

ATTACHMENT 1

Medical Ancillary Services Billing Procedure Update

Effective immediately, Medi-Cal should not be billed for any health care (medical ancillary) services such as laboratory, X-ray or other medical services performed off-site for persons residing as inpatients in Institutions for Mental Diseases (IMDs) when they receive services in an acute care hospital for a medical condition.

Medi-Cal does not cover medical ancillary services for individuals (21 through 64 years of age) residing as inpatients in IMDs. Health care providers who perform medical ancillary services must directly bill the county of responsibility as identified on the Medi-Cal Eligibility Data System (MEDS).

In accordance with the *Code of Federal Regulations*, Title 42, Sections 435.1010(b)(2), 441.13 and 435.1009, *California Welfare and Institutions Code*, Section 14053.3, and *California Code of Regulations* (CCR), Title 22, Sections 50273, 1840.210 and 1840312, Federal Financial Participation (FFP) reimbursement is not allowed for medical ancillary services provided to persons residing in IMDs. Counties are financially responsible for the medical ancillary services performed off-site for persons residing in IMDs when they receive services in an acute care hospital for a medical condition.

Providers must take necessary steps to immediately comply with the above information, including informing all off-site health care providers of this billing requirement.

If providers have any questions about this notice, they should contact the Benefits Analysis Section of the Medi-Cal Benefits, Waiver Analysis and Rates Division at (916) 552-9400.

[Hardcopy version only]

This information is reflected on manual replacement pages [Part 1] elig rstrict 2 (Part 1) and [IP, 13th] inp ment 13 (Part 2).

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