



Integrated System News Bulletin

Removal of Late Code Requirement on Medi-Cal Claims

Attention: Local Plan SD/MC Providers

STOP – Impact on You

Effective July 6, 2012 the Department of Mental Health is implementing modifications to the Integrated System (IS) to remove the 6 month late code edit on Medi-Cal claims.

CAUTION – What You Need to Know

- ***Six Month Late Code Requirement Removed***

The IS will NOT require a Late Code to be included on Original or Replacements claims that are submitted within 12 months of the month of service. Whether the claim is submitted via DDE or EDI, no late code is required. However, Original claims cannot be submitted to Medi-Cal after 12 months with or without a late code.



GO – What You Need to Do

For questions regarding this change, please contact the Help Desk at (213) 351-1335.

For billing questions, please contact the Revenue Management Division by phone at (213) 480-3444 or by email at RevenueManagement@dmh.lacounty.gov

Local Plan Directly Operated Provider please reference

- DMH RMD Bulletin 12-022 – No Late Code Required on Medi-Cal Claims Less Than One Year Old!

Local Plan Contract Provider please reference

- NGA RMD Bulletin 12-027 – No Late Code Required on Medi-Cal Claims Less Than One Year Old!