

# RMD Bulletin

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## Medi-Cal Claims Submitted Late with Good Cause

Unless there are extenuating circumstances, claims for services delivered are to be entered into the Integrated System (IS) and submitted as soon as possible after the service has been delivered but not to exceed 30 calendar days of the end of the month in which the services are delivered. In addition, with the Medi-Cal eligibility verification available in the IS, Medi-Cal claims should be submitted timely without the need for a good cause (late) code. The claiming statute for all Medi-Cal claims is one-year after the month of service with claims more than six-months older than the month of service requiring good cause for the late submission.

Good cause is considered to be a circumstance beyond the control of the provider. A late code is used to identify the specific reason a provider is submitting the claim late and is entered when required based on the submitted date in the IS during the data entry process. **It is the provider's responsibility to select the applicable late code only when there is good cause for the late submission.** Therefore, it is necessary for the provider to review each individual claim to determine if there is good cause to submit the claim with the expectation that Federal reimbursement will be approved.

Due to the Health Insurance Portability and Accountability Act (HIPAA) claims transaction requirements, all available late codes are in the IS; however, not all of the codes are accepted by the State. Providers are responsible for selecting the appropriate code based on the individual circumstance regarding their claim. A listing of the available late codes is attached to this bulletin.

Circumstances that shall **not** be considered beyond the control of the provider include, but are not limited to:

- ✘ Negligence by employees.
- ✘ Misunderstanding of or unfamiliarity with Medi-Cal regulations.
- ✘ Illness or absence of any employee trained to prepare bills.
- ✘ Delays caused by the United States Postal Service or any private delivery service.

Effective May 29, 2009, Late Code 3 will no longer be accepted by the Department and will not be available in the Integrated System (IS) to identify claims that do not have valid good cause for late submission.

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## VALID STATE GOOD CAUSE (LATE) CODES

<b>Code</b>	<b>Description</b>
1	<u>Proof of Eligibility Unknown or Unavailable</u> – Failure of the patient or legal representative, due to deliberate concealment or physical or mental incapacity, to present identification as a Medi-Cal beneficiary.
4*	<u>Delay in Certifying Provider</u> – The State is presently clarifying the conditions for this late code which will be made available upon receipt from the State ( <b>FFS 2 Providers – Do Not Use</b> )
7	<u>Third Party Processing Delay</u> – Billing involving other third party health insurance coverage including Medicare. ( <b>FFS 2 Providers – Do Not Use</b> )
8	<u>Delay in Eligibility Determination</u> – Circumstances beyond the control of the local program/provider regarding delay or error in the certification of Medi-Cal eligibility of the beneficiary by the state or county. This also applies to retroactive Medi-Cal eligibility.
10*	<u>Administration Delay in the Prior Approval Process</u> - The State is presently clarifying the conditions for this late code which will be made available upon receipt from the State
11*	<u>Other</u> - ( <b>Not Accepted by the State for Short-Doyle/Medi-Cal Providers</b> ) ( <b>FFS 2 TAR Delay Use Only</b> )

*\*Do not use codes that are not valid State late codes.*

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If you have questions or require further information, please do not hesitate to contact us using the RMD Hotline at (213) 480-3444 or via e-mail at [RevenueManagement@dmh.lacounty.gov](mailto:RevenueManagement@dmh.lacounty.gov).