



MEDI-CAL UPDATE

Part 2

Billing and Policy

www.medi-cal.ca.gov

Allied Health • Durable Medical Equipment

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Contents

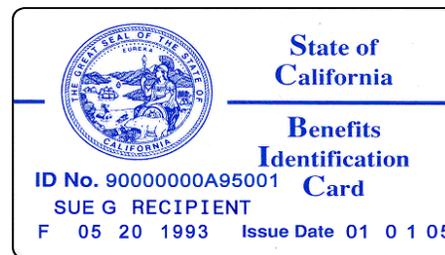
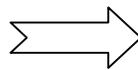
Medi-Cal Training Seminars

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Implementation Delay: New Billing Requirements Prohibit Social Security Numbers

Implementation of the new billing requirements that prohibit most providers from billing Medi-Cal or the Child Health and Disability Prevention (CHDP) program using a recipient's Social Security Number (SSN) will be delayed until further notice. This delay will allow the California Department of Health Services (CDHS) to conduct further outreach to recipients and providers. A notice will be mailed to recipients reminding them of the importance of taking their Benefits Identification Card (BIC) with them when they need services from Medi-Cal providers.

All providers are encouraged to use the 14-character Medi-Cal identification number from the recipient's BIC or paper ID card when submitting claims. The ID number is located on the front of the card and consists of a 9-digit Client Index Number, a Check Digit and a 4-digit Issue Date.



Instructions for Entering BIC IDs on Claim Forms

Instructions for entering the required 14-character BIC ID number on claim forms are found on the following provider manual pages:

Form Name	Provider Manual Section, Page
<i>Appeal Form (90-1)</i>	appeal form , page 5
<i>Claims Inquiry Form (CIF)</i>	cif co , page 8
<i>HCFA 1500</i>	hcfa comp , page 3
<i>Resubmission Turnaround Document (RTD) (Form 65-1)</i>	resub comp , page 4

Please see **Implementation**, page 2

Implementation *(continued)*

The issue date is used to deactivate cards that have been reported as lost or stolen.

Providers should instruct recipients who do not have a valid BIC or paper ID card, or who need to report a lost or stolen BIC, as follows:

- Supplemental Security Income and State Supplementary Payment Program (SSI/SSP) and Medi-Cal recipients should contact their county welfare office.
- County Medical Services Program (CMSP) recipients should contact their local CMSP worker.
- California Children's Services (CCS) or Genetically Handicapped Persons Program (GHPP) recipients should contact their local county CCS office or the state GHPP office.

Providers are required to make a good faith effort to obtain the recipient's BIC information. A good faith effort means that the provider attempts to obtain the BIC information from the recipient at the time the service is provided and makes a subsequent attempt to obtain the BIC or other appropriate documentation from the recipient.

Implementation Delay – Eligibility Verification Changes

Changes to prevent providers from using a recipient's SSN for eligibility verification will be delayed until after the new billing requirements have been implemented.

Use of Social Security Numbers

CDHS recognizes the importance of protecting the identity and the health information of recipients and strongly encourages all providers to avoid using a recipient's SSN whenever possible. This includes avoiding the use of the SSN for the purposes of eligibility verification, submission of *Treatment Authorization Requests* (TARs) and administrative billing.

Protecting Health and Identity Information/Mailing Paper Claims and Forms

Providers are reminded of the importance to protect the identity and health information of recipients.

Hard copy Medi-Cal claim forms contain Protected Health Information (PHI). To protect the confidentiality and privacy of Medi-Cal recipients, it is important to submit these forms to the appropriate address. Below is a list of mailing addresses for each form. If you have any questions, please contact the Telephone Service Center (TSC) at 1-800-541-5555.

Appeal Form (90-1)

Attn: Appeals Unit
EDS
P.O. Box 15300
Sacramento, CA 95851-1300

Claims Inquiry Form (CIF)

EDS
P.O. Box 15300
Sacramento, CA 95851-1300

HCFA 1500

EDS
P.O. Box 15700
Sacramento, CA 95852-1700

Resubmission Turnaround Document (RTD) (65-1)

EDS
P.O. Box 15200
Sacramento, CA 95851-1200

Please see future *Medi-Cal Updates* for more information.

Universal Product Number (UPN) Pilot Update

Pilot Time Frame Update

The Universal Product Number (UPN) Pilot is currently under development and will move forward after implementation of the National Provider Identifier (NPI) project. As a result of Medi-Cal’s recent announcement to postpone some aspects of NPI implementation, the two-year UPN Pilot will not begin on January 1, 2008. Once the UPN implementation time frame is identified, providers who have expressed an interest in participating will be notified through a future *Medi-Cal Update* and also through the Medi-Cal Web site (www.medi-cal.ca.gov).

Additional Information

Providers are encouraged to review the information published in future *Medi-Cal Updates* and in the UPN area of the Medi-Cal Web site for up-to-date details.

For more information regarding the UPN Pilot, contact the Telephone Service Center (TSC) 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.

HCPCS Codes E2620, E2621 and L2232 Rate Changes

Effective for dates of service on or after January 1, 2006, the reimbursement rates for the following HCPCS Durable Medical Equipment codes have been adjusted to comply with updates from Medicare’s 2006 4th Quarter Fee Schedule.

HCPCS Code	Description	Monthly Rental	Purchase
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware	\$54.77	\$547.70
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware	57.47	574.76

This information is reflected on manual replacement page [dura cd 11](#) (Part 2).

Effective for dates of service on or after November 1, 2005, the reimbursement rate for the following HCPCS orthotic code has also been adjusted to comply with Medicare Fee Schedule changes.

HCPCS Code	Description	Maximum Allowance
L2232	Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only	\$62.56

This information is reflected on manual replacement page [ortho cd 17](#) (Part 2).

Oxygen Equipment and Content Rate Changes

Effective retroactively for dates of service on or after January 1, 2007, the reimbursement rates are updated for the following HCPCS Durable Medical Equipment codes.

<u>HCPCS Code</u>	<u>Description</u>	<u>Reimbursement Rate</u>
E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask and tubing	\$ 158.72
E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	25.43
E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing	25.43
E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	158.72
E0441	Oxygen contents, gaseous (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned), one month's supply = one unit	61.96
E0442	Oxygen contents, liquid (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned), one month's supply = one unit	61.96
E0443	Portable oxygen contents, gaseous (for use only with portable gaseous systems when no stationary gas or liquid system is used), one month's supply = one unit	61.96
E0444	Portable oxygen contents, liquid (for use only with portable liquid systems when no stationary gas or liquid system is used), one month's supply = one unit	61.96
E1390	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	158.72
E1391	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each	158.72
E1392	Portable oxygen concentrator, rental	41.30

Note: No action is required by providers. Paid claims for these codes will be automatically reprocessed.

This information is reflected on manual replacement pages [dura cd 7 thru 9 \(Part 2\)](#).

Diabetic Test Strip Contracting Changes

Assembly Bill 2132 directed the California Department of Health Services (CDHS) to enter into demonstration contracts with manufacturers of medical supplies for four items of its own selection from the existing list of medical supplies. Effective April 1, 2007, these items must be billed by Pharmacy providers using an 11-digit Universal Product Number (UPN) for the purpose of establishing rebates or other cost-saving mechanisms.

Per this legislation, CDHS has entered into contracts with manufacturers of diabetic medical supplies in order to demonstrate cost savings in the purchase of these medical supplies. Any item not included in the list of contracted diabetic supplies will not be a benefit of the Medi-Cal program, and therefore will not be granted prior authorization or a *Treatment Authorization Request (TAR)*. California Children’s Services/Genetically Handicapped Persons Program (CCS/GHPP) authorization must match the exact UPN that is granted under authorization for payment.

Additions to Medical Supplies List

Effective January 1, 2007, the following products have been added to the *Medical Supplies List* section:

<u>Description</u>	<u>Billing Code</u>	Bill Quantity In Total <u>Number of</u>
Unistik 3, single use device, yellow, 1.8 MM, 21G (100)	08470100201	Lancet
Unistik 3, single use device, yellow, 1.8 MM, 23G (200)	08470100401	Lancet
Unistik 3, single use device, yellow, 1.8 MM, 21G (50)	08470100701	Lancet
Unistik 3, single use device, orange, 2.0 MM, 21G (100)	08470101201	Lancet
Unistik 3, single use device, orange, 2.0 MM, 21G (200)	08470101401	Lancet
Unistik 3, single use device, lavender, 1.8 MM, 26G (100)	08470104201	Lancet
Unistik 3, single use device, purple, 1.8 MM, 28G (200)	08470104401	Lancet
Unistik 3, single use device, lavender, 1.8 MM, 26G (50)	08470104701	Lancet
Unistik 3, single use device, burgundy, 1.8 MM, 18G (100)	08470106201	Lancet
Unistik 3, single use device, pink, 1.8 MM, 18G (200)	08470106401	Lancet
1st Choice Thin Lancets 23G (100)	08517015722	Lancet
1st Choice Ultra Thin Lancets 28G (200)	08517030722	Lancet
1st Choice Ultra Thin Lancets 28G (100)	08517035722	Lancet
1st Choice Super Thin Lancets 30G (100)	08517065722	Lancet
Duo-Care Test Strips (100)	08536011000	Strip
Duo-Care Test Strips (50)	08536011500	Strip

Deletions to Medical Supplies List

Effective April 1, 2007, the following products will be deleted from the *Medical Supplies List* section:

<u>Description</u>	<u>Billing Code</u>	Bill Quantity In Total <u>Number of</u>
MediSense Optium Test Strips (50)	57599913404	Strip
MediSense Optium Test Strips (100)	57599913505	Strip
BD Test Strips (50)	08290322053	Strip
BD Test Strips (100)	08290322054	Strip
New Tek Test Strips Kit (100)	08480450100	Kit
Chemstrip Micral Strips (30)	50924014630	Strip

This information is reflected on manual replacement pages mc sup lst1 15 thru 17, 19 and 21 (Part 2).

Change To Quantity Limit for Disposable Gloves

Effective for dates of service on or after March 1, 2007, the total allowable amount of disposable gloves has increased from 100 to 200. The total amount may be written on one prescription, and may be billed using one claim.

This information is reflected on manual replacement page mc sup lst1 25 (Part 2).

Urological Supplies Effective Date Correction

The effective date for the following medical supply product code is January 1, 2006 instead of January 1, 2007, as previously reported in the *Medi-Cal Update Pharmacy Bulletin* 643.

<u>Description</u>	<u>Billing Code</u>	<u>Bill Quantity in Total Number of</u>
Tubes, Clamps and Connectors	9999C	each

This update is reflected on manual replacement page mc sup lst4 26 (Part 2).

Medical Supply Manufacturer Code Reassignment

Effective for dates of service on or after April 1, 2007, the Manufacturer Billing Code for Ballard Medical Products Corp. will be reassigned to the Kimberly-Clark Corporation.

<u>Manufacturer Billing Code</u>	<u>Former Manufacturer Name</u>	<u>New Manufacturer Name</u>
1M	Ballard Medical Products Corp.	Kimberly-Clark Corporation

The following medical supply product codes have been added for Manufacturer Billing Code 1M: 9930E, 9981E, 9981F, 9981H, 9981J and 9981K.

This information is reflected on manual replacement pages mc sup man cd 2 and 5 (Part 2).

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Remove and replace: dura cd 7 thru 14
 ortho cd1 17/18
 mc sup lst1 15 thru 28
 mc sup lst4 25/26
 mc sup man cd 1/2, 5/6