CA

California Code Of Regulations
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Title 22@ Social Security
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Division 3@ Health Care Services
|->
Subdivision 1@ California Medical Assistance Program
|->
Chapter 3@ Health Care Services
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Article 1.3@ General Provisions
|->
Section 51008@ Bills for Service

## 51008 Bills for Service

## (a)

Except for good cause, bills for service provided pursuant to the Medi-Cal Program (Welfare and Institutions Code, Division 9, Part 3, Chapter 7), shall be received by the fiscal intermediary, or otherwise as designated by the Director, not later than the sixth month following the month of service and shall be in the form prescribed by the Director.

## (b)

As used in this section: (1) "Month of service" means the month in which a:(A) Service is provided or supplies are furnished. (B) Dental prosthesis, custom-made eye appliance, custom-made prosthetic appliance, or custom-made orthotic appliance is ordered from the fabricating laboratory. (C) Trial period prior authorized or required under these regulations is completed for a prosthetic appliance or orthotic appliance covered under Section 51315, a hearing aid covered under Section 51319, or an item of durable medical equipment covered under Section 51321. "Good cause" means circumstances beyond the control of the provider, as specified in Section 51008.5.

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(c)

A Resubmission Turnaround Document (RTD), which has been sent by the fiscal intermediary for correction or additional information, must be received back from the provider not later than 60 days following the date of the RTD. The claim is subject to denial of payment if corrections or additional information furnished by the provider on the RTD are incomplete, inaccurate or untimely.

(d)

A request for adjustment or reconsideration of an adjudicated claim must be received by the fiscal intermediary not later than six months following the date of payment or denial of the claim by the fiscal intermediary. If favorable resolution of

a claim is not obtained, a grievance or complaint concerning the processing or payment of the claim must be filed in accordance with Section 51015.