



**Child Health and Disability Prevention Program**  
**Gateway to Health Coverage**

**June 2007 • Bulletin 32**

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**PM 160 Form and Manual Updates Result from NPI Implementation**

**New PM 160**

New *Confidential Screening/Billing Report* (PM 160) and *Confidential Screening/Billing Report* (PM 160 Information Only) claim forms with space in the *Provider Number* field for a 10-digit National Provider Identifier (NPI) number will be available in July 2007. The forms include the following new or revised fields:

<b>Field Name</b>	<b>Description</b>
Body Mass Index (BMI) Percentile	New field to be used to record a child's BMI percentile.
Place of Service	New two-digit field that must be completed upon implementation of NPI. The applicable Place of Service codes can be found on the back of the new PM 160 forms or in the <i>Confidential Screening/Billing Report (PM 160) Claim Form: Completion Instructions</i> section of the <i>CHDP Provider Manual</i> .
Service Location	Previously titled "Provider of Service." Once NPI is implemented, providers will be required to include the street address, city, state and nine-digit ZIP code where the services were rendered.
Diagnosis Codes	Previously titled "ICD-9 Codes." In anticipation of conversion to a newer version of the International Classification of Diseases (ICD-9-CM) codes, the field was revised.

Providers are encouraged to exhaust old-stock PM 160 claim form (version 7) supplies and order only enough older forms to last through July 2007. Child Health and Disability Prevention (CHDP) health assessment providers request PM 160 forms directly from the local CHDP program. Clinical laboratory providers, including those with blood lead proficiency, request PM 160 forms from the local CHDP program in the jurisdiction where the laboratory is located.

**Correct Provider Number for Claim**

Providers must continue to use their Medi-Cal or CHDP-only provider number on either version of the PM 160 until NPI is implemented. After implementation, only version 8 of the PM 160 or PM 160 Information Only claims will be accepted for processing.

*Please see Manual Updates, page 2*

**Manual Updates** *(continued)***New or Revised Denial/Provider Correction Request Codes**

In November 2007, the following new or revised denial and provider correction request (PCR) codes will be available for use on either the claim denial notice or *Provider Correction Request* form.

Denial Code	Denial Message
57	Reserved for future use
58	Service location not found
59	Invalid Place of Service
60	Place of Service does not match provider type
61	Medi-Cal/CHDP provider number submitted on PM 160 is no longer acceptable
PCR Code	Message
04	Verify date of service (message will now also appear if provider is using a Medi-Cal or CHDP provider number after transition to NPI)
27	Verify service location
28	Verify ZIP code
29	Verify Place of Service

Additional information about these codes is included in the *CHDP Provider Manual*. Specifically, the codes are included in the following asterisked (\*\*) sections.

**Manual Updates**

The following *CHDP Provider Manual* sections have been updated.

- *Child Health and Disability Prevention (CHDP) Program: Billing and Reimbursement*
- *Codes: Critical Edits \*\**
- *Codes: Provider Correction Request (PCR) \*\**
- *Confidential Screening/Billing Report (PM 160) Claim Form: Completion Instructions*
- *Confidential Screening/Billing Report (PM 160) Claim Form: Completion Instructions for Labs*
- *Confidential Screening/Billing Report (PM 160) Claim Form: Tips for Billing*
- *Provider Enrollment*

Body Mass Index (BMI) Percentile charts also have been added to the manual Appendix.

*This information is reflected on manual replacement pages child health bil 1 and 5, cod crit 6, cod prov cor 1 and 4, conf clm comp 2 thru 4, 10, 13, 17, 18, 21 and 22, conf clm comp lab 8 thru 10, conf clm tips 1, prov enroll 1 thru 18 and the following two charts: Centers for Disease Control and Prevention Growth Charts – Body Mass Index-for-Age Percentiles: Boys, 2 to 20 Years and Centers for Disease Control and Prevention Growth Charts – Body Mass Index-for-Age Percentiles: Girls, 2 to 20 Years.*

**Provider Action Required to Maintain Electronic Transaction Services**

Providers who registered their National Provider Identifiers (NPIs) with Medi-Cal but did not authorize Medi-Cal to update select agreement forms will have access terminated to electronic services, including Medi-Cal Web site transactions and Point of Service (POS) eligibility verifications, on November 26, 2007.

Providers can update agreement forms through the NPI Collection (NPIC) tool through October 20, 2007. The NPIC tool is accessed on the Medi-Cal Web site ([www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)) by clicking “NPI” under “Provider Resources” and then “Register/Update/Inquire NPIs.” After reading the important NPI information, click the “Continue to Register/Update/Inquire NPIs” button. Updates can be made on the “Provider Agreement Update” page of the NPIC tool.

Please see **Provider Action**, page 3

**Provider Action** *(continued)*

Providers who do not update their agreement forms prior to October 20, 2007 and are terminated from electronic access must complete new agreement forms designating the NPI as their identifier. The cost-free and simplified option of electronically updating existing agreements is not available after October 20, 2007.

Providers who prefer to update their information using the paper *NPI Registration Form* should call the Telephone Service Center (TSC) at 1-800-541-5555, and choose option 16 followed by option 18. To complete the form, providers should check the “Update to Previously Submitted Information” box, update the agreement forms listed in the “Agreement Update Information” section, complete all required information, make a copy for their records and return the form with a copy of the National Plan and Provider Enumeration System (NPPES) verification document to the address located at the bottom of the form.

The option to update agreement forms using the paper *NPI Registration Form* will only apply to those forms received prior to October 20, 2007. Any forms received after that date will not be processed and providers must complete new agreement forms designating the NPI as their identifier.

The following forms expire on October 20, 2007 unless providers authorized Medi-Cal to automatically update them.

- *Biller: Medi-Cal Hardcopy Application Agreement*
- *California Children’s Services (CCS) Program Individual Provider Application for Paneling Physicians and Podiatrists (DHS 4514)*
- *California Children’s Services (CCS) Program Individual Provider Application for Paneling Allied Health Care Professionals (DHS 4515)*
- *CHDP Telecommunications Provider and Biller Application/Agreement (DHS 4431)*
- *EFT Enrollment Authorization*
- *Electronic Health Care Claim Payment/Advice Receiver Agreement (ANSI ASC X12N 835 Transaction)*
- *Medi-Cal Eligibility Verification Enrollment Form*
- *Medi-Cal Telecommunications Provider and Biller Application/Agreement (DHS 6153)*
- *Medi-Cal Point of Service (POS) Network/Internet Agreement*
- *OPT OUT Cancellation Form*
- *Change of E-mail Address Form*
- *OPT OUT Enrollment Form*
- *Pay-To Address Change Notification (DHS 6129)*
- *Point of Service (POS) Device Usage Agreement*
- *Provider: Medi-Cal Hardcopy Biller Notification Form*
- *Qualified Provider Application for Presumptive Eligibility Participation and Presumptive Eligibility Qualified Provider Responsibilities and Agreement (MC 311)*

For more information on NPI registration, call TSC at 1-800-541-5555 and choose option 16 followed by option 18.

**Redirection of Treatment Authorization Request Services**

Effective July 1, 2007, several regionalized *Treatment Authorization Request* (TAR) services provided by the Fresno Medi-Cal Field Office (FMCFO) are being redirected to the Northern and Southern Pharmacy Sections (NPS and SPS), Sacramento Medi-Cal Field Office (SMCFO) and San Francisco Medi-Cal Field Office (SFMCFE).

TAR services currently handled by the FMCFO will be redirected as follows:

- Intravenous home infusion equipment services, including all medical supplies related to infusion therapy, and all Durable Medical Equipment (DME) and medical supplies related to enteral feeding, have been redirected to the NPS and SPS.
- Medical supplies related to incontinence, including urinary catheters and bags, have been redirected to the SMCFO.
- Breast pumps and supplies have been redirected to the SFMCFE.
- Physician-administered drugs and/or physician-performed services/procedures, radiology services, inpatient and outpatient surgeries and procedures that require a TAR and elective acute hospital admissions have been redirected to the SMCFO.

Providers located in Oregon border cities were required to submit their TARs, for core services only, to SMCFO effective May 1, 2004.

The California Department of Health Services (CDHS) does not anticipate any delays in adjudication of these TAR types.

*Manual replacement pages will be released in a future Medi-Cal Update.*

**Processing Changes for Treatment Authorization Requests**

Beginning May 1, 2007, the California Department of Health Services (CDHS) started phasing in several changes that impact how paper *Treatment Authorization Requests* (TARs) are processed.

These changes are being implemented to minimize the key data entry of incomplete or erroneous TAR information and to reduce the volume of paper documents containing Protected Health Information (PHI), particularly Social Security Numbers (SSNs) that are sent via:

- United States Postal Service
- Courier services
- Other types of delivery services

CDHS expects to complete this phased implementation by September 2007.

**Processing Change Schedule**

Processing changes to paper TARs impact providers interacting with the Medi-Cal field offices and pharmacy sections on the following dates:

<b>May 2007</b> Sacramento Medi-Cal Field Office	<b>August 2007</b> Fresno Medi-Cal Field Office
<b>June 2007</b> Northern Pharmacy Section (Stockton) Southern Pharmacy Section (L.A.)	San Bernardino Medi-Cal Field Office San Diego Medi-Cal Field Office San Francisco Medi-Cal Field Office
<b>July 2007</b> L.A. Medi-Cal Field Office In-Home Operations South	<b>September 2007</b> TAR Administrative Remedy Section In-Home Operations North

*Please see Processing Changes, page 5*

Processing Changes (*continued*)**Incomplete TARs**

CDHS Medi-Cal field offices and pharmacy sections will be unable to enter paper TARs with incomplete information into the TAR system. These paper TARs will be deferred back to the submitting provider, with a Medi-Cal field office/pharmacy section *Incomplete TAR Form* identifying the reasons for deferral and instructions about how to resubmit the paper TAR with the necessary corrections.

Providers are to:

- Make the necessary corrections/changes on the paper TAR, and
- Resubmit with a copy of the *Incomplete TAR Form* on top of the paper TAR.

Paper TARs that are returned to the submitting provider for correction will not be available for inquiry through the Provider Telecommunications Network (PTN).

Any one of the reasons below will not allow the paper TAR information to be entered into the system. The reason(s) will be marked on the *Incomplete TAR Form* and sent back to the submitting provider for corrections. These reasons may consist of one or more of the following:

- The TAR form is illegible or damaged.
- The submitting provider number is missing, inactive, suspended or invalid for the category of service requested.
- The patient's Medi-Cal ID number is missing, invalid or invalid in length, and the patient's name/date of birth is missing.
- The patient is not Medi-Cal eligible.
- Information in the *Admit From* field (Box 14) on the *Long Term Care Treatment Authorization Request* (LTC TAR, form 20-1) is missing or invalid.
- The requested service information is missing, invalid or invalid in length.
- The ICD-9-CM diagnosis code, admitting ICD-9-CM diagnosis code and/or primary DX diagnosis code is missing or invalid.
- The County Medical Services Program (CMSP) pharmacy services are covered by MEDIMPACT. Providers may call 1-800-788-2949 for further information.
- The requested Adult Day Health Care (ADHC) service should specify the months and the number of requested days for each calendar month on separate lines of the TAR. The TAR request should not exceed six months or have more than one service line for a given calendar month. Providers may refer to the appropriate Part 2 manual for specific TAR preparation instructions.

CDHS will discontinue the practice of returning adjudicated paper TAR copies to providers based on the schedule above. Instead, providers will receive an *Adjudication Response* (AR), which will display:

- The status of requested service(s)
- The reason(s) for the decision(s), including TAR decisions resulting from an approved or modified appeal
- The adjudicator's request for additional information, if necessary

The AR will enable the provider to respond to the requested information or proceed to bill for authorized services. (See the *Adjudication Response* example at the end of this article.) Providers should keep a copy of the AR for their records and use it when responding to deferrals or when requesting an update/correction to a previously approved or modified TAR.

Please see **Processing Changes**, page 6

**Processing Changes** (*continued*)

When requesting an update/correction, a copy of the AR must be placed on top of newly submitted documents to ensure the information can be matched with previously submitted documentation. Providers should clearly specify what change(s) are being requested.

The ARs will be mailed to the provider's address on file with CDHS' Payment Systems Division, Provider Enrollment Branch (PEB). Providers should ensure PEB has their most up-to-date mailing address on file. Instructions about changing/updating a provider address may be found on the Medi-Cal Web site ([www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)). From the home page, click the "Provider Enrollment" link and then the "Provider Reminders" link at the top of the page.

**Attachments**

On November 15, 2006, CDHS notified providers via a flyer that attachments were no longer being returned with deferred paper TARs. Medi-Cal field offices and pharmacy sections will continue to retain and archive all attachments for reference.

Providers responding to a deferred TAR should return the AR and any new attachment(s) requested.

**SSN on TARs**

In accordance with *Medi-Cal Updates* issued in August and September 2006, providers should use the recipient's Benefits Identification Card (BIC) number on the TAR, rather than the SSN. If a TAR is returned to a provider because of inaccurate and/or incomplete information, the SSN will be removed.

Provider questions may be directed to the local Medi-Cal field office or pharmacy section.

**National Provider Identifier (NPI) Number**

Providers should be aware that the NPI number will not be accepted on TARs until after the official NPI implementation date of November 26, 2007. For detailed information about the new NPI implementation date, providers can view the "Important NPI Time Frame Changes" article posted in the "HIPAA News" area of the Medi-Cal Web site ([www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)).

TARs issued under the old provider number (legacy number) prior to November 26, 2007 can still be used for claims submitted with an NPI starting on or after November 26, 2007. Providers will not have to request an updated TAR with the NPI information.

*Please see **Processing Changes**, page 7*

Processing Changes (continued)

State of California - Health and Human Services Agency  
Department of Health Services

**CONFIDENTIAL**

ARNOLD SCHWARZENEGGER, Governor

Medi-Cal Operations Division

**ADJUDICATION RESPONSE**



Provider Number: HSCXXXXXX  
XXX CONTRACT HOSP #2  
3215 PROSPECT PARK DR  
RNCHO CORDOVA, CA 95670-6017

DCN (Internal Use Only): 123456789101  
Date of Action: 06/27/2006  
Regarding: Jane Doe  
TAR Control Number: 9876543210

This is to inform you that a Treatment Authorization Request has been adjudicated. If you have any questions regarding this adjudication response, please contact your local Medi-Cal Field Office. The decision(s) follow:

Svc #	Service Code	Modifier(s)	Service Description	From Date of Service	Thru Date of Service	Units	Quantity	Status	P.I.
1	123ABC	1	Service Description 1	01-01-2006	01-31-2006	12345	1000000.123	1 Approve	1
2	ABC123	2	Service Description 2	01-01-2006	01-31-2006	12345	1000000.123	2 Modify	0
<b>Reason(s):</b>		GEN: Modified, refer to comments							
<b>Comment(s):</b>		Comments from Field Office Consultant 2							
3	ABC123	3	Service Description 3	01-01-2006	01-31-2006	12345	1000000.123	3 Deny	3
<b>Reason(s):</b>		GEN: Denied, refer to comments							
<b>Comment(s):</b>		Comments from Field Office Consultant 3							
4	ABC123	4	Service Description 4	01-01-2006	01-31-2006	12345	1000000.123	4 Defer	5
<b>Reason(s):</b>		GEN: Deferred, refer to comments							
<b>Comment(s):</b>		Comments from Field Office Consultant 4							

Authorization does not guarantee payment. Payment is subject to Patient's eligibility. Please ensure that the Patient's eligibility is current before rendering service.

If you have received this document in error, please call the Telephone Service Center, 1-800-541-5555 in California, 1-916-636-1200 out-of-state (follow the prompts for eTAR), to notify the sender. Please destroy this document via shredder or confidential destruction.

### **New Infant Formula for WIC**

Effective August 1, 2007, the California Women, Infants and Children (WIC) Supplemental Nutrition Program will change its infant formula rebate contract from Ross Laboratories to Mead Johnson Nutritionals. The WIC Program will provide the following Mead Johnson standard infant formulas:

- Enfamil LIPIL with Iron (milk-based)
- Enfamil LactoFree LIPIL (milk-based)
- Enfamil Gentlease LIPIL (milk-based)
- Enfamil AR LIPIL (milk-based)
- Enfamil ProSobee LIPIL (soy-based)

Mead Johnson's Enfamil Gentlease LIPIL will replace Nestle Good Start Supreme as the partially hydrolyzed protein formula and will not require a prescription.

Infant formula change can create concern for some parents of young infants. However, the infant formula rebate generates enough income for the WIC Program to provide nutritious food and nutrition services to 350,000 additional California participants each month, 23 percent of which are infants. Therefore, providers are requested to:

- Reassure parents that standard infant formulas are very similar and that changing formula should not cause health problems
- Encourage parents that any discomforts related to a formula change are temporary and should last no more than 3 to 4 days

### **Formulas for Medical Conditions**

The WIC Program will continue to provide formulas for medical conditions using established procedures. For WIC Program participants who are Medi-Cal recipients, benefits include products designed to treat diagnosed conditions when medical justification can be demonstrated. WIC may also provide these formulas on a temporary basis to patients while they complete the Medi-Cal application and enrollment process.

For additional information about formulas for medical conditions available through WIC, or to find the phone number of any local WIC agency, providers can visit the WIC Web site at [www.wicworks.ca.gov](http://www.wicworks.ca.gov).

### **Medi-Cal Share of Cost and Medicare Part D Reminder**

Medicare-eligible recipients with a Medi-Cal Share of Cost (SOC) are not eligible for Medi-Cal benefits until their SOC is met. Under the Medicare Part D prescription drug program, Medicare beneficiaries with a Medi-Cal SOC may have higher prescription drug payment obligations than beneficiaries without an SOC. These payment obligations may include deductibles and copayments.

All medically necessary health services, whether covered by Medi-Cal or not, can be used to meet SOC for Medi-Cal purposes. All prescription drug payments required under Medicare Part D are considered medically necessary health services. For more information, refer to the Part 1 provider manual.

Prescription drug payments required under the Medicare Part D prescription drug program should be applied to the recipient's SOC upon receiving payment or accepting obligation for payment from the recipient. Delays in performing the SOC clearance transaction may prevent the recipient from receiving other medically needed services.

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## Instructions for Manual Replacement Pages

June 2007

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### CHDP Bulletin 32

Remove and replace  
at the end of *Manual  
Ordering* section:

*Subscriber Order Form 1/2 \**

Remove and replace:

child health bil 1/2, 5/6  
cod crit 5/6  
cod prov cor 1 thru 4  
conf clm comp 1 thru 4, 9/10, 13/14, 17/18, 21/22  
conf clm comp lab 7 thru 10  
conf clm tips 1/2  
prov enroll 1 thru 18

Remove and replace:

*Appendix: Supplemental Materials Contents i/ii \**

Insert after the  
*California Child Health  
and Disability Prevention  
Program Consent  
Form (PM 211)*

Spanish Version:

centers growchart 1/2

Remove:

conf PM160 1

Insert:

conf PM160 1/2 \*

Remove:

conf PM160 info 1

Insert:

conf PM160 info 1/2 \*

\* Pages updated due to ongoing provider manual revisions.