



## Pharmacy

### August 2007 • Bulletin 661

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### 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).*

### Effective Date Change for Specific Power Operated Vehicle and Wheelchair Base Codes

In the July *Medi-Cal Update*, billing restrictions were published for power operated vehicle HCPCS code E1230 and power wheelchair HCPCS codes E1239, K0010, K0011, K0012 and K0014, effective for dates of service on or after September 1, 2007. The effective date for these billing restrictions has been changed.

*Please see **Date Change**, page 2*

**Date Change** *(continued)*

Effective for dates of service on or after November 1, 2007, reimbursement for these codes is restricted to repair only (except when K0011 is used to bill for an iBOT wheelchair). Claims billed with modifier RP must include documentation that the repair is for patient-owned equipment. Any claims for the rental (code billed with modifier RR) or purchase (code billed with modifier NU) of these codes (except as noted for an iBOT with code K0011) for dates of service on or after November 1, 2007 will be denied.

*This information is reflected on manual replacement pages dura bil wheel 4 and 10 (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).*

**Documentation Requirement Removed for Fetal Fibronectin Testing**

Effective September 1, 2007, documentation requirements for fetal fibronectin testing (CPT-4 code 82731) will change. Providers no longer need to document in the *Reserved for Local Use* field (Box 19) of the claim that the patient is symptomatic for pre-term labor. The Department of Health Care Services (DHCS) has determined that entering ICD-9-CM diagnosis code 644.03 (premature labor after 22 weeks but before 37 weeks of completed gestation without delivery) in the diagnosis field on the claim is sufficient documentation to justify billing code 82731.

*This information is reflected on manual replacement page presum 17 (Part 2).*

**New Presumptive Eligibility Program Benefits**

Effective for dates of service on or after September 1, 2007, the following procedure codes are benefits of the Presumptive Eligibility (PE) program:

<u>CPT-4 Code</u>	<u>Description</u>
80101	Drug screen, qualitative; single drug class method
86703	Antibody, HIV-1 and HIV-2, single assay
87086	Culture, bacterial; quantitative colony count, urine
87088	Culture, bacterial; with isolation and presumptive identification of each isolate, urine
87186	Susceptibility studies, antimicrobial agent; microdilution or agar dilution

Pregnant women should be screened for asymptomatic bacteriuria at 12 to 16 weeks of gestation with codes 87086, 87088 and 87186. PE providers must not bill bacteriuria testing for pregnant women with CPT-4 code 81007 (urinalysis; bacteriuria screen, except by culture or dipstick.)

*This information is reflected on manual replacement pages presum 17 and 18 (Part 2).*

**Decitabine Dosing Methods Update**

In the June 2007 *Medi-Cal Update*, dosing limits were given for injection code J0894 (decitabine, 1 mg), effective with HCPCS implementation (August 1, 2007). The Department of Health Care Services (DHCS) recognizes that there are alternate dosing methods. Effective for dates of service on or after August 1, 2007, providers may be reimbursed for alternative dosing methods for code J0894.

*This information is reflected on manual replacement page inject 60 (Part 2).*

### New Maternal Serum Screen Benefit

Effective for dates of service on or after September 1, 2007, HCPCS code S3626 (maternal serum quadruple marker screen including Alpha-Fetoprotein [AFP], estriol, human Chorionic Gonadotropin [hCG] and Inhibin A) replaces HCPCS code S3625 (maternal serum triple marker screen including Alpha-Fetoprotein [AFP], estriol and human Chorionic Gonadotropin [hCG]) as a Medi-Cal benefit. This test is called the Expanded AFP (XAFP) in California. The rate is set at \$162.

*The updated information is reflected on manual replacement pages remit cd600 11 (Part 1), remit elect corr600 11 (Part 1), presum 19 (Part 2) and subacut adu 4 (Part 2).*

### Correction – Medi-Cal Claim Form Addresses

An article in the March *Medi-Cal Update* listed two incorrect addresses for sending claim forms. Below are the correct addresses.

#### **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

Providers need take no action. Forms sent to the incorrect address will not be returned to the sender, but processed as usual. Since some claim forms are sent to the same address, providers are reminded to use the appropriate envelope, by specific claim type, to ensure each claim is sent to the correct department.



### Family PACT Program – New Provider Manual Update

The Family PACT (Planning, Access, Care and Treatment) Program is developing a new provider manual. It will replace the current *Policies, Procedures and Billing Instructions (PPBI)* manual. Program providers are asked to use the new manual once it is received.

#### **Manual Improvements**

The new Family PACT Program provider manual will contain improvements that will help ensure its overall quality and usefulness. These new features will include:

- A user-friendly format and style modeled after the Medi-Cal provider manuals
- Unique section titles with locator keys to quickly identify sections of interest
- Concise billing instructions
- An online version for providers to access and view

#### **Annual Subscription Contents**

Annual subscriptions include monthly bulletin updates, manual replacement pages and other program-related special mailings. Monthly updates ensure that providers have access to the most current program policies and procedures.

#### **Subscriptions and Charges**

Enrolled Family PACT Program providers will automatically receive an initial copy of the new provider manual at no charge. Additional provider manuals will be available for a nominal subscription charge for providers who would like more than one provider manual.

*Please see **Manual Update**, page 4*

## Manual Update (continued)

Providers who are not enrolled in the Family PACT Program, but would like to receive a provider manual, may request a subscription to the new Family PACT provider manual for a nominal charge. To request the new provider manual, providers must complete a *Subscriber Order Form*, which will be available in a future *Medi-Cal Update*.

**Contact Information**

For more information regarding the Family PACT Program, please 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 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.*

**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. Dates for upcoming sessions are listed below. Registration begins at 8:00 a.m., with Session I beginning promptly at 8:30 a.m.

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.

Office staff members, such as clinic managers, billing supervisors and client eligibility enrollment supervisors, are encouraged to attend but are not eligible to receive a *Certificate of Attendance*. Enrolled clinicians and staff are encouraged to attend to remain current with program policies and services. The new session format offers the option for currently enrolled providers and staff to attend only the afternoon update session along with the clinical session or the billing and coding session.

**Session I – Overview of the Family PACT Program:** 8:30 a.m. to 2:00 p.m. Attendance at this presentation is mandatory for clinician providers wishing to enroll in Family PACT and is recommended for other staff who are new to the program or need a refresher.

The afternoon sessions run concurrently from 2:00 p.m. to 4:00 p.m.

**Session II – Clinical Practice Alerts:** 2:00 p.m. to 4:00 p.m. Clinicians in attendance who wish to become a Family PACT provider must also attend this session. Free continuing education (CE) credit is available for Session II. Please bring your medical license number with you if requesting CE credit; a continuing education request form will be available during onsite registration. Other interested clinical staff are welcome to attend and may request free CE credit for this session.

**Session III – Tips for Successful Family PACT Administration:** 2:00 p.m. to 4:00 p.m. Administrators and billers interested in Family PACT program administration and billing information may attend.

Please note the upcoming Provider Orientation and Update Sessions below.

<b>Chico</b>	<b>San Diego</b>
<b>October 11, 2007</b>	<b>November 1, 2007</b>
<b>8:30 a.m. – 4:00 p.m.</b>	<b>8:30 a.m. – 4:00 p.m.</b>
Oxford Suites	Holiday Inn on the Bay
2035 Business Lane	1355 N. Harbor Drive
Chico, CA 95928	San Diego, CA 92101
(530) 899-9090	(619) 232-3861

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.

Please see **Provider Orientation**, page 5

**Provider Orientation** *(continued)***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. Please identify the session(s) you plan to attend.

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 4:00 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.*

**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).*

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Remove and replace: *Contents for Pharmacy Billing and Policy* iii/iv \*  
appeal form 1/2 \*  
cal child ser 1 thru 8, 11 thru 16, 21/22  
cms comp 15/16 \*  
dura bil wheel 3/4, 9/10  
dura cd 11/12, 23 thru 26  
incont ap 1/2 \*  
incont lst 1/2 \*, 21 thru 26 \*

Insert after  
the *Incontinence*  
*Medical Supplies*  
*Product List* section:   incont prod 1 thru 5 (*new*)

Remove and replace:   inject 59/60  
                              presum 17 thru 20  
                              subacut adu 3/4

\* Pages updated due to ongoing provider manual revisions.