



# MEDI-CAL UPDATE

## Part 2

Billing and Policy

[www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)

### Allied Health • Durable Medical Equipment & Medical Supplies

#### January 2007 • Bulletin 375

##### Contents

*Medi-Cal Training Seminars*

Medi-Cal Claim Form Changes  
May 23, 2007..... 1

Universal Product Number (UPN)  
Pilot Ready for Participants ..... 5

Infusion Equipment Treatment  
Authorization Request (TAR)  
Clarification..... 6

Negative Pressure Wound  
Therapy Policy Update ..... 7

Fixed Patient Lift System  
Non-Benefit..... 7

DME Frequency Limit Update..... 7

Non-Physician Medical  
Practitioners Furnishing  
Drugs or Devices ..... 8

Medical Supply Invoice  
Requirements Change..... 8

#### Medi-Cal Claim Form Changes May 23, 2007; Transition from Current Form Begins March 26

Effective May 23, 2007, the California Department of Health Services (CDHS) will complete a transition from the current *HCFA 1500* claim form to the new *CMS-1500* claim form. Beginning March 26, 2007, providers will have a two-month transition period in which they can use both the new and old form to submit claims. The transition period ends at the close of business on May 22, 2007. Beginning May 23, 2007, only the *CMS-1500* will be accepted for Medi-Cal billing.

All boxes mentioned below are only updates to the new form. Not all new and updated boxes must be filled in for proper billing and payment. New claim form billing instructions will be published in the appropriate Part 2 provider manual in May 2007.

Also, providers using the new forms must continue to use their Medi-Cal provider number until May 23, 2007.

Below are the changes from the current *HCFA 1500* to the new *CMS-1500* claim form.

#### Header and Box 1:

##### Old Form

<b>PLEASE DO NOT STAPLE IN THIS AREA</b>										<b>HEALTH INSURANCE C</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1a. INSU		
1. MEDICARE <input type="checkbox"/> (Medicare #)		MEDICAID <input type="checkbox"/> (Medicaid #)		CHAMPUS <input type="checkbox"/> (Sponsor's SSM)		CHAMPVA <input type="checkbox"/> (VA File #)		GROUP HEALTH PLAN <input type="checkbox"/> (SSN or ID)		FECA BLK LUNG <input type="checkbox"/> (SSN)		<input type="checkbox"/>	OTHER <input type="checkbox"/> (ID)
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)						3. PATIENT'S BIRTH DATE MM   DD   YY			SEX M <input type="checkbox"/> F <input type="checkbox"/>		4. INSUR		

##### New Form

<b>1500</b>													
<b>HEALTH INSURANCE CLAIM FORM</b>													
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1. MEDICARE <input type="checkbox"/> (Medicare #)		MEDICAID <input type="checkbox"/> (Medicaid #)		TRICARE CHAMPUS <input type="checkbox"/> (Sponsor's SSN)		CHAMPVA <input type="checkbox"/> (Member ID#)		GROUP HEALTH PLAN <input type="checkbox"/> (SSN or ID)		FECA BLK LUNG <input type="checkbox"/> (SSN)		<input type="checkbox"/>	OTHER <input type="checkbox"/> (ID)
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)						3. PATIENT'S BIRTH DATE MM   DD   YY			SEX <input type="checkbox"/>		4. INSUR		

At the top of the page: 1) the barcode has been removed, 2) the language "Please Do Not Staple In This Area" has been removed, and 3) a box with "1500" is added in black ink. In Box 1, "Tricare" was added above "Champus."

Please see **Claim Form**, page 2

Claim Form (continued)

**Box 17**

**Old Form**

14. DATE OF CURRENT: MM   DD   YY	ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)	15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM   DD   YY	16.
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE		17a. I.D. NUMBER OF REFERRING PHYSICIAN	18.
19. RESERVED FOR LOCAL USE			20.
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)			22.

**New Form**

14. DATE OF CURRENT: MM   DD   YY	ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)	15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM   DD   YY	16.
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		17a.	18.
		17b. NPI	
19. RESERVED FOR LOCAL USE			20.

The name of Box 17 was changed to “Name of Referring **Provider** or Other Source.” Box 17A (“ID Number of Referring Physician”) was removed. The *NPI* field (Box 17B) was added.

**Box 21 (Diagnosis of Illness or Injury)**

**Old Form**

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)					22.
1.				3.	23.
2.				4.	
24. A.	B.	C.	D.	E.	
DATE(S) OF SERVICE	Place	Type	PROCEDURES, SERVICES, OR SUPPLIES	DIAGNOSIS	
From	of	of	(Explain Unusual Circumstances)		

**New Form**

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)					22.
1.       .				3.       .	23.
2.       .				4.       .	
24. A.	B.	C.	D.	E.	
DATE(S) OF SERVICE	Place	Type	PROCEDURES, SERVICES, OR SUPPLIES	DIAGNOSIS	
From To	of	of	(Explain Unusual Circumstances)		

The spaces after the decimal point in items 1, 2, 3 and 4 were extended to accommodate future changes in diagnosis codes.

*Please see Claim Form, page 3*

Claim Form (continued)

**Boxes 24A – 24E**

**Old Form**

24.	A. DATE(S) OF SERVICE						B. Place of Service	C. Type of Service	D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS CODE
	From	To							(Explain Unusual Circumstances)		
	MM	DD	YY	MM	DD	YY		CPT/HCPCS	MODIFIER		
1											
2											

**New Form**

24.	A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS POINTER
	From	To							(Explain Unusual Circumstances)		
	MM	DD	YY	MM	DD	YY		CPT/HCPCS	MODIFIER		
1											
2											

The lines are split length-wise, with shading added to the top portion of each line. The shaded area is used for the reporting of supplemental information. Information submitted in the shaded area must stay within the shaded area to process correctly. The name of Box 24C was changed to “EMG.” This is the new location for emergency and delay reason codes.

**Boxes 24I – 24K**

**Old Form**

F.	G.	H.	I.	J.	K.
\$ CHARGES	DAYS OR UNITS	EPSTD Family Plan	EMG	COB	RESERVED FOR LOCAL USE

**New Form**

DIS R	F.	G.	H.	I.	J.
	\$ CHARGES	DAYS OR UNITS	EPSTD Family Plan	ID. QUAL.	RENDERING PROVIDER ID. #
				NPI	
				NPI	

The name of Box 24I was changed to “ID Qual.” The name of Box 24J was changed to “Rendering Provider ID #” and the unshaded area was named “NPI.” The rendering provider’s National Provider Identifier (NPI) must be reported in the unshaded box. Also, Box 24K (“Reserved for Local Use”) was removed.

Please see **Claim Form**, page 4

Claim Form (continued)

**Box 32**

**Old Form**

32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)	33
PIN	

**New Form**

32. SERVICE FACILITY LOCATION INFORMATION	33
a. <span style="background-color: #cccccc; color: #cccccc;">NPI</span>	b. <span style="background-color: #cccccc;"> </span>

Box 32 was renamed “Service Facility Location Information.” Boxes 32A and 32B were added at the bottom. Box 32A was added to accommodate reporting of the facility NPI. Box 32B was added to accommodate reporting of an “atypical” facility provider number.

**Note About Atypical Providers:**

In accordance with the NPI final rule, some providers may not qualify for an NPI and therefore are not required to register an NPI with the Medi-Cal program. According to CDHS’ interpretation of the final rule as it relates to atypical providers, the following Medi-Cal provider types below are not required to register an NPI:

- Adult Day Health Care (ADHC) Centers
- Blood Banks
- Christian Science Practitioner
- Multipurpose Senior Services Program (MSSP)

If any of the above provider types acquire an NPI, they may register it with the Medi-Cal program, but it is not required.

**Box 33**

**Old Form**

33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #	
PIN#	GRP#
FORM HCEA 1500 (12-90)	

**New Form**

33. BILLING PROVIDER INFO & PH # ( )	
a. <span style="background-color: #cccccc; color: #cccccc;">NPI</span>	b. <span style="background-color: #cccccc;"> </span>
APPROVED OMB 0938-0000 FORM CMS 1500 (09/05)	

Box 33 was renamed “Billing Provider Info & Phone Number.” Boxes 33A and 33B were added at the bottom. Box 33A was added to accommodate reporting of the billing provider’s NPI. Box 33B was added to accommodate reporting of an atypical provider number.

## Universal Product Number (UPN) Pilot Ready for Participants

### Request to Participate

The California Department of Health Services (CDHS) is pleased to announce that the *Request to Participate in the Universal Product Number (UPN) Pilot* form is now available. The UPN pilot is open to Pharmacy and Durable Medical Equipment (DME) providers who are currently enrolled in Medi-Cal in good standing and are already authorized to provide medical supplies to Medi-Cal recipients.

In order to participate in this pilot, providers must comply with all of the following requirements in addition to the usual Medi-Cal requirements:

1. Include UPNs on electronic or paper medical supply claims for certain covered products dispensed between January 1, 2008 and December 31, 2009.
2. Abide by all Medi-Cal electronic and paper claim submission requirements as instructed in the Medi-Cal provider manual for medical supply claims.
3. Comply with all provider manual updates and provider bulletins relating to the UPN pilot.
4. Promptly advise CDHS in writing of any changes in provider or biller status, which might affect eligibility to participate in the UPN pilot billing pursuant to federal and state law.
5. Comply with all the terms and conditions set forth in the *Medi-Cal Provider Agreement* and the *Medi-Cal Telecommunications Provider and Biller Application/Agreement* or as otherwise required by state or federal law or regulation.

CDHS will select participating providers based on geographic location and claim volume. Providers who submit a *Request to Participate in the Universal Product Number (UPN) Pilot* form will be notified of eligibility in writing within 45 days.

Providers may download and print a copy of the *Request to Participate in the Universal Product Number (UPN) Pilot* form from the Medi-Cal Web site ([www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)). To locate the form, click the “UPN” link on the Medi-Cal Web site home page and then click “*Request to Participate in the Universal Product Number (UPN) Pilot*.” Please print, complete, sign and mail to the address listed on the form or fax it to “UPN Pilot Office/HIPAA Team” at (916) 638-8976.

### Termination

CDHS or the provider may terminate a provider’s participation in this pilot, with or without cause, by giving 30 days prior written notice of intent to terminate.

### Additional Information

Specific information regarding product categories and medical supplies can be found in the “UPN” area of the Medi-Cal Web site, which includes Frequently Asked Questions (FAQs). Details will continue to be published in the monthly *Medi-Cal Updates* and the provider manual.

For more information regarding the completion of the *Request to Participate in the Universal Product Number (UPN) Pilot* form or the UPN pilot, contact the Telephone Service Center at 1-800-541-5555, from 8 a.m. to 5 p.m., Monday through Friday. Software vendors and out-of-state billers may call (916) 636-1200.

**Infusion Equipment Treatment Authorization Request (TAR) Clarification**

To avoid processing delays, all *Treatment Authorization Requests* (TARs) for infusion equipment, including pumps, supplies and related equipment, must be submitted to the Fresno Medi-Cal Field Office. TARs submitted to either of the Pharmacy Sections will be forwarded to the Fresno Medi-Cal Field Office.

**Documentation Requirements for TARs**

TARs for infusion equipment must include a copy of a signed prescription from a licensed practitioner who is acting within his or her scope of practice as established by *California Code of Regulations* (CCR), Title 22, Section 51321, along with medical justification demonstrating that the item selected is appropriate for a recipient's medical needs.

A TAR for an enteral or I.V. pump requires the following documentation:

- Diagnosis
- Type of pump
- Rental or purchase item
- Medical reason why pump is indicated for this medication or formula

A TAR for enteral and infusion supplies requires the following documentation:

- Diagnosis
- Description of how requested item is expected to improve or stabilize the recipient's medical status
- Estimated length of time the item will be medically necessary
- Rate of infusion
- Frequency of infusion
- Delivery system: gravity, bolus or pump

A TAR for non-formulary items requires the following documentation:

- Description of what formulary items have been tried and failed
- Medical reason(s) why formulary item cannot be used

**Prescription Information Requirements**

If the prescription lacks the required information, the TAR may be deferred for additional documentation. Providers may wish to send a prescription to the licensed practitioner for documentation of medical necessity.

All prescriptions must contain the following information:

- Recipient's name and 14-character Benefits Identification Card (BIC) ID number
- Medication, infusion rate and frequency
- Physician's signature, printed name and address
- Date prescription was signed

Prescriptions for I.V. pumps and/or supplies must contain the following information:

- Verification that I.V. pump is medically necessary (including reason why medication cannot be administered by gravity or bolus)
- Number of days I.V. pump rental is needed
- Indication if I.V. pump purchase is required for long-term use
- List of supplies required monthly for use with purchased I.V. pump

*Please see **Infusion Equipment**, page 7*

**Infusion Equipment** *(continued)*

Prescriptions for enteral pumps and/or supplies must contain the following information:

- List of formula, infusion rate and frequency
- Verification that enteral feeding pump is medically necessary (include reason why formula cannot be administered by gravity or bolus)
- Number of days enteral pump rental needed
- Indication if enteral pump purchase required for long-term use
- List of supplies required monthly for use with purchased enteral pump
- Reason why non-formulary G tube is medically necessary

*Updated information is reflected on manual replacement page mc sup intro 1 (Part 2).*

**Negative Pressure Wound Therapy Policy Update**

Effective for dates of service on or after November 1, 2006, policy for Negative Pressure Wound Therapy (NPWT) HCPCS codes is modified as follows:

- Pump: Code E2402 is limited to one per 120-day period.
- Canisters: Codes A7000 (disposable) and A7001 (non-disposable) no longer require claim documentation that they are for equipment that is owned by the patient. These codes must be billed with modifier NU (purchase) only.
- The frequency limitation for code A7000 is changed from 1 per month to 10 per month. All may be dispensed on the same date of service.

*This information is reflected on manual replacement pages dura 10 (Part 2), dura bil dme 23 (Part 2) and dura cd fre 1 (Part 2).*

**Fixed Patient Lift System Non-Benefit**

Effective February 1, 2007, HCPCS code E0640 (patient lift, fixed system, includes all components/accessories) will no longer be a reimbursable code for California Children's Services (CCS) clients.

*This information is reflected on manual replacement page dura cd ccs 1 (Part 2).*

**DME Frequency Limit Update**

Effective retroactively for dates of service on or after November 1, 2006, the frequency limit for HCPCS code E2215 (manual wheelchair accessory, tube for pneumatic caster tire, any size, each) is two in six months.

*This information is reflected on manual replacement page dura cd fre 3 (Part 2).*

**Non-Physician Medical Practitioners Furnishing or Ordering Drugs or Devices**

Providers are reminded of the current policy for the handling of prescriptions for drugs or devices written by Non-Physician Medical Practitioners (NMPs).

Nurse Practitioners (NPs) and Certified Nurse Midwives (CNMs) can furnish or order drugs or devices in accordance with standardized procedures or protocols under the supervision of a physician who has current practice or training in the relevant field. Such supervision does not require the physical presence or the co-signature or countersignature of the physician on prescriptions.

Additional information about NMPs is available on the Medi-Cal Web site ([www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)). Under “Provider Manuals,” click “Medical Services,” then “Part 2 – General Medicine (GM)” and then *Non-Physician Medical Practitioners (NMP)*.

*This information is reflected on manual replacement page dura 4 (Part 2).*

**Medical Supply Invoice Requirements Change**

Effective for dates of service on or after January 1, 2007, the ship-to address or business Drug Enforcement Agency (DEA) number are no longer required on medical supply invoices.

*This information is reflected on manual replacement pages mc sup ex 6 and 8 (Part 2).*

January 2007

---

---

**Durable Medical Equipment & Medical Supplies Bulletin 375**

Remove and replace: *Contents for Durable Medical Equipment & Medical Supplies v \**

Remove and replace: dura 3/4, 9/10  
dura bil dme 23/24  
dura cd ccs 1  
dura cd fre 1 thru 4  
mc sup ex 5 thru 8  
mc sup intro 1/2

Insert new section  
after the *Other Health  
Coverage (OHC)*  
section:

prov bil 1 thru 4 \*

Insert after the new  
*Provider Billing  
after Beneficiary  
Reimbursement  
(Conlan v. Shewry)*  
section above:

*Request for Beneficiary Reimbursement Letter (Letter 08) \**

\* Pages updated due to ongoing provider manual revisions.