



# MEDI-CAL UPDATE

## Part 2

Billing and Policy

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

### Pharmacy

#### March 2007 • Bulletin 650

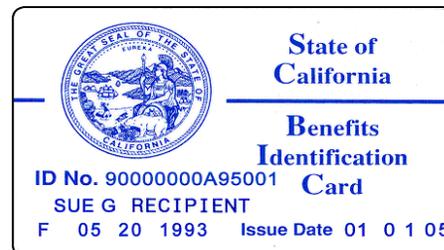
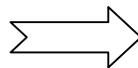
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#### Implementation Delay: New Billing Requirements Prohibit Social Security Numbers

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>	<u>appeal form</u> , page 5
<i>Claims Inquiry Form (CIF)</i>	<u>cif co</u> , page 8
<i>Pharmacy Claim Form (30-1)</i>	<u>pcf30-1 comp</u> , page 5
<i>Compound Drug Pharmacy Claim Form (30-4)</i>	<u>compound comp</u> , page 5
<i>Resubmission Turnaround Document (RTD) (Form 65-1)</i>	<u>resub comp</u> , page 4

Please see **Implementation Delay**, page 2

## **Implementation Delay (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

#### ***Pharmacy Claim Form (30-1)***

EDS  
P.O. Box 15400  
Sacramento, CA 95852-1400

#### ***Compound Drug Pharmacy Claim Form (30-4)***

EDS  
P.O. Box 15400  
Sacramento, CA 95852-1400

#### ***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](http://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 (DME) codes have been adjusted to comply with updates from Medicare’s 2006 4<sup>th</sup> Quarter Fee Schedule.

<u>HCPCS Code</u>	<u>Description</u>	<u>Monthly Rental</u>	<u>Purchase</u>
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.

<u>HCPCS Code</u>	<u>Description</u>	<u>Maximum Allowance</u>
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 (DME) 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 \(Part 2\)](#).*



**Annual Family PACT Updates and Policy Clarification – Correction**

The Family PACT benefits grid that ran in the January 2007 *Medi-Cal Update* contained errors. The grid and the introductory text from the article are reproduced below with **the corrected information in bold**. The following information replaces page 9 of the Family PACT Provisional Services Benefits Grid (see June 2006 *Medi-Cal Update*, Part 2 bulletin).

**Secondary Diagnosis: Cervical Abnormalities**

A secondary diagnosis code is required for cervical abnormality diagnostic and treatment services. These services are restricted to females 15 to 55 years of age.

Other Secondary Services						Complications Services (10)
Diagnosis Codes	Description	Procedures	Laboratory	Supplies	Medications	Description
ICD-9-CM 795.01 795.02 795.03 795.04 795.05 622.2	ASC-US Pap ASC-H Pap LGSIL Pap HGSIL Pap Abn Pap with HPV high risk pos. <u>Presumptive Dx.</u> Leukoplakia, cervix	57452 Colposcopy 57454 Colpo with biopsy & ECC 57455 Colpo with biopsy 57456 Colpo with ECC	• 87621 DNA Amplified Probe HPV High Risk Only (18)  • 88305 Surgical pathology	57452ZM Supplies 57454ZM Supplies 57455ZM Supplies 57456ZM Supplies	None	Pelvic infection resulting from cervical treatment Hemorrhage from cervical biopsy or treatment site requiring surgical repair Vaso-vagal episode
795.00	AGC Pap	57452 Colposcopy 57454 Colpo with biopsy & ECC 57455 Colpo with biopsy 57456 Colpo with ECC 58110 Endometrial biopsy (19)	• 88305 Surgical pathology	57452ZM Supplies 57454ZM Supplies 57455ZM Supplies 57456ZM Supplies <b>58110ZM Supplies</b>	None	
622.11 622.12 233.1	CIN I (biopsy) CIN II (biopsy) CIN III (biopsy)	57452 Colposcopy 57454 Colpo with biopsy & ECC 57455 Colpo with biopsy 57456 Colpo with ECC 57511 Cryocautery of cervix (16) 57460 LEEP (16)	• 87621 DNA Amplified Probe HPV High Risk Only (18)  • 88305 Surgical pathology • 88307 Surgical pathology (17)	57452ZM Supplies 57454ZM Supplies 57455ZM Supplies 57456ZM Supplies 57511ZM Supplies 57460ZM Supplies	None	
795.09	Other abnormal Pap	58100 Endometrial biopsy (20)	• 88305 Surgical pathology	<b>58100ZM Supplies</b>		

(10) Complication services for a secondary diagnosis require a primary diagnosis (Sxx.3) and a TAR – see *Family PACT: Treatment Authorization Request (TAR)*.

(16) Restricted to biopsy proven CIN II or CIN III or persistent CIN I lesions of greater than 12 months.

(17) Restricted to biopsy specimens collected by LEEP procedure.

(18) DNA Amplified Probe HPV (High Risk Only) is covered in the following circumstances (see ASCCP, Guidelines 2002) and limited to one per year per client:

- Reflex HPV DNA testing after an ASC-US cytology result.
- Follow-up of LSIL cytology result in women less than 21 years of age. HPV DNA testing at 12 months in lieu of cytology at 6 and 12 months.
- Follow-up post-colposcopy; Women with Paps read as ASC-H, LSIL, or HPV DNA positive ASC-US in whom CIN is not identified at colposcopy can be followed up at 12 months with HPV DNA testing in lieu of cytology at 6 and 12 months.
- Follow-up of women with biopsy proven untreated CIN I; HPV DNA testing at 12 months in lieu of cytology at 6 and 12 months.
- Follow-up post treatment of CIN II, III: HPV DNA test at least six months after treatment in lieu of follow-up cytology.

DNA Amplified Probe HPV testing is not covered for a diagnosis of HGSIL Pap, ICD-9-CM 795.04 or Leukoplakia cervix, ICD-9-CM 622.2.

(19) Endometrial biopsy is covered only if AGC (atypical glandular cells) cytology result and any of:

- “Atypical endometrial cells” on AGC cytology result.
- Woman is having abnormal vaginal bleeding pattern suspicious for endometrial hyperplasia or cancer.
- Woman is 36 through 55 years of age.

(20) Endometrial biopsy restricted to women aged 40 years or older with a finding of endometrial cells on Pap and a recent history of menstrual irregularity.



**2007 Poverty Level Income Guidelines**

The 2007 Federal Poverty Income Guidelines are effective for the Family PACT (Planning, Access, Care and Treatment) Program for dates of service on or after April 1, 2007. The guidelines are used to determine financial eligibility for the program. Applicants are eligible if their gross family incomes are at or below the revised poverty levels shown in the following table.

**FEDERAL POVERTY INCOME GUIDELINES**  
200 Percent of Poverty by Family Size

Number of Persons	Monthly Income	Annual Income
1	\$ 1,702	\$ 20,420
2	\$ 2,282	\$ 27,380
3	\$ 2,862	\$ 34,340
4	\$ 3,442	\$ 41,300
5	\$ 4,022	\$ 48,260
6	\$ 4,602	\$ 55,220
7	\$ 5,182	\$ 62,180
8	\$ 5,762	\$ 69,140
9	\$ 6,342	\$ 76,100
10	\$ 6,922	\$ 83,060
For each additional person, add	\$ 580	\$ 6,960

Revised *Family PACT Policies, Procedures and Billing Instructions* (PPBI) manual pages will be issued in a future mailing to Family PACT providers. For more information about Family PACT, call the Telephone Service Center (TSC) at 1-800-541-5555 from 8 a.m. to 5 p.m. Monday through Friday, except holidays, or visit the Family PACT Web site ([www.familypact.org](http://www.familypact.org)).

**Family PACT 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 under the Medi-Cal provider number.

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.

***San Bernardino***

**April 12, 2007**  
**8:30 a.m. – 4:30 p.m.**

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

***Oakland***

**June 7, 2007**  
**8:30 a.m. – 4:30 p.m.**

Park Plaza Hotel  
150 Hegenberger Road  
Oakland, CA 94621  
(510) 635-5000

*Please see Family PACT, page 7*

Family PACT (*continued*)

For a map and directions to these locations, go to the Family PACT Web site ([www.familypact.org](http://www.familypact.org)) and click “Providers” at the top of the home page, then “Provider Training,” and finally, click the appropriate location.

**Registration**

To register for an orientation and update session, go to the Family PACT Web site ([www.familypact.org](http://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

**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 will receive 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 receive 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](http://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.*

**Suspended Drugs Reinstated to Contract Drugs List**

In June 2005, the suspended drugs and/or certain administrations of said drugs were correctly stricken in the *Drugs: Contract Drugs List Part 1 – Prescription Drugs* section of the Pharmacy manual. However, as these pages were updated each month, these specific drugs and/or administrations were inadvertently deleted from the manual section, but instead should have remained stricken.

The following drugs, or administrations, if specified, have been placed back into the appropriate manual section and will remain suspended until further notice.

CETIRIZINE HCL	LORATADINE
CICLOPIROX, 0.77% lotion	METHYLERGONOVINE MALEATE, ampule
CIPROFLOXACIN HCL	NEFAZODONE HCL
CITALOPRAM HBR	OLMESARTAN MEDOXOMIL, 5 mg tablets
DESLORATADINE	OMEPRAZOLE
ESTROGENS, A, SYNTHETIC CONJUGATED	OMEPRAZOLE MAGNESIUM
FENTANYL CITRATE	PANTOPRAZOLE SODIUM
FEXOFENADINE HCL	QUINAPRIL HCL
GATIFLOXACIN	RABEPRAZOLE SODIUM
KETOTIFEN FUMARATE	ROFECOXIB
LEVONORGESTREL, ETHINYL ESTRADIOL, AND PREGNANCY TEST	TOLTERODINE TARTRATE, tablets
LINEZOLID	UNOPROSTONE ISOPROPYL

**Pharmacy Bulletin 650**

Remove the last 3 forms  
from the end of the dura  
section. Insert after the  
the dura bil wheel  
section:

*Certificate of Medical Necessity for a Manual Wheelchair, Standard or Custom (DHS 6181-A)*  
*Certificate of Medical Necessity for a Motorized Wheelchair, Custom or Standard*  
*(DHS 6181-B)*  
*Certificate of Medical Necessity for a Power Operated Vehicle (POV) AKA Scooter, Standard*  
*or Bariatric (DHS 6181-C)*

Remove and replace: dura cd 7 thru 14  
inject 3/4 \*, 45/46 \*

Insert after the  
*Injections* section: *Recombinant Human Erythropoietin (RhuEPO) Documentation Requirements \**

Remove and replace: ortho cd1 17/18  
pcf30-1 spec 5/6 \*