

**DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS**

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**ADP BULLETIN**

## Title

Drug Medi-Cal Electronic Claims - Multi-Month Claim Files,  
 Resubmission Claims, and Monthly Summary Invoice

Deputy Director Approval

*(Original signed by C. Delgado)*

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 Program Services Division

## Function:

- Information Management
- Quality Assurance
- Service Delivery
- Fiscal
- Administration

Issue Date: July 29, 2005  
 Issue No. 05-08  
 Expiration Date:

Supersedes Bulletin/ADP  
 Letter No.

**PURPOSE**

Effective immediately, the Department of Alcohol and Drug Programs (ADP) will allow and process electronic Drug Medi-Cal (DMC) claim files containing different service months; i.e., a claim file submitted for the month of January may include claims for service months of October, November, and December.

Instructions for the submission of multi-month DMC electronic claim files, resubmission of denied claims, and a revised ADP 1592 Drug Medi-Cal Monthly Summary Invoice form that should be used for all claim submissions are included in this bulletin.

**DISCUSSION**

ADP will process multiple service months claim files when submitted in an electronic claim file. Counties and direct providers are not required to use the multi-month claim process. We will not reject multi-month claims for processing when submitted in an electronic claim file. The claim files will be accepted and transmitted to the Department of Health Services (DHS) for Short-Doyle Medi-Cal (SD/MC) processing under the following criteria:

- The claim files must contain Paradox DMC (ADP 1584) text files and Health Insurance Portability Accountability Act (HIPAA) compliant (837P) format claim files, submitted through the Information Technology Web Service (ITWS).
- HIPAA compliant and proprietary DMC claims are not submitted in the same electronic file.
- There is no limit to the number of electronic claim files that may be submitted for a claim month or report month.

- Claim files will be received and designated as **original**, **late submission**, or **resubmission** types only. DMC claims submitted subsequent to the first claim for the same service month and year are considered a late submission/claim.
- Original claim files must not include claims for previously denied services being resubmitted for State approval.
- A separate claim file must be submitted for service month claims for separate fiscal years.
- The claims in the electronic file must be grouped and sorted separately by Program Code 20 for Alcohol and Drug/Non-Perinatal and Program Code 25 for Perinatal. This is in accordance with the DMC Provider Billing Manual.
- The “claim for month” will now be the “reporting month” for which the claim file is submitted.
- The requirement that original (initial) claims be submitted to ADP within 30 days from the claim’s month and year of service will remain in effect in accordance with Health and Safety Code Section 51490.1(a). For example, the claim report month is January 2005; the treatment services submitted in the claims include November 2004 and January 2005 service dates. The November 2004 services were due by December 31, 2004 so they will require a Good Cause code for late submission in order to be processed. The January 2005 services will be processed since they are being submitted prior to the February 28, 2005 due date.
- If the claim file name and content are not submitted in an acceptable format, ITWS will reject the entire claim file.

### **Resubmission of Denied Claims**

- Resubmission of claims **denied** in the DHS SD/MC processing must be sent in a separate electronic claim file.
- Each resubmission should only contain claims from the same original claim and identified with the same batch number. (Refer to Section 5 of the ADP Drug Medi-Cal Provider Billing Manual for instructions on resubmission of denied services.)
- Resubmission of denied services do not require a Good Cause code unless the claim was originally submitted late—beyond 30 days from the last day of the service month and year.

- Resubmission claims must be submitted 6 months from the Cut-Off date of the DHS Denied Claims Report. The Cut-Off date is the date shown below the title “Denied Claims Report”.
- The claim file must be in a format acceptable by ITWS or the entire file will be rejected.

### **ADP 1592 Drug Medi-Cal Monthly Summary Invoice**

- The ADP 1592 Drug Medi-Cal Monthly Summary Invoice (attached) is required for each claim file submitted and should be utilized for hardcopy, diskette and electronic claim submissions, except when resubmitting a denied claim (invoice was submitted with the original claim). The ADP 1592 should identify the current report month. If the claim file contains late submission claims, the current report month should be reflected on the ADP 1592, not the service month of the late submission claims.
- Each original claim submitted must be accompanied by an ADP 1592 Drug Medi-Cal Monthly Summary Invoice, separated by Program Code 20 or 25, and identify the units and dollars by function code for each provider. The ADP 1592 may be submitted by fax or mail.

Please refer to DMC Provider Billing Manual, Section 4 for detailed information on using the ADP 1592. The revised form is also available from the ADP website, at [www.adp.ca.gov](http://www.adp.ca.gov).

### **REFERENCES**

California Code of Regulations, Title 22, Section 51341.1, which requires counties to maintain a system of fiscal disbursement and controls over DMC contract providers and to process claims for reimbursement.

ADP Drug Medi-Cal Provider Billing Manual, August 2002.

### **BACKGROUND**

Counties and direct providers have requested that ADP streamline the electronic submission of DMC claims. Currently, electronic claim files contain only claims for the same service month. Allowing electronic claims files to contain claims for more than one service month will reduce county/direct provider transaction costs and streamline submitting claim files to the State.

## QUESTIONS/MAINTENANCE

If you have questions, please contact your assigned Fiscal Management and Accountability Branch (FMAB) analyst. This bulletin is available on the Department's Web page at [www.adp.ca.gov](http://www.adp.ca.gov) or may be requested through the Department's Resource Center at (800) 879-2772.

## EXHIBITS

Form ADP 1592 Drug Medi-Cal Monthly Summary Invoice, revised July 2005.

## DISTRIBUTION

County Alcohol and Drug Program Administrators  
Strategic Local Government Services  
Director's Advisory Council  
Drug Medi-Cal Direct Providers  
Drug Medi-Cal Billing Contacts  
ADP HIPAA Project