

BILLING ERRORS AND DENIALS -- AND HOW TO AVOID THEM

Missing and incomplete information causes billing errors prior to DMC claim submission, and may require services to be held back from billing until corrected. Failure to correct data may results in lost revenue.

Missing/Incomplete Information	Correction
No diagnosis entered	Providers should enter an initial diagnosis upon admission then update it once the diagnosis has been confirmed. (Refer to valid dx list attached) Run Doc at a Glance Report to double check all clients have a valid diagnosis.
Authorization extensions to cover service month	Notify MIS of extended authorizations so that it can be entered into Avatar.
Practitioner – missing information, possible missing or incorrect NPI or Taxonomy.	Practitioner credentials must be updated in “Practitioner Enrollment” in Avatar. AOD practitioners must have unique 7000 ID number in Avatar.
Client demographic data – missing data or incorrect data such as all zeroes for the zip code, missing state or county.	When entering client information in “Update Client Data” be sure to enter clients full address, City, State, Zip and County. If unknown or homeless then put UNKNOWN or HOMELESS in the address field and enter the providers Zip code and County. (Please use all CAPS and NO PO Boxes allowed).

Common billing denials: Issues that cause Medi-Cal to deny services.

Denial reason	Correction
Invalid diagnosis code	Make sure diagnosis code corresponds with valid diagnosis list. (See valid dx list attached).
Perinatal service billed, but beneficiary is not identified as perinatal eligible.	Providers must fill out the “Client Condition-Pregnancy Form” in Avatar for clients authorized for Perinatal services.
Practitioner – missing information Possible missing or incorrect NPI or Taxonomy.	Practitioner credentials must be updated in “Practitioner Enrollment” in Avatar. AOD practitioners must have unique 7000 ID number in Avatar.
Client ineligible in MEDS-Medi-Cal termed or restricted.	Contact MIS ASAP of any changes in Medi-Cal status.
Service denied because Service Facility is not authorized to provide the identified services.	Master Provider file (MPF) must be updated with the DMC-ODS treatment service codes the provider is contracted to provide.