

| HOLD REASON ID | CLAIM ITEM HOLD REASONS | HOLD DESCRIPTIONS |
|-----------------------|---|--|
| 1 | Out of County clients with MAT and case management services | This hold reason is for OTP. MAT and Case Management cannot be billed to DMC for Out-of-County clients. |
| 2 | Out-of-County client | This hold reason is for outpatient and residential programs with Out-of-County clients. |
| 3 | Not Medi-Cal eligible | Client's Medi-Cal eligibility application was declined/has not met Medi-Cal requirements/not retroactive Medi-Cal after checking monthly for 6 months or over. |
| 4 | Waiting for Medi-Cal eligibility | Client applied for Medi-Cal and the result or approval is pending |
| 5 | Client has SOC for clearance | Client has SOC and program emails the completed SOC Financial Responsibility and Information form to Billing Unit to clear. |
| 6 | OHC claims waiting for EOC/EOB/denial | Programs must hold claims if waiting for EOC or EOB from the insurance company. |
| 7 | Disallowed Res BD claim | Bed Day claims determined as disallowed after Billing Unit completed the adjudication process in SanWITS, claims can no longer be returned to encounter state and should be returned to the Claim Item list folder and placed on hold. |
| 8 | Justice Override | Clients who do not meet medical necessity for LOC, but is overridden for justice related reasons; not billable to DMC |
| 9 | County Billable | County payable claims, not billable to DMC |
| 10 | Waiting for DMC Certification/QM Approval | Program is waiting for State's DMC certification or program is certified but waiting for approval from BHS-QM to bill to DMC. |
| 11 | Medi-Medi - Awaiting Medicare EOB (OTP Client w/ Medi-Medi) | For OTP program's use only. Medicare certified OTP with Medi-Medi clients must bill Medicare first to obtain EOB, then submit EOB to Billing Unit. |