

LEA Medi-Cal Billing Option Program
Sample Interim Reimbursement and Units of Service Report
LEA Services Billed with Extraneous or Missing Modifiers

Interim Reimbursement and Units of Service Report
FY 06/07 Dates of Service 07/01/06 - 06/30/07
Paid Claims Only

If your LEA's Interim Reimbursement and Units of Service Report contained this description under "Service Type", then your LEA billed Medi-Cal and was reimbursed for an invalid procedure code and modifier combination. Since the units of service and reimbursement information for this invalid code combination cannot be transferred to the standardized CRCS Report template on Worksheets A-4 and/or B-4, this information should be excluded from your CRCS Report. This information may be subject to an audit adjustment during the CRCS audit and/or review process.

Prvdr Legal Name	Provider Number	Fiscal Year	Service Type	LEA Service	National Code	Type of Service Modifier	Practitioner Modifier	IEP/IFSP Service Modifier	Units of Service	Reimbursement
		FY 06/07	LEA Services Billed with Extraneous or Missing Modifiers (Do Not Include the Following Reimbursement or Units on your CRCS; See the LEA Program Website for Further Information at http://www.dhcs.ca.gov/provgovpart/Pages/LEACRCSTraining.aspx)		96150	-	TD	TM	1	\$5.37
		FY 06/07	LEA Services Billed with Extraneous or Missing Modifiers (Do Not Include the Following Reimbursement or Units on your CRCS; See the LEA Program Website for Further Information at http://www.dhcs.ca.gov/provgovpart/Pages/LEACRCSTraining.aspx)		T1001	-	-	-	1	\$27.52
		FY 06/07	LEA Services Billed with Extraneous or Missing Modifiers (Do Not Include the Following Reimbursement or Units on your CRCS; See the LEA Program Website for Further Information at http://www.dhcs.ca.gov/provgovpart/Pages/LEACRCSTraining.aspx)		97110	22	-	TM	22	\$136.96