



Entering Other Health Coverage (OHC) Information for Primary Sage Users

February 15, 2022



Overview



1

Review what Other Health Coverage (OHC) is.

2

Identify which OHCs require billing prior to billing SAPC

3

Demonstrate how Primary Sage Users will enter in OHC information in the patient's chart

4

Demonstrate how OHC information is entered in treatments for SAPC billing.



OHC IS

Other Health Coverage (OHC) refers to private health insurance. In most situations, OHC must be billed prior to billing Medi-Cal

Medicare Part C are Medicare Advantage plans or Medicare Risk, which ARE considered an OHC for all treatment providers.

Providers are not permitted (by Medi-Cal regulations) to deny Medi-Cal services based upon potential third party liability. To establish Medi-Cal's liability for a covered Medi-Cal service, the provider must obtain an acceptable denial letter from the OHC entity.

OHC IS NOT

Medical Managed Care Plans (i.e. LA Care, Healthnet, etc.) associated with CalMediconnect

Medicare Part A & B (for non-OTP services)

- Outpatient (non-OTP) and Residential programs can bill Medi-Medi patients directly to Medi-Cal, except when a patient has Medicare Part C

~~Institutionalized (OHC Code "I")~~ ~~Deactivated code~~

General OHC Rule for Billing



“Medi-Cal eligible” is the term Medi-Cal uses for a patient who currently is enrolled in Medi-Cal. This is not related to the SAPC definition of Applying for Medi-Cal

Medi-Cal–eligible clients must exhaust benefits available through any other OHC available to the client before they are eligible to have services reimbursed through Medi-Cal, including DMC.

In general, this means that DMC providers must [first] bill OHC carriers for services provided to DMC-eligible clients that have OHC to the OHC carrier BEFORE billing DMC for those services.

Providers may only bill DMC after the OHC has adjudicated the claim and either denied it for an acceptable reason (as described in Alcohol and Drug Programs (ADP) Bulletin #11-01) or issued partial payment.

The results of the OHC carrier’s adjudication must be reported in the DMC claim as specified in the applicable Implementation Guides.



NOTE All treatment services, regardless of whether the service is DMC reimbursable. I.e. Room and board must still be billed to OHC as some OHCs may reimburse for this service.

When is OHC not OHC for SUD?



Cost-Avoided OHC & HMO Coverage Codes

• If a recipient's OHC code is one of the following and the service rendered falls within the recipient's Scope of Coverage (COV) under the OHC, the provider must advise the recipient to contact the Health Maintenance Organization (HMO) or bill the OHC before billing.

******If the patient has CalMediConnect listed in the Eligibility Message, DHCS should not code that as OHC, unless there are other carriers present******

OHC Code	Carrier	OHC for SUD
A	Pay and chase (applies to any carrier)	No
C	Military benefits comprehensive	YES
D	Medicare Part D Prescription Drug Coverage	No
E	Vision plans	No
F	Medicare Part C Health Plan	YES
G	Medical parolee	YES
H	Multiple plans comprehensive	YES
K	Kaiser	YES
L	Dental only policies	No
P	PPO/PHP/HMO/EPO not otherwise specified	YES
Q	Commercial pharmacy plans	No
V	Any carrier other than above (includes multiple coverage)	YES
W	Multiple plans non-comprehensive	YES

Scope of Coverage (COV)



- Each COV code indicates a different set of services.
- In addition to the OHC code, the Scope of Coverage will provide information on whether the claim needs to be submitted to OHC first or can be submitted directly to Medi-Cal.
- If the Scope of Coverage O, I, and/or M are not present then the OHC does not need to be billed first.

COV Code	Service Category	OHC for SUD
P	Prescription Drugs/Medical Supplies	No
L	Long Term Care	No
I	Hospital Inpatient	Yes
O	Hospital Outpatient	Yes
M	Medical and Allied Services	Yes
V	Vision Care Services	No
R	Medicare Part D	No
D	Dental Services	No

1. <https://filesaccepttest.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part1/otherguide.pdf>



What is Required to Show Coverage

Per DHCS [OHC Provider Manual 02](#) When billing Medi-Cal for any service partially paid for or denied by the recipient's OHC, the following is required to show proof of denial or coverage limitations with letters/EOBs included in the patient's medical record:

- OHC EOB or denial letter, the recipient's letter documenting that OHC is not available,
 - Documentation must include:
 - Carrier or carrier representative name and address
 - Recipient's name or Social Security Number (SSN)
 - Date of letter, including date of claim and denial date
 - Statement of denial, termination or amount paid
 - Procedure or service rendered
 - Termination date or date of service



When SUD is NOT a covered benefit of the OHC

A copy of the original denial letter or EOB is acceptable for the same recipient and service for a period of one year from the date of the original EOB or denial letter.

A dated statement of non-covered benefits from the carrier is also acceptable if it matches the insurance name and address and the recipient's name and address.

It is the provider's responsibility to obtain a new EOB or denial letter at the end of the one-year period.

Claims not accompanied by proper documentation will be denied.

**If a recipient changes to a different OHC, a new EOB, denial letter or dated statement of non-covered benefits is required from the new carrier.*



Determining OHC with the Real Time 270 Eligibility Check



271 Eligibility Response- OHC Results



271 Report Results

Guarantor: DMC Medi-Cal (1)

1.	Inquiry Type Eligibility Or Benefit Information	: Generic: Financial Eligibility : (W) Other Source of Data
2.	Inquiry Type Eligibility Or Benefit Information Service Type Code Insurance Type Code	: Generic: Financial Eligibility : (1) Active Coverage : (30) Health Benefit Plan Coverage : (MC) Medicaid
3.	Inquiry Type Eligibility Or Benefit Information Service Type Code	: Generic: Financial Eligibility : (MC) Managed Care Coordinator : (1) Medical Care
4.	Inquiry Type Eligibility Or Benefit Information Service Type Code	: Generic: Financial Eligibility : (R) Other or Additional Payor : (1) Medical Care
5.	Inquiry Type Eligibility Or Benefit Information	: Generic: Financial Eligibility : (L) Primary Care Provider
6.	Inquiry Type Eligibility Or Benefit Information Service Type Code	: Generic: Financial Eligibility : (MC) Managed Care Coordinator : (35) Dental Care

Translation

- Items 2-6 items should be viewed as the same policy information.

Patient enrolled in a Medi-Cal program

Within the Medi-Cal program, patient has OHC that must be billed prior to claiming to SAPC.



State Response

Translation

Guarantor: DMC Medi-Cal (1)		
1.	Inquiry Type Eligibility Or Benefit Information Service Type Code Insurance Type Code	: Generic: Financial Eligibility : (1) Active Coverage : (30) Health Benefit Plan Coverage : (MC) Medicaid

2.	Inquiry Type Eligibility Or Benefit Information Benefit Amount	: Generic: Financial Eligibility : (Y) Spend Down : 1034

3.	Inquiry Type Eligibility Or Benefit Information Service Type Code	: Generic: Financial Eligibility : (MC) Managed Care Coordinator : (1) Medical Care

4.	Inquiry Type Eligibility Or Benefit Information Service Type Code	: Generic: Financial Eligibility : (R) Other or Additional Payor : (1) Medical Care

5.	Inquiry Type Eligibility Or Benefit Information	: Generic: Financial Eligibility : (L) Primary Care Provider

6.	Inquiry Type Eligibility Or Benefit Information Service Type Code	: Generic: Financial Eligibility : (1) Active Coverage : (30) Health Benefit Plan Coverage

7.	Inquiry Type Eligibility Or Benefit Information Insurance Type Code	: Generic: Financial Eligibility : (R) Other or Additional Payor : (MA) Medicare Part A

8.	Inquiry Type Eligibility Or Benefit Information Insurance Type Code	: Generic: Financial Eligibility : (R) Other or Additional Payor : (MB) Medicare Part B

Patient enrolled in a Medi-Cal plan

Patient has \$1034 left of Share of Cost to spend down before eligible for services to be billed to SAPC.

Patient has OHC to be billed prior to billing SAPC

Patient is enrolled in Medicare Part A and Part B- If patient is under OTP LOC, then must bill Medicare for service prior to SAPC

271 Eligibility Response- Potential Full Scope



Results

Translation

Only 1 results received from the State

Guarantor: CALIFORNIA DEPARTMENT OF ALCOHOL AND DRUGS

1.

Inquiry Type	Generic: Financial Eligibility
Eligibility Or Benefit Information	(W) Other Source of Data

Patient enrolled in a Medi-Cal program

2.

Inquiry Type	Generic: Financial Eligibility
Eligibility Or Benefit Information	(1) Active Coverage
Service Type Code	(30) Health Benefit Plan Coverage
Insurance Type Code	(MC) Medicaid

No indication of restrictions, Share of Cost or OHC

– Likely eligible for SAPC/DMC, provider still needs to verify county code

Notice that there are no other types of coverage inquiries on this record. Each program/coverage type will have a new inquiry type line item to suggest additional coverage



Entering OHC data in Sage treatments





Enter General OHC Information

- Go to the **Other Health Care** section on the left-side menu of the Patient's chart and Add New Record
 - Click **Add New Record**

CalOMS Supplemental Discharge
Clinical Contact
Discharge and Transfer Form
Drug Testing
Miscellaneous Note Options
Monthly Activity Report
Other Health Coverage

Other Health Coverage Items	
	Original Entry Date
Add New Record	



Enter OHC Information

- Complete only required fields indicated in **RED**
 - This form only needs to be completed once for each patient with OHC requirements.
 - Do not enter the Expiration Date unless the OHC has been terminated for that patient.

Other Health Coverage	
Original Entry Date <input type="text"/> Today Yesterday	Effective Date <input type="text"/> Today Yesterday
Expiration Date <input type="text"/> Today Yesterday	Payer Responsibility (2320-SBR-01) <input type="text"/>
Client's Relationship to Subscriber (2320-SBR-02) <input type="text"/>	Subscriber Name (2330A-NM1) <input type="text"/>
Subscriber Policy Number (2330A-NM1-09) <input type="text"/>	Subscriber Address - Street Line 1 (2330A-N3-01) <input type="text"/>
Subscriber Address - Street Line 2 (2330A-N3-02) <input type="text"/>	Subscriber Address - City (2330A-N4-01) <input type="text"/>
Subscriber Address - State (2330A-N4-02) <input type="text"/>	Subscriber Address - Zip Code (2330A-N4-03) <input type="text"/>
Subscriber Social Security Number (2330A-REF-02) <input type="text"/>	Subscriber Group Number (2320-SBR-03) <input type="text"/>
Subscriber Group Name (2320-SBR-04) <input type="text"/>	Subscriber Assignment of Benefits (2320-OI-03) <input type="text"/>
Subscriber Release of Information (2320-OI-06) <input type="text"/>	Third Party Payer Name <input type="text"/>
Third Party Payer Identifier <input type="text"/>	Insurance Type Code (2320-SBR-05) <input type="text"/>
Claim Filing Indicator Code (2320-SBR-09) <input type="text"/>	Third Party Payer Address - Line 1 <input type="text"/>
Third Party Payer Address - Line 2 <input type="text"/>	Third Party Payer City <input type="text"/>
Third Party Payer State <input type="text"/>	Third Party Payer Zip Code <input type="text"/>
<input type="button" value="Save Changes"/> <input type="button" value="Cancel Changes"/>	



Add a Treatment

- Go to the **Treatment** section on the left-hand menu of the Patient's chart and add Treatment as usual
 - Click **Add Professional Claim**

Demographic	Client Name: TEST, QIUM
Cal-OMS Admission	Member ID: 159908
Cal-OMS Annual Update	SSN: ***-**-6789
Cal-OMS Discharge	
Financial Eligibility	
Real-time 270 Eligibility Request	
Womens Health History	
Authorizations	
Treatment	

[Add Professional Claim](#)

This page defaults to treatments with services that occur during the current fiscal year.

Treatment History					
Claim	Agency	Tx Date click to view details	Status	Therapist	Procedure Code



Professional Claim Details

- Under **Funding Source**, select Drug Medi-Cal (3).
 - OHC entry is not required for Non-DMC claims.
- Click **Add Claim**

Professional Claim Details			
Funding Source	- Please Choose One - *		
Diagnosis	- Please Choose One -		
Principal Diagnosis	Drug Medi-Cal (3)	Diagnosis 2	
Diagnosis 3		Diagnosis 4	
Diagnosis 5	Non-Drug Medi-Cal (4)	Diagnosis 6	
Diagnosis 7		Diagnosis 8	
Diagnosis 9		Diagnosis 10	
Diagnosis 11		Diagnosis 12	
Claim Level Comments:			
<div style="border: 1px solid gray; height: 60px;"></div>			

Add Claim



Professional Claim Details

- Click **Add Professional Service**

Add Professional Service

Professional Claim Details											
Claim ID	1697450	Date of Claim	Bill Enum	Funding Source	Drug Medi-Cal (3)	Total Charge	N/A				
Diagnosis											
Principal Diagnosis	 	Diagnosis 2	 	Diagnosis 3	 	Diagnosis 4	 	Diagnosis 5	 	Diagnosis 6	
Diagnosis 7	 	Diagnosis 8	 	Diagnosis 9	 	Diagnosis 10	 	Diagnosis 11	 	Diagnosis 12	
Comments											
Claim Level Comments:											



Enter Treatment Criteria

Enter Service Information as it is typically entered

Use Date Range or Multiple Dates to enter services with identical claim information for different dates of service

Click **Set Treatment Date**

Enter Treatment Criteria																										
<input checked="" type="radio"/> Single Date:	<input type="text"/>																									
<input type="radio"/> Date Range:	<input type="text"/> - <input type="text"/>																									
<input type="radio"/> Multiple Dates:	<table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="button" value="Calendar"/> <input type="button" value="Filter on Multi Dates"/>																										
<input checked="" type="checkbox"/> Include Weekends	(check this box to include weekends when adding treatment)																									
Filter by Funding Source:	All <input type="text"/>																									
Authorization:	Auth #, Funding Source, Valid Dates : [Auth Grouping Name], up to 3 sets Procedure Code - Description from Auth <input type="text"/>																									
Procedure Code:	Procedure Code - Description ([Funding Source,] Level of Care, Valid Dates) <input type="text"/>																									
Clinician:	- Please Choose One - <input type="text"/>																									
Performing Provider License Type:	<input type="text"/>																									
Program:	- Please Choose One - <input type="text"/>																									
Units / Day:	1 <input type="text"/> Warning! testing Group based service units have a one minute duration																									
Is this service a replacement?	<input type="radio"/> Yes <input checked="" type="radio"/> No																									
Service to replace:	- Please Choose One - <input type="text"/>																									
<input type="button" value="Set Treatment Date >>"/>																										



Enter Treatment Details

- Enter **Duration** and **Location** as usual
- Enter 0 in **Private Pay Amount Add/Edit**
- Click **Add Treatment(s)**

Treatment Details	Additional Information
Funding Source: Drug Medi-Cal Procedure Code: H0006.UA.HG - Case Management Num of Days: 1 Units/Day: 2 Total Units: 2 Cost/Unit: \$100.00 Cost/Day: \$200.00 Total Cost: \$200.00 Treatment Date(s): 01/01/2020	Start Time: <input type="text"/> End Time: <input type="text"/> Duration (minutes per service): 30 Location : Office Evidence-based Practices / Service Strategies (CSI) (Select Up To Three): 01 - Assertive Community Treatment 02 - Supportive Employment 03 - Supportive Housing 04 - Family Psychoeducation <small>Ctrl+click to choose multiple items (0 currently selected)</small>
Diagnosis Details	
Primary Diagnosis: - Please Choose One - v	
Second Diagnosis: - Please Choose One - v	
Third Diagnosis: - Please Choose One - v	
Fourth Diagnosis: - Please Choose One - v	
Financial Details Review Eligibility Information	
<small>NOTE: Treatment Service Details (Cost/Day, Billed/Allowed/Paid Amounts, Adjustments, etc.) are per date of service.</small>	
Private Pay Amount Add/Edit: 0	Private Pay Payor: - Please Choose One - v
Billed Amount: 200.00	
Service Comments: <input type="text"/>	
<< Set New Treatment Date Add Treatment(s) >>	



Choosing One Service or Multiple Services per Claim

Treatment Details	Additional Information
Funding Source: Drug Medi-Cal Procedure Code: H0006:UA:HG - Case Management Num of Days: 1 Units/Day: 2 Total Units: 2 Cost/Unit: \$100.00 Cost/Day: \$200.00 Total Cost: \$200.00 Treatment Date(s): 01/01/2020	Start Time: <input type="text"/> End Time: <input type="text"/> Duration (minutes per service): 30 Location: Office Evidence-based Practices / Service Strategies (CSI) (Select Up To Three): 01 - Assertive Community Treatment 02 - Supportive Employment 03 - Supportive Housing 04 - Family Psychoeducation Ctrl+click to choose multiple items (0 currently selected)
Diagnosis Details	
Primary Diagnosis: - Please Choose One - Second Diagnosis: - Please Choose One - Third Diagnosis: - Please Choose One - Fourth Diagnosis: - Please Choose One -	
Financial Details Review Eligibility Information	
NOTE: Treatment Services Dates (Private Bill/Adjustments, etc.) are per date of service. Private Pay Amount Add/Edit: 0 Private Pay Payor: - Please Choose One - Billed Amount: 200.00	
Service Comments: <div style="border: 1px solid gray; height: 40px;"></div>	
<< Set New Treatment Date	Add Treatment(s) >>

Duplicate treatment setup?

Create a new treatment with the same setup values as this one?
Selecting No will instead return you to the treatment list screen.

Yes No

Reminder: Click Yes to enter additional services for the patient
Click No to return to Treatment History to finish entering OHC information

- All services (Treatments) entered during the same session, for each Duplicate treatment setup, will show under the same Claim ID. Clicking No will start a new claim and Claim ID.
- Duplicating treatments will allow user to have multiple claims on the same page to enter OHC information, without having to switch screens. Examples in following slides
- Utilizing the Date Range or Multiple Dates feature will automatically create multiple services per each Claim ID



Adding OHC information to Single Service Claims

- Find the services that need OHC information.
- Click on the blue hyperlink in the Claim column

Add Professional Claim

This page defaults to treatments with services that occur during the current fiscal year. 2019-2020 January - 2020 VIEW ALL view

Treatment History										
Claim	Agency	Tx Date click to view details	Status	Therapist	Procedure Code	Units	Duration	Billing		
								Bill Date	Status	Expected Disbursement
ProviderConnect Claim ID: 1697493 - Professional Date of Claim: N/A	Recovery, Inc.	1/7/2020 Edit / Delete		HINDMAN,DAVID SAPC	H0004:UA:HG	3	45		Not Reviewed	\$300.00
Auth #: 107664 CP Program: Recovery Facility										
ProviderConnect Claim ID: 1697467 - Professional Date of Claim: N/A	Recovery, Inc.	1/6/2020 Edit / Delete		KIM,TINA SAPC	H0004:UA:HG	2	30		Not Reviewed	\$200.00
Auth #: 107664 CP Program: Recovery Facility										

Each Claim ID (the blue hyperlink under the Claim column) has one service attached. To enter OHC to both Services, user will have to return to Treatment History and click each Claim IDs



Adding OHC information to Multiple Service Claims

- Find the services that need OHC information.
- Click on the blue hyperlink in the Claim column

This page defaults to treatments with services that occur during the current fiscal year. 2021-2022 February - 2022 VIEWALL view

Treatment History										
Claim	Agency	Tx Date <small>click to view details</small>	Status	Therapist	Procedure Code	Units	Duration	Billing		
								Bill Date	Status	Expected Disbursement
ProviderConnect Claim ID: 1697554 - Professional Date of Claim: N/A	Recovery, Inc.	2/8/2022 Edit / Delete		HINDMAN,DAVID S APC	H0006:UA:HG	1	15		Not Reviewed	\$37.81
Auth #: 109641 CP Program: Recovery Facility										
	Recovery, Inc.	2/2/2022 Edit / Delete		HINDMAN,DAVID S APC	H0004:UA:HG	1	15		Not Reviewed	\$16.65
Auth #: 109641 CP Program: Recovery Facility										
ProviderConnect Claim ID: 1697553 - Professional Date of Claim: N/A	Recovery, Inc.	2/1/2022 Edit / Delete		TEST,B'RENNA	H0004:UA:HG	1	15		Not Reviewed	\$16.65
Auth #: 109641 CP Program: Recovery Facility										

The top Claim ID includes two services (bottom only has one service) in which all OHC information can be entered without returning to the Treatment History page



Add Claim Level COB

- Under Claim Level Comments click on **Add COB**

Add Professional Service									
Professional Claim Details									
Claim ID	1697493	Date of Claim	Bill Enum	Funding Source	Drug Medi-Cal (3)	Total Charge	N/A		
Diagnosis									
Principal Diagnosis	 	Diagnosis 2	 	Diagnosis 3	 	Diagnosis 4	 	Diagnosis 5	
Diagnosis 7	 	Diagnosis 8	 	Diagnosis 9	 	Diagnosis 10	 	Diagnosis 11	
Comments									
Claim Level Comments:									
Add COB									
Coordination of Benefits									
No Claim-level Coordination of Benefits									
Edit Claim									
Services									
Service Date		CPT Code		Units		Duration			
1/7/2020		H0004:UA:HG		3.00		45.00			
Add COB									
Coordination of Benefits									
No Service-level Coordination of Benefits									
Return to Treatment History									



Claim Level COB

- ONLY fill in the Other Payer Identification Code (aka the Payer ID)
- Leave all other fields blank.

Claim COB Details			
Other Payer Identification Code - Qualifier	<input type="text"/>	Other Payer Identification Code	<input type="text"/>
Outpatient Adjudication Percentage	<input type="text"/>	Outpatient Adjudication Monetary Amount	<input type="text"/>
Payer Paid Monetary Amount	<input type="text"/>	Adjudication or Payment Date	<input type="text"/>
Remaining Patient Liability Monetary Amount	<input type="text"/>		

Add Claim COB

- Once Other Payer Identification Code is entered click **Add Claim COB**



Service Level COB

- To add specific adjudication to the service, click on **Add COB** in the Services section of the Treatment page.

Coordination of Benefits						
Other Payer	Qualifier: Code: 1234A Name:	Outpatient Adjudication	Percentage: Amount:	Payment	Amount: Date:	Remaining Patient Liability Amount
Delete COB / Add Adjustment						
Add COB						
Edit Claim						
Services						
Service Date	CPT Code			Units	Duration	
1/7/2020	H0004:UA:HG			3.00	45.00	
Add COB						
Coordination of Benefits						
No Service-level Coordination of Benefits						
Return to Treatment History						



Multiple Services requiring OHC/COB Adjudication Information

No COB information has been entered for any of the services below

Services			
Service Date	CPT Code	Units	Duration
1/3/2020	H0020:UA:HG	1.00	15.00
Add COB			
Coordination of Benefits			
No Service-level Coordination of Benefits			
Service Date	CPT Code	Units	Duration
1/2/2020	H0020:UA:HG	1.00	15.00
Add COB			
Coordination of Benefits			
No Service-level Coordination of Benefits			
Service Date	CPT Code	Units	Duration
1/1/2020	H0020:UA:HG	1.00	15.00
Add COB			
Coordination of Benefits			
No Service-level Coordination of Benefits			

[Return to Treatment History](#)



Service Level COB

- Service level COB information must be entered for each service (AKA treatment) entered for that patient.
- **Only** complete the following three fields (leave all others blank)
 1. Payer Identifier
 2. Adjudication or Payment Date
 3. Amount Paid (Enter 0 if the entire claim was denied with no partial payments)

Service COB Details					
Third Party Payer	<input type="text" value="Please Choose One"/>	Payer Identifier	<input type="text" value="1234A"/>	Other Payer Last Name or Organization Name	<input type="text"/>
Procedure Code	<input type="text"/>	Quantity	<input type="text"/>		
Allowed Amount	<input type="text"/>	Billed Amount	<input type="text"/>	Amount Paid	<input type="text" value="0"/>
Adjudication or Payment Date	<input type="text" value="02/01/2022"/>	Remaining Patient Liability Monetary Amount	<input type="text"/>		

Add Service COB



Service Level COB continued...

- Once the COB information is entered on the previous screen, users will then enter any adjustment information for each service.

Professional Claim Details							
Claim ID	1697493	Date of Claim	Bill Enum	Funding Source	Drug Medi-Cal (3)	Total Charge	N/A
Diagnosis							
Principal Diagnosis	 	Diagnosis 2	 	Diagnosis 3	 	Diagnosis 4	
Diagnosis 7	 	Diagnosis 8	 	Diagnosis 9	 	Diagnosis 10	
Diagnosis 5 							
Diagnosis 6 							
Diagnosis 11 							
Diagnosis 12 							
Comments							
Claim Level Comments:							
Add COB							
Coordination of Benefits							
Other Payer	Qualifier: Code: 1234A Name:	Outpatient Adjudication	Percentage: Amount:	Payment	Amount: Date:	Remaining Patient Liability Amount	
Delete COB / Add Adjustment							

[Edit Claim](#)

Services				
Service Date	CPT Code	Units	Duration	
1/7/2020	H0004:UA:HG	3.00	45.00	
Add COB				
Coordination of Benefits				
Third Party Payer: Payer Identifier: 1234A Payer Name:	Procedure Code: Quantity:	Payment	Allowed Amount: Billed Amount: Amount Paid: 0.00 Date: 2/1/2022	Remaining Patient Liability Amount
Delete COB / Add Adjustment				

[Return to Treatment History](#)

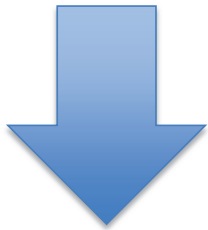


Adding the Adjustment (Denial)

- When a service is denied or partially denied the adjustment information needs to be entered into each service.

Services				
Service Date	CPT Code	Units	Duration	
1/7/2020	H0004:UA:HG	3.00	45.00	
Add COB				
Coordination of Benefits				
Third Party Payer: Payer Identifier: 1234A Payer Name:	Procedure Code: Quantity:	Payment	Allowed Amount: Billed Amount: Amount Paid: 0.00 Date: 2/1/2022	Remaining Patient Liability Amount
Delete COB / Add Adjustment				

[Return to Treatment History](#)



- Enter each Claim Adjustment Reason Code received on the EOB from the OHC carrier
- Enter amount DENIED , (do not include \$ sign)
 - If service is a Presumptive Denial, enter the charge amount.
- The Quantity will ALWAYS be "1"
 - Once entered, the adjustment CANNOT be edited, users can only delete the adjustment

Adjustment Details				
Adjustment Group Code	Reason Code	Amount	Quantity	
<input type="text" value="- Please Choose One -"/>	<input type="text" value="- Please Choose One -"/>	<input type="text" value=""/>	<input type="text" value=""/>	
Adjustment 1	Reason Code: <input type="text" value="- Please Choose One -"/>	<input type="text" value=""/>	<input type="text" value=""/>	
Adjustment 2	Reason Code: <input type="text" value="- Please Choose One -"/>	<input type="text" value=""/>	<input type="text" value=""/>	
Adjustment 3	Reason Code: <input type="text" value="- Please Choose One -"/>	<input type="text" value=""/>	<input type="text" value=""/>	
Adjustment 4	Reason Code: <input type="text" value="- Please Choose One -"/>	<input type="text" value=""/>	<input type="text" value=""/>	
Adjustment 5	Reason Code: <input type="text" value="- Please Choose One -"/>	<input type="text" value=""/>	<input type="text" value=""/>	
Adjustment 6	Reason Code: <input type="text" value="- Please Choose One -"/>	<input type="text" value=""/>	<input type="text" value=""/>	

[Add Adjustment](#)



Verifying Billed Amount for a Service

Service	
Service Date	CPT Code
2/8/2022	H0004:UA:HG
Coordination of Benefits	
Third Party Payer: Payer Identifier: 1234A Payer Name:	Procedure Code: Quantity:
Adjustment	
Adjustment Group Code	CO - Contractual Obligations
Reason Code 1	119 - Benefit maximum for this time period or occurrence has been reached.
Reason Code 2	

The Billed Amount must be equal to the amount paid and amount denied entered for the Service Level COB or the claim will be out of balance, which is not billable to the State and will be recouped.

Field	Value
Procedure Code	H0004:UA:HG (C) - Individual Counseling
Revenue Code	
Units	4
Approved Units	
Service Date	2/8/2022
Start Time	
End Time	
Funding Source	Non-Drug Medi-Cal
Authorization Number	109641
Claim Status	Not Reviewed
Claim Status Reason	
Explanation of Coverage	
Duration	60
Private Pay Amount Add/Edit	\$0.00
Billed Amount	\$66.60
Expected Disbursement	\$66.60
Fee Table Amount	\$0.00
Comments	
Service Comments	
Voided	No

close window

Balancing the Claim



Example:

Billed Amount on Treatment Details = \$66.00

Payment amount = \$20

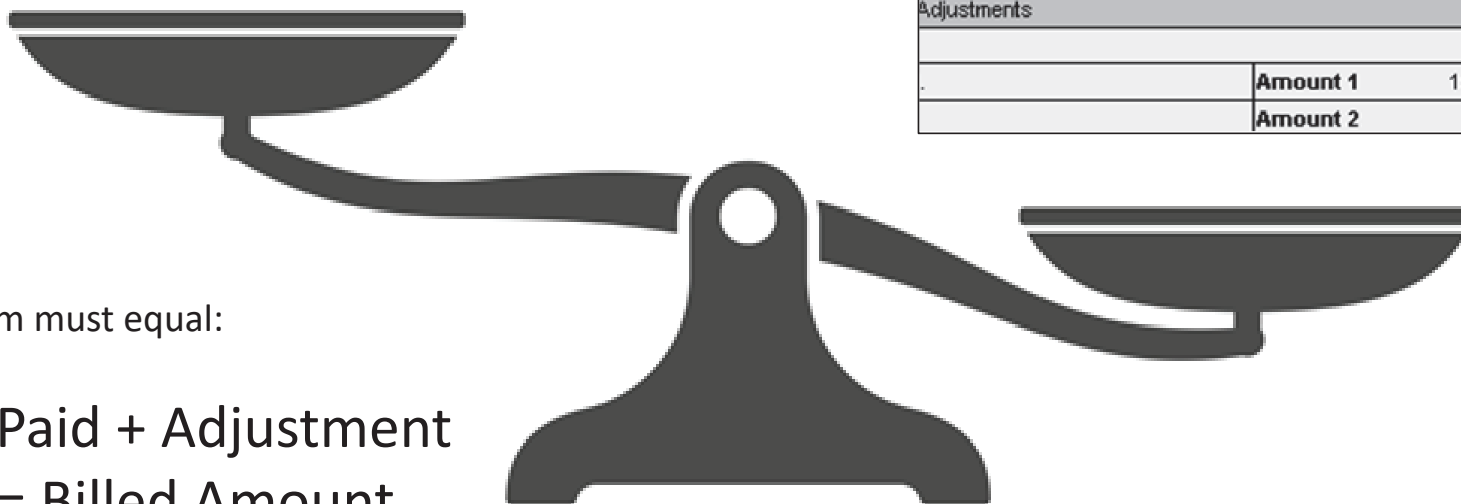
Adjustment amount = \$15

COB total = \$35

Claim is out of balance

Payment	Allowed Amount: Billed Amount: Amount Paid: 20.00 Date: 2/1/2022
----------------	---

Adjustments	
Amount 1	15.00
Amount 2	



Balanced Claim must equal:

$$\text{Amount Paid} + \text{Adjustment Amount} = \text{Billed Amount}$$



Correcting Errors on COB or Adjustment

Please be careful if you need to re-enter adjustment information. Users should click “Delete Adjustment” not “Delete COB.”

Clicking “Delete COB” will delete the Service Level COB information

Clicking “Delete Adjustment” will delete only the adjustment information

Services				
Service Date	CPT Code	Units	Duration	
1/7/2020	H0004:UA:HG	3.00	45.00	
Add COB				
Coordination of Benefits				
Third Party Payer: Payer Identifier: 1234A Payer Name	Procedure Code: Quantity:	Payment	Allowed Amount: Billed Amount: Amount Paid: 0.00 Date: 2/1/2022	Remaining Patient Liability Amount
Delete COB / Add Adjustment				
Adjustments				
Adjustment Group Code	CO - Contractual Obligations			Delete Adjustment
Reason Code 1	10 - The diagnosis is inconsistent with the p	Amount 1	300.00	Quantity 1 1
Reason Code 2		Amount 2		Quantity 2
Reason Code 3		Amount 3		Quantity 3
Reason Code 4		Amount 4		Quantity 4
Reason Code 5		Amount 5		Quantity 5
Reason Code 6		Amount 6		Quantity 6

[Return to Treatment History](#)



Completed Service Level COB for One of Three Services on One Claim

Services				
Service Date	CPT Code	Units	Duration	
1/3/2020	H0020:UA:HG	1.00	15.00	
Add COB				
Coordination of Benefits				
Third Party Payer: Payer Identifier: 1234A Payer Name:	Procedure Code: Quantity:	Payment	Allowed Amount: Billed Amount: Amount Paid: 0.00 Date: 2/1/2022	Remaining Patient Liability Amount
Delete COB / Add Adjustment				
Adjustments				
Adjustment Group Code	CO - Contractual Obligations			
Reason Code 1	119 - Benefit maximum for this time period or occurrence has been reached.		Amount 1	Quantity 1
Reason Code 2			Amount 2	Quantity 2
Reason Code 3			Amount 3	Quantity 3
Reason Code 4			Amount 4	Quantity 4
Reason Code 5			Amount 5	Quantity 5
Reason Code 6			Amount 6	Quantity 6

Service Date	CPT Code	Units	Duration	
1/2/2020	H0020:UA:HG	1.00	15.00	
Add COB				
Coordination of Benefits				
Third Party Payer: Payer Identifier: 1234A Payer Name:	Procedure Code: Quantity:	Payment	Allowed Amount: Billed Amount: Amount Paid: 0.00 Date: 2/1/2022	Remaining Patient Liability Amount
Delete COB / Add Adjustment				

Service Date	CPT Code	Units	Duration	
1/1/2020	H0020:UA:HG	1.00	15.00	
Add COB				
Coordination of Benefits				
No Service-level Coordination of Benefits				
Return to Treatment History				



Claim 1- COB and Adjustment information entered



Claim 2- Only COB info entered, no adjustment info



Claim 3- No COB/adjustment info



Generate a Bill

- Once all OHC information has been entered for desired services, a bill may be generated.
- OHC and Non-OHC claims may be submitted on the same bill.

Bill Generation	
2021 - 2022	<input type="button" value="Generate New Bill"/>

Void and Replacement Submission	
2021 - 2022	<input type="button" value="Generate Replacement Submission"/>
<input type="button" value="Generate Void Submission"/>	

- Prioritize FY 18-19 OHC claims.
 - Claims submitted by 2/28/2022 will be adjudicated and paid out to providers per the normal process. Approved claims submitted on 3/1/2022 and after for FY 18-19 will be paid at Cost Settlement.



Resources



SAPC Links and Resources for OHC



Resource	Location	Description
Provider OHC Manual	http://publichealth.lacounty.gov/sapc/providers/sage/finance.htm	SAPC policies and billing manual for OHC related claims
Sage Finance Training Documents and Recorded Webinars	http://publichealth.lacounty.gov/sapc/providers/sage/finance.htm	Sage specific Financial documents, job aids and recorded trainings related to new Sage Financial functionality
Sage Provider Communications	http://publichealth.lacounty.gov/sapc/providers/sage/provider-communications.htm	Copies of provider communications separated by fiscal year.
How to Clear Chrome Browser Cache	http://publichealth.lacounty.gov/sapc/providers/sage/system-guides.htm#	Video on clearing cache in Chrome. If user is experiencing any issues with new functionality, clearing cache can resolve many minor issues.
Sage Help Desk Contact Information	Sage Help Desk Phone Number: (855) 346-2392 Sage Help Desk ServiceNow Portal: https://netsmart.servicenow.com/plexussupport	For “Please describe your issue” use: OHC Claiming. In Additional Details add a specifics regarding your case.

DHCS Links and Resources for OHC



Resource	Location	Description
DHCS OHC Resources Home Page	https://www.dhcs.ca.gov/services/Pages/TP_LRD_OCU_cont.aspx	General landing page for OHC related information and bulletins from DHCS
DHCS OHC Guidelines for Billing- Part 1	https://files.medi-cal.ca.gov/pubsdoco/Publications/masters-MTP/Part1/otherguide.pdf	Detailed guidelines for how to bill and interpret OHC for Medi-Cal Beneficiaries, including OHC type codes
DHCS OHC Guidelines for Billing- Part 2	https://files.medi-cal.ca.gov/pubsdoco/Publications/masters-MTP/Part2/othhlth.pdf	Detailed guidelines for how to bill and interpret OHC for Medi-Cal Beneficiaries, including Scope of Coverage Codes
DHCS ACWDL- 13-12	https://www.dhcs.ca.gov/services/medical/eligibility/letters/Documents/c13-12%20wAttach.pdf	DHCS policy related to OHC
DHCS BHIN 16-034	https://www.dhcs.ca.gov/formsandpubs/Documents/MHSUDS%20Information%20Notices/MHSUDS_16-064.pdf	Additional DHCS policy related to OHC