

DHCS Short-Doyle 2 OTHER HEALTH CARE COVERAGE = F BILLING SCENARIOS

The claim assumes that the beneficiary has Medicare Part C (Risk HMO/Medicare Advantage) and that the claim has no reason to be deny other than the conditions below.

Scenario	Description (ALL conditions apply)	Result
1a	<ul style="list-style-type: none"> • Beneficiary's health plan IS covered by a certification letter, on the date(s) of service billed. • Medicare Risk HMO Coordination of Benefit (COB) (Loop 2320, SBR09=16) IS reported on the claim. • Services or service locations DO or DO NOT require prior billing to Medicare. 	Approve
1b	<ul style="list-style-type: none"> • Beneficiary's health plan IS covered by a certification letter, on the date(s) of service billed. • NO Medicare Risk HMO Coordination of Benefit (COB) (Loop 2320, SBR09=16) is reported on the claim. • Services or service locations DO NOT require prior billing to Medicare. 	Approve
1c	<ul style="list-style-type: none"> • Beneficiary's health plan IS covered by a certification letter, on the date(s) of service billed. • NO Medicare Risk HMO Coordination of Benefit (COB) (Loop 2320, SBR09=16) is reported on the claim. • Services or service locations DO require prior billing to Medicare. 	Deny
2a	<ul style="list-style-type: none"> • Beneficiary's health plan IS NOT covered by a certification letter, on the date(s) of service billed. • Medicare Risk HMO Coordination of Benefit (COB) (Loop 2320, SBR09=16) IS reported on the claim. • Services or service locations DO or DO NOT require prior billing to Non-Medicare OHC. 	Approve
2b	<ul style="list-style-type: none"> • Beneficiary's health plan IS NOT covered by a certification letter, on the date(s) of service billed. • NO Medicare Risk HMO Coordination of Benefit (COB) (Loop 2320, SBR09=16) is reported on the claim. • Services DO NOT require prior billing to Non-Medicare OHC. 	Approve
2c	<ul style="list-style-type: none"> • Beneficiary's health plan IS NOT covered by a certification letter, on the date(s) of service billed. • NO Medicare Risk HMO Coordination of Benefit (COB) (Loop 2320, SBR09=16) is reported on the claim. • Services DO require prior billing to Non-Medicare OHC. 	Deny