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California Code Of Regulations
|->
Title 22@ Social Security
|->
Division 3@ Health Care Services
|->
Subdivision 1@ California Medical Assistance Program
|->
Chapter 3@ Health Care Services
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Article 6@ Eligibility for Payment
|->
Section 51492@ Claim Submission Requirements for Targeted Case Management Providers
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51492 Claim Submission Requirements for Targeted Case Management Providers

(a)

Only local governmental agencies meeting the eligibility criteria specified in Section 51271 shall submit targeted case management service claims to the department.

(b)

All claims for targeted case management services provided to Medi-Cal beneficiaries by a targeted case management services provider pursuant to Welfare and Institutions Code, Section 14132.44, shall be submitted electronically to the department. The electronic submission may be magnetic tape or diskette.

(c)

Each electronically submitted claim shall be accompanied by a corresponding invoice.

(d)

Claims for targeted case management services may be submitted monthly, but not more than six months after the month in which the targeted case management service is rendered pursuant to Welfare and Institutions Code, Section 14115.