



**Sacramento County  
Phase II Transaction Types**



Type of Transaction	Purpose	Timeliness Constraints		Additional Billing Requirements	
		DMH	ADP	DMH	ADP
<b>Initial</b>	Initial Claim for Service	6 months from the date of service	Within 30 days of the month of service	In certain circumstances, claims can be submitted after the 6 month deadline. See good cause codes for specifics.	In certain circumstances, claims can be submitted after the 30 day deadline. See good cause codes for specifics.
<b>Void</b>	To 'Void' a previously approved (paid) claim	None	None	1 - The Payer Claim Control Number of the target claim must be submitted in the Original Reference Number field of the void transaction. Claims that have not been finalized cannot be voided. 2 - Billing Provider EIN and Beneficiary CIN must match the original claim. In addition, two or more of the following elements must match the original claim: Procedure Code, Date of Service, Place of Service, and Provider ID. 3 - An original claim can be successfully voided only once.	1 - The Payer Claim Control Number of the target claim must be submitted in the Original Reference Number field of the void transaction. Claims that have not been finalized cannot be voided. 2 - An original claim can be successfully voided only once.
<b>Replacement</b>	To replace a previously Approved or Denied claim	Previously Denied Claims: 97 Days from the Date of Denial (Original denial date)	Within 6 Months of the original date of denial.	1 - The Payer Claim Control Number of the target claim must be submitted in the Original Reference Number field of the void transaction. Claims that have not been finalized cannot be voided. 2 - Billing Provider EIN and Beneficiary CIN must match the original claim. In addition, two or more of the following elements must match the original claim: Procedure Code, Date of Service, Place of Service, and Provider ID.	The Payer Claim Control Number of the target claim must be submitted in the Original Reference Number field of the void transaction.