

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

The DHCS 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.

\* 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.

**DELAY REASON CODE 8 (see California Code of Regulations, Title 22, Section 51008.5 for usage restrictions and time limits)**

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.

**HEADING INSTRUCTIONS**

- a. COUNTY/DIRECT PROVIDER: if submitter is a county, enter the county name; if submitter is a direct provider, enter the direct provider name.
- b. EDI FILE NAME: enter the name of the ITWS 837P file.

**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.