



Pharmacy

October 2007 • Bulletin 665

Contents

Home Infusion

'Adjudication Response Notice' and Other TAR Updates.....	1
2008 ICD-9-CM Code Updates Delayed.....	2
Update to Oxygen Policy	2
Oxygen Billing Examples	2
Oximeter Replacement Probe Quantity Modification.....	2
Infusion Pump Battery Update.....	2
Effective Date Correction for New Maternal Serum Screen Benefit ...	2
Family PACT:	
New Health Access Programs Card Numbering Format	3
Provider Orientation and Update Sessions.....	3
CCS Service Code Groupings Update	4

'Adjudication Response Notice' and Other TAR Updates

As announced in the May and June 2007 *Medi-Cal Update*, providers will no longer receive TAR-adjudication results on a paper *Treatment Authorization Request* (TAR). Instead, providers will receive an *Adjudication Response* notice (ARN) with the following information, as appropriate:

- The status of the requested services
- Information required to submit a claim for TAR-approved services
- The reason(s) for the decision(s)
- TAR decisions resulting from an approved or modified appeal
- The TAR consultant's request for additional information, if necessary

The provider manual is being updated with ARN information, including instructions for providers to substitute an ARN for a paper TAR when submitting claims for certain services. For example, if a copy of a paper TAR was required when submitting a claim for medical supplies, now an ARN will be required with the claim instead. Providers will also submit an ARN with a new TAR for an appeal and with requests for TAR updates and/or corrections.

Provider Telecommunications Network

Several Provider Telecommunications Network messages have been updated to include ARN instructions.

eTARs

Certain providers can create, update and inquire on TARs through the online eTAR system. The eTAR system's online screen displays field office consultant's response(s). The eTAR system is not available for all provider types or for all services at present, but is being activated on a phased-in basis.

Assembly Bill 2877

Additionally, text concerning "prior" authorization is continuing to be updated as a result of Assembly Bill 2877 (July 2000) and *California Code of Regulations* (CCR), Title 22, Section 51003.1. This legislation stated that TARs would be reviewed for medical necessity only, which eliminates the previous timeliness requirements for TAR submissions. The updates include, but may not be limited to, the following:

- Revision of the term "prior authorization" to "authorization"
- Removal of many instructions related to retroactive TARs
- Removal of all instructions related to clock-stopping initial TARs

Due to the scope of "prior authorization" information in the manual, these updates will be ongoing.

This information is reflected on manual replacement pages prov tele 16, 17, 19 and 20 (Part 1), tar comp 2, 3, 8 thru 10 and 12 (Part 2), tar field 1 (Part 2) and tar submit 1 (Part 2).

2008 ICD-9-CM Code Updates Delayed

Medi-Cal providers are asked not to bill for services using 2008 ICD-9-CM codes until notified to do so in a future *Medi-Cal Update*. The Medi-Cal program has not yet adopted the 2008 updates for ICD-9-CM for Volume 1 (disease diagnoses) and Volume 3 (inpatient procedure codes) of the *2008 International Classification of Diseases, 9th Revision, Clinical Modification, 6th Edition*.

Note: Updates to the 2008 ICD-9-CM codes for Volume 1 and Volume 3 will be effective for Medicare on October 1, 2007.

Update to Oxygen Policy

Retroactive for dates of service on or after August 1, 2007, HCPCS code E1353 (regulator) is not separately reimbursable in the same month as initial purchase or rental of stationary or portable oxygen systems.

This information is reflected on manual replacement page [dura bil oxy 9](#) (Part 2).

New Oxygen Billing Examples

To assist providers in billing for oxygen-related claims, new oxygen billing examples have been added to the *Durable Medical Equipment (DME): Billing Examples* section in the Part 2 provider manual. Providers should note that although the examples reference billing with a National Provider Identifier (NPI), Medi-Cal provider numbers are still required on the claim forms until NPI is implemented for Medi-Cal.

This information is reflected on manual replacement pages [dura ex 10 thru 15](#) (Part 2).

Oximeter Replacement Probe Quantity Modification

Effective for dates of service on or after November 1, 2007, the frequency limit for oximeter probe HCPCS code A4606 (oxygen probe for use with oximeter device, replacement) is revised to six per month. This code is reimbursable for California Children's Services (CCS) clients only.

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

Infusion Pump Battery Update

Effective for dates of service on or after November 1, 2007, HCPCS codes K0601 – K0605 (replacement batteries for patient-owned external infusion pumps) are not separately reimbursable with a rental or initial purchase of an external infusion pump. Claims for these codes will require documentation that the patient owns the infusion pump. Documentation of the specific pump model and number of batteries or a *Treatment Authorization Request (TAR)* is required for reimbursement of more than one battery per date of service.

This information is reflected on manual replacement pages [dura 10](#) (Part 2) and [dura bil inf 4](#) (Part 2).

Effective Date Correction for New Maternal Serum Screen Benefit

An article published in the August 2007 *Medi-Cal Update*, "New Maternal Serum Screen Benefit," stated that the benefit was effective for dates of service on or after September 1, 2007. However, the correct effective date is for dates of service on or after July 16, 2007. Providers who billed after July 16, 2007 and were denied may re-submit their claims to stay within the allowed timeliness requirements.



New Health Access Programs Card Numbering Format

The Family PACT (Planning, Access, Care and Treatment) Program is printing a new inventory of Health Access Programs (HAP) client identification cards with a change in numbering format. The current HAP cards use a 10-digit alphanumeric format beginning with the number “9” and the suffix letter “Y.” New inventory will be identified with the suffix letter “X.” During HAP card transactions, providers should not attempt to manually override the new alphanumeric format.

As current supplies of HAP cards are depleted, the newly formatted cards will be released to enrolled Family PACT providers. For additional information about HAP cards and new distribution quantity guidelines, please see the “Program Letters” page of the Family PACT Web site at www.familypact.org/providers/program-letters.

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 on the next page. Registration opens at 8 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 seeking to enroll must send the medical director or a 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. However, these staff members 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.

New Session Format

Family PACT has created a new session format, which offers an option for currently enrolled providers and staff to attend only the afternoon update session, along with either the clinical session or the billing and coding session.

Session I – Overview of the Family PACT Program: 8:30 a.m. to 2 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 p.m. to 4 p.m.

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

Session III – Tips for Successful Family PACT Administration: 2 p.m. to 4 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.

<p><i>San Diego</i> November 1, 2007 8:30 a.m. – 4 p.m. Holiday Inn on the Bay 1355 N. Harbor Drive San Diego, CA 92101 (619) 232-3861</p>	<p><i>Bakersfield</i> December 13, 2007 8:30 a.m. – 4 p.m. Double Tree Hotel 3100 Camino Del Rio Ct. Bakersfield, CA 93308 (661) 323-7111</p>	<p><i>Riverside</i> January 31, 2008 8:30 a.m. – 4 p.m. Riverside Marriott 3400 Market Street Riverside, CA 92501 (951) 784-8000</p>	<p><i>Santa Rosa</i> February 21, 2008 8:30 a.m. – 4 p.m. Hyatt Vineyard Creek Hotel & Spa 170 Railroad Street, Santa Rosa, CA 95401 (707) 636-7283</p>
--	---	--	--

Please see **Orientation**, page 4

Orientation (*continued*)

For a map and directions to these locations, providers can 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.

Registration

To register for an orientation and update session, providers should:

- 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.
- Print a copy of the registration form.
- Identify desired session(s).
- Fill out the form and fax it to the Office of Family Planning, ATTN: Darleen Kinner, at (916) 650-0468.

Providers without Internet access 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 and National Provider Identifier (NPI)
- 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 p.m. At the session, providers must present the following:

- Medi-Cal provider number and NPI
- 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, providers may 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.

CCS Service Code Groupings (SCGs) Update

Effective for dates of service on or after November 1, 2006, CPT-4 codes 90760, 90761, 90765 – 90768, 90772, 90774, 90775 and 90779 have been added to California Children’s Services (CCS) Service Code Group (SCG) 09.

The updated information is reflected on manual replacement page [cal child ser 21](#) (Part 2).

Pharmacy Bulletin 665

Remove and replace
after the *Manual*

Organization tab: *Manual Organization A-1/A-2 **

Remove and replace: cal child ser 21/22
cif co 9/10 *
dura 9/10
dura bil inf 3/4
dura bil oxy 9 thru 12
dura cd 1 thru 8 *, 13 thru 24 *, 27 thru 30 *
dura cd ccs 1

Remove: dura ex 9 thru 18
Insert: dura ex 9 thru 24

Remove and replace: enteral 1/2 *
incont ap 3 *
incont sup 3 thru 5 *
inject 11/12 *
iv sol spec 3/4 *
mc sup ex 5/6 *
mc sup intro 1 thru 3 *
mc sup mapc 1/2 *
medi cr ph 17/18 *, 21/22 *
ortho 5/6 *
oth hlth 7/8 *
tar comp 1 thru 4, 7 thru 12
tar field 1/2
tar submit 1

* Pages updated due to ongoing provider manual revisions.