

## DRG Claims Denied with RAD Code 0341 Will Reprocess

July 06, 2015

The Department of Health Care Services (DHCS) identified a claims processing issue causing diagnosis-related group (DRG) claims for recipients who have a restricted aid code to erroneously deny with Remittance Advice Details (RAD) code **0341: Units of service billed exceed the TAR (*Treatment Authorization Request*) authorized days. Please resubmit with a new TAR Control Number.** This issue has been resolved.

Claims resubmitted must contain the following on the *UB-04* claim form to receive reimbursement:

Include the following statement in the *Remarks* field (Box 80):

“DRG claim that previously denied with RAD code 0341”

Indicate delay reason code “11” in the appropriate field

Timeliness for claims that previously denied with RAD code 0341 will be waived for claims with dates of service through February 1, 2015 and for fee-for-service claims with admission dates on or after July 1, 2013. Hospital providers may resubmit claims until November 20, 2015.

### Reminder:

Per DRG methodology, upon discharge of the recipient, the provider must submit a final claim, with “111” entered in the *Type of Bill* field (Box 4) of the *UB-04* claim form, which will contain charges for the full length of stay, including for **all** days, diagnosis and procedure codes. This applies even when a recipient has coverage other than Medi-Cal fee-for-service for a portion of the stay.

[http://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom\\_23821.asp](http://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_23821.asp)