



Integrated System News Bulletin

Late Codes, Medi-Cal, MHMIS and the Integrated System

Attention: All Providers

STOP – Impact on You

Direct Billing has impacted the way we think about Late Codes, and many users have had questions about when a claim reaches the 12 month limit.



CAUTION – What You Need to Know

A previous notice on Late Codes has been revised to take into account two issues. The first issue is Direct Billing in the IS. Since we began submitting claims directly from the IS, claims no longer are matched to the MHMIS/RGMS claims file. This means that the MHMIS late code edit is no longer applicable. The IS edit will dictate when a late code is required which is 180 days from the date of service.

The second issue is the date when a claim is considered aged (over the 12 month Federal claiming statute). The State will accept a Medi-Cal claim twelve months *after the month of service*.

GO – What You Need to Do

Enter your claims in a timely fashion, and bear in mind the rules for Late Codes. Below are two examples of cases where Late Codes come into play.

Service Month/Year	Date Claim in Pending Status in the IS*	Date Claim Must be Received by State	Late Code
12/04	12/31/05	1/31/06	Yes
3/05	3/31/06	4/30/06	Yes

Since there are no longer cutoff dates or billing cycles for data entry, it is not possible to provide you with the last day to enter a claim to ensure a claim is

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“selected” in the following Medi-Cal claim file. We do believe that a one month window should provide adequate time to prepare the file for submission to the State by the last day of the month. Of course we don't recommend any provider waiting until month 12 to submit a claim. Providers should enter claims in as timely a manner as possible. This allows sufficient time to work denied Medi-Cal claims.

We are providing you this information in the unlikely event you have an unsubmitted claim that falls 6-12 months beyond the service date and you have good cause (valid late code). It is possible to get a claim through after the one-month window has expired, but DMH cannot guarantee that such a claim will arrive at the State in time for processing. The Department cannot be held at fault for submissions past that one-month window. In the first example above, it is possible that a claim that arrives at "Pending" status could make it to the state if it were submitted 1/5 or 1/10/06, but DMH strongly advises against submitting claims with less than one month before the date the claim must be received by the State.