California APR-DRG Billing Updates July 2014

RAD Code 9952 Denials for Type of Bill 121

Effective July 1, 2014, claims billed with type of bill code 121 will no longer erroneously deny with RAD code 9952.

Medi-Cal recently implemented a fix for inpatient claims with type of bill code 121 that were erroneously denying with Remittance Advice Details (RAD) code 9952: Type of bill code for APR-DRG Claim Invalid or Missing.

Starting July 14, 2014, providers are instructed to resubmit DRG, type of bill 121 claims with dates of service on or after July 1, 2013, through June 30, 2014. Timeliness requirements are being waived for these types of bill 121 claims; therefore, providers do not need to submit a delay reason code, or any other documentation. This one-time timeliness waiver will allow for resubmission of these claims until September 26, 2014.

New DRG Electronic Claim Requirements: Mother/Baby and Organ Donor Claims

Effective retroactively for dates of service on or after July 1, 2013, specific Diagnosis-Related Group (DRG) electronic claims have new requirements. DRG electronic claims in which services to the infant are billed using the mother’s ID number must indicate “baby using mother’s ID” in the NTE segment of the 837I v.5010 electronic claim. DRG electronic claims billed for organ donation services must indicate “donor using recipient’s ID” in the NTE segment.

DRG electronic claims described above billed without the required statement will be denied with Remittance Advice Details code 010: This service is a duplicate of a previously paid claim.

Please refer to the HIPAA 5010 Medi-Cal Companion Guide for further instructions on electronic claim submission.