

# **Medical Supply Billing Requirements**

January 2009

Presented by

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# Purpose

To familiarize participants with upcoming changes to billing requirements and processes for certain medical supply claims  
*effective April 1, 2009*

# Objectives

- Review new coding and claim submission requirements effective April 1, 2009
- Review transition process for *Treatment Authorization Requests* (TARs) and CCS *Service Authorization Requests* (SARs)
- Define important dates to remember
- Identify provider resources

# Acronyms

- CCS – California Children’s Services
- CMS – Center for Medicare and Medicaid Services
- HCPCS – Healthcare Common Procedure Coding System
- HIPAA - Health Insurance Portability and Accountability Act
- MAC – Maximum Acquisition Cost
- MAPC – Maximum Allowable Product Cost
- NCPDP - National Council for Prescription Drug Programs
- SAR – Service Authorization Request
- TAR – Treatment Authorization Request
- UPN – Universal Product Number

# Background – Why Change?

- Federal HIPAA Requirements
  - HCPCS Level II codes for disposable and incontinence medical supplies
  - ASC X12N 837 P 4010A1 for medical supply electronic claims
- State Requirements
  - UPN required for contracted medical supplies for reimbursement and tracking purposes

# Impacted Medical Supplies

- Disposable and incontinence medical supplies currently billed with local “99” codes
  - Incontinence
  - Ostomy
  - Tracheostomy
  - Wound care
  - Urologicals
  - Miscellaneous items

# Excluded Items

- Pharmacy-only benefit products:
  - Diabetic supplies (test strips and lancets)
  - Peak flow meters and inhalers
  - Family PACT medical supplies
  - Enteral nutritional products
- Providers must continue to bill these items using the NCPDP Version 1.1 batch standard or the 30-1 Pharmacy Claim Form with current coding requirements

# Providers Impacted

- DME Providers
- Pharmacy Providers

# New Coding Requirements

- Effective for dates of service (dispense/delivery) on or after April 1, 2009:
  - Disposable and incontinence medical supplies must be billed with HCPCS Level II codes
  - UPN must be included on claim for contracted items
  - Local medical supply billing codes (“99” codes) will be discontinued as of dates of service on or after April 1, 2009
- *Continue billing with the local codes for dates of service prior to April 1, 2009*

# HCPCS Level II Codes and UPNs

- Approximately 4,800 local “99” codes will be discontinued effective March 31, 2009
- Those local codes will be replaced with approximately 300 HCPCS Level II codes
- The UPN is the unique product identification number assigned by the manufacturer
- UPN will facilitate accurate reimbursement of contracted items
- Use of the UPN on electronic claims has been approved by the Center of Medicare and Medicaid Services (CMS)

# Billing for Contracted Items

- UPN is currently required for some contracted items on claim attachments
  - Catheters
  - Some wound-care items
- UPNs for contracted items have been listed in provider manuals

# Billing for Contracted Items

- Effective April 1, 2009, all contracted items for disposable and incontinence supplies must be billed with the UPN in addition to the HCPCS Level II code
- The provider manual will indicate which items are contracted and provide the necessary HCPCS and UPN coding information
- Supplemental pricing information is not required with claim for contracted items
- Providers must bill the HCPCS and UPN information *exactly as listed* in the provider manual in order to ensure accurate reimbursement

# Billing for Non-Contracted Medical Supplies

- Non-contracted medical supplies require the HCPCS Level II code only (UPN information is not required)
- Supplemental pricing information is required for HCPCS without a price on file (as is currently required)
- HCPCS with a price on file does not require supplemental pricing information with the claim
- The provider manual will indicate which HCPCS have a price on file in the MAPC column

# Code Conversion Crosswalks

- Available as of January 5, 2009
- HCPCS Level II codes, UPNs and local codes
- Excel spreadsheet available and downloadable from the Web until March 31, 2009
- Draft provider manual updates available on the Web, with crosswalked information, until March 16, 2009

# Provider Manual Updates

- Final provider manual updates will be available by March 16, 2009
- Updated sections for contracted items will include a crosswalk of HCPCS Level II codes, UPN information and local codes
- Updated sections for non-contracted items will include a crosswalk of HCPCS Level II codes and local codes

# Provider Manual Updates

## Sample Contract Items

| <u>Description</u>            | <u>Item Number</u><br>( <u>Reference Only</u> ) | <u>UPN Qual</u> | <u>UPN</u> | <u>Billing Code</u><br>( <u>HCPCS</u> ) | <u>Old Billing Code</u><br>( <u>Prior to 4/1/09</u> ) | <u>MAC</u> | <u>Unit of Measure</u> |
|-------------------------------|---|-----------------|------------|---|---|------------|------------------------|
| <b>ALGINATE DRESSINGS</b>     |   |                 |            |   |   |            |                        |
| <i>Coloplast</i>              |   |                 |            |   |   |            |                        |
| SeaSorb Soft Alginate 2" x 2" | ####  | EN              | #####      | A####                                   | 99##PJN   | \$\$\$     | ea                     |
| SeaSorb Soft Alginate 4" x 4" | ####  | EN              | #####      | A####                                   | 99##RJN   | \$\$\$     | ea                     |

Product Name and Description

UPN Qualifier

UPN

HCPCS Level II Billing Code

Old Local "99" Code

MAC

# Provider Manual Updates

## Sample Non-Contract Item With Price on File

| <u>Description</u> | <u>Billing Code</u> | <u>Old Billing Code</u><br>(Prior to 4/1/09) | <u>MAPC</u> | <u>Unit of Measure</u> |
|--------------------|---------------------|--|-------------|------------------------|
|--------------------|---------------------|--|-------------|------------------------|

**THERMOMETER**

Limited to no more than 1 in a 365-day period without authorization

|        |       |              |        |    |
|--------|-------|--------------|--------|----|
| Oral   | A#### | 99##A, 99##B | \$2.05 | ea |
| Rectal | A#### |              | \$2.05 | ea |

Product Name and Description

HCPCS Level II Billing Code

Old Local "99" Billing Code

MAPC

# Provider Manual Updates

## Sample Contract Item Without Price on File

| <u>Description</u>  | <u>Billing Code</u> | <u>Old Billing Code (Prior to 4/1/09)</u> | <u>Unit of Measure</u> |
|---|---------------------|---|------------------------|
| <b>SYRINGE, BULB TYPE</b>   |                     |   |                        |
| Limited to no more than one in a 365-day period without authorization |                     |   |                        |
| Ear and Ulcer Syringe   | A####               | 99##A, 99##B, 99##C                       | ea                     |
| Nasal Aspirator, infant   | A####               | 99##D, 99##E                              | ea                     |

Product Name and Description

HCPCS Level II Billing Code

Old "99" Billing Code

# Electronic Claim Format

- For dates of service on or after April 1, 2009 impacted medical supply products must be billed with HCPCS Level II codes using the ASC X12N 837P 4010A1 format
- Companion guides for the ASC X12N 837P 4010A1 format have been updated, including UPN placement instructions

# Electronic Claim Format

- The excluded items (diabetic supplies, peak flow meters, inhalers, Family PACT medical supplies and enteral nutritional products) must continue to be billed using the NCPDP Batch 1.1 claim format

# UPN Placement – Electronic Claims

- The UPN Product Qualifier and UPN are entered in Loop 2410, LIN segment
  - LIN02 = Product Qualifier
    - EN
    - EO
    - HI
    - ON
    - UK
    - UP
  - LIN03 = UPN, up to 19 digits

# UPN Placement – Electronic Claims

- UPN quantity and Unit of Measure Qualifier are entered in Loop 2410, CTP segment
  - CTP04 = Quantity, up to 10 digits
  - CTP05 = Unit of Measure Qualifier
    - F2 = International Unit
    - GR = Gram
    - ML = Milliliter
    - UN = Unit

## Paper Claim Format

- For dates of service on or after April 1, 2009 impacted medical supply products must be billed with HCPCS Level II codes using the CMS-1500 claim form
- The online CMS-1500 claim completion tutorial has been updated with UPN placement instructions
- CMS-1500 Claim Completion instructions will be updated in the provider manual as of March 16, 2009

# Paper Claim Format

- The excluded items (diabetic supplies, peak flow meters, inhalers, Family PACT products, and enteral nutritional products) must continue to be billed using the Pharmacy 30-1 claim form

## UPN Placement – CMS-1500

- Enter the Qualifier (EN, EO, HI, ON, UK or UP) and UPN, *as listed in the crosswalk or provider manual*, in the shaded area of Box 24A, left justified:

|   | 24. A. DATE(S) OF SERVICE |    |    |    |    |    | B. PLACE OF SERVICE | C. EMG | D. PROCEDURES, SERVICES, OR SUPPLIES<br>(Explain Unusual Circumstances) |          |  |  |  |  |
|---|---------------------------|----|----|----|----|----|---------------------|--------|---|----------|--|--|--|--|
|   | From                      |    |    | To |    |    |                     |        | CPT/HCPCS   | MODIFIER |  |  |  |  |
|   | MM                        | DD | YY | MM | DD | YY |                     |        |   |          |  |  |  |  |
| 1 | <b>UK12345678901234</b>   |    |    |    |    |    |                     |        |   |          |  |  |  |  |
| 2 |                           |    |    |    |    |    |                     |        |   |          |  |  |  |  |
| 3 |                           |    |    |    |    |    |                     |        |   |          |  |  |  |  |

# UPN Placement – CMS-1500

- Enter the Unit of Measure Qualifier (F2, GR, ML or UN) and 10-digit quantity (7-digit whole number plus 3-digit decimal) in the shaded area of Box 24D, left justified:

|   | 24. A. DATE(S) OF SERVICE |    |    |    |    |    | B. PLACE OF SERVICE | C. EMG | D. PROCEDURES, SERVICES, OR SUPPLIES<br>(Explain Unusual Circumstances) |          |  |  |  |
|---|---------------------------|----|----|----|----|----|---------------------|--------|---|----------|--|--|--|
|   | From                      |    |    | To |    |    |                     |        | CPT/HCPCS   | MODIFIER |  |  |  |
|   | MM                        | DD | YY | MM | DD | YY |                     |        |   |          |  |  |  |
| 1 |                           |    |    |    |    |    |                     |        | <b>UN0000030000</b>   |          |  |  |  |
| 2 |                           |    |    |    |    |    |                     |        |   |          |  |  |  |
| 3 |                           |    |    |    |    |    |                     |        |   |          |  |  |  |

## UPN – Unit of Measure Qualifiers

Zero-fills are used to enter the quantity in a 10-digit format. The first 7 digits represent the whole number (with leading zeros). The last 3 digits represent the fraction (with ending zeros).

2.5 grams is listed as:

GR0000002500

10.25 milliliters is listed as:

ML00000010250

# Transition for Medi-Cal TARs

- A 90-day grace period allowed for previously-approved TARs with dates of service on or after April 1, 2009
  - For dates of service on or after April 1, 2009, new medical supply TARs must include HCPCS Level II codes
  - May continue to bill claims using local codes for previously-approved TARs until June 30, 2009
  - Previously-approved TAR service lines with local codes will automatically be end-dated as of June 30, 2009

# Code Conversion TARs

- Before the end of the grace period, providers must submit new TARs with HCPCS Level II codes to cover services beyond June 30, 2009 on previously-approved TARs
  - No review for medical necessity when the Code Conversion TAR is to update the codes for the same authorization period
  - Medical necessity review *will be performed* when the Code Conversion TAR extends the previously authorized period – appropriate documentation must be submitted

# Code Conversion TARs

- Identify clearly “Code Conversion TAR”
  - Write “Code Conversion TAR” and list the previously-approved TAR number in the *Medical Justification* area of a paper TAR
  - For eTARs, list previously-approved eTAR information in the *Miscellaneous TAR Information* field

# Example 1:

Previously-authorized service(s) approved beyond June 30, 2009. Prepare new TAR for remaining service(s) period.

## REQUEST SERVICES

| (PLEASE TYPE)  |   | FOR PROVIDER USE  |   |   |  | (PLEASE TYPE) |  |
|--|---|---|---|---|--|---------------|--|
| VERBAL CONTROL NO.<br><input type="text"/>   | TYPE OF SERVICE REQUESTED<br>2 <input type="checkbox"/> DRUG <input type="checkbox"/> OTHER | REQUEST IS RETROACTIVE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | IS PATIENT MEDICARE ELIGIBLE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | PROVIDER PHONE NO.<br><input type="text"/>  | PATIENT'S AUTHORIZED REPRESENTATIVE(IF ANY)<br>ENTER NAME AND ADDRESS;<br>.  |               |  |
| PROVIDER NAME AND ADDRESS<br>PLEASE TYPE YOUR NAME AND ADDRESS HERE  |   |   |   | 3 PROVIDER NUMBER<br><input type="text"/>   | <b>FOR STATE USE ONLY</b>  |               |  |
| NAME AND ADDRESS OF PATIENT<br>PATIENT NAME (LAST, FIRST, M.I.)<br>4 <input type="text"/>  |   | MEDI-CAL IDENTIFICATION NO<br>5 <input type="text"/>                                |   | CHECK DIGIT<br>6 <input type="text"/>   | 33 PROVIDER, YOUR REQUEST IS:<br>1 <input type="checkbox"/> APPROVED AS REQUESTED <input type="checkbox"/> DENIED <input type="checkbox"/> DEFERRED<br>2 <input type="checkbox"/> APPROVED AS MODIFIED (ITEMS MARKED BELOW AS AUTHORIZED MAY BE CLAIMED) <input type="checkbox"/> JACKSON VS RANK PARAGRAPH CODE |               |  |
| STREET ADDRESS<br>CITY, STATE ZIP CODE<br>PHONE NUMBER AREA ( )  |   | SEX<br>7 <input type="checkbox"/>   | AGE<br><input type="text"/>   | DATE OF BIRTH<br>8 <input type="text"/>   | BY _____<br>MEDI-CAL CONSULTANT REVIEW<br>I.D.# 35 DATE 44 <input type="text"/>  |               |  |
| DIAGNOSIS DESCRIPTION:<br>MEDICAL JUSTIFICATION:<br><b>Code Conversion TAR. Previous TAR authorized beyond June 30, 2009. Previous TAR number: 12345678901.</b>      |   | PATIENT STATUS<br><input type="checkbox"/> HOME <input type="checkbox"/> SNF/ICF    |   | <input type="checkbox"/> BOARD & CARE <input type="checkbox"/> ACUTE HOSPITAL<br>COMMENTS/EXPLANATION:<br>_____<br>_____<br>_____<br>ICD-9-CM DX CODE |  |               |  |
| RETROACTIVE AUTHORIZATION IN ACCORDANCE WITH SECTION 51003(b)  |   |   |   |   |  |               |  |
| 36 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> |   |   |   |   |  |               |  |

**Example 1: Previously-authorized service(s) is approved beyond June 30, 2009. Prepare new TAR for remaining service(s) period.**

|          |                         |                         |                      | NDC/UPC OR PROCEDURE CODE | QUANTITY                | CHARGES                 |
|----------|-------------------------|-------------------------|----------------------|---------------------------|-------------------------|-------------------------|
| <b>2</b> | 13 <input type="text"/> | 14 <input type="text"/> | <input type="text"/> | 11 <b>New Code*</b>       | 12 <input type="text"/> | \$ <input type="text"/> |
| <b>3</b> | 17 <input type="text"/> | 18 <input type="text"/> | <input type="text"/> | 15 <input type="text"/>   | 16 <input type="text"/> | \$ <input type="text"/> |
| <b>4</b> | 21 <input type="text"/> | 22 <input type="text"/> | <input type="text"/> | 19 <input type="text"/>   | 20 <input type="text"/> | \$ <input type="text"/> |
| <b>5</b> | 25 <input type="text"/> | 26 <input type="text"/> | <input type="text"/> | 23 <input type="text"/>   | 24 <input type="text"/> | \$ <input type="text"/> |
| <b>6</b> | 29 <input type="text"/> | 30 <input type="text"/> | <input type="text"/> | 27 <input type="text"/>   | 28 <input type="text"/> | \$ <input type="text"/> |
|          |                         |                         | <input type="text"/> | 31 <input type="text"/>   | 32 <input type="text"/> | \$ <input type="text"/> |

**\*New Code = New HCPCS II Code**

TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS TRUE, ACCURATE AND COMPLETE AND THE REQUESTED SERVICES ARE MEDICALLY INDICATED AND NECESSARY TO HEALTH OF THE PATIENT.

AUTHORIZATION IS VALID FOR SERVICES PROVIDED

37 FROM DATE 38 TO DATE

|                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

TAR CONTROL NUMBER

|           |                 |    |
|-----------|-----------------|----|
| 39 OFFICE | SEQUENCE NUMBER | PI |
|           | <b>40030000</b> |    |

\_\_\_\_\_  
SIGNATURE OF PHYSICIAN OR PROVIDER

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

## New TARs

- TARs submitted on or after January 5, 2009 with dates of service bridging the April 1 implementation date:
  - List the local code associated with dates of service prior to April 1, 2009
  - List the HCPCS Level II code associated with dates of service on or after April 1, 2009
- New medical supply TARs submitted on or after January 5, 2009 for dates of service prior to April 1, 2009:
  - List the local codes

**Example 2:**  
**Requested service period begins prior to April 1, 2009 and extends beyond June 30, 2009.**

**REQUEST**  
 STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES

**(PLEASE TYPE) FOR PROVIDER USE (PLEASE TYPE)**

VERBAL CONTROL NO.

TYPE OF SERVICE REQUESTED: 2  DRUG  OTHER

REQUEST IS RETROACTIVE?  YES  NO

IS PATIENT MEDICARE ELIGIBLE?  YES  NO

PROVIDER PHONE NO.

PLEASE TYPE YOUR NAME AND ADDRESS HERE

PROVIDER NAME AND ADDRESS

•

•

•

3 PROVIDER NUMBER

NAME AND ADDRESS OF PATIENT  
 PATIENT NAME (LAST, FIRST, M.I.)

4

MEDI-CAL IDENTIFICATION NO. CHECK DIGIT 6

5

STREET ADDRESS

CITY, STATE ZIP CODE

PHONE NUMBER AREA ( )

SEX AGE DATE OF BIRTH

7   8

PATIENT STATUS  HOME  BOARD & CARE

SNF/ICF  ACUTE HOSPITAL

DIAGNOSIS DESCRIPTION:  ICD-9-CM DX CODE

MEDICAL JUSTIFICATION:  
**Service period: March 1, 2009 through August 31, 2009.**

PATIENT'S AUTHORIZED REPRESENTATIVE (IF ANY)  
 ENTER NAME AND ADDRESS;

•

•

**FOR STATE USE ONLY**

33 PROVIDER, YOUR REQUEST IS:

1  APPROVED AS REQUESTED  DENIED  DEFERRED

2  APPROVED AS MODIFIED (ITEMS MARKED BELOW AS AUTHORIZED MAY BE CLAIMED)  JACKSON VS RANK PARAGRAPH CODE

BY  MEDI-CAL CONSULTANT REVIEW

I.D.# 35 DATE 44

34  M M D D Y Y

COMMENTS/EXPLANATION:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RETROACTIVE AUTHORIZATION IN ACCORDANCE WITH SECTION 51003(b)

36 1  2  3  4  5  6

**Example 2: Requested service period begins prior to April 1, 2009 and extends beyond June 30, 2009.**

|   |    |    |  | HC/UPC OR PROCEDURE CODE | QUANTITY | CHARGES |
|---|----|----|--|--------------------------|----------|---------|
| 1 |    |    |  | Old Code*                | 12       | ## \$   |
| 2 | 13 | 14 |  | New Code**               | 16       | ## \$   |
| 3 | 17 | 18 |  |                          | 20       | \$      |
| 4 | 21 | 22 |  |                          | 24       | \$      |
| 5 | 25 | 26 |  |                          | 28       | \$      |
| 6 | 29 | 30 |  |                          | 32       | \$      |

\* Old Code = Local "99" Code

\*\* New Code = New HCPCS II Code

TAR service period March 1, 2009 through August 31, 2009. March 2009 service line uses "Old Code" with appropriate units and quantity; April 2009 through August 2009 uses "New Code" with appropriate units and quantity.

TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE, ACCURATE AND COMPLETE.

SIGNATURE OF PHYSICIAN OR PROVIDER TITLE DATE

AUTHORIZATION IS VALID FOR SERVICES PROVIDED

FROM DATE 38 TO DATE

TAR CONTROL NUMBER OFFICE SEQUENCE NUMBER PI

40030000

## New TARs

- New TARs submitted on or after January 5, 2009 with dates of service on or after the April 1, 2009 implementation date:
  - Must only list the new HCPCS Level II codes with appropriate units and quantity

# Example 3:

## Requested service period begins on or after April 1, 2009.

### TREATMENT AUTHORIZATION REQUEST

STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES

**(PLEASE TYPE) FOR PROVIDER USE (PLEASE TYPE)**

VERBAL CONTROL NO.

TYPE OF SERVICE REQUESTED: 2  DRUG  OTHER

REQUEST IS RETROACTIVE?:  YES  NO

IS PATIENT MEDICARE ELIGIBLE?:  YES  NO

PROVIDER PHONE NO.

PLEASE TYPE YOUR NAME AND ADDRESS HERE

PROVIDER NAME AND ADDRESS

•

•

•

3 PROVIDER NUMBER

NAME AND ADDRESS OF PATIENT

PATIENT NAME (LAST, FIRST, M.I.)

4

MEDI-CAL IDENTIFICATION NO.

CHECK DIGIT

6

STREET ADDRESS

CITY, STATE ZIP CODE

PHONE NUMBER AREA ( )

SEX

AGE

DATE OF BIRTH

7

8

PATIENT STATUS:  HOME  BOARD & CARE

SNF/ICF  ACUTE HOSPITAL

DIAGNOSIS DESCRIPTION:

ICD-9-CM DX CODE

MEDICAL JUSTIFICATION:

**Service period: April 1, 2009 through September 30, 2009.**

PATIENT'S AUTHORIZED REPRESENTATIVE (IF ANY)

ENTER NAME AND ADDRESS:

•

•

**FOR STATE USE ONLY**

33 PROVIDER, YOUR REQUEST IS:

1  APPROVED AS REQUESTED  DENIED  DEFERRED

2  APPROVED AS MODIFIED (ITEMS MARKED BELOW AS AUTHORIZED MAY BE CLAIMED)  JACKSON VS RANK PARAGRAPH CODE

BY

MEDI-CAL CONSULTANT REVIEW

I.D.# 35 DATE 44

34  M M D D Y Y

COMMENTS INDICATOR

COMMENTS/EXPLANATION:

RETROACTIVE AUTHORIZATION IN ACCORDANCE WITH SECTION 51003(b)

36 1  2  3  4  5  6

| LINE NO |    |    | UNITS OF SERVICE | NDC/UPC OR PROCEDURE CODE |           | CHARGES  |    |
|---------|----|----|------------------|---------------------------|-----------|----------|----|
|         |    |    |                  | 11                        | 12        | QUANTITY |    |
| 1       |    |    |                  | 11                        | New Code* | 12       | \$ |
| 2       | 13 | 14 |                  | 15                        |           | 16       | \$ |
| 3       | 17 | 18 |                  | 19                        |           | 20       | \$ |
| 4       | 21 | 22 |                  | 23                        |           | 24       | \$ |
| 5       | 25 | 26 |                  | 27                        |           | 28       | \$ |
| 6       | 29 | 30 |                  | 31                        |           | 32       | \$ |

**Example 3: Requested service period begins on or after April 1, 2009.**

\*New Code = New HCPCS II Code

TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS TRUE, ACCURATE AND COMPLETE AND THE REQUESTED SERVICES ARE MEDICALLY INDICATED AND NECESSARY TO HEALTH OF THE PATIENT.

AUTHORIZATION IS VALID FOR SERVICES PROVIDED

37 FROM DATE 38 TO DATE

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

TAR CONTROL NUMBER

39 OFFICE SEQUENCE NUMBER PI

40030000

\_\_\_\_\_  
SIGNATURE OF PHYSICIAN OR PROVIDER

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

## Transition for CCS SARs

- For dates of service on or after April 1, 2009 new medical supply SARs must include HCPCS Level II codes
- Existing SARs with dates of service on or after April 1, 2009 will be allowed the 90-day grace period
  - Claims may be billed using the local codes until June 30, 2009 date of service
  - Request new SARs with HCPCS Level II codes for services beyond June 30, 2009

## Transition for CCS SARs

- As of January 5, 2009 existing medical supply SARs with dates of service beyond March 31, 2009:
  - Providers should request existing SARs with local codes be end-dated as of March 31, 2009
  - At the same time, submit new SARs with HCPCS Level II codes for dates of service on or after April 1, 2009
  - This will help reduce the workload in June for the local CCS programs and regional offices

## Transition for CCS SARs

- New medical supply SARs submitted on or after January 5, 2009 for dates of service prior to April 1, 2009:
  - List the local codes
- New medical supply SARs received after March 31, 2009 and listing local codes for dates of service on or after April 1, 2009:
  - Will be returned to the provider

## Tips for Providers: CCS SARs

- Review the lists of medical supply SARs with dates of service extending beyond March 31, 2009 (provided by local or regional CCS office)
- Work with the CCS program to:
  - End-date SARs with local codes as of March 31, 2009
  - Issue new SARs with HCPCS Level II codes as of April 1, 2009

## **Tips for Providers: TARs and CCS SARs**

- Refer to the crosswalk of local codes to HCPCS Level II codes, available on the Medi-Cal Web site from January 5, 2009 through March 31, 2009
- Work with TAR field offices and CCS program offices to transition medical supply TARs/SARs from local codes to HCPCS Level II codes

# Online TAR Inquiry

The screenshot displays the Medi-Cal website interface. At the top left, the logo for CA.GOV Department of Health Care Services is visible, along with the Medi-Cal logo. A search bar on the top right contains the text "Search Medi-Cal" and a "GO" button. Below the logo, a navigation menu includes "Home", "Transactions", "Publications", "Education", "Programs", "References", and "Contact Medi-Cal". The "Transactions" link is highlighted with a yellow circle. Below the navigation menu, there are links for "System Status", "Login", "Services Available", and "Sign Up". The main content area features a "Home" link and a "Login to Medi-Cal" section. This section includes instructions: "Please enter your User ID and Password. Click Submit when done." and "Learn how to Sign Up for Medi-Cal Internet Transactions." There are two input fields: "Please enter your User ID:" and "Please enter your Password:". Below these fields are "Submit" and "Clear" buttons. A note states: "Note: The eTAR application requires logging in using an NPI number. All eTARs will be denied if logging in using a legacy number. Exemption: Legacy number usage is permitted only to Providers authorized by the Department of Health Care Services (DHCS)." A red warning message reads: "Be careful to protect your user ID and password to prevent unauthorized use." On the left side, there is a circular logo for Medi-Cal with the text "Serving California Since 1966". Below the logo, the heading "TRANSACTIONS" is followed by links for "Login Instructions" and "Services Available". At the bottom of the page, there are links for "Contact Medi-Cal", "Medi-Cal Site Help", and "Medi-Cal Site Map". A footer bar contains links for "Back to Top", "Contact Us", "Site Help", and "Site Map".

# Online TAR Inquiry

The screenshot displays the Medi-Cal website interface. At the top, there is a navigation bar with the CA.GOV logo, Department of Health Care Services, and the Medi-Cal logo. A search bar is located in the top right corner. Below the navigation bar, there are several menu items: Home, Transactions, Publications, Education, Programs, References, and Contact Medi-Cal. A secondary navigation bar includes System Status, Exit, Services Available, and Sign Up. The main content area is titled 'Transaction Services' and shows the user is logged in. A horizontal menu contains 'Elig', 'Claims', and 'eTAR', with 'eTAR' circled in blue. Below this menu, a list of services is displayed, including 'Inquire Only', 'Medical Services', 'Pharmacy', and 'TAR 3 Attachment Form'. The 'Inquire Only' link is also circled in blue. On the left side, there is a 'TRANSACTIONS' section with links for Eligibility, Claims, eTAR, and eLearning. The bottom of the page shows a browser status bar with 'Done' and 'Internet' icons.

CA.GOV Department of Health Care Services Medi-Cal

Skip to: [Content](#) | [Footer](#) | [Accessibility](#) Search Medi-Cal GO

Home Transactions Publications Education Programs References Contact Medi-Cal

System Status | Exit | Services Available | Sign Up |

Home

## Transaction Services

You are logged in as: [Redacted]

Elig Claims **eTAR**

- ⇒ **Inquire Only**
- ⇒ Medical Services
- ⇒ Pharmacy
- ⇒ TAR 3 Attachment Form

⇒ Inquire Tutorial  
⇒ Medical Tutorials  
⇒ Pharmacy Tutorial

**TRANSACTIONS**

- ⇒ Eligibility
- ⇒ Claims
- ⇒ eTAR
- ⇒ eLearning

Done Internet

# Online TAR Inquiry

Address  [https://www.medi-cal.ca.gov/cgi-forte/forteisapi.dll?frte\\_SurgeWebService0B181C7921251E2423241B241D7D2C7826?&ServiceName=SurgeW](https://www.medi-cal.ca.gov/cgi-forte/forteisapi.dll?frte_SurgeWebService0B181C7921251E2423241B241D7D2C7826?&ServiceName=SurgeW) 

**TAR**

- > [TAR Inquiry](#)
- > [TAR Responses](#)
- > [eTAR Inquire Only Tutorials](#)

**TRANSACTIONS**

- > [Transaction Services](#)
- > [Exit](#)

**Please Enter Inquiry Selection Information.**

Service Indicator:

Provider:

TAR Number:

Patient Record #:

Recipient ID:

Special Handling:

Status

- Approved
- Deferred
- Denied
- Modified
- In Review

Receipt Dates Begin:  End:

Service Dates Begin:  End:

Service From Dates Begin:  End:

Service Thru Dates Begin:  End:

## Dates to Remember

- January 5, 2009: Public Commentary Period begins and draft crosswalks are available
- February 6, 2009: End of the Public Commentary Period
- March 16, 2009: Updated provider manual pages are available
- March 31, 2009 date of service: End-dating of local “99” codes
- April 1, 2009 date of service: Effective date for HCPCS Level II and UPN coding requirements
- June 30, 2009 date of service: End of grace period for previously-approved TARs with local codes

# Resources

- Medi-Cal Web site
  - Medical Supplies Public Commentary information:
    - [http://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom\\_10024.asp](http://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_10024.asp)
  - Medical Supplies Billing Requirements FAQs:
    - [http://files.medi-cal.ca.gov/pubsdoco/medsupply/medsupply\\_faqs.asp](http://files.medi-cal.ca.gov/pubsdoco/medsupply/medsupply_faqs.asp)
  - Medical Supplies Billing Requirements page:
    - <http://files.medi-cal.ca.gov/pubsdoco/medsupply/medsupply.asp>

# Resources

- Medi-Cal Web site:
  - CMS-1500 Claim Form online tutorial:
    - [http://pro.medi-cal.ca.gov/wct/eo/cms1500\\_07/cms1500\\_07default.asp](http://pro.medi-cal.ca.gov/wct/eo/cms1500_07/cms1500_07default.asp)
  - TAR Inquire Only online tutorial:
    - [http://pro.medi-cal.ca.gov/wct/etar/etaringq08/etaringq08\\_default.asp](http://pro.medi-cal.ca.gov/wct/etar/etaringq08/etaringq08_default.asp)
- Medi-Cal provider bulletins

# Let's Review

1. The changes to medical supply billings are effective with dates of service on or after \_\_\_\_\_.
2. Medical supply items to be billed differently include \_\_\_\_\_ and \_\_\_\_\_ medical supplies.
3. These medical supplies will be billed with \_\_\_\_\_ codes instead of local "99" codes.
4. Claims for contracted medical supplies must also include the \_\_\_\_\_ with the billing code.

# Let's Review

5. Items excluded from these changes are:

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

6. As of April 1, 2009 dates of service, electronic claims for disposable and incontinence medical supplies must be submitted using the \_\_\_\_\_  
\_\_\_\_\_ format.

## Let's Review

7. As of April 1, 2009 dates of service, paper claims for disposable and incontinence medical supplies must be submitted using the \_\_\_\_\_ - \_\_\_\_\_ claim form.
8. As of January 5, 2009 providers can view and download the crosswalk from the Medi-Cal Web site as part of the Medical Supplies \_\_\_\_\_ information.

## Let's Review

9. TARs and SARs for affected medical supplies submitted as of \_\_\_\_\_ for dates of service on or after April 1, 2009 must list the HCPCS Level II codes.
10. Previously-authorized TARs and SARs with local codes will be allowed a grace period for dates of service until \_\_\_\_\_.
11. Final provider manual replacement pages will be available on \_\_\_\_\_.

**Thank you!**

## Answer Key

1. April 1, 2009
2. Incontinence and disposable
3. HCPCS Level II
4. UPN
5. Diabetic supplies (test strips and lancets); inhalers and peak flow meters; Family PACT medical supplies; enteral nutritional products
6. ASC X12N 837P
7. CMS-1500
8. Public Commentary
9. January 5, 2009
10. June 30, 2009
11. March 16, 2009