

**Duplicate Billing Edit Procedure Modifiers - These are used to supply additional information regarding a potential duplicate services.**

**Note:** Applies to both DMH and ADP; this information is entered in the "Modifier" text box of Client Charge Input or Recurring Client Charge Input

59	Distinct Procedural Service
76	Repeat Procedure by Same Person
77	Repeat Procedure by Different Person

**Delay Reason Codes - These are used when applicable to address timeliness requirements**

**Note:** Applies to both DMH and ADP; this information is entered By Fiscal Services in Electronic Billing during the claiming Process. Providers must provide the appropriate information to the County

Shaded rows indicate that Prior approval from the County (and State) is needed - Claims to ADP using these codes requires a 'PWK' segment to be included on the claim file.

1	Patient or legal representative's failure to present Medi-cal identification
2	Initiation of legal proceedings to obtain payment of a liable third party pursuant to Section 14115 of the Welfare and Institutions Code (WIC)
4	Circumstances beyond the control of the local program/provider regarding delays caused by natural disaster, willful acts by an employee, or other circumstances that have been reported to the appropriate law enforcement or fire agency, when applicable
7	Billing involving other coverage including but not limited to Medicare, Ross-Loos or CHAMPUS
8	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.
9	Temporary code used to resubmit denied Phase I claims in Phase II within 97 days after the claim was first returned on the Phase I EOB for the original claim (this code is valid for 127 days after Wave 3 counties' Phase II go-live date and 97 days after all other counties' Phase II go-live date)
10	Special circumstances that cause a billing delay such as a court decision or fair hearing decision
11	Circumstances beyond the control of the local program/provider regarding delays caused by natural disaster, willful acts by an employee, or other circumstances that have been reported to the appropriate law enforcement or fire agency, when applicable

**835 Claim Status Codes - These are provided by the State on the 835 and indicate the outcome of the adjudication for the claim**

**Note:**

1	Paid as primary
2	Paid as secondary
4	Denied
22	Reversal

<b>Adjustment/Denial Reason Codes - These indicate the reason that a service/claim has been adjusted/denied</b>				
<b>Note: This data is received by the County and communicated back to Providers via reports in AVATAR</b>				
<b>Adjustment Reason GROUP Code</b>	<b>Adjustment Reason Code</b>	<b>Health Remarks Code</b>	<b>Description</b>	<b>DMH/ADP</b>
CO	6		Therapeutic Behavioral Services valid only when beneficiary's age on Date of Service is less than or Equal to 21 years.	DMH
CO	18	M80	Service line is a duplicate service	DMH
CO	18	M86	Service line is a duplicate service AND invalid over-ride code supplied	DMH
CO	22		Other healthcare coverage must be billed before the submission of this claim	DMH
CO	22	N192	Medicare must be billed prior to the submission of this claim	DMH
CO	26		Healthy families, partial month eligibility restriction, Date of Service must be greater than or equal to Date of Eligibility	DMH
CO	200		Healthy families, partial month eligibility restriction, Date of Service must be greater than or equal to Date of Eligibility	DMH
CO	29		Late Claim Denial	DMH
CO	31		Aid Code invalid for DMH	DMH
CO	109		Invalid revenue code, procedure code, and modifier combination.	DMH
CO	199		Invalid revenue code, procedure code, and modifier combination.	DMH
CO	109	M51	Invalid procedure code and combination	DMH
CO	110	N59	Service date cannot be later than submission date	DMH
CO	119	N20	Single service exceeds maximum minutes per day	DMH
CO	119	N362	When added to previously billed services, this service exceeds total maximum allowed per day	DMH
CO	129		Payment denied - prior processing information incorrect. Void/replacement error.	DMH
CO	135		No discharge date permitted for interim claims	DMH
CO	151		All dates of service on claim must be within same calendar month, exceed discharge date can be 1st day of following month	DMH
CO	171	M77	Invalid place of service for this procedure code	DMH
CO	171	M143	Invalid place of service for this procedure code	DMH
CO	177		Beneficiary Not Eligible	DMH
CO	185		Only SED services are valid for Healthy Families aid code	DMH
CO	204		Therapeutic Behavioral Service valid only with a Full Scope Aid Code and an EPSDT Aid Code	DMH
CO	204	N30	Emergency Services Indicator must be "Y" or Pregnancy Indicator must be "Y" for this aid code	DMH
CO	204	N182	Pregnancy Indicator must be "Y" for this aid code	DMH
CO	204	N206	Emergency Services Indicator must be "Y" for this aid code	DMH
CO	A1	M53	Number of units billed exceeds the maximum days allowed	DMH
CO	A1	MA06	Invalid date range for a 24-Hour service	DMH

Adjustment/Denial Reason Codes - These indicate the reason that a service/claim has been adjusted/denied				
CO	A1	MA31	Invalid date range for a 24-Hour service	DMH
CO	A1	MA40	All 24-Hour services must have an admission date	DMH
CO	A1	AM66	<b>Outpatient:</b> Invalid Procedure Code for FFS <b>Inpatient:</b> Invalid revenue code for HFP-IP	DMH
CO	A1	MA133	Services overlap an inpatient stay (service may be billed only if rendered on date of admission)	DMH
CO	A1	MA134	Submitting county ineligible to use HFP-IP	DMH
CO	A1	N20	Service not payable with other service rendered on the same date	DMH
CO	A1	N56	Hospital Inpatient Admin day-Lockout on Day of Admission	DMH
CO	A1	N182	Day Treatment Services must be billed at 3 hours minimum	DMH
CO	A1	N198	Invalid taxonomy for this provider	DMH
CO	A1	N300	Only 24 hour services may bill using a date range. All other service lines must use a single date of service.	DMH
CO	A1	N318	Discharge day is not a billable day unless it is also the day of admission	DMH
CO	B7		Service Facility Location provider NPI is not eligible to provide this service within the submitting county.	DMH
CO	B7	MA134	Services with Place of Service = '12' (either at the claim level or service line) must have a Rendering Provider NPI at the claim level.	DMH
CO	B7	N65	Service facility Location provider NPI is not eligible to provide this service on this date of service.	DMH
CO	45		Line Item Charge Amount greater than the State Maximum Allowed	DMH
CO	23		Coordination of benefits adjustment	DMH
CO	143		Payment Adjustment for Submitting County Responsibility Amount	DMH
PR	1		Patient Responsibility	DMH
CO	10	N/A	Beneficiary identified as perinatal-eligible (Loop 2000B PAT09 is "Y"), but MEDS indicates this client is male.	ADP
CO	11	N/A	Perinatal service billed, but beneficiary is not identified as perinatal-eligible (Loop 2000B PAT09 of "Y" not provided), or Daycare Rehabilitative service billed, but beneficiary is not EPSDT eligible per MEDS, and is not identified as perinatal-eligible (Loop 2000B PAT09 of "Y" not provided.)	ADP
CO	16	N354	The claim (original/void/replacement) is an invalid resubmission claim	ADP
CO	18	N/A	This service is not allowed on the same date as a previously-approved service for this beneficiary without a valid multiple service procedure modifier.	ADP

Adjustment/Denial Reason Codes - These indicate the reason that a service/claim has been adjusted/denied				
CO	22	N/A	MEDS indicates this client has non-Medicare health coverage, and the claim does not indicate that coverage has been billed first.	ADP
CO	22	N192	MEDS indicates this beneficiary has Medicare, and the claim does not indicate that Medicare has been billed first.	ADP
CO	23	N/A	Coordination of benefits adjustment.	ADP
CO	29	N/A	Claim denied for late submission.	ADP
CO	31	N/A	Beneficiary aid code(s) do not indicate eligibility for DMC services.	ADP
CO	45	N/A	Charges reduced because they exceed the maximum allowed given the established rate and the billed units of service.	ADP
CO	89	N/A	Administrative Fees retained by State.	ADP
CO	109	N/A	Claim denied because perinatal and non-perinatal services are billed together. Re-bill perinatal and non-perinatal services on separate claims.	ADP
CO	110	M52	Service Date cannot be later than submission date.	ADP
CO	119	N345	Service line denied because a service (other than NTP counseling) was billed with a number of units different from the number of days billed.	ADP
CO	119	N362	Service denied because it would exceed limit of 20 units of NTP counseling service per month for beneficiary.	ADP
CO	129	N/A	If void or replacement claim is submitted more than 6 months after the date of "Remittance Advice Issued" if approved, or date of "835 Sent" if denial.	ADP
CO	129	N59	Void or Replacement claim denied because the original claim is Bridge Resubmission claim.	ADP
CO	138	N/A	Claim denied because service dates on claim include more than one calendar month. Re-bill in separate claims for each calendar month of service.	ADP
CO	143	N/A	Claims that include interim settlement payment as adjustments.	ADP
CO	163	N/A	Claim denied because it was submitted late, a delay reason code requiring certification was provided and a certification attachment was referenced in the claim, but the certification attachment either was not received or did not cover this claim.	ADP
CO	167	M76	Service line denied because no diagnosis pointer provided in SV107 references a covered diagnosis code for DMC services.	ADP
CO	177	N/A	Claim denied because client is ineligible per MEDS.	ADP
CO	208	N257	Claim denied because Billing Provider EIN and NPI combination is not valid per ADP provider records.	ADP
CO	A1	M51	Service line denied because the procedure codes and modifiers provided do not identify a DMC service.	ADP
CO	A1	M59	Service line denied because service "to" date precedes "from" date.	ADP

Adjustment/Denial Reason Codes - These indicate the reason that a service/claim has been adjusted/denied				
CO	A1	M80	This service is not allowed on the same date as one or more previously-approved services for this beneficiary.	ADP
CO	A1	N63	Service line denied because a service other than NTP Methadone Dosing was billed with a date range rather than a single date of service.	ADP
CO	A1	N142	Void/Replacement claim denied because the original claim is an invalid resubmission claim.	ADP
CO	A1	N421	Claims that include retroactive adjustments.	ADP
CO	B7	N/A	Service line denied because the Service Facility Location was not a DMC-certified site for the identified service on the date(s) of service.	ADP
CO	B7	MA114	Service line denied because the Service Facility Location is not one for which the Billing Provider may submit claims for the date(s) of service. If Service Facility Location provider type is 'Sole Proprietor' and the zip code +4 of SFL provider on claim/service line does not equal zip code +4 in ADP's provider file then deny service line.	ADP
PR	1	N/A	Provider-reported share-of-cost received.	ADP

Local Service Codes to SDMC Phase II Procedure Code (HCPC) Cross-Reference				
<b>Note:</b> Service Codes are entered by AVATAR Users (typically in client charge input/recurring client charge input) and the cross-referenced HCPC is what is sent on the claim file. This is not intended to provide an inclusive list of possible service codes available for use.				
Local Service Code	Local Description	HCPC	Modifiers	DMH/ADP
35030	24 hour PHF Day Acute	H2013	HE	DMH
36000	Crisis Residential Treatment Service	H0018	HE,HB	DMH
37130	Crisis Stabilization	S9484	HE,TG	DMH
93010	Assessment	H2015	HE	DMH
94000	Rehabilitation	H2015	HE	DMH
94030	TBS Direct Services	H2019	HE	DMH
94040	TBS Collateral	H2019	HE	DMH
94050	TBS Plan Development	H2019	HE	DMH
94510	Case Management/Brokerage	T1017	HE	DMH
95010	Collateral	H2015	HE	DMH
95510	Crisis Intervention	H2011	HE	DMH
96010	Evaluation	H2015	HE	DMH
96510	Group Therapy	H2015	HE	DMH
96520	Group Session	H2015	HE	DMH
97010	Individual Therapy	H2015	HE	DMH
97500	Medication Support	H2010	HE	DMH
97530	Group Session Meds	H2010	HE	DMH
98500	Plan Development	H2015	HE	DMH
99600	Day Treatment Intensive - Half Day	H2012	HE,TG	DMH
99650	Day Treatment Intensive - Full Day	H2012	HE,TG	DMH
99700	Day Rehabilitation - Half Day	H2012	HE	DMH
99750	Day Rehabilitation - Full Day	H2012	HE	DMH
Z101	(Peri) Methadone	H0020	HD,HG	ADP
Z102	(Peri) DMC Grp	H0005	HD	ADP
Z103	(Peri) NTP Individual Treatment	H0004	HG	ADP
Z108	(Peri) DMC Ind Intake and Assessment	H0004	HD	ADP
Z109	(Peri) DMC Ind Treatment Planning	H0004	HD	ADP
Z110	(Peri) DMC Ind Discharge Planning	H0004	HD	ADP
Z111	(Peri) DMC Ind Crisis Intervention	H0004	HD	ADP
Z112	(Peri) DMC Ind Collateral Services	H0004	HD	ADP
Z113	Day Care Rehabilitative (DCR)	H0015		ADP
Z114	(Peri) Day Care Rehabilitative	H0015	HD	ADP
Z115	(Peri) NTP Group	H0005	HD,HG	ADP
Z201	Methadone	H0020	HG	ADP
Z202	NTP Group	H0005	HG	ADP
Z203	NTP Individual Treatment	H0004	HG	ADP