



### Vision Care

May 2007 • Bulletin 351

# Special Update

## Medi-Cal Transitions to CMS-1500 Form and NPI

This bulletin contains provider manual updates based on Medi-Cal's acceptance of the new *CMS-1500* form and advancement to the use of the National Provider Identifier (NPI).

From April 23, 2007 to June 24, 2007, Medi-Cal will accept both the *HCFA 1500* and *CMS-1500* form. During this transition period, providers are encouraged to migrate their business processes away from the *HCFA 1500*, depleting their form stock, in preparation for exclusive use of the *CMS-1500*.

Providers may continue to use the *HCFA 1500* form during the transition period and bill as they do currently. Providers using the *HCFA 1500*, however, can only enter their Medi-Cal provider number.

Providers may choose to fully transition to the new *CMS-1500* claim form at any time during this two-month period before the use of the *CMS-1500* becomes mandatory. Beginning June 25, 2007, Medi-Cal will only accept the *CMS-1500*.

Also, beginning May 23, 2007, the NPI, if available, should be reported along with the Medi-Cal provider number, but is not necessary for proper adjudication. The Medi-Cal provider number must be reported on all claims through November 25, 2007. Claims received with only an NPI will not be processed.

Beginning November 26, 2007, providers must use only an NPI when submitting *CMS-1500* claims to Medi-Cal.

**\*\* Special inserts explaining how to enter provider identifiers during the dual-use period are included with this mailing. Please place them in your provider manual, according to the instructions on the Remove and Replace page, to help with billing during this period.**

---

---

# Instructions for Manual Replacement Pages

## May 2007

---

---

### Vision Care Bulletin 351

#### Part 1 Provider Manual

Remove and replace  
at the end of *Manual*  
*Ordering* section:

*Subscriber Order Form 1/2*

Remove and replace: claim sub 1 thru 4  
cmc enroll 5/6  
elect 1/2  
mcp spec 7/8

Remove: medicare 11 thru 15  
Insert: medicare 11 thru 13

Remove and replace: other 5/6  
point 1/2  
*Medi-Cal Point of Service*  
*(POS) Network/Internet*  
*Agreement 1/2*  
prog 1/2, 5/6  
prov rel 5/6

#### Part 2 Provider Manual

Insert at front  
of manual: *NPI dual-use insert*

Remove and replace: *Contents for Vision Care*  
*Billing and Policy i thru iv*  
cal child bil 1/2  
*CCS Program Billing*  
*Guidelines 1/2*

Remove: cal child bil hcf vc 1 thru 3  
Insert: cal child bil cms vc 1 thru 3  
(*new*)

Remove and replace: cal child panel 1 thru 4  
cal child sar 1 thru 6  
children 1/2

Insert after  
the *CIF Submission*  
and *Timeliness*  
*Instructions* section: *NPI dual-use insert*  
cms comp vc 1 thru 15 (*new*)  
cms spec vc 1 thru 3 (*new*)  
cms sub 1 thru 6 (*new*)  
cms tips 1 thru 4 (*new*)

Remove and replace: contact lens 5  
contact lens ex 1 thru 3  
eye app 7/8, 11  
eyeglass fram 1/2, 5  
eyeglass fram ex 1 thru 3  
eyeglass lens 3 thru 6  
eyeglass lens ex 1 thru 7  
forms leg 3/4  
genetic 3 thru 8

Remove: hcfa comp vc 1 thru 16  
hcfa spec vc 1 thru 3  
hcfa sub 1 thru 6  
hcfa tips 1 thru 4

Remove and replace: hcpcs 1/2

Insert in front of  
*Medicare/Medi-Cal*  
*Crossover Claims:*  
*Vision Care* section: *NPI dual-use insert*

Remove: medi cr vc 1 thru 15  
Insert: medi cr vc 1 thru 14

Remove and replace: medi cr vc ex 1 thru 3  
medi cr vc pr 1 thru 8  
medi non hcp 1 thru 3  
pro serv 1 thru 8, 15/16  
pro serv cd 1/2  
pro serv ex 1 thru 7  
prosth 1  
remit pay 1/2

Remove: share vc 1 thru 6  
Insert: share vc 1 thru 5