

DMH TO DENY DISCIPLINE/SERVICE CODE MISMATCH CLAIMS

Earlier this year, the Department of Mental Health (DMH) identified claims where there was a mismatch between the procedure code/modifier combination and the discipline recorded in the Network Adequacy: Provider and Practitioner Administration (NAPPA) for the rendering provider on the claim. This mismatch resulted in zero-dollar (\$0) claims that could not be sent to the State. (See [CBO Bulletin NGA 24-004: Medi-Cal Claims with Discipline Mismatch Cannot be Submitted to the State.](#)) In this bulletin, we advised providers to void impacted claims, correct the rendering provider's discipline or the service code and rebill. In addition, the instruction to void these claims was discussed in the monthly Legal Entity (LE) Provider Call. Finally, where a contact could be identified in HEAT, DMH created HEAT tickets reminding providers of the issue and the action that needed to be taken.

To address these zero-dollar (\$0) claims, beginning October 9, 2024, DMH will deny all previously identified claims that were not voided by providers that are currently stuck in the system as well as any future zero-dollar (\$0) claims that are created by a mismatch between the rendering provider's discipline in NAPPA and the procedure code/modifier combination submitted on the claim. The Claim Adjustment Reason Code (CARC) for these denials will be **CO 170: Payment is denied when performed/billed by this type of provider.** Denying these claims will restore the claim amount to the Maximum Contract Allowance (MCA) for the funding source.

Providers should correct CO 170 denials that would arrive at the State within the claiming statute. Timely claims can be resubmitted with an appropriate procedure code/modifier combination on the claim that matches practitioner's discipline as it is recorded in NAPPA.