



Pharmacy

October 2006 • Bulletin 640

Contents

2006 CPT-4/HCPCS Codes Reminder	1
Online Survey for the Medical Supply UPN Pilot	1
CPAP Equipment and Related Accessories Policy Updates	2
Aerosol Mask is New DME Benefit	2
Non-Taxable Catheters Billing Update	2
Frequency Limitations Update for Power Wheelchair Replacement Motors and Gear Boxes	3
Bilateral Instep Extensions Reimbursable with Medical Justification	3
Diabetic Shoe and Insert Policy Updates	3
Podiatrist Reminder: Select Orthotics Require TAR	4
California Children’s Services (CCS) Updates	4
Family PACT: Policy Clarification for CPT-4 87800 Laboratory Test	4
Provider Orientation and Updates Sessions	4

2006 CPT-4/HCPCS Codes Reminder

Effective November 1, 2006, Medi-Cal will adopt the 2006 CPT-4 and HCPCS Level II codes. Claims billed for dates of service on or after November 1, 2006 must use the appropriate 2006 codes.

Codes to be added, modified or deleted were listed in the July 2006 *Medi-Cal Update*. Policy for new benefits was announced in the September 2006 *Medi-Cal Update*. Provider manual updates are included in this month’s *Medi-Cal Update*.

Online Survey for the Medical Supply UPN Pilot

The California Department of Health Services (CDHS) is asking providers to complete an online survey for the Medical Supply Universal Product Number (UPN) Pilot.

This survey is to solicit and assess the level of provider interest in the pilot. Enrollment in the pilot is anticipated to begin later this year. To access the survey, visit the UPN area of the Medi-Cal Web site (www.medi-cal.ca.gov) by clicking the “UPN” link under “Provider Resources.” The survey link is available in the “UPN Resources” box in the upper right-hand side of the page. This survey has been extended past the closing date of September 15, 2006 and will remain open through December 31, 2006.

Some of the advantages of participating in the UPN pilot include:

- Online, real-time claims processing that allows for immediate claim status notification
- No requirement to submit pricing attachments
- Improved speed and accuracy of claim payments

Providers can e-mail questions and comments regarding the pilot to CDHS from the “Medi-Cal Comment Forum” page, which can be accessed through the UPN area of the Medi-Cal Web site. The forum will remain open until further notice. The responses to questions and comments will be used to update the “Frequently Asked Questions” page, which can also be accessed through the UPN area of the Medi-Cal Web site.

Background

The Health Insurance Portability and Accountability Act (HIPAA) mandates the use of HCPCS Level II codes on electronic medical supply claims. As a result, CDHS plans to discontinue all interim medical supply codes and convert to HCPCS Level II codes. Due to the generic nature of the HCPCS Level II codes, CDHS requested, and was granted, an exception to the HIPAA standards by the Centers for Medicare & Medicaid Services (CMS). The exception allows for the use of the UPN as part of a two-year pilot for billing and payment of medical supplies within the following four product categories:

1. Urinary catheters and bags (urologicals)
2. Incontinence supplies
3. Ostomy care products
4. Wound care products

CPAP Equipment and Related Accessories Policy Updates

Effective retroactively for dates of service on or after January 1, 2006, in compliance with Medicare policy changes, HCPCS codes A7030 (CPAP full face mask), A7034 (nasal interface), A7035 (headgear) and A7036 (chinstrap) are separately reimbursable on the same date of service with a purchased Continuous Positive Airway Pressure (CPAP) device (code E0601-NU). HCPCS codes A7037 (tubing), A7038 (disposable filter) and A7039 (non-disposable filter) are included in the reimbursement of code E0601-NU, and therefore continue to not be separately reimbursable. Claims for accessory codes A7030 and A7034 – A7036 that were denied for the same date of service as CPAP code E0601-NU, billed for dates of service on or after January 1, 2006, will be automatically reprocessed for potential reimbursement, within the frequency limitations for the individual codes.

Additionally, effective for dates of service on or after November 1, 2006, providers should note the following policy modifications:

- Code A7030 (CPAP full face mask) is not separately reimbursable with other supply codes A7031 (replacement face mask interface), A7032 (replacement nasal mask interface cushion), A7033 (replacement interface pillow), A7034 (nasal interface) or A7036 (chinstrap) if billed for the same month of service, any provider.
- Code A7034 (nasal interface) is not separately reimbursable with other replacement supply codes A7031 (replacement face mask interface), A7032 (replacement nasal mask interface cushion) or A7033 (replacement interface pillow) if billed for the same month of service, any provider.
- The frequency restriction for code A7032 (replacement nasal cushion) is changed to one per month.

This information is reflected on manual replacement page [dura cd fre 1](#) (Part 2).

Aerosol Mask is New DME Benefit

Effective for dates of service on or after November 1, 2006, HCPCS code A7015 (aerosol mask, used with DME nebulizer) is a new Medi-Cal Durable Medical Equipment (DME) benefit, subject to prior authorization. Code A7015 is limited to disposable masks, must be billed with modifier -NU (purchase), and has a reimbursement rate of \$1.50 per mask. Multiple masks may be reimbursed for the same recipient on the same date of service, but code A7015 is limited to three disposable masks per month, unless additional masks are medically justified and *Treatment Authorization Request* (TAR)-approved.

The updated information is reflected on manual replacement pages [dura bil oxy 7](#) (Part 2), [dura cd 6](#) (Part 2) and [dura cd fre 1](#) (Part 2).

Non-Taxable Catheters Billing Update

Effective immediately, the following medical supply codes for catheters are non-taxable.

9914F – 9914O	9990H	9991W
9943N	9990J – 9990N	9991Y
9981F	9990P	9992A – 9992H
9989A – 9989F	9990R – 9990T	9992J – 9992N
9989H	9990W	9992P
9989J – 9989N	9990Y	9992R – 9992T
9989P	9991A – 9991F	9992W
9989R – 9989T	9991H	9992Y
9989W	9991J – 9991N	9993A – 9993F
9989Y	9991P	9993H
9990A – 9990F	9991R – 9991T	9993J – 9993N

The updated information is reflected on manual replacement page [tax 9](#) (Part 2).

Frequency Limitations Update for Power Wheelchair Replacement Motors and Gear Boxes

Effective retroactively for dates of service on or after November 1, 2005, the allowable daily limitation for the following power wheelchair accessories is two a day. The long-term frequency limitation is two in three years.

<u>HCPCS Code</u>	<u>Description</u>
E2368	Motor, replacement only
E2369	Gear box, replacement only
E2370	Motor and gear box combination, replacement only

No action is required by providers. Claims for these codes submitted on or after the effective date will be automatically reprocessed.

The updated information is reflected on manual replacement page [dura cd fre 3](#) (Part 2).

Bilateral Instep Extensions Reimbursable with Medical Justification

Effective for dates of service on or after November 1, 2006, bilateral instep extensions billed with HCPCS code L3570 (special extension to instep [leather with eyelets]) may be reimbursable with claim documentation showing the recipient's need for bilateral instep extensions. *Provider manual page [ortho 7](#) (Part 2) is updated to reflect this policy.*

Diabetic Shoe and Insert Policy Updates

Effective for dates of service on or after November 1, 2006, reimbursement policy for therapeutic diabetic shoes and inserts is updated as follows:

HCPCS codes A5500 (prefabricated shoes) and A5512 (prefabricated inserts) may each be reimbursed up to a quantity of four in 12 months. The daily maximum allowable for each code is two, but they do not have to be billed in pairs. The maximum allowable in 12 months may include any combination of right or left sides.

Codes A5501 (custom shoes) and A5513 (custom inserts) may each be reimbursed up to a quantity of two in 12 months. The maximum allowable in 12 months may include any combination of right or left sides.

Providers will not be reimbursed for both prefabricated and custom shoes or inserts for the same foot in the same 12 months, unless:

- The claim does not exceed the stated annual frequency limitation for the respective codes, and
- The medical condition has changed to the extent that a custom appliance would be required for the same side after a prefabricated shoe or insert has been tried.

Diabetic shoe inserts are reimbursable only if a diabetic shoe is billed on the same claim or in a 12-month history.

Also, the name of the certification form has been changed to *Physician Certification of Medical Necessity for Therapeutic Diabetic Shoes and Inserts* form, and modified to clarify conditions for which the diabetic shoes or inserts are being ordered.

*The updated information is reflected on manual replacement page [ortho 15](#) (Part 2) and the *Physician Certification of Medical Necessity for Therapeutic Diabetic Shoes and Inserts* form (Part 2).*

Podiatrist Reminder: Select Orthotics Require TAR

Podiatrists are reminded that a *Treatment Authorization Request* (TAR) is required for the following items:

<u>HCPCS Code</u>	<u>Description</u>
L2999	Lower extremity orthosis, not otherwise specified
L3649	Orthopedic shoe, modification, addition or transfer, not otherwise specified

California Children’s Services (CCS) Updates

Drugs Requiring Separate Authorization

Injectable drug sermorelin acetate (HCPCS code Q0515) has been added to the table of Drugs Requiring Separate Authorization, effective for dates of service on or after November 1, 2006.

Service Code Groupings (SCGs)

Effective for dates of service on or after November 1, 2006, updates will be made to California Children’s Services (CCS) Service Code Groupings (SCGs) 01, 02, 03, 04 and 05.

HCPCS code X7038 has been end-dated retroactively for dates of service on or after July 1, 2006.

In addition, CPT-4 codes 78990, 79900, 88182, 88367 – 88368, 91034 – 91035, 91037 – 91038 and 91040 have been added retroactively for dates of service on or after November 1, 2005.

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 sar 6 (Part 2) and cal child ser 1 thru 3, 5, 7 thru 17 and 22 (Part 2).



Policy Clarification for CPT-4 87800 Laboratory Test

The Office of Family Planning is clarifying Family PACT (Planning, Access, Care and Treatment) Program policy for the use of CPT-4 code 87800 (infectious agent detection by nucleic acid [DNA or RNA], multiple organisms; direct probe technique).

This screening test is to be used only for detecting Chlamydia trachomatis and Neisseria gonorrhoeae. While laboratories have the ability to detect additional organisms, such as those associated with bacterial vaginosis, vaginal candidiasis and vaginal trichomoniasis, code 87800 is not reimbursable to screen for those or other organisms.

For a list of laboratory tests offered by Family PACT, please refer to the “Family PACT Program 2006 Provisional Clinical Services Benefits Grid” in the “Family PACT Clinical Services and Pharmacy Benefit Update” article published in the June 2006 *Medi-Cal Update*.



Provider Orientation and Update Sessions

Medi-Cal providers seeking enrollment in the Family PACT (Planning, Access, Care and Treatment) Program are required to attend a Provider Orientation and Update Session. The dates for upcoming sessions are listed below.

Individual and group providers wishing to enroll must send a physician-owner to the session. Clinics wishing to enroll must send the medical director or clinician responsible for oversight of medical services rendered in connection with the Medi-Cal provider number.

Please see Update Sessions, page 5

Update Sessions *(continued)*

Office staff members, such as clinic managers, billing supervisors and patient eligibility enrollment supervisors, are encouraged to attend but are not eligible to receive a *Certificate of Attendance*. Currently enrolled clinicians and staff are encouraged to attend to remain current with program policies and services. Medi-Cal laboratory and pharmacy providers are automatically eligible to participate in the Family PACT Program without attending an orientation session.

The session covers Family PACT provider enrollment and responsibilities, client eligibility and enrollment, special scope of client services and benefits, provider resources and client education materials. This is not a billing seminar.

Please note the upcoming Provider Orientation and Update Sessions below.

Redding

October 27, 2006
8:30 am – 4:30 pm

Redding Convention Center
 700 Auditorium Drive
 Redding, CA 96001
 (530) 225-4133

Palm Springs

December 11, 2006
8:30 am – 4:30 pm

SPA Resort in Palm Springs
 100 N. Indian Canyon Drive
 Palm Springs, CA 92262
 (760) 883-1000

Fresno

February 22, 2007
8:30 am – 4:30 pm

Picadilly Inn – West Shaw Hotel
 2305 West Shaw Ave.
 Fresno, CA 93711
 (559) 226-3850

San Bernardino

April 12, 2007
8:30 am – 4:30 pm

Clarion Hotel & Convention Center
 295 North E Street
 San Bernardino, CA 92401
 (909) 381-6181

For a map and directions for these locations, go to the Family PACT Web site (www.familypact.org) and click “Providers” at the top of the home page, then “Provider Training,” and finally, click the appropriate location. In the “Provider Orientation & Update Session” document, click the “For directions: click here” link.

Registration

To register for an orientation and update session, go to the Family PACT Web site (www.familypact.org) and click “Providers” at the top of the home page, then “Provider Training,” and finally, click the “Registration” link next to the appropriate date and location and print a copy of the registration form.

Fill out the form and fax it to the Office of Family Planning, Attn: Darleen Kinner, at (916) 650-0468. If you do not have Internet access, you may request the registration form by calling 1-877-FAMPACT (1-877-326-7228).

Providers must supply the following when registering:

- Name of the Medi-Cal provider or facility
- Medi-Cal provider number
- Contact telephone number
- Anticipated number of people attending

Please see Update Sessions, page 6

Update Sessions *(continued)*

Check-In

Check-in begins at 8 a.m. All orientation sessions start promptly at 8:30 a.m. and end by 4:30 p.m. At the session, providers must present the following:

- Medi-Cal provider number
- Medical license number
- Photo identification

Note: Individuals representing a clinic or physician group should use the clinic or group Medi-Cal provider number, not an individual provider number or license number.

Certificate of Attendance

Upon completion of the orientation session, each prospective new Family PACT medical provider is mailed a *Certificate of Attendance*. Providers should include the original copy of the *Certificate of Attendance* when submitting the Family PACT application and agreement forms (available at the session) to Provider Enrollment Services. Providers arriving late or leaving early will not be mailed a *Certificate of Attendance*. Currently enrolled Family PACT providers do not receive a certificate.

Contact Information

For more information about the Family PACT Program, please call 1-877-FAMPACT (1-877-326-7228) or visit the Family PACT Web site at www.familypact.org.

The Family PACT Program was established in January 1997 to expand access to comprehensive family planning services for low-income California residents.

October 2006

Pharmacy Bulletin 640

Remove and replace: blood 1/2 *, 7/8 *
cal child sar 5/6
cal child ser 1 thru 18, 21/22
cif co 1/2 *
dura 9/10 *
dura bil dme 3 thru 6 *, 13/14 *, 23 thru 26 *
dura bil oxy 5 thru 8
dura cd 3 thru 24
dura cd fre 1 thru 4
dura ex 3 thru 6 *
medi non hcp 1/2 *
ortho 1/2, 7/8, 11 thru 15

Remove after the
Orthotic and Prosthetic

Appliances section: *Statement of the Certifying Physician for Therapeutic Diabetic Shoes*

Replace with: *Physician Certification of Medical Necessity for Therapeutic Diabetic Shoes and Inserts **

Remove and replace: ortho cd1 1 thru 31 *
ortho cd2 1 thru 22 *
presum 17 thru 20 *
subacut adu 3/4 *
tax 1/2

Remove: tax 5 thru 8
Insert: tax 5 thru 9

* Pages updated due to ongoing provider manual revisions.