

# **RMD Bulletin**

***Knowledge is power...***



## **Procedure Codes Directly Billable to Medi-Cal**

Since June 2010, Revenue Management Division (RMD) has issued RMD Bulletins informing providers of procedure codes that are directly billable to Medi-Cal for clients who have both Medicare and Medi-Cal (Medi/Medi). Below is a complete list of the procedure codes that can be billed directly to Medi-Cal for Medi/Medi clients.

- |         |         |         |
|---------|---------|---------|
| ✚ 0101  | ✚ H2010 | ✚ H2025 |
| ✚ H0018 | ✚ H2011 | ✚ S9484 |
| ✚ H0019 | ✚ H2012 | ✚ T1017 |
| ✚ H0032 | ✚ H2013 | ✚ 90885 |
| ✚ H0033 | ✚ H2015 | ✚ 90889 |
|         | ✚ H2019 |         |

Submit these claims without including Medicare as a payer. For a limited time, you may use late code 3 if claims are more than four months from the month of service (please see RMD Bulletin No.: NGA 11-025 State DMH Will Not Accept Late Code 3 After Sept. 30). This allows enough time for the claim to go through the Certified Public Expenditure process and be received by Medi-Cal within the claiming statute of twelve months from the month of service. If a claim for one of these services was previously denied because Medicare was not a payer on the claim, you can replace the claim and bill it directly to Medi-Cal.

**We're here to help you...**

If you have any questions or require further information, please contact RMD at (213) 480-3444 or via e-mail at [RevenueManagement@dmh.lacounty.gov](mailto:RevenueManagement@dmh.lacounty.gov).