

## **DELAY REASON CODE REQUEST FOR CALAIM CLAIMING ISSUES: NON-REPLACEMENT CLAIMS**

The California Department of Health Care Services (DHCS) has granted the Los Angeles County Department of Mental Health (DMH) a Delay Reason Code (DRC) to apply to replacements of Medi-Cal claims impacted by CalAIM implementation issues. This approved DRC may be used on previously approved or denied claims for CalAIM services dated July 1, 2023, or later. (For more information, see CBO Bulletin NGA 25-001 – Delay Reason Code Request for CalAIM Issues.)

Although the CalAIM DRC announced in January 2025 may only be used with true replacement claims (Claim Type 7), providers may formally request a DRC for Medi-Cal claims impacted by CalAIM issues which must be submitted or rebilled as new original claims (Claim Type 1). This includes claims that were never sent to/accepted by DHCS.

A DRC may be requested for new original claims that meet the following criteria:

- Dates of service must be on or after July 1, 2023
- Claim is being submitted late because of an issue caused by CalAIM implementation
- The claim being submitted was not initially denied by the State with the CO 29 denial reason code

Providers must notify DMH of all the claims to be submitted to the State for which they are requesting a DRC by opening a HEAT ticket with the specific eligible CalAIM impacted claims. DMH will review the request and submit a request to DHCS for a DRC. If approved, DMH will apply the DRC prior to submitting the claims to the State. Providers will be notified of DHCS's decision by HEAT ticket.

HEAT tickets requesting the CalAIM DRC must include the following information about the entire set of claims in the Details section of ticket:

- Service date range
- Funding source(s)
- Summarized list of why the claims were delayed (e.g., student claims, voided claims, detached add-on codes for Medi/Medi claims)
  - Identify the claims associated with each justification

Attach a list of all the new original claims that will need a late code. The list should include the following information for each claim:

- Date of service
- Claim status from FinClaimList
- Total Charge
- Funding source
- Reason why the claim was delayed

In addition to the information requested above, please also include the following for claims that were previously approved or denied by Medi-Cal that must be rebilled as a new original claim (Claim Type 1) because it cannot be replaced with a Claim Type 7 claim:

- Claim Submitter ID of claim for service that was previously approved or denied by Medi-Cal
- Rebills must be submitted in a separate claim file
- Not required for claims that were never accepted by DHCS

Create separate requests for delayed claims that were never submitted and rebills of claims that cannot be replaced.

The Central Business Office (CBO) will respond to all requests through HEAT. If the use of a DRC is approved by DHCS, CBO will authorize submission of the files. Providers will be asked for the file names to confirm receipt.

At this time, DHCS has not set an end date for DRC approved for CalAIM issues; however, all providers are encouraged to submit CalAIM-impacted rebills and original claims as soon as possible.