

Other Health Coverage (OHC) Guidelines for Billing

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A recipient eligible for Medi-Cal may also have Other Health Coverage (OHC). In most circumstances, OHC must be billed prior to billing Medi-Cal. For information about billing Medi-Cal after billing the OHC, refer to the Other Health Coverage (OHC) section in the Part 2 manual.

Cost-Avoided OHC and HMO Coverage Codes

If a recipient's OHC code is one of the following and the service rendered falls within the recipient's Scope of Coverage (COV) under the OHC, the provider must advise the recipient to contact the Health Maintenance Organization (HMO) or bill the OHC before billing Medi-Cal.

OHC Code	Carrier
A	Pay and chase (applies to any carrier)
C	Military benefits comprehensive
D	Medicare Part D Prescription Drug Coverage
E	Vision plans
F	Medicare Part C Health Plan
G	Medical parolee
H	Multiple plans comprehensive
K	Kaiser
L	Dental only policies
«N	No OHC»
P	PPO/PHP/HMO/EPO not otherwise specified
Q	Commercial pharmacy plans
V	Any carrier other than the above (includes multiple coverage)
W	Multiple plans non-comprehensive

A recipient is required to utilize their OHC prior to Medi-Cal when the same service is **available under the recipient's private health coverage. Providers are not allowed to deny** Medi-Cal services based upon potential third party liability. If the recipient elects to seek services not covered by Medi-Cal, Medi-Cal is not liable for the cost of those services. To establish Medi-Cal's liability for a covered Medi-Cal service, the provider must obtain an acceptable denial letter from the OHC entity.

More information about the Medi-Cal program and benefits can be found at:
<https://www.dhcs.ca.gov/Documents/myMediCal.pdf>.

Billing OHC Before Medi-Cal

In most situations, providers are required by law to exhaust the recipient's OHC before billing Medi-Cal. In those situations where OHC utilization is not required before billing Medi-Cal, providers are still encouraged to bill OHC first.

OHC Code A

OHC Code "A" identifies Medi-Cal recipients who have OHC; however providers are allowed, but not required, to bill the OHC carrier prior to billing Medi-Cal if the response from the Medi-Cal eligibility verification system is the "A" OHC code.

OHC Code C

OHC Code "C" identifies Medi-Cal recipients who have OHC through a military benefits health care plan. Providers under military benefits health care plans (for example, Tricare, Veteran's Affairs, or CHAMPVA) should treat the recipient. «If not a contracted provider of the insurance coverage and the service is covered by the OHC, that provider should advise the recipient to utilize their benefits with a provider in their health care plan network, except for emergency room services.» When submitting a bill to Medi-Cal, the provider must include satisfactory documentation that treatment is not available under the recipient's OHC coverage, a denial from the OHC for the billed claim or an explanation of benefits if the amount paid by the OHC is below the Medi-Cal contracted amount for the service.

OHC Code D

OHC code "D" identifies Medi-Cal recipients who have Medicare Part D OHC (prescription drug plan). If not a contracted provider of the insurance coverage and the service is covered by the OHC, the provider should advise the recipient to utilize their Part D benefits with a provider in their Medicare Part D plan network.

This code is not applicable to claims billed through the California MMIS Fiscal Intermediary.

OHC Code E

OHC code "E" identifies Medi-Cal recipients who have OHC limited to vision care. This can be through either single or multiple vision plans. If not a contracted provider of the insurance coverage and the service is covered by the OHC, providers should advise the recipient to utilize their vision benefits with a provider in their vision plan network. When submitting a bill to Medi-Cal, the provider must include satisfactory documentation that treatment is not available under the recipient's OHC coverage, a denial from the OHC for the billed claim or an explanation of benefits if the amount paid by the OHC is below the Medi-Cal contracted amount for the service.

OHC Code F

«OHC code “F” identifies Medi-Cal recipients who have OHC through a Medicare Part C Health Plan (also known as a Medicare HMO) in lieu of traditional Medicare fee-for-service. Recipients, who have both Medi-Cal and a Medicare Part C plan, should seek medical treatment through the Medicare Part C plan. If not a contracted provider of the insurance coverage and the service is covered by the OHC, provider should advise the recipient to utilize their Medicare Part C benefits with a provider in their Medicare Part C plan network.» When submitting a bill to Medi-Cal, the provider must include satisfactory documentation that treatment is not available under the recipient’s OHC coverage, a denial from the OHC for the billed claim or an explanation of benefits if the amount paid by the OHC is below the Medi-Cal contracted amount for the service.

OHC Code G

«OHC code “G” identifies Medi-Cal recipients who have OHC through California Correctional Health Care Services (CCHCS) contracted providers should contact CCHCS to verify recipient eligibility. If not a CCHCS contracted provider and the services is covered by CCHCS, the provider should advise the recipient to utilize their CCHCS benefits through the CCHCS plan network. When submitting a bill to Medi-Cal, the provider must include satisfactory documentation that treatment is not available under the recipient’s OHC coverage, a denial from the OHC for the billed claim or an explanation of benefits if the amount paid by the OHC is below the Medi-Cal contracted amount for the service.»

OHC Code H

«OHC code “H” identifies Medi-Cal recipients who have multiple OHC which are comprehensive. If not a contracted provider of the insurance coverage and the service is covered by the OHC, the provider should advise recipients to utilize their health plan benefits with a provider in their health plan network.» When submitting a bill to Medi-Cal, the provider must include satisfactory documentation that treatment is not available under the recipient’s OHC coverage, a denial from the OHC for the billed claim or an explanation of benefits if the amount paid by the OHC is below the Medi-Cal contracted amount for the service.

OHC Code K

«OHC code “K” identifies Medi-Cal recipients who have OHC through Kaiser. If not a Kaiser contracted provider and the service is covered by Kaiser, the provider should advise recipients to utilize their Kaiser benefits with a provider in Kaiser’s plan network.» When submitting a bill to Medi-Cal, the provider must include satisfactory documentation that treatment is not available under the recipient’s OHC coverage, a denial from the OHC for the billed claim or an explanation of benefits if the amount paid by the OHC is below the Medi-Cal contracted amount for the service.

OHC Code L

«OHC code “L” identifies Medi-Cal recipients who have OHC limited to dental services. This can be through either a single or multiple dental plans. If not a contracted provider of the insurance coverage and the service is covered by the OHC, a provider should advise the recipient to utilize their dental benefits with a provider in their dental plan network. When submitting a bill to Medi-Cal, the provider must include satisfactory documentation that treatment is not available under the recipient’s OHC coverage, such as a denial from the OHC for the billed claim, or an explanation of benefits if the amount paid by the OHC is below the Medi-Cal contracted amount for the service.» This code is not applicable to claims billed through the California MMIS Fiscal Intermediary.

«OHC Code N

OHC code “N” identifies Medi-Cal recipients who do not have OHC reflected. Providers can bill Medi-Cal directly if the response from the Medi-Cal eligibility verification system is “N.”»

OHC Code P

«OHC code “P” identifies Medi-Cal recipients who have OHC through a PPO/PHP/HMO/EPO not otherwise specified. If not a contracted provider of the insurance coverage and the service is covered by the OHC, provider should advise the recipient to utilize their PPO/PHP/HMO/EPO benefits with a provider in their PPO/PHP/HMO/EPO plan network.» When submitting a bill to Medi-Cal, the provider must include satisfactory documentation that treatment is not available under the recipient’s OHC coverage, a denial from the OHC for the billed claim or an explanation of benefits if the amount paid by the OHC is below the Medi-Cal contracted amount for the service.

OHC Code Q

«OHC code “Q” identifies Medi-Cal recipients who have OHC limited to commercial pharmacy coverage.» This can be through either single or multiple commercial pharmacy plans. «If not a contracted commercial pharmacy provider of the insurance coverage and the service is covered by the OHC, provider should advise the recipient to utilize their pharmacy benefits with a provider in their pharmacy plan network.»

This code is not applicable to claims billed through the California MMIS Fiscal Intermediary.

OHC Code V

OHC code “V” identifies Medi-Cal recipients who have multiple coverages. «If not a contracted provider of the insurance coverage and the service is covered by the insurance coverage, provider should advise the recipient to utilize their health plan benefits with a provider in their health plan network.» When submitting a bill to Medi-Cal, the provider must include satisfactory documentation that treatment is not available under the recipient’s OHC coverage, a denial from the OHC for the billed claim or an explanation of benefits if the amount paid by the OHC is below the Medi-Cal contracted amount for the service.

OHC Code W

OHC code “W” identifies Medi-Cal recipients who have multiple health insurance coverages which are non-comprehensive. If not a contracted provider of the insurance coverage and the service is covered by the OHC, the provider should advise recipients to utilize their OHC. When submitting a bill to Medi-Cal, the provider must include satisfactory documentation that treatment is not available under the recipient’s OHC coverage, a denial from the OHC for the billed claim or an explanation of benefits if the amount paid by the OHC is below the Medi-Cal contracted amount for the service.

Not Considered to be OHC

The following is a partial list of insurance that is not considered to be OHC.

- Personal injury and/or medical payment coverage covered under automobile insurance
- Life insurance
- Workers' compensation
- Homeowners insurance
- Umbrella insurance
- Accident insurance
- Income replacement insurance (for example, Aflac)
- «Health Savings Accounts (HSA)
- Health Reimbursement Accounts (HRA)
- Health Incentive Accounts (HIA)»

Note: Medi-Cal providers should advise recipients enrolled in Medi-Cal managed care plans to contact the plan for treatment unless the provider is authorized to treat under the plan. Refer to the MCP: An Overview of Managed Care Plans section in this manual for more information.

Reporting OHC

State law requires Medi-Cal providers to notify the Department of Health Care Services (DHCS) if they believe a recipient is entitled to OHC. To update or modify OHC information, providers may use the secure OHC Processing Center Forms accessible on the OHC page of the DHCS website: <http://dhcs.ca.gov/OHC>.

Providers who are unable to use the online forms should call the Telephone Service Center (TSC) at 1-800-541-5555.

Locating Recipient's OHC Information

The Medi-Cal eligibility verification system returns a message that includes OHC information, when known. The eligibility verification system is accessed through the *Automated Eligibility Verification System (AEVS)*, state-approved vendor software and the Medi-Cal website at www.medi-cal.ca.gov.

Note: A worksheet for recording eligibility information conveyed via telephone, the *Automated Eligibility Verification System (AEVS) Response Log*, is in the *AEVS: Transactions* section of the Part 1 manual.

Website Eligibility Response

«In the following example of a Medi-Cal website eligibility response, the OHC information is found in the Eligibility Message section: Other Health Insurance Coverage Under Code A; Scope of Coverage-IOMP.»

Name: Doe, Jane		
Subscriber ID: 1234567890		
Service Date: 01/15/2019	Subscriber Birth Date: 12-22-1976	Issue Date: 07-02-2017
Primary Aid Code: 48	First Special Aid Code:	
Second Special Aid Code:	Third Special Aid Code:	
Subscriber County: 34 - Sacramento	HIC Number:	
Primary Care Physician Phone #:	Service Type:	
Spend Down Amount Obligation: \$50.00	Remaining Spend Down Amount: \$50.00	
Trace Number (Eligibility Verification Confirmation (EVC) Number):		
Eligibility Message: SUBSCRIBER LAST NAME: DOE, CNTY CODE: 34, PRIMARY AID CODE: 48, MEDI-CAL ELIBIGLE FOR PREGNANCY/POSTPARTUM SVCS W/NO SOC. ALL OTHER MEDI-CAL SVCS, RECIPT. HAS SOC OF \$50.00. REMAINING SOC \$50. OTHER HEALTH INSURANCE COVERAGE UNDER CODE B. SCOPE OF COVERAGE: IOMP.		

Figure 1: Sample Website Eligibility Response

AEVS: Multiple Insurer Messages

If eligibility is checked via the AEVS, a carrier code that identifies the insurer is stated. A list of carrier codes is in the *AEVS: Carrier Codes for Other Health Coverage* section of the Part 1 manual available on the Medi-Cal website at www.medi-cal.ca.gov.

OHC Code Explanation

When an OHC code appears, this indicates the existence of other health insurance. This code indicates the name of the recipient's health care plan. Other insurance companies or plans have different codes.

Eligibility Verification

When requesting eligibility verification for a recipient with OHC, the Medi-Cal eligibility verification system returns a message stating a recipient's Scope of Coverage (COV). COV codes designate the specific service categories covered by a recipient's health coverage.

Scope of Coverage (COV) Code Explanation

Each COV code indicates a different set of services. Refer to the COV code chart below.

Scope of coverage (COV) Codes Chart

COV Code	Service Category
P	Prescription Drugs/Medical Supplies
L	Long Term Care
I	Hospital Inpatient
O	Hospital Outpatient
M	Medical and Allied Services
V	Vision Care Services
R	Medicare Part D
D	Dental Services

Function of OHC and COV Codes

The combination of the OHC and COV codes helps providers determine when to bill OHC before billing Medi-Cal.

Emergency Care

Most HMO and PPO plans cover emergency care until the recipient's condition permits the transfer to the exclusive networks facilities. Providers should contact the OHC network for emergency treatment authorization and billing instructions. A recipient should never be denied emergency care services.

Nondiscrimination

Under state law, when a provider obtains proof of eligibility, the provider must accept the Medi-Cal recipient and is bound by the rules and regulations of the Medi-Cal program. Obtaining proof of eligibility is done through the Medi-Cal eligibility verification system (see "Locating Recipient's OHC Information" on a previous page).

If a provider obtains proof of eligibility that indicates a recipient is eligible to receive services, the provider is not permitted to treat the recipient as private pay because of the recipient's OHC status for a Medi-Cal covered service. However, if the provider does not participate in the recipient's OHC plan, the provider should advise the recipient to use their OHC.

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.