Navigating Medi-Cal and Specialty Programs

PROFESSIONAL

CMS-1500 claim form

ALLIED HEALTH

Acupuncture

Audiology and Hearing Aids

Chiropractic

Durable Medical Equipment & Medical Supplies

Medical Transportation

Orthotics and Prosthetics

Psychological Services

Therapies

MEDICAL SERVICES

General Medicine
Obstetrics

PHARMACY

Pharmacy Supplies

VISION CARE

Vision Care

INSTITUTIONAL

UB-04 claim form

INPATIENT/OUTPATIENT

AIDS Waiver Program

Chronic Dialysis Clinics

Clinics and Hospitals

Federally Qualified Health Centers

Heroin Detoxification

Hospice Care Program

Indian Health Services

Inpatient Services

Rehabilitation Clinics

Rural Health Clinics

SPECIALTY PROGRAMS

	CMS-1500	UB-04
Breast and Cervical Cancer Treatment Program (BCCTP)	\checkmark	\checkmark
California Children's Services (CCS)	\checkmark	\checkmark
Comprehensive Perinatal Services Program (CPSP) *	\checkmark	\checkmark
Diabetes Prevention Program (DPP)	\checkmark	\checkmark
Early and Periodic Screening Diagnostic and Treatment (EPSDT/CHDP)	C ✓	✓
Every Woman Counts (EWC) *	\checkmark	\checkmark
Genetically Handicapped Persons Program (GHPP)	✓	√
Presumptive Eligibility for Pregnant Women (PE4PW) *	\checkmark	√

^{*} Health Access Program (HAP)

HOME & COMMUNITY

UB-04 claim form

OUTPATIENT

AIDS Waiver Program
Community-Based Adult Services
Home Health Agencies/Home and
Community-Based Services
Local Educational Agency
Multipurpose Senior Services Program

Please use this chart to help navigate the Medi-Cal Provider Website (www.medi-cal.ca.gov) and to help determine the specific Medi-Cal or specialty program provider manual(s) to reference for policy and billing instructions (for example, the Allied Health for Therapies manual). In addition, to help locate applicable training opportunities and identify the claim form(s) to use when billing for services rendered. Refer to Medi-Cal Rx for 30-1 and 30-4 claim forms billing instructions.

Family PACT

CMS-1500 claim form

UB-04 claim form

Family Planning, Access, Care and Treatment *

LTC

25-1 claim form

Long Term Care

