

Timeliness Date Extended for Resubmission of DRG Claims Over 22 Lines

December 28, 2015

A previously published *NewsFlash* announced instructions for resubmitting diagnosis-related group (DRG) provider claims over 22 lines. **The timeliness date for resubmission has been extended to February 1, 2016.**

Providers should complete a *Claims Inquiry Form* (CIF) void for all paid claims that were split-billed due to the 22 line restriction before July 28, 2014, where one of the following criteria exists:

- First page paid, second page denied; or
- Second page paid, first page denied; or
- First and second page paid separately (please make sure to void both pages)

Once the void appears on a future *Remittance Advice Details* (RAD) form, these claims may be resubmitted via Computer Media Claims (CMC) as a single claim. Timeliness for claims that exceed 22 lines and meet one of the above criteria will be waived through February 1, 2016.

When resubmitting the claims via CMC, providers must do the following:

- Indicate delay reason code "10" in the appropriate field
- Use the following comment in the remarks area: "Claim exceeds 22 lines prior to July 28, 2014"

Failure to follow the above instructions could result in claims being denied or processed incorrectly.

For additional information about recent updates to electronic transactions, including specific processing instructions for inpatient claims submitted with more than 22 claim lines, providers should refer to the [HIPAA 5010 Medi-Cal Companion Guide Update](#) article.

For more information regarding CMC, please refer to the [Medi-Cal Computer Media Claims \(CMC\) Billing and Technical Manual](#). If you have any questions regarding the instructions above, please call the Telephone Service Center (TSC) at 1-800-541-5555 and select the option for POS, Internet, LSRS and CMC inquiries.