



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 (LMHP) of the County of Los Angeles Department of Mental Health

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1. **Update to the Protocol for Providers to Resolve State Denied Claims with CO 96 N30/MA 43 Codes on Provider Bulletins Issue 6 and Issue 7 distributed in July and October 2024.**
2. **Guidance For Providers to Resolve State Denied Claims with CO 96 MA43 code from Dates of Service 07/01/2024, when the clients Medi-Cal eligibility records cannot be updated in the Medi-Cal Eligibility Data System (MEDS).**

UPDATE TO THE PROVIDER BULLETIN NINTH EDITION, ISSUE 6 AND ISSUE 7 DISTRIBUTED IN JULY AND OCTOBER 2024.

- 1) **For Dates of Services from July 1, 2020 to June 30, 2024:** The protocol to resolve claims with CO 96 N 30/MA 43 Denials dates of services from 7/1/2020 to 6/30/2024 continue to remain on hold with LA County DMH until further notice. Do not submit claims for this time period until further notice.

If you have already submitted claims for this time period: Please note that all the claims that have been submitted for reimbursement are being held as pending within the DMH system.

GUIDANCE FOR CONTRACTED PROVIDERS TO RESOLVE CLAIMS WITH CO 96/MA 43 DENIALS FROM DATES OF SERVICES JULY 1, 2024 TO PRESENT:

- 2) **For Dates of Services from July 1, 2024 to present:** Contracted providers may move forward with submitting State denied claims for dates of service from 7/1/2024 to present for services rendered to clients with an unsatisfactory immigration status (UIS) under State denial code CO 96/MA43. This State denial occurs when the client's immigration status in their Medi-Cal eligibility record is unsatisfactory and cannot be updated in the Medi-Cal Eligibility Data System (MEDS).

ELIGIBLE DENIALS: DHCS may provide additional guidance to counties concerning clients with an UIS in MEDS. In the interim, the Health Access and Integration (HAI) Division would like providers to follow the protocol below if you have denied claims with the State denial code CO 96/MA43 for services July 1, 2024, 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/MA43.
 - a. Provider reviews claim to ensure there are no other common reasons for this claim to be denied, and makes any adjustments indicated.

STEPS FOR REIMBURSEMENT

- I. The provider should direct the client to their granting Medi-Cal agency to request that their eligibility record is updated.
 - a. If the client's Medi-Cal is updated, the provider should replace the claim in IBHIS.
- II. If the client's Medi-Cal eligibility record cannot be updated, the provider must document this outcome in the client's financial record, by noting their attempts to resolve the eligibility issue.
 - a. The provider should then complete the attestation form and complete the List of Clients CO96 Template then send to the Provider Relations Unit in HAI by **secure** email, heat ticket, or fax.
 - b. HAI will approve provider reimbursement once the appropriate documentation has been received. They will verify that this request is accurate and reimbursable.
 - c. The provider should submit a new 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 I and II, reimbursement will not be completed.
- IV. Contact Information for Provider Relations HAI
 - a. FES2@dmh.lacounty.gov
 - b. (213) 738-3311 office and (213) 947- 4992 fax

Provider Bulletins are posted on the DMH Website:

<https://dmh.lacounty.gov/pc/cp/ffs/>

Local Mental Health Plan
Health Access Integration Division
Medi-Cal Professional Service and Authorization Division
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