

The guidance provided in this tip sheet assists OTP programs in billing Medi-Cal as the Secondary payor for clients with dual coverage (1-Medicare and 2-Medi-Cal) and the claims are either denied by the Primary payor or only a portion of the billed amount is paid.

In order to complete the workaround for Methadone claims where OHC-Medicare is the Primary payor, please make sure to use the following guidelines:

1. In SanWITS Payor Group Enrollment (PGE)

a. For a client with Medicare Part B:

Client must be enrolled in the Medicare Part B PGE as the Primary payor in addition to a DMC PGE.

Benefit Plan/Private Pay Billing Information	
Payor-Type	Medicare
Plan-Group	Medicare Part B-Part B

b. For a client with Medicare Part C/Medicare Risk/Medicare Advantage plan:

Client must be enrolled in the Medicare Risk (Part C) PGE as the Primary payor **in addition to** a DMC PGE.

Benefit Plan/Private Pay Billing Information	
Payor-Type	Group Insurance
Plan-Group	OHC/Medicare Risk-Part C

- 2. Methadone encounters should be entered with no more than seven consecutive days of treatment (7-day bundle).

For example: A client received Methadone treatment every day from January 1st through January 31st, EXCEPT January 20th.

ENC#	Service Start Date	Service End Date
1	1/1/2024	1/7/2024
2	1/8/2024	1/14/2024
3	1/15/2024	1/19/2024
4	1/21/2024	1/27/2024
5	1/28/2024	1/31/2024

Note: There is an ongoing workaround that involves adding individual counseling and MAT dosing to the bundled claims. OTP programs will be updated by the county billing unit as we receive development from our system vendor.

- 3. Encounters should be released to the appropriate PGE.
 - a. When releasing to billing for clients with **Medicare Part B**, the encounter must be released to the **Medicare Part B** PGE.

Benefit Plan/Private Pay Billing Information

Payor-Type Medicare ▼
Plan-Group Medicare Part B-Part B ▼

- b. When releasing to billing for clients with **Medicare Part C**, the encounter must be released to the **OHC/Medicare Risk-Part C** PGE.

Benefit Plan/Private Pay Billing Information

Payor-Type Group Insurance ▼
Plan-Group OHC/Medicare Risk-Part C ▼

4. Once released to billing, place the claims on hold using code 11 (Medi-Medi Awaiting Medicare EOB) in the Claim Item List Level with the OHC claims waiting for EOC/EOB/denial reason.

Note: The list of Hold Reasons is available on the Optum website under Billing.

5. Please submit any paper Explanation of Benefits (EOBs) from Medicare to the ADSBillingUnit.HHSA@sdcounty.ca.gov as soon as they become available.
6. Medicare Part B should be billed when a Medi-Medi client has OHC Code A and Medicare Part B on the Medi-Cal eligibility response. Encounters must be released to the Medicare Part B Payor Group Enrollment (PGE). If a client has only OHC Code A and Medi-Cal and no Medicare Part B, claims can be submitted directly to Medi-Cal.

Note: OHC CODE A means “Pay and Chase (applies to any carrier).”

Additional Notes or Reminders:

- Evidence of Coverage (EOC) that indicates that SUD is not a covered service is also a valid insurance document, so we can bill the primary insurance's unpaid service to Medi-Cal.
- Please ensure that emails containing sensitive information or documents with client information are encrypted.
- Contact the County ADS Billing Unit if you have any questions about this information.

End of Document