



County of Los Angeles  
Department of Mental Health

Contract Providers Transition Project  
(CPTP)

IS040 Payer Deny Reason Codes Cheat Sheet

**Version 1.1**

January 2006

## DOCUMENT REVISION HISTORY

<b>Version</b>	<b>Release Date</b>	<b>Revised by</b>	<b>Comments/Indicate Sections Revised</b>
Initial Draft v 1.1	01/20/2006	N/A	Initial Document

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Description of problem and resolution	<p>This provider was not certified by MediCal to provide the service indicated by the procedure code in this claim.</p> <p>Another issue may be incorrect mapping of the claim to the HIPAA transaction format as in residential or inpatient claims. The second issue has been resolved but this message may still be shown on the IS040 for older claims.</p>																				

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Description of problem and resolution	<p>This client did not have a positive eligibility check at the time of the claim submission. The claim was forced through to MediCal by the user (checked the MediCal checkbox and entered a CIN # even though they had not done an eligibility check. The CIN # turned out to be for the wrong client and as a result the birth dates, gender, names, all did not match as indicated by the messages above.</p> <p>To prevent this make sure you:</p> <ul style="list-style-type: none"> <li>o <i>Have the correct CIN # in the client information</i></li> <li>o <i>get positive responses on your MediCal eligibility responses AND make sure in the response, the name corresponds to the name of the client you are working with!</i></li> </ul>																												

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Description of problem and resolution	The eligibility check shows that the client had no coverage, but it also showed a totally different CIN number to what was in the claim. So this appears to be another instance where the incorrect CIN # was manually entered for this client when the claim was submitted on the Admin/Claim/Client tab.																								

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<p>Eligibility Information</p> <p>SUBSCRIBER LAST NAME: EVC #: 88752T8NGB. CNTY CODE: 19. PRMY AID CODE: 66. 1ST SPECIAL AID CODE: 80. <u>MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. PART A, B MEDICARE COV W/HIC # -- . BILL MEDICARE COVERED SVCS TO MEDICARE BEFORE MEDI-CAL. 1SD2359</u></p> <p>New Compliant Eligibility Response looks like this:</p> <p>Eligibility Information</p> <p>EVC: 515H6VQ7TR. PRIMARY AID CODE: 6H. MEDICARE PART A AND B COVERED SVCS MUST BE BILLED TO MEDICARE BEFORE BILLING MEDI-CAL. MEDICARE PART D COVERED DRUGS MUST BE BILLED TO THE PART D CARRIER BEFORE BILLING MEDI-CAL. CARRIER NAME: HEALTH NET ORANGE. ID: .</p> <p>ID</p> <p>ID</p> <p>ID</p>																					
Description of problem and resolution	The eligibility check shows that the client was Medicare eligible, and Medicare should be billed prior to billing MediCal.																				

	<p>Directly Operated clinics can bill Medicare through the IS, but contract providers <b>MUST</b> bill Medicare before submitting the claim in the IS. Contract providers must indicate in the claim the amount paid by Medicare, even if the amount paid by Medicare was 0.00.</p>
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<p>Client Information</p> <p>ID: _____</p> <p>Eligibility Information</p> <p>SUBSCRIBER LAST NAME- _____ . EVC #- 006CN30RYZ. CNTY CODE- 19. PRMY AID CODE- 33. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN MEMBER- PHP-HLTH NET-MEDICAL CALL (800)675-6110. HCP- UNIVERSAL CARE CALL- (800) 635-6668. PCP : DIEN PHAM CALL: (562)591-0840. OTHER HEALTH INSURANCE COV UNDER CODE P - PHP/HMO. CARRIER NAME: HEALTH NET. ID: _____ . CARRIER NAME: DELTA DENTAL OF CALIFORNIA. ID: _____ . COV: OIM PD.</p> <p>New Compliant Eligibility Response looks like this:</p> <p>Eligibility Information</p> <p>EVC: 474M9DW8Z9. PRIMARY AID CODE: 60. CODE V CARRIER NAME: BLUE CROSS OF CALIFORNIA PPO. ID: _____</p>																					

Description of problem and resolution	According to the above MediCal eligibility response, this client has another primary insurance that you need to claim from before you claim from MediCal. Be sure to enter the other insurance details, and the amount they paid in the claim/payer tab when you resubmit the claim. OIMPD shows the coverage they have which is Outpatient, Inpatient, Medical, Pharmacy and Dental
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Description of problem and resolution	The eligibility check shows that the client has emergency health coverage only, so the client is not eligible for the services claimed.																

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<p>Eligibility Information</p> <p><b>SUBSCRIBER LAST NAME- EVC #- 1171X69029. CNTY CODE- 19. PRMY AID CODE- 3N. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN MEMBER- PHP-L.A. CARE HLTH PLAN- MEDICAL CALL (888)452-2273. HCP- BLUE CROSS OF CA CALL- (888) 285-7801. PCP: TERESITA ZARENO CALL: (213)386-5252. OTHER HEALTH INSURANCE COV UNDER CODE K - KAISER. CARRIER NAME: KAISER PERMANENTE HEALTH PLAN. ID: . CARRIER NAME: AETNA US HEALTHCARE. ID: . COV: OIM PDV. CI N: . 1SD2359</b></p> <p>New Compliant Eligibility Response looks like this:</p> <p>Eligibility Information</p> <p><b>EVC: 474M9DW829. PRIMARY AID CODE: 60. CODE V CARRIER NAME: BLUE CROSS OF CALIFORNIA PPO. ID:</b></p>													
Description of problem and resolution	The eligibility check shows that the client had other health insurance coverage, but none of the other health insurance's payment details were included in the claim.												

Remarks Codes	Possible Problems																				
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MA86, CO 18																	
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