



# MEDI-CAL UPDATE

## Part 2

Billing and Policy

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

### Allied Health • Orthotics and Prosthetics

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##### Contents

##### Medi-Cal Training Seminars

New Claim Form Submission Reminders .....	1
Rate Adjustment for Power Wheelchair Codes .....	1
Rate Increase for Power Wheelchair Joystick.....	2
Contract Drugs List Available at Epocrates, Inc.....	2
CCS Service Code Groupings Update .....	2

#### New Claim Form Submission Reminders

The following are reminders for correctly submitting the new *CMS-1500* claim form:

- *CMS-1500* claim forms with bar codes are not acceptable.
- *CMS-1500* claim forms must be printed on scanner-quality paper. Forms printed on low-quality or thin paper are not acceptable, as they tear easily during the scanning process.
- Original claim forms must be submitted. Copies will not be accepted.
- All provider information fields must be completed.
- Claim information must be properly entered within the borders of the appropriate area or box. Claims with the information in the middle or outside of a border may be rejected.
- The Medi-Cal provider number must be entered in Box 33B through November 25, 2007. Claims without the Medi-Cal provider number in Box 33B will not be processed. The National Provider Identifier (NPI) should be entered in Box 33A. Beginning November 26, 2007, the NPI will be the only identifier accepted on claim forms, and must be entered in Box 33A.

**Note:** The only exceptions to the NPI requirement are atypical providers (blood banks, Christian Science practitioners and Multipurpose Senior Services Program providers).

#### Rate Adjustment for Power Wheelchair Codes

Effective for dates of service on or after August 1, 2007, the rental and purchase rates for power wheelchair HCPCS codes K0830 (Group 2, standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds) and K0831 (Group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds) have been revised as follows:

<u>HCPCS Code</u>	<u>Rental Rate</u>	<u>Purchase Rate</u>
K0830	\$391.41	\$4,696.92
K0831	\$391.41	\$4,696.92

*This information is reflected on manual replacement page [dura cd 12](#) (Part 2).*

**Rate Increase for Power Wheelchair Joystick**

Medicare has updated the reimbursement rate for HCPCS code E2374 (power wheelchair accessory, hand or chin control interface, standard remote joystick [not including controller] proportional, including all related electronics and fixed mounting hardware, replacement only). In accordance with statute, Medi-Cal has adjusted the rate for this purchase-only item from \$169.36 to \$534.02, effective for dates of service on or after August 1, 2007.

*This information is reflected on manual replacement page dura cd 24 (Part 2).*

**Contract Drugs List Available at Epocrates, Inc.**

Effective June 13, 2007, the Contract Drug Lists for the Medi-Cal program and the AIDS Drug Assistance Program (ADAP) became available online to healthcare professionals through Epocrates, Inc. Access to Medi-Cal and ADAP formularies is free to healthcare providers. For access and free downloads to mobile devices, visit [www.epocrates.com](http://www.epocrates.com).

**CCS Service Code Groupings Update**

Retroactive for dates of service on or after July 1, 2007 a number of codes are end-dated and added to California Children's Services (CCS) Service Code Groupings (SCGs) 01, 02, 03, 04, 05 and 07.

Effective for dates of service on or after August 1, 2007, an additional number of codes are end-dated and added to CCS SCGs 01, 02, 03 and 10.

**Reminder:** SCG 02 includes all the codes in SCG 01; SCG 03 includes all the codes in SCG 01 and SCG 02; and SCG 07 includes all the codes in SCG 01. These same "rules" apply to end-dated codes.

*The updated information is reflected on manual replacement pages cal child ser 1, 3, 6, 7, 11, 14 thru 16 and 22 (Part 2).*

**Orthotics and Prosthetics Bulletin 383**

Remove and replace: appeal form 1/2 \*  
cal child ser 1 thru 8, 11 thru 16, 21/22  
cms comp 15/16 \*  
dura cd 11/12, 23 thru 26

\* Pages updated due to ongoing provider manual revisions.