



Vision Care

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Contents

Medi-Cal Training Seminars

eTAR Coming in November

California Children's Services
(CCS) Updates 1

Vision Care Claim
Submission Reminders 1

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 Codes Groupings (SCGs)

Effective for dates of service on or after November 1, 2006, updates will be made to California Children's Service (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).



Vision Care Claim Submission Reminders

As part of the continuing effort to comply with the federal Health Insurance Portability and Accountability Act (HIPAA), Medi-Cal made extensive changes to the Vision Care program effective July 1, 2006. To assist providers with billing, below are important vision care claim submission reminders and common submission errors.

Computer Media Claims (CMC) Submission

Regardless of the date of service, effective July 1, 2006, the California Department of Health Services (CDHS) discontinued the Vision CMC proprietary claims transaction format. For dates of service prior to July 1, 2006, the *ASC X12N 837 v.4010A1 Professional Vision Data Specifications*, also known as Vision claim type 07, must be used. For dates of service on or after July 1, 2006, the *ASC X12N 837 v. 4010A1 Professional Medical Data Specifications*, also known as Medical (or Physician) claim type 05, must be used.

The companion guides are available on the Medi-Cal Web site (www.medi-cal.ca.gov) by clicking "HIPAA" on the home page and then "ASC X12N Version 4010A1 Companion Guides and NCPDP Technical Specifications."

Please see Claim Submission, page 2

Claim Submission (continued)

CMC Rejected Files and Denied Claims

An electronic file that does not pass the CMC editing process is rejected. A rejected file does not enter the claims adjudication system and a *Remittance Advice Details* (RAD) entry is not generated. The submitter can view the status of an electronic file or volser by logging in to the “Transaction Services” area of the Medi-Cal Web site (www.medi-cal.ca.gov) and clicking the “CMC Status” link. An electronic file or volser rejection is displayed as a partial release or a deletion, depending on the severity or type of error.

When claims are denied, the electronic file passed the CMC editing process and the volser status is displayed as a release or partial release. The file entered the claims adjudication system, but failed Medi-Cal policy edits and/or audits. A RAD entry is generated for denied claims.

Common Submission Errors

The table below lists the most common claim submission errors that cause rejections of electronic files or denial of claims with the correlating error codes and messages:

Code	Message	Claim Submission Error
CMC error code 058	Media type/claim type not valid for this submitter.	Vision CMC 07 (proprietary format) usage on or after 7/1/06
RAD code 0137	Billing cannot precede date of service or date of appliance delivery.	Vision claims submitted on the incorrect paper claim form
RAD code 0139 (vision 837 claims)	Procedure/service is invalid for claim type on date of service.	ASC X12N 837P vision format claims for dates of service on or after 7/1/06
RAD code 0139 (medical 837 claims)	Procedure/service is invalid for claim type on date of service.	ASC X12N 837P medical format claims for dates of service prior to 7/1/06
RAD code 0139 (vision claims via IPCS)	Procedure/service is invalid for claim type on date of service.	Vision claims submitted via Internet Professional Claim Submission (IPCS) for dates of service prior to 7/1/06
RAD code 0145	This procedure is not a Medi-Cal benefit on this date of service.	Vision claims submitted with incorrect procedure and/or qualifier codes for date of service billed

Paper Claims

For dates of service prior to July 1, 2006, claims must be submitted on the proprietary *Payment Request for Vision Care and Appliances* (45-1) claim form. For dates of service on or after July 1, 2006, claims must be submitted on the *CMS 1500* (formerly *HCFA 1500*) form.

Internet Professional Claims Submission

The HIPAA-compliant *837 Internet Professional Claim Submission (IPCS) Online Claim Form* has been updated and is available for claims with dates of service on or after July 1, 2006. The IPCS system gives vision care providers an alternate method of submitting electronic claims in real-time through the Medi-Cal Web site (www.medi-cal.ca.gov).

Please see **Claim Submission**, page 3

Claim Submission (*continued*)**Code Changes for Dates of Service on or after July 1, 2006**

- Conversion of Medi-Cal Healthcare Common Procedure Coding System (HCPCS) Level III interim codes to national HCPCS Level II and Physician’s Current Procedural Terminology (CPT) Level I codes
- Elimination of vision qualifying codes
- Transition to the use of national modifiers

Reminder: Use Medi-Cal interim and qualifying codes for claims with dates of service prior to July 1, 2006. Use national codes and modifiers for claims with dates of service on or after July 1, 2006.

Additional Resources

For more information, in-state providers may call the Telephone Service Center (TSC) at 1-800-541-5555, 8 a.m. to 5 p.m., Monday through Friday. Border providers, software vendors and out-of-state billers who bill for in-state providers should call (916) 636-1200.

Recent *Medi-Cal Updates* have provided detailed information about the upcoming changes to the Vision Care Program. To review the articles listed below, click the “Vision Care” link in the Provider Bulletins area of the Medi-Cal home page and then click the “Part 2 – Billing and Policy” link.

- April 2006: “New Vision Care Treatment Authorization Request (TAR) Process Effective July 1, 2006” (VC 338)
- March 2006: “Convert Early to HIPAA-Compliant Electronic Claim Transactions” (VC 337)
- February 2006: “Upcoming Vision Care Changes in July 2006” (VC 336)
- January 2006: “Conversion of Vision Care Interim Billing Codes and Modifiers and Notice of Public Comment Period” (VC 335)

October 2006

Vision Care Bulletin 344

Remove and replace: cal child sar 5/6
cal child ser 1 thru 18, 21/22
cif co 1/2 *
hcpcs iii 1/2 *
medi cr vc pr 7/8 *
medi non cpt 1 *
medi non hcp 1/2 *
modif app 5/6 *
pro serv 5/6 *, 15/16 *

* Pages updated due to ongoing provider manual revisions.