

LU00 Lognet 3270 for TCPIP

File Edit Session File Transfer Options Macro KeyPad Help

NXT THIS EPIS 1852712.1953I002 \* CONFIDENTIAL \* REPT UNIT 0900E  
 NEXT EPIS 1852712.1953I002  
 DATE: 02-12-03 TIME: 09:21:02 EPISODE SCREEN CLNT LAST NAME A  
 LAST DATE OF SERVICE 07132002 LAST ACT CODE 00505 UNIT OF SERV TO DATE 00015  
 \*\*\*\*\* ADMISSION DATA \*\*\*\*\*  
 PATIENT FILE # 2532952 ADMIT DATE 06282002 MARITL STAT 1 EML STAT UE  
 LEGAL STAT 51510 LIV ARRANG 01 WARD 6A  
 REF IN CODE 16 REF IN REPT UNIT 1953S INPAT ACT CODE 00505  
 INTENT OF SERV 1 PRIMARY PROBLEM AREA 1 SS: DED: EW M-CAL:  
 III GAS INIT DIAG:PRINCIPAL SECONDARY III IV V  
 IV AXIS V-CURRENT 20 ADM. NECESSITY 9  
 INIT DIAG:PRINCIPAL 2989 SECONDARY 00000 DUAL 00000 III 00000 IV 00  
 \*\*\*\*\* CURRENT CHANGES \*\*\*\*\*  
 LEGAL STAT:CODE DATE NEW/CORRECT AA  
 CONCUR REF: CODE REP UNIT REF DATE APPT DATE CONTACT DATE NEW/CORRECT  
  
 DISCHARGE DT 07132002 MARITL STAT 1 EML STAT UE LIV ARRANG 01 SSURVEY  
  
 IV CURR/DISC D DIAG:PRINCIPAL 2989 SECONDARY 00000 III 00000 AXIS V 00  
 REF:CODE 99 REPT UNIT PAT. STATUS U  
 MESSAGE: ROCHELLE LOUREIRO  
 SB LT-1 04/038

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NXT THIS EPI2 1852712.1953I002 \* CONFIDENTIAL \* REPT UNIT 0900E  
 - NEXT EPI2 1852712.1953I002  
 DATE: 02-12-03 TIME: 09:24:55 EPISODE INFORMATION CONTINUED  
 CLNT LAST NAME A  
 \*\*\*\*\* MEDI-CAL ELIGIBILITY AND DENIAL INFORMATION \*\*\*\*\*  
 ELIG

DENIAL 07062002 TO 07072002 07042002 TO 07042002 TO  
 TO TO TO TO  
 TO TO TO TO  
 TO TO TO TO

LATE CODE \*\*\*\*\* MEDI-CAL NUMBER \*\*\*\*\* COUNTY FIN. RES 19  
 ID NUMBER EFF DT ID NUMBER EFF DT ID NUMBER EFF DT  
 1. 2. 3.  
 4. 5. 6.  
 \*\*\*\*\* PASS DAYS THIS EPISODE \*\*\*\*\*  
 TO TO TO  
 TO TO TO  
 TO TO TO

RESPONS PARTY: EMER CT NAME PH  
 ADDR: ST CITY STATE ZIP

MESSAGE: ROCHELLE LOUREIRO

SB LT-1 01/002



LU00 Lognet 3270 for TCPIP

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NXT THIS EPI2 1339306.6816X012 \* CONFIDENTIAL \* REPT UNIT 0900E  
 - NEXT EPI2 1339306.6816X012

DATE: 02-12-03 TIME: 09:28:14 EPISODE INFORMATION CONTINUED  
 CLNT LAST NAME G

\*\*\*\*\* MEDI-CAL ELIGIBILITY AND DENIAL INFORMATION \*\*\*\*\*

ELIG

DENIAL	TO	TO	TO
	TO	TO	TO
	TO	TO	TO
	TO	TO	TO

LATE CODE B \*\*\*\*\* MEDI-CAL NUMBER \*\*\*\*\* COUNTY FIN. RES 19

ID NUMBER	EFF DT	ID NUMBER	EFF DT	ID NUMBER	EFF DT
1. 1960549354999	032001	2.	3.		
4.		5.	6.		

\*\*\*\*\* PASS DAYS THIS EPISODE \*\*\*\*\*

11232001	TO	11252001	TO	TO
	TO		TO	TO
	TO		TO	

RESPONS PARTY: EMER CT NAME PH  
 ADDR: ST CITY STATE ZIP

MESSAGE: ROCHELLE LOUREIRO

SB LT-1 01/002

# **MIS**

## **INFO-LINE**

SUBJECT: **PROCEDURES FOR REBILLING DENIED CLAIMS THROUGH MHMIS**

DIRECTED TO: ALL SD/MC PROVIDERS

Effective January 2002 MH 1980 forms for rebilling denied claims will no longer be accepted by the State. Beginning in January denied claims for service dates from February 2001 through the most recent denied claims (using the EOBDENL report on your provider CD as your source document) must be billed through the Mental Health Management Information System. The procedures for rebilling a denied claim are:

1. Using the Denied Claims Report from your CD review each denied claim and the associated error code to determine if it meets the requirements for rebilling.
2. Make all the necessary corrections in the MHMIS to each applicable screen, e.g. SSN, gender (CLNT), diagnosis (EPIS), Medi-Cal number (EPI2), Xover or Other Coverage (UOFS) for each denied claim you want to rebill.
3. Enter a good cause/late code on EPI2 screen (inpatient service) or UOFS screen (outpatient service) if the date of service is greater than six months and less than twelve months from the date you are applying the good cause/late code.
4. If the SSN was not corrected in Step No. 2 above, and the SSN was used for billing the claim, change the last digit of SSN number. The system will prompt you to enter the SSN again. Enter the same number. When you see the message "Record Updated," change the SSN back to the correct number. The system will prompt you to enter the SSN again. Enter the correct SSN again. Be sure you see the message "Record Updated."
5. If the Medi-Cal number was not corrected in Step No. 2 above, and the Medi-Cal number was used for billing the claim, change the last digit of Medi-Cal number. When you see the message "Record Updated," change the Medi-Cal number back to the correct number. Be sure you see the message "Record Updated."
6. Changing either the SSN or the Medi-Cal number alerts the system to rebill denied claims (providing all other corrections have been made). *The claim must be on the EOB Denied Claims Report, the system will not rebill a suspended claim.*
7. Review the next RGMS 727A Report on the CD following the changes (Steps 1 through 5) to ensure all denied claims have been rebilled. For example, if the data entry cutoff is February 6, 2002 review the RGMS 727A on the January 2002 CD for all changes made between January 7 and February 6. The State will handle the resubmitted claim as a new claim. *It will have a new claim identification number and a new batch number.*

If you have any questions or need more information on the above procedures, please contact MIS Customer Services. For questions regarding the protocol for rebilling a denied claim (*When is it appropriate to rebill a denied claim?*) please call (213 738-3304).