MEDI-CAL UPDATE Part 2
Billing and Policy
www.medi-cal.ca.gov

Outpatient Services • Local Educational Agency

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Contents

Medi-Cal Training Seminars (two flyers)

Medi-Cal Claim Form Changes May 23, 2007 1

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

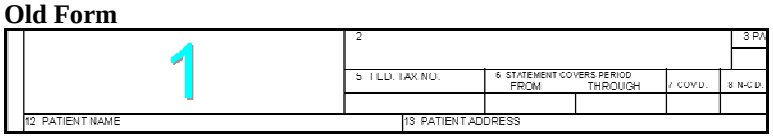
Effective May 23, 2007, the California Department of Health Services (CDHS) will complete a transition from the current *UB-92 Claim Form* to the new *UB-04* claim form. Beginning March 26, 2007, providers will have a two-month transition period in which they can use both the new and old form to submit claims. The transition period ends at the close of business on May 22, 2007. Beginning May 23, 2007, only the *UB-04* 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.

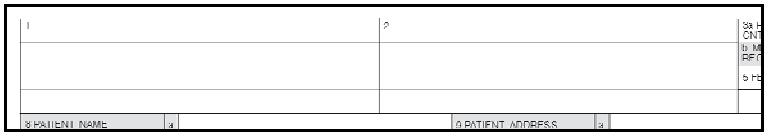
Also, providers using the new forms must continue to use their Medi-Cal provider number until May 23, 2007.

Below are the changes from the current *UB-92* to the new *UB-04* claim form.

Box 1
Old Form



New Form

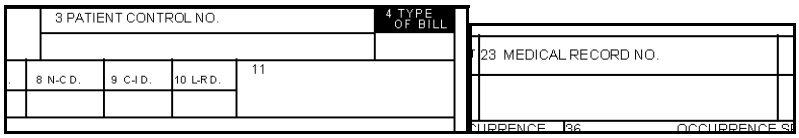


Lines are added in Boxes 1 and 2.

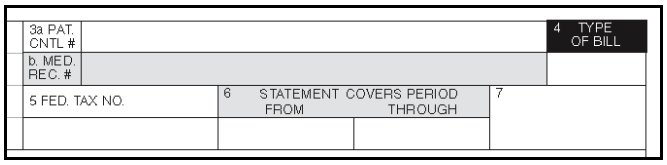
Please see **Claim Form**, *page 2*

Claim Form *(continued)*

Box 3
Old Form

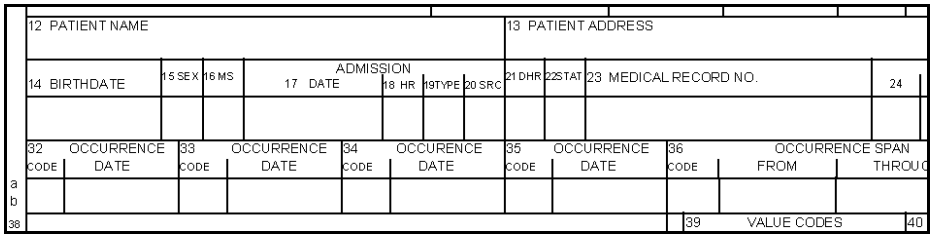


New Form

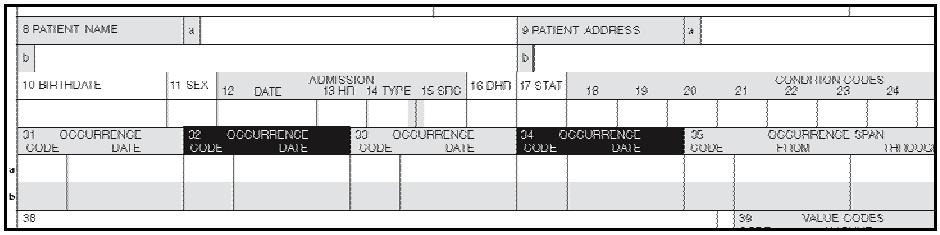


Box 3 is divided into two sections (*Patient Control Number* field [Box 3A] and *Medical Record Number* field [Box 3B]). The Medical Record Number moved from Box 23 to Box 3B.

Boxes 12, 14 thru 22, and 32 thru 35
Old Form



New Form

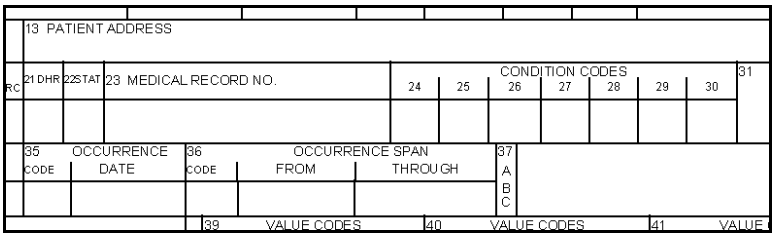


Box 12 (Patient Name) moved to Boxes 8A and 8B. Boxes 14 – 22 (Birthdate, Sex, Admission information) moved to Boxes 10 – 17. Box 16 (MS) was removed. Boxes 32 – 35 (Occurrence Codes) moved to Boxes 31 – 34.

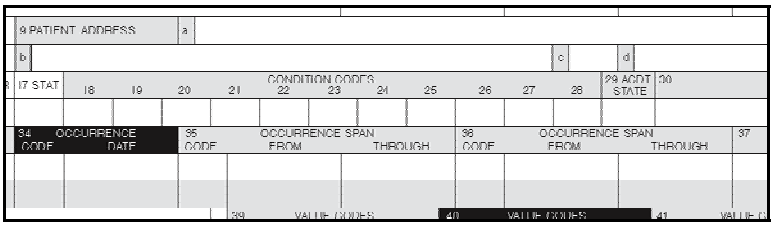
Please see **Claim Form**, *page 3*

Claim Form *(continued)*

Boxes 13, 24 thru 31, and 36
Old Form

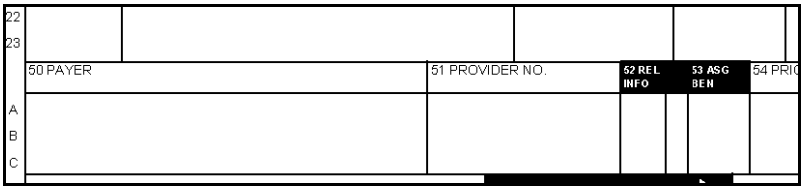


New Form

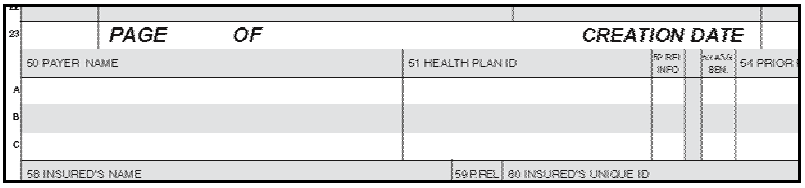


Box 13 (Patient Address) was divided in five sections and moved to Boxes 9A – E. Boxes 24 – 30 (Condition Codes) moved to Boxes 18 – 24. Additionally, Boxes 25 – 28 were created for additional condition codes. Box 31 (unlabeled) moved to Box 37. Box 36 (Occurrence Span) expanded to Boxes 35 and 36.

Boxes 43 and 50
Old Form



New Form

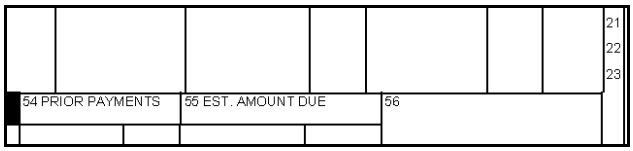


On line 23 in the Box 43 (Code Description) column, "Page ___ Of ___" was added to identify multiple pages for the same claim. The name of Box 50 was changed to "Payer Name."

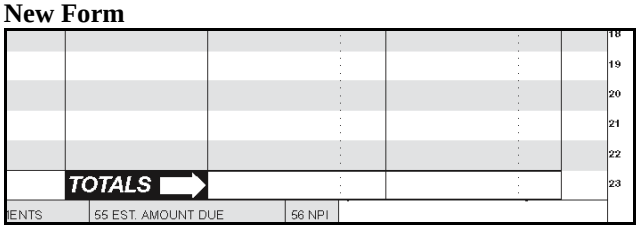
Please see **Claim Form**, *page 4*

Claim Form *(continued)*

Box 46
Old Form

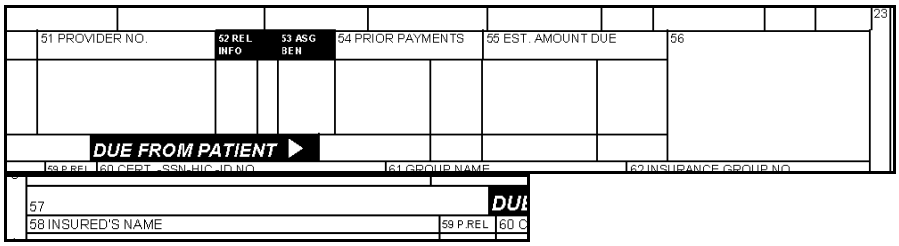


New Form

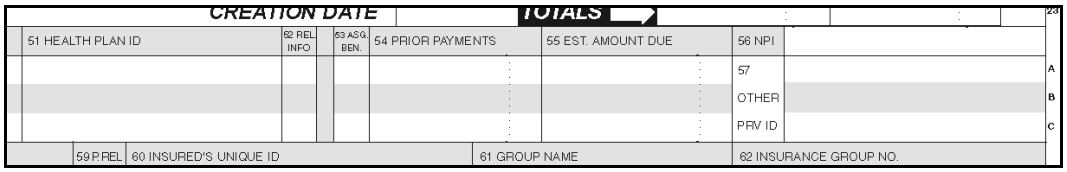


On line 23 in the Box 46 (Service Units) column, "Totals" was added on line 23.

Boxes 51, 56 and 57
Old Form



New Form



The name of Box 51 changed to "Health Plan ID." Box 56 is now titled "NPI" to accommodate the 10-digit National Provider Identifier (NPI). Box 57 (unlabeled) was divided into 57A, B and C for other provider identification numbers.

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 <u>not</u> required to register an NPI:

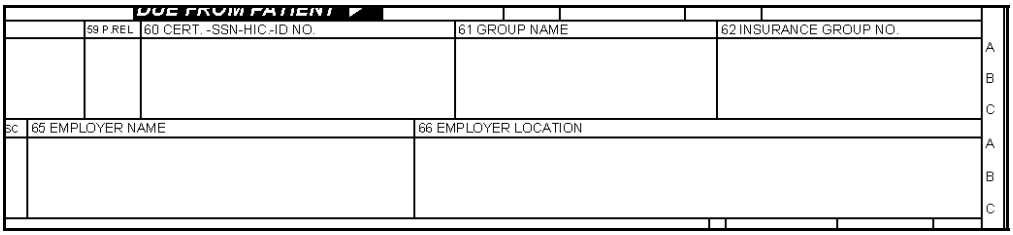
- Adult Day Health Care (ADHC) Centers
- Blood Banks
- Christian Science Practitioner
- Multipurpose Senior Services Program (MSSP)

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

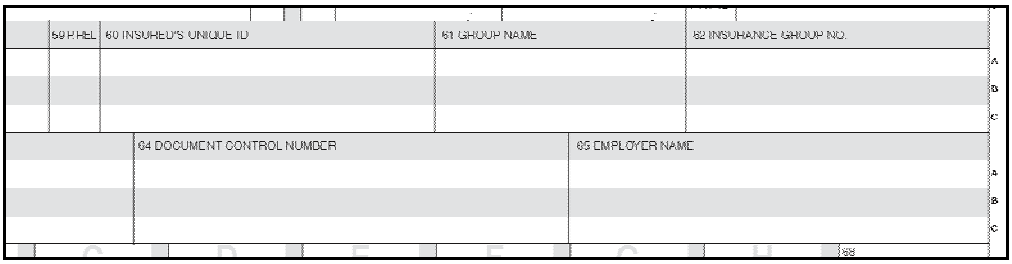
Please see **Claim Form**, *page 5*

Claim Form *(continued)*

Boxes 60 and 66
Old Form



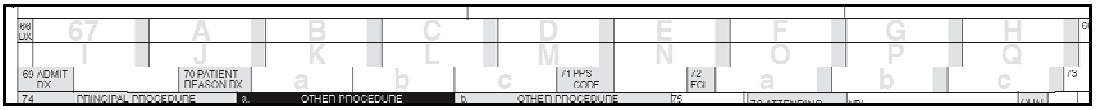
New Form



The name of Box 60 changed to "Insured's Unique ID." Box 66 (Employer Location) was removed.

Boxes 67 and 68 thru 75
Old Form

New Form



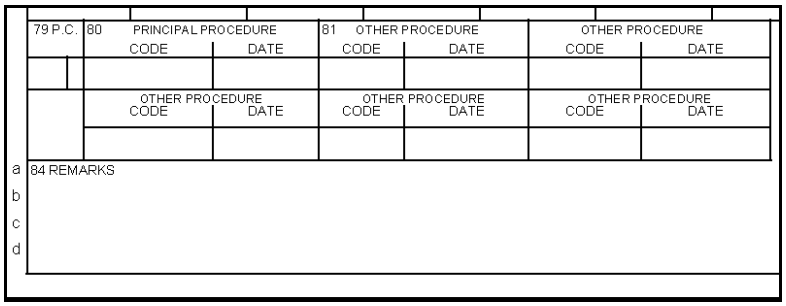
Box 67 (Primary Diagnosis Codes) was enlarged to accommodate future changes in diagnosis codes. Boxes 68 through 75 (Other Diagnosis Codes) changed numbering sequence to Boxes 67A through Q.

Please see **Claim Form**, *page 6*

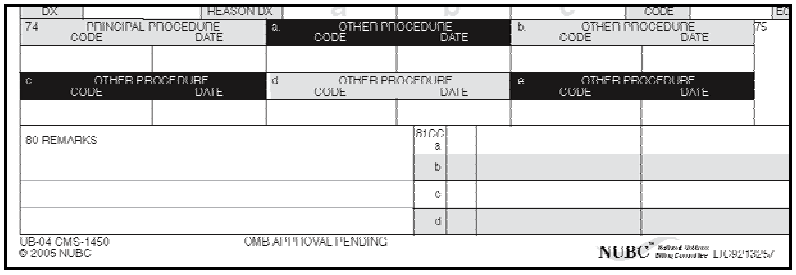
Claim Form *(continued)*

Boxes 80, 81A – E and 84

Old Form



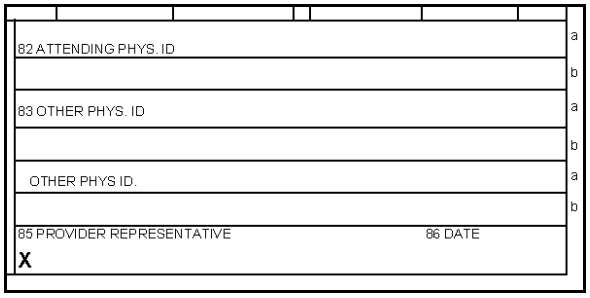
New Form



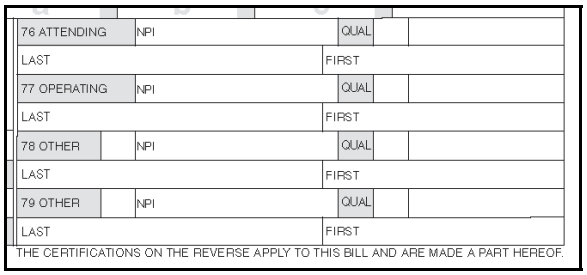
Box 80 (Principal Procedure Code/Date) moved to Box 74. Boxes 81A – E (Other Procedure Code/Date) moved to Boxes 74A – E. Box 84 (Remarks) moved to Box 80 and was reduced in size.

Boxes 82, 83A – B, 85 and 86

Old Form



New Form



Box 82 (Attending Physician ID) moved to Box 76 for reporting the physician's NPI. Boxes 83A and B (Other Physician ID) moved to Boxes 77 (Operating) and 78 (Other) for reporting the operating and/or physician's NPI. Boxes named "Qual" were added to Boxes 76 – 78 to indicate a Medicaid Identifier and help identify atypical provider numbers. Boxes for provider first and last names were also added. Boxes 85 (Provider Representative) and 86 (Date) were removed.

Local Educational Agency Bulletin 387

Remove and replace:	*Contents for LEA Billing and Policy* iii/iv *
Insert new section after the *Other Health Coverage (OHC): CPT-4 and HCPCS Codes* 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.