LOS ANGELES COUNTY
DEPARTMENT OF MENTAL HEALTH
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Provider Bulletin

July 09, 2024 **Ninth Edition, Issue 6** **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

This bulletin is written as notification to all providers who have CO 96 N30 / MA 43 Denials. It provides guidance on how to resolve these claims. This will be a two-phase process:

- Phase I - Providers can submit a reimbursement request for all prior claims for the dates of service 7/1/2020 through 6/30/2023 only. These submissions will have a three-month time limitation.
- Phase II - Providers can submit reimbursement request for claims for the dates of service after 7/1/2023 only.

PROTOCOL FOR PROVIDERS TO RESOLVE CLAIMS WITH CO 96 N30/MA43 DENIALS

BACKGROUND: The Department of Health Care Services (DHCS) has implemented a new rule in the Short-Doyle/Medi-Cal (SDMC) claims adjudication system that looks at the beneficiary's citizen /alien information as it is documented in the Medi-Cal Eligibility Data System (MEDS) when processing claims. DHCS is using this information to determine whether to pay or to deny the claim.

REFERENCES: Individual and Group Providers should review the following bulletins posted in our web portal:

- CO 96/N30 Denials: http://file.lacounty.gov/SDSInter/dmh/1101189_ProviderBulletin8thEdition_Issue4.pdf
- Denial Reason CO 96/MA 43 to replace CO 96/N30: http://file.lacounty.gov/SDSInter/dmh/1106404_ProviderBulletin8thEditionIssue6.pdf

ELIGIBLE DENIALS: DHCS may provide additional guidance to counties concerning clients with an unsatisfactory immigration status in MEDS. In the interim, the Health Access and Integration (HAI) Division would like providers to follow the protocol below if you have received claims with the following denial codes. CO 96/N30 (October 2020 through March 2021) or CO 96/MA43 (April 2021 forward)

I. Individual and Group Provider provides professional service and submits claim for reimbursement of their services in the Integrated Behavioral Health Information System (IBHIS)

II. Provider receives notification from 835 file that there is a denial with explanation code of CO 96 N30 or CO 96 MA 43
    a. Provider reviews claim to ensure there are no other common reasons for this claim to be denied, and makes any adjustments indicated.
        i. If Provider receives an N30 denial for a claim adjudicated after March 2021, then this claim will have a different issue. See bulletin 8th Edition Issue 6.

b. This will be a two-phase process:
   i. Phase I: Providers can submit a reimbursement request for all prior claims for July 1, 2020 – June 30, 2023, dates of service. These submissions will have a three-month time limitation (final due date is 10/31/24). A previously denied claim list for this time period will be sent to all impacted providers by DMH Provider Relations Unit.
   ii. Phase II: (Service Dates after July 1, 2023) Provider Relations Unit will send a notification to providers when they are able to begin to submit their requests for this time period.

STEPS FOR REIMBURSEMENT:

REMINDER NOTE: PHASE I Applies to claims from July 1, 2020 – June 30, 2023, dates of service; These claims can be submitted now, and all submissions must be received by 10/31/2024.

I. The provider should direct the client to their granting Medi-Cal agency to request that their eligibility record is updated.
   a. If the clients Medi-Cal is updated, the provider should replace the claim in IBHIS.

II. If the clients Medi-Cal eligibility record cannot be updated, the provider must document this outcome in their financial record, by noting their attempts to resolve the eligibility issue.
   a. The provider should then complete the attestation form and send to the Provider Relations Unit in HAI by email or fax.
   b. HAI will approve provider reimbursement once the appropriate documentation has been received.
   c. The provider should submit a replacement claim using the HX modifier on the procedure code. They will receive direction from a Provider Relations team member.

III. If provider does not complete the steps indicated in prior sections III and IV, reimbursement will not be completed.

IV. Contact Information for Provider Relations Unit, HAI.
   a. FFS2@dmh.lacounty.gov
   b. (213) 738-3311 office and (213) 947- 4992 fax

NEW CLAIMS FOR CLIENTS WITH MA43 DENIALS

To be reimbursed for new services to clients who have had CO 96/N30 or CO 96/MA43 denial, providers must submit all claims for payment by Medi-Cal. If new services to that client continue to be denied with the explanation code CO 96/MA43, and due diligence to resolve the eligibility issue can be demonstrated following the steps above, then the claim can be resubmitted with an HX modifier. Any new services must be billed to Medi-Cal and denied with explanation code of CO 96/MA43 before being submitted with the HX modifier.

If you have any questions regarding this bulletin, please contact the FFS Hotline at (213) 738- 3311 or send an email to: FFS2@dmh.lacounty.gov

Provider Bulletins are posted on the DMH Website:
https://dmh.lacounty.gov/pc/cp/ffs/

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