

PROGRAMS

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ADP #97-61

TO: Alcohol And Drug Program Administrators
County Fiscal Representatives
Drug/Medi-Cal Certified Providers

SUBJECT: Correction of Tape/Diskette Label Format and
Miscellaneous Drug/Medi-Cal Billing Information

The purpose of this letter is to provide the correct tape/disk label format and instructions on resolving several problems that are recurring with the billing of Drug Medi-Cal (D/MC) claims. The following topics are included in the enclosure:

1. Label Format for Tapes/Diskettes
2. Submission Instructions for Tape/Diskette and Hardcopy Claims
3. Grouping of Service Function Codes
4. Revised Invoice - Monthly Claim for Drug/Medi-Cal Reimbursement and Monthly Provider Service and Revenue Summary (ADP 1592)
5. Share of Cost (SOC)
6. Minor Consent and Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Claims
7. Revised Monthly Interim Payment Claim Form (ADP 7890)
8. Automated Billing System Reports
9. Disallowances Fiscal Year (FY) 1996-97 and Prior FYs
10. Claims Resubmission
11. Original Signatures Required
12. Assembly Bill (AB) 2071 - 45 Days to D/MC Reimbursement

We hope this information is helpful to you. If you have questions or need more information, please call your D/MC claims analyst.

Sincerely,

[Original Signed By]

GLORIA J. MERK, II
Deputy Director
Program Operations Division

Enclosures

[DRUG/MEDI-CAL CLAIMS AND BILLING INFORMATION](#)
[CLAIM SUBMITTAL FORM](#)
[CLAIM SUBMITTAL FORM INSTRUCTIONS](#)

cc: Wagerman Associates, Inc.
Director's Advisory Council

