



# Integrated System News Bulletin

## SD/MC II Detail Adjustment

Attention: Local Plan SD/MC Providers

### STOP – Impact on You

Effective October 13, 2011 the Department of Mental Health is implementing modifications to the Integrated System (IS) to comply with the State of California Short Doyle/Medi-Cal (SD/MC) Phase II Gross Billing Enhancement, the mandatory requirements for **reporting the Detailed Adjustments for all payers (Medicare & Private Insurance) on a claim.** For Coordination of Benefits, the providers are required to report not only the prior payer paid amount(s) but the HIPAA compliant adjustment codes received from other payers that were billed prior to Medi-Cal. These modifications affect both Direct Data Entry (DDE) and Electronic Data Interchange (EDI) claim processing.



### CAUTION – What You Need to Know

- **New Other Payer Screen**

File Edit View Favorites Tools Help

DMHISP | Clinical | Outpatient Episode | Outpatient Se...

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH Home Clinical Administrative Plan CIOB

7381-BIENVENIDO:7381A-BIENVENID

### Other Payer

**Options**

Return

Payer:

SubscriberID:  Amount Paid:

Payment Date:  Auth Code:

**Adjustments:**

GroupCode:

Reason:

Amount:

Quantity:

Group	Reason	Amount	Quantity
1			

Add >>

Save Cancel

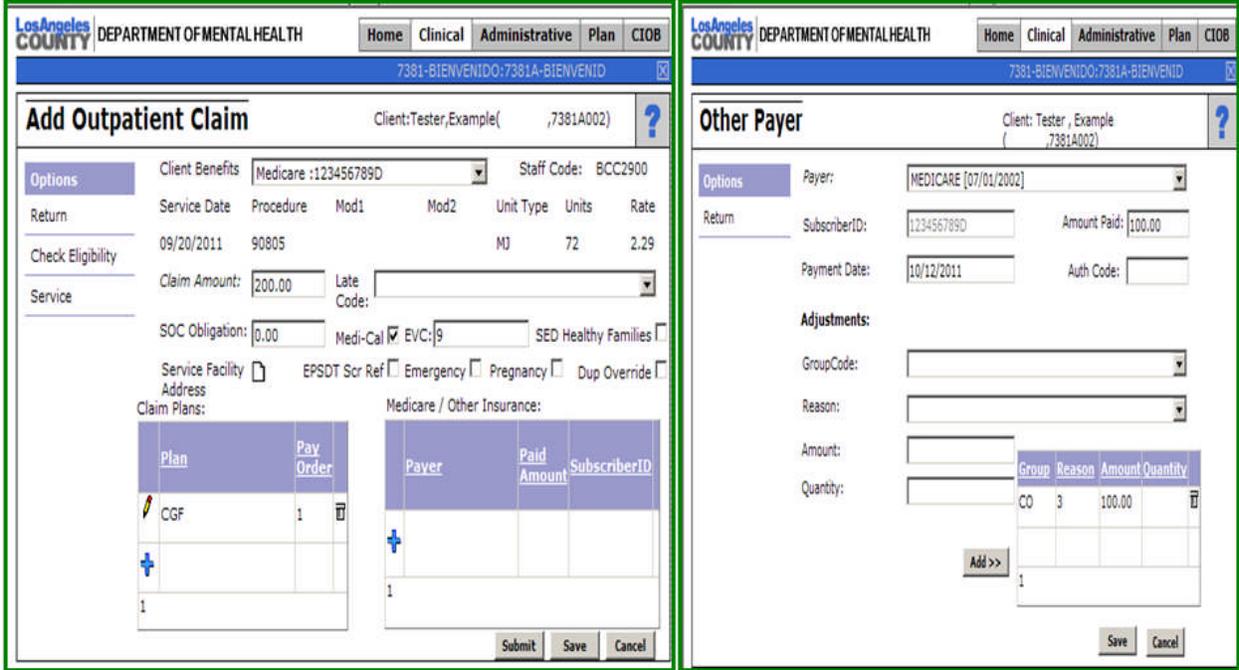
Confidential patient information, see California Welfare and Institution Code section 5328.

New Fields for Detail Adjustment

- Group Code
- Reason Code
- Adjustment Amount
- Quantity

The new Other Payer screen has been modified to require every prior payer is entered on a claim; each entry must include the HIPAA compliant adjustment that causes the Amount Paid for each payer to differ from the Claim Amount/Contracted Amount originally billed on the claim.

For example if a Medi/Medi claim with a Total Claim/Billed Amount of \$200.00 is returned from Medicare with a payment of \$100.00 and an adjustment amount of \$100.00, the entry on the IS would be as follows:



1. Claim Screen with Claim Amount = \$200.00.
2. Entering the Medicare adjustment codes.

The image contains two screenshots from the Los Angeles County Department of Mental Health system. The left screenshot shows the 'Outpatient Claim' screen. At the top, it says 'Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH' and '7381-BIENVENIDO:7381A-BIENVENID'. The main title is 'Outpatient Claim' with a client name 'Tester,Example(' and ID ',7381A002'. Below this, there are sections for 'Options', 'Return', and 'Service'. The 'Service' section shows a date of '09/20/2011', procedure '90805', unit type 'MJ', units '72', and rate '2.29'. The 'Claim Amount' is '200.00'. There are also fields for 'SOC Obligation' (0.00), 'Medi-Cal' (checked), 'EVC' (9), and 'SED Healthy Families'. A 'Last Claim Info' section shows 'Claim ID: 52899...' and 'Submit Date: 10/12/2011'. At the bottom, there is a table for 'Benefits' with columns for Plan, Pay Order, Payer, Paid Amount, and Subscriber ID. The table shows one entry: Plan 'CGF', Pay Order '1', Payer 'MEDICARE', Paid Amount '100.00', and Subscriber ID '123456789D'. The right screenshot shows the 'Claim Status' screen. It displays 'Claim ID: 52899710' and 'Status: PENDING'. Other fields include 'Submit Date: 10/12/2011', 'Adjudication Date', 'Void Status', 'Submit Source: Clinical UI', and 'Claim Type: ORIGINAL'. There are also fields for 'Service Begin Date: 09/20/2011', 'Service End Date: 09/20/2011', 'SOC Obligation: 0.00', 'Claim Amount: 200.00', 'Private Ins Paid', 'Contracted Amt: 164.88', 'Medicare Paid: 100.00', 'CPE Threshold Action', 'CPE Contract Amt', 'Medi-Cal Paid', 'CPE Release Type', and 'DMH Local Amt: 100.00'. At the bottom, there are fields for 'Deny Source', 'Deny Rule', 'Deny Group', 'Deny Rule', and 'Deny Reason'. A 'Close' button is at the bottom right. A footer note says 'Confidential patient information, see California Welfare and Institution Code section 5328.'

3. Claim screen with Medicare entry completed.      4. Claim Status screen.

Visit the IS Website to review the IS Detail Adjustment (DA) Training Presentation for an in depth explanation of all DA edit messages or click on the link below.

[http://lacdmh.lacounty.gov/hipaa/documents/ISDetailAdj\\_Training\\_101111.pdf](http://lacdmh.lacounty.gov/hipaa/documents/ISDetailAdj_Training_101111.pdf)

### GO – What You Need to Do

Please review the updated reference material:

- EDI Deny Reason Cheat Sheet

<http://lacdmh.lacounty.gov/hipaa/documents/DenyReasonCodesCheatSheet101211.pdf>

If you have any questions regarding new edits and/or business rules in the IS, please contact the Help Desk at (213) 351-1335.

If you have billing questions, please contact the Revenue Management Division by phone at (213) 480-3444 or by email at [revenuemanagement@dmh.lacounty.gov](mailto:revenuemanagement@dmh.lacounty.gov).