

Claims Inquiry Form (CIF) Submission and Timeliness Instructions

The following information is being provided to clarify CIF Submission and Timeliness Instructions as it relates to the resubmission of claims that have 'timed out' and denied due to the implementation of an erroneous payment correction (EPC). Please note: Local Educational Agency (LEA) services are reimbursable within 12 months of the month of service, as long as the date of service is on or after January 1, 2007 and the claim is billed within statutory limits.

According to Medi-Cal guidelines, if a claim has been submitted in a timely manner and is subsequently denied **after the 12 month submission limit due to the implementation of an EPC, providers will have six months from the date of the Remittance Advice Details (RAD) on which the claim appears as denied to request reconsideration of denied claims.** In addition, you have 90 days after that to file an appeal of the claim if necessary. In order to resubmit claims that have 'timed out' and denied after implementation of an EPC, the claim must be resubmitted using the CIF process as identified in Part 2, Local Educational Agency Program, CIF Overview process. CIFs received after six months are subject to automatic denial; however, if a claim is denied prior to the 12 month submission limit, the claim may simply be resubmitted instead of completing a CIF. For further information on the CIF process, go to www.dhcs.ca.gov/provgovpart/Pages/BulletinsManuals.aspx.