lacounty.gov)

<https://dmh.lacounty.gov/pc/cp/ffs2/ffs2-provider-bulletins/>

Local Mental Health Plan

Health Access Integration

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