

**July 2007 • Bulletin 33**

**Contents**

*Medi-Cal Now Conference*

*Opt Out Enrollment Form*

New BCCTP-Related  
 Aid Codes ..... 1

Processing Changes  
 for TARs ..... 2

**New BCCTP-Related Aid Codes**

Four new aid codes 0L, 0W, 0X and 0Y will be implemented to identify recipients who are no longer eligible for federal Breast and Cervical Cancer Treatment Program (BCCTP) services and are being considered for transition to state-funded BCCTP services or other creditable health coverage.

**New Aid Codes**

<b>Aid Code</b>	<b>Benefits</b>	<b>SOC</b>	<b>Program/Description</b>
0L	Restricted	No	Breast and Cervical Cancer Treatment Program (BCCTP) Transitional Coverage Until the County Makes a Determination of Medi-Cal Eligibility. Covers: <ul style="list-style-type: none"> <li>• BCCTP recipients formerly in aid code 0U, without satisfactory immigration status, who are no longer in need of treatment, and/or have creditable health coverage and are not eligible for state-funded BCCTP.</li> <li>• BCCTP recipients formerly in aid code 0V, without satisfactory immigration status, who have turned 65 years of age, have other health coverage, and/or are no longer in need of treatment and have exhausted their 18-month (breast cancer) or 24-month (cervical cancer) time limit.</li> <li>• BCCTP recipients formerly in aid code 0X with creditable health coverage who have exhausted their 18 months (breast cancer) or 24 months (cervical cancer) of state eligibility.</li> <li>• BCCTP recipients formerly in aid code 0Y, age 65 or older who have exhausted their 18 months (breast cancer) or 24 months (cervical cancer) of state eligibility.</li> </ul> Recipients eligible only for transitional federal emergency, pregnancy-related and state-only Long Term Care (LTC) services.

*Please see Aid Codes, page 2*

Aid Codes (continued)

Aid Code	Benefits	SOC	Program/Description
0W	Full	No	BCCTP Transitional Coverage. Covers recipients formerly in aid code 0P who no longer meet federal BCCTP requirements due to reaching age 65, are no longer in need of treatment for breast and/or cervical cancer, or have obtained creditable health coverage. Recipients in aid code 0W will continue to receive transitional full-scope Medi-Cal services until the county completes an eligibility determination for other Medi-Cal programs.
0X	Restricted	No	BCCTP Transitional Coverage. Covers recipients formerly in aid code 0U who do not have satisfactory immigration status, have obtained creditable health coverage, still require treatment for breast and/or cervical cancer and have not exhausted their 18 months (breast cancer) or 24 months (cervical cancer) of coverage under state-funded BCCTP. Recipients eligible only for transitional emergency, pregnancy-related and state-only LTC services, and co-pays, deductibles and/or non-covered breast and/or cervical cancer treatment and related services.
0Y	Restricted	No	BCCTP Transitional Coverage. Covers recipients formerly in aid code 0U who do not have satisfactory immigration status, have reached 65 years of age, still require treatment for breast and/or cervical cancer and have not exhausted their 18 months (breast cancer) or 24 months (cervical cancer) state-funded BCCTP. Recipients eligible only for transitional emergency, pregnancy-related and state-only LTC services, and state-funded cancer treatment and related services.

*This information is reflected on manual replacement pages [aid codes 1 and 3](#). The aid codes pages are included in the Appendix of the CHDP manual.*

**Processing Changes for Treatment Authorization Requests**

Beginning May 1, 2007, the California Department of Health Services (CDHS) started phasing in several changes that will 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.

*Please see **Processing Changes**, page 3*

Processing Changes (continued)

**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

**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.

Please see **Processing Changes**, page 4

**Processing Changes** (*continued*)**Adjudication Response**

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.

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 5*

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.

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# Instructions for Manual Replacement Pages

July 2007

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## CHDP Bulletin 33

Remove and replace: aid codes 1 thru 4

Effective July 1, 2007, the California Department of Health Services (CDHS) has been reorganized into two departments: the California Department of Public Health (CDPH) and the Department of Health Care Services (DHCS). This change will be updated in the Medi-Cal provider manuals on an ongoing basis.