



LOS ANGELES COUNTY
**DEPARTMENT OF
MENTAL HEALTH**
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Provider Bulletin

August 05, 2025

Ninth Edition, Issue 10

FFS II Medi-Cal Providers

A Publication of the Local Mental Health Plan (LMHP) of the County of Los Angeles Department of Mental Health

IN THIS ISSUE

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.**

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

- 1) **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 a 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) via Electronic Data Interchange (EDI) file.
- 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 will make 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 via EDI.
- 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 and list of State Denied Claims 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 the list of clients and the State Denied Claim list are accurate and reimbursable. This means that these two lists should be the same.
 - c. The provider should submit a new claim using the HX modifier on the procedure code. Do not make any changes or adjustments to this HAI approved list. The procedure code and duration you submit should be an exact match to the one submitted with your original attestation form. If there are any discrepancies the claim will be withheld until the required corrections are complete.
- III. If the provider does not appropriately complete the steps indicated in prior sections I and II and if the provider has claimed for any State Denied Claims not approved by HAI, the monthly Non-Medi-Cal Payment will be withheld until the provider makes the appropriate correction. If there is an instance where the claim is incorrectly submitted electronically by the provider without prior HAI approval the amount will be recouped by DMH
- IV. Contact Information for Provider Relations HAI
 - a. FFS2@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

510 S Vernon Ave, 20th Fl, Los Angeles CA 90020

Website: <https://dmh.lacounty.gov>