

4. Claims for surgical services not prior authorized must be accompanied by an operative report.
 5. Claims for Hospital Emergency Department services must be accompanied by an Emergency Treatment Record or Emergency Room Report.
 6. Claims for supplies or medications reimbursed on cost must be accompanied by a current invoice for the supply or medication.
 7. Claims with modifiers identifying review is required must have documentation to support the use of the modifier(s).
 8. Claims for additional services not listed on the authorization must be accompanied by applicable portions of the patient's medical records that justify the performance of additional services.
 9. Claims for consultations or office visits billed at a higher code than authorized must be accompanied by the consult report or applicable portions of the patient's medical record that justify the higher level of service.
 10. Claims where MIDCOUNTY is the secondary payor must be accompanied by an Explanation of Benefits or Remittance Advice from the primary payor.
- D. Claim Receipt Verification. For verification of claim receipt by MIDCOUNTY, please do the following:
- Via telephone: (858) 824-7000
 - Via Website: mso.scpmcs.org
(Please call the above number to request a User ID.)

II. **Claim Overpayments**

- A. Notice of Overpayment of a Claim. If MIDCOUNTY determines that it has overpaid a claim, MIDCOUNTY will notify the provider in writing through a separate notice clearly identifying the claim, the name of the patient, the Date of Service(s) and a clear explanation of the basis upon which MIDCOUNTY believes the amount paid on the claim was in excess of the amount due, including interest and penalties on the claim.
- B. Contested Notice. If the provider contests MIDCOUNTY's notice of overpayment of a claim, the provider, within 30 Working Days of the receipt of the notice of overpayment of a claim, must send written notice to MIDCOUNTY stating the basis upon which the provider believes that the claim was not overpaid. MIDCOUNTY will process the contested notice in accordance with MIDCOUNTY's contracted provider dispute resolution process described in Section II above.
- C. No Contest. If the provider does not contest MIDCOUNTY's notice of overpayment of a claim, the provider must reimburse MIDCOUNTY within thirty (30) Working Days of the provider's receipt of the notice of overpayment of a claim.
- D. Offsets to payments. MIDCOUNTY may only offset an uncontested notice of overpayment of a claim against provider's current claim submission when; (i) the provider fails to reimburse MIDCOUNTY within the timeframe set forth in Section IV.C., above, and (ii) MIDCOUNTY's contract with the provider specifically authorizes MIDCOUNTY to offset an uncontested notice of overpayment of a claim from the provider's current claims submissions. In the event that an overpayment of a claim or claims is offset against the provider's current claim or claims pursuant to this section, MIDCOUNTY will provide the provider with a detailed written explanation identifying the specific overpayment or payments that have been offset against the specific current claim or claims.

For further information on the AB1455 Regulation, please refer to the Department of Managed Health Care's website address: <http://wps0.dmhc.ca.gov/regulations/> and see the table for "Claims

Settlement Practices/Dispute Resolution Mechanism” for a copy of the specific provisions.