Medi-Cal Enrollment Requirements and Procedures for Certified Mastectomy Fitters

The Department of Health Care Services (DHCS) is establishing Medi-Cal provider enrollment requirements for certified mastectomy fitters (CMF). Effective April 19, 2019, CMF providers acting within the scope of their practice may apply for enrollment in the Medi-Cal fee-for-service program as individuals, group providers or rendering providers and will be assigned the same provider type as prosthetists as defined in the California Code of Regulations (CCR), Title 22, Section 51103.

In accordance with Welfare and Institutions Code (W&I Code), Section 14043.75(b), DHCS is establishing specific application and enrollment requirements for CMF providers who apply for enrollment in the Medi-Cal program to be reimbursed for the covered services they provide to Medi-Cal beneficiaries. These requirements implement and make specific W&I Code, Sections 14043.26 and 14043.15, and as such have the full force and effect of law. This bulletin does not substitute for, or eliminate, all other enrollment requirements set forth in W&I Code Sections, 14043.25 and 14043.26.

Requirements for Enrollment as an Individual Billing Provider
To enroll as an individual billing provider, a CMF must be currently certified with the American Board for Certification in Orthotics, Prosthetics & Pedorthics or the Board of Certification/Accreditation. All CMF applicants requesting consideration for enrollment must complete and submit the Medi-Cal Certified Mastectomy Fitter Application (DHCS 6211), the Medi-Cal Disclosure Statement (DHCS 6207) and the Medi-Cal Provider Agreement (DHCS 6208), along with all supporting documentation.

Requirements for Enrollment as a Group Provider
CCR, Title 22, Section 51000.16 states: “Provider Group’ means two or more rendering providers doing business together under a provider number at the same business location.” In order to enroll as a group, there must be two or more individuals providing services at the same business location. CMF applicants requesting consideration for enrollment as a “group provider” will need to complete the Medi-Cal Provider Group Application (DHCS 6203), the Medi-Cal Disclosure Statement (DHCS 6207) and the Medi-Cal Provider Agreement (DHCS 6208), along with all supporting documentation. When applying as a group provider, in addition to the group provider application package, a complete Medi-Cal Rendering Provider Application/Disclosure Statement/Agreement for Physician/Allied/Dental Providers (DHCS 6216), and the Medi-Cal Rendering Provider/Group Affiliation/Disaffiliation Form (DHCS 4029), along with all supporting documentation, must be submitted for each individual provider not enrolled in Medi-Cal who is rendering services for the group.
Requirements for Enrollment as a Rendering Member of a Medi-Cal Enrolled Provider Group

CCR, Title 22, Section 51000.21 states: "Rendering provider’ means an individual provider who renders healthcare services, or provides goods, supplies or merchandise as a member of a provider group and uses the group provider number to bill the Medi-Cal program." To enroll as a rendering provider of a Medi-Cal enrolled provider group, the rendering CMF must be currently certified with the American Board for Certification in Orthotics, Prosthetics & Pedorthics or the Board of Certification/Accreditation. All CMF applicants requesting consideration for enrollment as rendering providers must complete and submit the Medi-Cal Rendering Provider Application/Disclosure Statement/Agreement for Physician/Allied/Dental Providers form (DHCS 6216) and the Medi-Cal Rendering Provider/Group Affiliation/Disaffiliation form (DHCS 4029), along with all supporting documentation.

Note to Board Certified Orthotist and Prosthetist Providers
Certified prosthetists who are enrolled in the Medi-Cal program may currently render CMF services to eligible fee-for-service beneficiaries and bill DHCS for dates of service on or after their enrollment date.

Certified orthotists who are enrolled in the Medi-Cal program, become board certified as a mastectomy fitter and wish to provide these services must submit a completed Medi-Cal Supplemental Changes (DHCS 6209) form to report their new certification and must attach a copy of their valid mastectomy fitter certification.

CMFs who are enrolled in the Medi-Cal program, become board certified in orthotics or board certified in prosthetics and wish to provide these services must submit a completed Medi-Cal Supplemental Changes (DHCS 6209) form to report their new certification and must attach a copy of their valid orthotics or prosthetics certification.

Detailed CMF coverage and reimbursement policy information will be published in the following sections of the appropriate Medi-Cal provider manuals:

- Orthotic and Prosthetic Appliances and Services
- Orthotic and Prosthetic Appliances: Billing Codes and Reimbursement Rates – Prosthetics

Effective April 19, 2019, all of the aforementioned Medi-Cal provider application forms are available under the “Provider Enrollment Applications” section on the Forms page of the Medi-Cal website.