

COMPLETION INSTRUCTIONS FOR GOOD CAUSE CERTIFICATION 6065**GENERAL**

The ADP Good Cause Certification form is used by a Drug/Medi-Cal Provider to request a waiver of the 30-day Drug Medi-Cal billing limitation.

* Do not complete or send this form to ADP unless the specified claims require pre-approval for Delay Reason Codes 4, 11 and 8.

* Retain a copy of the form at the provider site for auditing or monitoring purposes. Note: For county-contracted providers, send the original form to the county.

* Supporting documentation is required prior to submitting this form for Delay Reason Codes 4, 11 and 8. See the ADP DMC Provider Billing Manual for details.

DELAY REASON CODES (see CCR Title 22, Section 51008.5)

Reason Code 1 (time limit: one year plus 60 days): Patient or legal representative's failure to present Medi-Cal beneficiary identification.

Reason Code 2 (time limit: one year): Initiation of legal proceedings to obtain payment of a liable third party pursuant to Section 14115 of the Welfare and Institution Code.

***Reason Code 4 (time limit: one year):** Determination by the Director of the DHCS, or the Director's delegate, that the provider was prevented from submitting the claims on time due to circumstances beyond the provider's control, where the circumstance is either delay in the certification or recertification of the provider to participate in the DMC program by the State or delay by DHCS in enrolling a provider.

Reason Code 7 (time limit: one year or 60 days): Billing involving other coverage, including/not limited to Medi-Care, Kaiser, Ross-Loos, or Champus.

***Reason Code 8 (time limit: one year):** Determination by the DHCS Director, or the Director's delegate, that the provider was prevented from submitting the claims on time due to circumstances beyond the control of the county/provider regarding delay or error in the certification of Medi-Cal eligibility of the beneficiary by the state or county. This includes retroactive Medi-Cal eligibility.

Reason Code 10 (time limit: 60 days from resolution of circumstances causing delay): Special circumstances that cause a billing delay such as a court decision or fair hearing decision.

***Reason Code 11 (time limit: one year):** Determination by the Director of DHCS, or the Director's delegate, that the provider was prevented from submitting the claims on time due to circumstances beyond the provider's control, specifically due to:

- Damage to or destruction of the provider's business office or records by a natural disaster; includes fire, flood or earthquake, or
- Circumstances resulting from such a disaster have substantially interfered with processing bills in a timely manner;
- Theft, sabotage or other deliberate, willful acts by an employee;
- Other circumstances which may be clearly beyond the provider and/or county's control and have been reported to the appropriate law enforcement or fire agency when applicable.

***NOTE:** For Reason Codes 4, 11, and 8, providers should provide supporting documentation prior to submission of this form.

HEADING INSTRUCTIONS

- a. SERVICE FACILITY LOCATION NPI: enter the NPI for this service facility location.
- b. COUNTY/DIRECT PROVIDER: if submitter is a county, enter the county name; if submitter is a direct provider, enter the direct provider name.
- c. ITWS FILE NAME: enter the name of the ITWS 837P file.

COLUMN INSTRUCTIONS

- a. SUBMITTER'S CLAIM ID NUMBER: for each claim listed, enter the unique claim ID number.
- b. CLAIM FOR MO/YEAR: for each claim listed, enter the month and year of the claim.
- c. DELAY REASON CODE: for each claim listed, enter the appropriate delay reason code.
- d. STATE USE ONLY: submitters should not enter any information in this area. It is for State use only.

SIGNATURE BLOCK INSTRUCTIONS

- a. SIGNATURE: only authorized county or direct provider representatives should sign.
- b. PHONE NUMBER: enter the area and code and phone number of the representative signing the form.
- c. DATE: enter the date the form was signed by the authorized representative.
- d. STATE USE ONLY: submitters should not enter any information in this area. It is for State use only.