

## **MEDI-CAL CLAIMS WITH DISCIPLINE MISMATCH CANNOT BE SUBMITTED TO THE STATE**

The Department of Mental Health (DMH) advises all providers to follow the State guidelines on using the correct Common Procedural Terminology (CPT) codes with appropriate modifiers when submitting claims for services. Recently, however, DMH has found a large number of claims that could not be forwarded to the State because of a mismatch between the procedure code (i.e., the CPT code plus modifiers) on the claim and the discipline of the provider. As discussed during several of the monthly Legal Entity Provider Calls, the mismatch occurs when the rendering provider's discipline/taxonomy in the Network Adequacy: Provider and Practitioner Administration (NAPPA) application changes after DMH has accepted, adjudicated, and paid the claim but before the claim is readied for submission to the State. Modifying the discipline after DMH has approved the claim causes the CPT code claimed to be invalid based on the updated discipline and hence the total charge on the claim to be changed to \$0. The State does not allow \$0 claims which means that the claim cannot be submitted.

Claims that cannot be submitted to the State become stuck in our system. These claims must be voided as soon as possible. Voiding these claims will allow providers to correct and rebill the claim so that it can be submitted to the State. Claims that are rebilled when the original was not voided will be denied by DMH as a duplicate.

Review 'FinClaimlist' to identify claims with a Claim Status of 'Denied CalPM' and an 'OBClaimSubID' field that is blank or NULL. Providers may also e-mail DMH ([RevenueSystems@dmh.lacounty.gov](mailto:RevenueSystems@dmh.lacounty.gov)) for a list of impacted claims. These claims must be voided as soon as possible. Providers choosing to rebill \$0 claims currently in FinClaimList using a corrected procedure code-modifier combination for the provider's discipline/taxonomy must do so by **May 2, 2024**.

DMH is working with our vendor on a software solution that will prevent discipline mismatches from creating \$0 claims. Until DMH implements a solution, providers must continue to monitor FinClaimList for additional \$0 claims created by this mismatch in the future. Newly identified \$0 claims must be voided within one month of identification.

***Claims that are not voided cannot be rebilled and are subject to recoupment.***