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Medi-Cal

**Provider
Training
2020**



California Children's Services (CCS)
 and Genetically Handicapped
 Persons Program (GHPP)



The Outreach and Education team includes Regional Representatives, the Small Provider Billing Unit (SPBU) and Coordinators who are available to train and assist providers to efficiently submit their Medi-Cal claims for payment.

The Medi-Cal Learning Portal (MLP) brings Medi-Cal learning tools into the 21st Century. Simply complete a one-time registration to gain access to the MLP's easy-to-use resources. View online tutorials, live and recorded webinars from the convenience of your own office and register for provider training seminars. For more information call the Telephone Service Center (TSC) at 1-800-541-5555 or go to the MLP at <http://www.medi-cal.ca.gov/education.asp>.

Free Services for Providers

Provider Seminars and Webinars

Provider training seminars and webinars offer basic and advanced billing courses for all provider types. Seminars are held throughout California and provide billing assistance services at the Claims Assistance Room (CAR). Providers are encouraged to bring their more complex billing issues and receive individual assistance from a Regional Representative.

Regional Representatives

The 24 Regional Representatives live and work in cities throughout California and are ready to visit providers at their office to assist with billing needs or provide training to office staff.

Small Provider Billing Unit

The four SPBU Specialists are dedicated to providing one-on-one billing assistance for one year to providers who submit fewer than 100 claim lines per month and would like some extra help. For more information about how to enroll in the SPBU Billing Assistance and Training Program, call 916-636-1275 or 1-800-541-5555.

All of the aforementioned services are available to providers at no cost!

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California Children's Services Program and the Genetically Handicapped Persons Program

Introduction

Purpose

The purpose of this module is to provide information about the California Children's Services (CCS) program and the Genetically Handicapped Persons Program (GHPP).

Module Objectives

- Explain the differences between the CCS Program and the GHPP
- Discuss the CCS program and the GHPP client referral process
- Identify the client eligibility requirements for the CCS program and the GHPP
- Explain Managed Care Health Plans (MCPs) and Other Health Care Coverage (OHC)
- Clarify Provider Paneling and Approved Hospital/Special Care Centers (SCCs)
- Discuss Service Code Groupings (SCGs)
- Explain the Service Authorization Request (SAR) and SAR requirements, completion and submission
- Provide *CMS-1500* and *UB-04* claim form examples
- Review the CCS County Office Directory

Acronyms

A list of current acronyms is located in the *Appendix* section of each complete workbook.

CCS Program Overview

The CCS program functions as a partnership between local county health departments and the Department of Health Care Services (DHCS), Integrated Systems of Care Division (ISCD). Approximately 90 percent of CCS program clients are Medi-Cal eligible. For these clients, the Medi-Cal program reimburses services authorized by the CCS program. The remaining ten percent are enrolled in CCS only. CCS-only clients are funded equally by the state and a client's county of residence.

The CCS program currently provides services to approximately 189,000 children through a network of CCS paneled specialty and subspecialty providers, CCS-approved hospitals and Special Care Centers (SCCs). The CCS program also provides medical therapy services delivered at CCS Medical Therapy Units (MTU) located in public schools statewide.

The CCS program provides authorizations for health care services (such as diagnostic and treatment services including physical and occupational therapy services and medical case management) related to the evaluation and/or treatment of a CCS-eligible condition to children who meet CCS program residential and financial eligibility requirements and are up to 21 years of age.

GHPP Overview

The GHPP provides health care services for adults with genetic diseases specified in the *California Code of Regulations* (CCR), Title 17, Section 2932.

GHPP eligibility determination, case management and authorization of services are conducted on a statewide basis by the DHCS state office.

CCS Program Referral Process

A CCS program referral is a request directed to the CCS program to authorize medical services for an applicant who:

- Is younger than 21 years of age
- Is not currently a CCS program recipient
- Is suspected of having a CCS-eligible medical condition

A referral may originate from any source, including health care providers, parents, legal guardians, school nurses, regional center counselors or other interested parties. A CCS referral must include the following information about the applicant:

- Date of birth (applicant must be from birth up to 21 years of age)
- Address
- Telephone number
- First and last name of the applicant's parent(s) or legal guardian(s)
- Statement of services requested
- Name and address of the individual, provider or agency requesting authorization for CCS program services

The CCS program notifies the potential applicant of a CCS program referral and provides the applicant with the opportunity to complete an *Application to Determine CCS Program Eligibility* (form DHCS 4480).

A CCS program referral may be submitted using any of the following formats:

- A *New Referral CCS/GHPP Client Service Authorization Request (SAR)* (DHCS 4488) form
- Medical report or a letter with a specific request for services from CCS (A medical report or miscellaneous correspondence about a potential applicant that does not explicitly state services requested from the CCS program, is not considered a formal CCS referral).
- Written request by a parent or legal guardian

Information provided by telephone or in person at a CCS county office.

GHPP Referral Process

The *New Referral CCS/GHPP Client Service Authorization Request (SAR)* form (DHCS 4488) is used to refer an applicant who has a possible GHPP-eligible medical condition to the GHPP. The applicant's case may be opened by the GHPP staff for diagnostic or treatment services.

The GHPP application and referral forms can be found on the GHPP "How to Apply" page of the DHCS website at (<http://www.dhcs.ca.gov/services/ghpp/Pages/apply.aspx>).

The GHPP application and referral forms may be mailed, emailed or faxed.

Department of Health Care Services
Genetically Handicapped Persons Program
MS 8100
P.O. Box 997413
Sacramento, CA 95899-7413

Email: ghppeligibility@dhcs.ca.gov

Fax: (916) 440-5762

Phone: (916) 552-9105

NOTES

CCS Program Eligibility Requirements

Applicants must meet the following requirements:

CCS Program Requirements Eligibility	
Age	Birth up to 21 years of age
Residence	The parent(s) or legal guardian of the applicant, or an applicant over 18 years of age, must be a resident of the California county in which the application is made.
Income	Based on the family's most recent tax year as calculated for California state income tax purposes. The family of an applicant who is not enrolled in full-scope Medi-Cal must have an adjusted gross income of \$40,000 or less. Applicants in families with higher incomes may still be eligible for CCS program services if the family's estimated out-of-pocket expenses for the applicant's CCS-eligible medical condition are expected to exceed 20 percent of the family's adjusted gross income in the year of eligibility determination or annual redetermination.
Medical	<p>Medical eligibility for the CCS program, as specified in the <i>California Code of Regulations</i> (CCR), Title 22, Article 1, Sections 41811 – 41876, is determined by the CCS program medical consultant or designee through the review of medical records or other medical information that document the applicant's medical history, results of a physical examination by a physician, laboratory test results, radiologic findings or other tests or examinations that support the diagnosis of the eligible conditions.</p> <p>Some eligible conditions are:</p> <ul style="list-style-type: none"> • Diseases of the nervous system, producing physical disability (for example, ataxia, paresis, paralysis) • Neoplasms • Metabolic and immune disorders • Diseases of blood and blood-forming organs • Mental disorders and mental retardation.
Eligibility Period	<p>CCS program eligibility is for a period of up to 365 days and may be less if the client's eligibility status changes. Examples of an eligibility status change are:</p> <ul style="list-style-type: none"> • A client moving out of California • Losing Medi-Cal • Failure to complete the CCS program application process, or • A change in a medically eligible condition <p>The CCS program will not reimburse for services provided prior to the date of a client's eligibility.</p> <p>Annual redetermination of eligibility for the CCS program is conducted during the first month following each 12-month period of eligibility.</p> <p>NOTE</p> <p>Recertification may be conducted prior to the annual expiration date to avoid lapsing coverage and to ensure services are reimbursed.</p>

GHPP Program Eligibility Requirements

Applicants must meet the following requirements:

GHPP Eligibility	Requirements
Age	Be 21 years of age or older. Persons younger than 21 years of age with the GHPP-covered genetic diseases may be eligible for the GHPP if they have been determined to be financially ineligible to receive services from the CCS program. Must apply to the CCS program first.
Residence	Applicant must be a California resident.
Income	There is no income limit for the GHPP, however, an annual enrollment fee may be required based on the client's adjusted gross income: <ul style="list-style-type: none"> • Adjusted gross income between 200 and 299 percent of the federal poverty level (FPL), the annual enrollment fee shall be 1.5 percent of adjusted gross income (AGI). • Adjusted gross income equal to or greater than 300 percent of the FPL, the annual enrollment fee shall be 3 percent of AGI.
Medical	The GHPP covers genetic disease conditions specified in the <i>California Code of Regulations</i> (CCR), Title 17, Section 2932. Some of these eligible medical conditions are: <ul style="list-style-type: none"> • Hemophilia and other genetic bleeding disorders • Cystic fibrosis • Hemoglobinopathies with anemia, including sickle-cell disease and thalassemia • Huntington's disease, Joseph's disease, Friedreich's ataxia and other neurologic diseases • Phenylketonuria, Wilson's disease, galactosemia and other metabolic diseases • Von Hippel-Lindau syndrome

Managed Care Health Plan (MCP) and Other Health Coverage (OHC)

CCS clients who reside in Marin, Napa, San Mateo, Santa Barbara, Solano and Yolo counties and who are enrolled in a County Organized Health System (COHS) may be eligible to receive services to treat a child's CCS-eligible medical condition through the MCP. Services are generally "carved in" and reimbursement for those services is the responsibility of the MCP.

Claims for services provided to CCS clients enrolled in a COHS with "carved in" CCS should not be sent directly to the California MMIS Fiscal Intermediary (FI) for reimbursement. Reimbursement will be denied. Send claims to the MCP or OHC.

California Children's Services Capitated for Managed Care Plans in Certain Counties

Effective for dates of service on or after July 1, 2018, CCS is a capitated service in Merced, Monterey, San Luis Obispo, San Mateo, Santa Barbara and Santa Cruz Counties.

Effective for dates of service on or after January 1, 2019, CCS is a capitated service in Del Norte, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Shasta, Siskiyou, Solano, Sonoma, Trinity and Yolo Counties.

Effective for dates of service on or after July 1, 2019, CCS is a capitated service for recipients receiving healthcare services through Medi-Cal MCP in Orange County.

These counties participate in the Whole Child Model (WCM) program, under which responsibilities for services provided to CCS-eligible recipients is transferred from the county's CCS program to Medi-Cal MCPs.

For more information, providers may contact the respective Medi-Cal MCPs identified in the chart below:

Medi-Cal MCPs	County	Contact Information
CenCal Health	San Luis Obispo, Santa Barbara	(877) 814-1861 TTY (833) 556-2560
Central California Alliance for Health	Merced, Monterey, Santa Cruz	(800) 700-3874 TTY/TDD (877) 548-0857
CalOptima	Orange	(888) 587-8088 TTY/TDD (800) 735-2929
Health Plan of San Mateo	San Mateo	(650) 616-2106 TTY (650) 616-8037

Medi-Cal MCPs	County	Contact Information
Partnership Health Plan	Del Norte, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Shasta, Siskiyou, Solano, Sonoma, Trinity, Yolo	(800) 863-4155 TTY/TDD (800) 226-2140

For more information, refer to the *Managed Care Plan: County Organized Health Plan (COHS)* (mcp cohs) section in the Part 1 manual.

Some GHPP clients who are eligible for Medi-Cal are covered under the MCP when they reside in a specific service area that provides health care on a capitated basis. These health plans are responsible for providing comprehensive healthcare, including services to treat the GHPP-eligible condition. However, some services may be “carved out” and payment for those services is the responsibility of Medi-Cal. It is not reimbursed on a capitated basis or from the MCP. These services should be billed directly to the FI for payment.

Providers should adhere to each plan’s policies and requirements regarding authorization of services for the GHPP clients enrolled in plans.

Providers are required to bill a CCS or GHPP client’s Medicare or OHC prior to billing the CCS program, the GHPP or Medi-Cal. Providers must submit either a *Medicare Remittance Notice (MRN)/Remittance Advice (RA)*, Explanation of Benefits (EOB) or a valid denial letter from Medicare or the OHC with every claim. This attachment must include:

- A glossary and definition of codes
- The carrier/carrier representative name and address
- Client name or subscriber number
- Date
- Statement of denial
- Termination or amount reimbursed
- Procedure or service rendered

A prior reimbursement made by the OHC must be indicated in the appropriate fields on the claim. Providers should not reduce the charge amount or total amount billed because of any OHC reimbursement. Providers may receive an additional amount only up to the Medi-Cal rate of reimbursement, less the amount paid by the OHC.

When providers have an agreement with an OHC carrier/plan to accept the carrier’s contracted rate as “payment in full,” they will not receive any additional reimbursements.

CCS Provider Paneling

The following providers are required to be paneled by the CCS program to treat clients with a CCS-eligible condition:

- Audiologists
- Dietitians
- Occupational Therapists
- Orthotists
- Pediatric Nurse Practitioners *
- Physical Therapists
- Physicians
- Podiatrists
- Prosthetists
- Psychologists
- Registered Nurses *
- Respiratory Therapists *
- Social Workers
- Speech Language Pathologists

* Provider type is subject to program participation limitations. For additional information, refer to the individual provider type description in the Medi-Cal Provider Manual.

Provider types not listed above do not need to be paneled by the CCS program to treat CCS clients.

CCS Provider Paneling Application Process

Requirements for becoming a CCS paneled provider:

- Must have a National Provider ID (NPI), unless the provider is an allied provider billing under a facility's NPI.
- Must be an active Medi-Cal provider, unless the physician works for a Federally Qualified Health Center (FQHC). Allied providers are also not required to be a Medi-Cal provider, if they are billing under a facility's NPI.
 - Physicians, podiatrists, and allied health professionals may apply online at <https://cmsprovider.cahwnet.gov/PANEL/index.jsp>

CCS Hospital or Special Care Center Provider Application Process

To become a CCS-approved hospital or Special Care Center provider, please send application requests and inquires to the inbox:

CCSFacilityReview@dhcs.ca.gov

GHPP Providers

Providers treating the GHPP clients must be a Medi-Cal provider and agree to the Medi-Cal payment rates.

Approved Hospitals and Special Care Centers (SCCs)

Tertiary Hospital

A tertiary hospital is a referral hospital, providing comprehensive, multidisciplinary, regionalized pediatric care to children from birth up to 21 years of age. The length of stay in a tertiary hospital may exceed 21 days. This approval covers teaching hospitals, children's and university hospitals, and their major affiliates with approved residency programs in pediatrics and all other major specialties.

Pediatric Community Hospital

A pediatric community hospital is a community-based hospital with licensed pediatric beds providing services for children from birth up to 21 years of age. The length of stay in an approved pediatric community hospital shall not exceed 21 days, except in the case of care provided in a CCS-approved community or intermediate level Neonatal Intensive Care Unit (NICU).

General Community Hospital

A general community hospital is a community-based hospital without licensed pediatric beds in which care is provided only for adolescents 14 years of age up to 21 years of age. The length of stay in an approved general community hospital shall not exceed 21 days, except in the case of care provided in a CCS-approved community or intermediate NICU.

Special Hospital

A special hospital is defined as a licensed acute care hospital that meets one of the following requirements:

- Provides licensed perinatal units/services including intensive care for newborns and meets the CCS standards as a community or intermediate NICU.
- Licensed under special permit for rehabilitation services and meets CCS standards as a rehabilitation facility.
- Provides services in specialized areas of medical care and acts as a regional referral center for specialized type of care (for example, eye surgery, ear surgery or burn center).

Limited Hospital

Limited hospitals are located in rural areas where no community or tertiary inpatient hospital services are available. These hospitals, which do not have licensed pediatric beds, are capable of providing limited services to children and adolescents for acute, short-term conditions for which the expected length of stay does not exceed five days.

Special Care Centers (SCCs)

A Special Care Center provides comprehensive, multi-disciplinary and multi-specialty care including surgical procedures to children, adolescents, and young adults with conditions specified in their comprehensive medical evaluation.

The SCC shall be affiliated with a CCS-approved hospital and have been in continuous operation for at least six months prior to approval by the State CCS Program.

In addition to meeting the core standards requirements outlined in this CCS Program document, all SCC facilities must also meet the specific SCC specialty or subspecialty standards.

CH 3.37.1 Provider Core Standards Effective:

<http://www.dhcs.ca.gov/services/ccs/Documents/CCSCoreStandards.pdf>.

A list of CCS-approved Hospitals and SCCs is available on the DHCS “California Children’s Services” web page at the link below:

<https://www.dhcs.ca.gov/services/ccs/scc/Pages/default.aspx>

Pursuant to the CCS Provider Core Standards CH 3.37.1, the CCS program requires SCCs to submit an annual directory and any changes to their facility information per the instructions in the link below:

https://www.dhcs.ca.gov/formsandpubs/forms/Documents/Directory_Template_ADA.pdf

NOTES

Service Code Grouping (SCG)

SCG is a group of procedure codes authorized to a CCS-approved provider for the provision of a group of related health care services that are authorized through the Service Authorization Request (SAR) process. An SCG SAR enables the provider to render care to a CCS or GHPP client without obtaining repeated procedure-specific SARs.

There are currently 12 SCGs:

01 – Physician	05 – Cochlear Implant Center	09 – Chronic Dialysis Clinics
02 – Special Care Center	06 – High Risk Infant Follow-up	10 – Ophthalmology
03 – Transplant	07 – Orthopedic Surgeon	11 – Medical Therapy
04 – Communication Disorder Center	08 – Rural Health Clinic/Federally Qualified Health Center	12 – Podiatry

NOTE

SCG 51 is an exclude SCG for Physician Surgical Services. For additional information refer to: (<http://www.dhcs.ca.gov/services/ccs/Documents/ccsn1020510.pdf>)

For additional information on SCGs, refer to *California Children's Services (CCS) Program Service Code Groupings* (cal child ser) section of the Part 2 provider manual.

Service Authorization Request (SAR)

The CCS program requires authorization for health care services related to a client's CCS-eligible medical condition. Providers must submit a SAR to a CCS county or state office, except in an emergency. Only active Medi-Cal providers may receive authorization to provide CCS program services. Services may be authorized for varying lengths of time during the CCS client's eligibility period. The approved SAR number begins with "91" for CCS/Early and Periodic Screening Diagnostic and Treatment (EPSDT) or "97" for CCS. The 11-digit SAR number needs to be entered in the *Prior Authorization* field or in the *Treatment Authorization Code* field prior to submission to the DHCS FI.

Providers may request services for CCS clients using one of the following SAR forms:

- *New Referral CCS/GHPP Client Service Authorization Request (SAR)* (DHCS 4488)
- *Established CCS/GHPP Client Service Authorization Request (SAR)* (DHCS 4509)

These forms are available at both the Medi-Cal website at (www.medi-cal.ca.gov) and the CCS website at (www.dhcs.ca.gov/services/ccs/pages/default.aspx).

How and Where to Submit SARs

Registered Providers and Clearinghouses can complete and submit eSAR requests on behalf of the providers and facilities in their network. CCS and the GHPP providers can now submit Service Authorization Requests (SARs) in an electronic format for fee-for-service claims. This feature aims to eliminate the paper SAR process for providers with internet connectivity.

To submit an electronic Service Authorization Request (eSAR), providers must:

- Register, or already be registered, as an active Medi-Cal provider.
- Have access to the Provider Electronic Data Interchange (PEDI).
- Register, and be approved, as a Trading Partner with DHCS, Integrated Systems of Care Division, Children's Medical Services Network (CMS Net) by agreeing to all terms and conditions contained within the eSAR Trading Partner Agreement.

Providers must then select one of the available options to submit:

1. Use the newly enhanced PEDI system online fillable form to submit SARs electronically with attachments.
2. Generate and submit one of the supported file-based transmission formats:
 - Web-based file upload utility in the eSAR system to submit ASC X12 275/278 transactions
 - Simple Object Access Protocol (SOAP)/Hypertext Transfer Protocol Secure (HTTPS) web services method to transmit and receive ASC X12 275/278 transactions

Paper SAR submissions remain an option for low-volume SAR providers or submitters who may have technical limitations or practical reasons to do so.

Providers interested in switching from paper SAR to eSAR submission should contact the CMS Net Help Desk at cmshelp@dhcs.ca.gov or 1-866-685-8449 for additional information.

eSARs Now Support Attachments

CCS and GHPP providers can now submit eSARs with attachments. Attachments must be in the format of PDF, JPG or TIF. Attachments must be less than 15 megabytes (MB) in size, with the sum of all attachments being less than 150 MB for each eSAR. This feature aims to eliminate the paper SAR process for providers with internet connectivity.

Refer to the *How and Where to Submit SARs* section for specific requirements and steps.

Using Another Physician’s SAR

A SAR number authorized to a physician may be used for reimbursement by other health care providers from whom the physician has requested services, such as laboratory, pharmacy or radiology providers. The rendering provider will use a physician’s SAR number and bill with the authorized physician’s provider number indicated as a referring provider.

NOTE

This does not apply to SARs issued to CCS Special Care Centers (SCCs). For more information about SCCs, refer to the *California Children’s Services (CCS) Program Special Care Centers* (cal child spec) section in the Part 2 provider manual.

NOTES

Services Requiring a Separate SAR

The following services require a separate SAR:

- Inpatient surgery
- Inpatient Diagnosis Related Groups (DRG) hospital stay; day of admit is requested
- Inpatient Non-DRG hospital stay; anticipated length of stay is requested
- Outpatient surgery
- Transplant

The following drugs, nutritional products and blood factors:

AbobotulinumtoxinA	Factor IX Complex (PCC) Preparations
Anithemophilic Factors	Factor IX Preparations
Antithromblin III (Hum Plas)	Factor X Preparations
Antithromblin III (Hum Recombinant)	Factor XIII Preparations
Avanafil	Food Oils
Axicabtagene Ciloleucel	Glecaprevir/Pibrentasvir
Blood factors, miscellaneous	Immune Serum Globulin (I.V.)
Boceprevir	Immune Serum Globulin Caprylate (I.V.)
Botulinum Toxin Type A	Immune Serum Globulin Maltose (I.V.)
Botulinum Toxin Type B	IncobotulinumtoxinA
Cerliponase Alfa	Intrathecal Baclofen
Controlled substances listed as Schedule II	Ivacaftor
Controlled substances listed as Schedule III	Ledipasvir/Sofosbuvir
Daclatasvir Dihydrochloride	Leuprolide Acetate
Deflazacort	Lumacaftor/Ivacaftor
Elbasvir/Grazoprevir	Nursinersen
Emicizumab-KXWH	Ombitasvir/Paritaprevir/Ritonavir
Enteral Nutrition Amino Acid Products (Contracted)	Ombitasvir/Paritaprevir/Ritonavir and Dasabuvir
Enteral Nutrition Flavoring Products (Contracted)	Palivizumab
Enteral Nutrition Products: Elemental and Semi-Elemental	Sapropterin Dihydrochloride
Enteral Nutrition Products: Metabolic	Sildenafil
Enteral Nutrition Products: Specialized	Simeprevir
Enteral Nutrition Products: Specialty Infant	Sofosbuvir
Enteral Nutrition Products: Standard	Sofosbuvir/Velpatasvir
Eteplirsen	Sofosbuvir/Velpatasvir/ Voxilaprevir
	<i>(Continued on next page)</i>

<i>(Continued from previous page)</i>	Tezacaftor/Ivacaftor and Ivacaftor
Somatrem	<u>Tisagenlecleucel</u>
Somatropin	<u>Triptorelin Pamoate</u>
Histrelin Acetate Implant	Vardenafil
Tadalafil	Voretigene Neparvovec-RZYL
Telaprevir	

DME/Medical Supplies and SAR Requirements

Providers may bill for specific HCPCS Level II product codes for medical supplies or DME without a product-specific SAR, if:

1. The medical supplies requested do not exceed the billing limits set by Medi-Cal, and/or the DME requested does not exceed the thresholds for authorization as referenced in *Durable Medical Equipment (DME): An Overview (dura)* section in the Part 2 provider manual;
2. The medical supply codes are not miscellaneous codes; and
3. Medi-Cal does not require a *Treatment Authorization Request (TAR)* for the medical supply codes.

NOTE

Medi-Cal age restrictions for incontinence medical supplies do not apply to such supplies dispensed and billed pursuant to a CCS SAR.

A separate SAR is required for medical supplies if the billing limits of the product(s) (for example, quantity) are exceeded, in accordance with Medi-Cal policy, if there is no specific code for the medical supply (that is, a miscellaneous code is needed for billing) or if Medi-Cal requires a TAR for the medical supply.

A separate, product-specific SAR also is required for DME that exceeds the thresholds for authorization referenced in *Durable Medical Equipment (DME): An Overview (dura)* section in the Part 2 provider manual.

Service Authorization Request (SAR) and GHPP

A SAR must be submitted to the GHPP state office for approval of all the GHPP diagnostic and treatment services. The GHPP will issue a unique SAR number for services authorized by the GHPP. The approved SAR number begins with "99." The 11-digit SAR number must be indicated on the claim in the *Prior Authorization Number* field or the *Treatment Authorization Code* field prior to submission to the DHCS FI.

The provider is responsible for ensuring that their SAR number is indicated on the claim. Claims submitted without the correlating SAR number in the *Treatment Authorization Code* field will be denied.

For emergency services, authorization must be obtained from the GHPP by the close of the next business day following the date of service.

The GHPP eligibility determination, case management and authorization of services are conducted on a statewide basis by the DHCS state office.

The most effective way for the GHPP to process SARs is for providers to fax or email their SARs to the DHCS state office or upload into the Provider Electronic Data Interchange (PEDI). After the GHPP adjudicates the SAR, providers receive a hard copy authorization approval or denial for each submitted SAR. Through PEDI, providers are able to check the status of their SARs and view the SAR approval or denial.

Genetically Handicapped Persons Program

Clinical Assurance and Administrative Support
P.O. Box 997419, MS 4500
Sacramento, CA 95899-7419

Fax: (916) 440-5318

Email: faxghpp@dhcs.ca.gov

Providers may submit a SAR electronically; however, they need to meet certain requirements to qualify for this option. More information is available in the *California Children's Services (CCS) Program Service Authorization Request (SAR)* (cal child sar) section of the Part 2 provider manual.

SAR Processing

After the state reviews the request, providers will receive a hard copy authorization approval or denial for each submitted SAR.

NEW REFERRAL CCS/GHPP CLIENT SERVICE AUTHORIZATION REQUEST (SAR)

Provider Information							
1. Date of request		2. Provider name			3. Provider number		
4. Address (number, street)				City	State	ZIP code	
5. Contact person		6. Contact telephone number ()		7. Contact fax number ()			
Client Information							
8. Client name—last		first	middle				
9. Alias (AKA)			10. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		11. Date of birth (mm/dd/yy)		
12. CCS/GHPP case number		13. Medical record number (hospital or office)			14. Home phone number ()		
15. Cell phone number ()		16. Work phone number ()		17. Email address			
18. Residence address (number, street) (DO NOT USE P.O. BOX)				City	State	ZIP code	
19. Mailing address (if different) (number, street, P.O. box number)				City	State	ZIP code	
20. County of residence		21. Language spoken		22. Name of parent/legal guardian			
23. Mother's first name		24. Primary care physician (if known)		25. Primary care physician telephone number ()			
Insurance Information							
26.a. Enrolled in Medi-Cal? <input type="checkbox"/> Yes <input type="checkbox"/> No		26.b. If yes, client index number (CIN)			26.c. Client's Medi-Cal number		
27. Enrolled in commercial insurance plan <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, type of commercial insurance plan <input type="checkbox"/> PPO <input type="checkbox"/> HMO <input type="checkbox"/> Other		Name of plan			
Diagnosis							
28. Diagnosis (DX)/ICD-10: _____		DX/ICD-10: _____		DX/ICD-10: _____			
Requested Services							
29.* CPT-4/ HCPCS Code/NDC	30. Specific Description of Service/Procedure		31. From (mm/dd/yy)	To (mm/dd/yy)	32. Frequency/ Duration	33. Units	34. Quantity (Pharmacy Only)
* A specific procedure code/NDC is required in column 27 if services requested are other than ongoing physician authorizations, hospital days, or special care center authorizations.							
35. Other documentation attached <input type="checkbox"/> Yes		36. Enter facility name (where requested services will be performed, if other than office).					
Inpatient Hospital Services							
37. Begin date		38. End date		39. Number of days			
Additional Services Requested from Other Health Care Provider							
40. Provider's name		Provider number	Telephone number ()		Contact person		
Address (number, street)				City	State	ZIP code	
Description of services			Procedure code	Units	Quantity		
Additional information							
Privacy Statement (Civil Code Section 1798 et seq.)							
The information requested on this form is required by the Department of Health Care Services for purposes of identification and document processing. Furnishing the information requested on this form is mandatory. Failure to provide the mandatory information may result in your request being delayed or not be processed.							
41. Signature of physician/provider or authorized designee					42. Date		

**Example: New Referral CCS/GHPP Client Service Authorization Request (SAR) (DHCS 4488)
(1 of 2)**

Instructions

1. Date of the request: Date the request is being made.

Provider Information

2. Provider's name: Enter the name of the provider who is requesting services.
3. Provider number: Enter National Provider Identification (NPI) number (no group numbers).
4. Address: Enter the requesting provider's address.
5. Contact person: Enter the name of the person who can be contacted regarding the request; all authorizations should be addressed to the contact person.
6. Contact telephone number: Enter the phone number of the contact person.
7. Contact fax number: Enter the fax number for the provider's office or contact person.

Client Information

8. Client name: Enter the client's name—last, first, and middle.
9. Alias (AKA): Enter the patient's alias, if known.
10. Gender: Check the appropriate box.
11. Date of birth: Enter the client's date of birth.
12. CCS/GHPP case number: Enter the client's California Children's Services (CCS)/Genetically Handicapped Persons Program (GHPP) number. If not known, leave blank.
13. Medical record number: Enter the client's hospital or office medical record number.
14. Home phone number: Enter the home phone number where the client or client's legal guardian can be reached.
15. Cell phone number: Enter the cellular phone number where the client or client's legal guardian can be reached.
16. Work phone number: Enter the work phone number where the client or client's legal guardian can be reached.
17. Email address: Enter the email address of the client or client's legal guardian.
18. Residence address: Enter the address of the client. Do not use a P.O. Box number.
19. Mailing address: Enter the mailing address if it is different than number 18.
20. County of residence: Enter residential county of the client.
21. Language spoken: Enter the client's language spoken.
22. Name of parent/legal guardian: Enter the name of client's parent/legal guardian.
23. Mother's first name: Enter the client's mother's first name.
24. Primary care physician: Enter the client's primary care physician's name. If it is not known, enter NK (not known).
25. Primary care physician telephone number: Enter the client's primary care physician phone number.

Insurance Information

- 26a. Enrolled in Medi-Cal? Mark the appropriate box. If the answer is yes, enter the client's index number in box 26.b. and the client's Medi-Cal number in box 26.c.
27. Enrolled in a commercial insurance plan? Mark the appropriate box, if the answer is yes, mark the type of insurance plan and enter the name of the commercial insurance plan on the line provided.

Diagnosis

28. Diagnosis and/or ICD-10: Enter the diagnosis or ICD-10 code, if known, relating to the requested services.

Requested Services

29. CPT-4/HCPCS code/NDC: Enter the CPT-4, HCPCS code or NDC code being requested. This is only required if services requested are other than ongoing physician authorizations or special care center authorizations. Also not required for inpatient hospital stay requests.
30. Specific description of procedure/service: Enter the specific description of the procedure/service being requested.
31. From and to dates: Enter the date you would like the services to begin. Enter the date you would like the services to end. These dates are not necessarily the dates that will be authorized.
32. Frequency/duration: Enter the frequency or duration of the procedures/service being requested.
33. Units: For NDC, enter total number of fills plus refills. For all other codes, enter the total number/amount of services/supplies requested for SAR effective dates.
34. Quantity: Use only for products identified by NDC. For drugs, enter the amount to be dispensed (number, ml or cc, gms, etc.). For lancets or test strips, enter the number per month or per dispensing period.
35. Other documentation attached: Check this box if attaching additional documentation.
36. Enter facility name: Complete this field with the name of the facility where you would like to perform the surgery you are requesting.

Inpatient Hospital Services

37. Begin date: Enter the date the requested inpatient stay shall begin.
38. End date: Enter the end date for the inpatient stay requested.
39. Number of days: Enter the number of days for the requested inpatient stay.

Additional Services Requested from Other Health Care Providers

40. Provider's name: Enter name of the provider you are referring services to.
 Provider number: Enter the provider's National Provider Identification (NPI) number. Telephone: Enter provider's telephone number.
 Contact person: Enter the name of the person who can be contacted regarding the request. Address: Enter address of the provider.
 Description of services: Enter description of referred services.
 Procedure code: Enter the procedure code for requested service other than ongoing physician services.
 Units: For NDC, enter total number of fills plus refills. For all other codes, enter the total number/amount of services/supplies requested for SAR effective dates.
 Quantity: Use only for products identified by NDC. For drugs, enter the amount to be dispensed (number, ml or cc, gms, etc.). For lancets or test strips, enter the number per month or per dispensing period.
 Additional information: Include any written instructions/details here.

Signature

41. Signature of physician or provider: Form must be signed by the physician, pharmacist, or authorized representative.
42. Date: Enter the date the request is signed.

**Example: New Referral CCS/GHPP Client Service Authorization Request (SAR) (DHCS 4488)
(2 of 2)**

ESTABLISHED CCS/GHPP CLIENT SERVICE AUTHORIZATION REQUEST (SAR)

Provider Information

1. Date of request	2. Provider name	3. Provider number
4. Address (number, street)		City State ZIP code
5. Contact person	6. Contact telephone number ()	7. Contact fax number ()

Client Information

8. Client name—last	First	Middle
9. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	10. Date of birth (mm/dd/yyyy)	11. CCS/GHPP case number
12. Client index number (CIN)	13. Client's Medi-Cal number	

Diagnosis

14. Diagnosis (DX)/ICD-10: _____ DX/ICD-10: _____ DX/ICD-10: _____

15. Service Authorization Request for (Check one)
 a. CCS/GHPP New SAR
 b. Authorization extension (If checked, enter authorization number: _____)

Requested Services

16.* CPT-4/ HCPCS Code/NDC	17. Specific Description of Service/Procedure	18. From (mm/dd/yy)	To (mm/dd/yy)	19. Frequency/ Duration	20. Units	21. Quantity (Pharmacy Only)

* A specific procedure code/NDC is required in column 16 if services requested are other than ongoing physician authorizations, hospital days, or special care center authorizations.

22. Other documentation attached Yes
 23. Enter facility name (where requested services will be performed, if other than office.)

Inpatient Hospital Services

24. Begin date	25. End date	26. Number of days	27. Extension begin date	28. Extension end date	29. Number of extension days
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Additional Services Requested from Other Health Care Providers

30. Provider's name	Provider number	Telephone number ()	Contact person
Address (number, street)		City	State ZIP code
Description of services		Procedure code	Units Quantity
Additional information			
31. Provider's name	Provider number	Telephone number ()	Contact person
Address (number, street)		City	State ZIP code
Description of services		Procedure code	Units Quantity
Additional information			

Privacy Statement (Civil Code Section 1798 et seq.)

The information requested on this form is required by the Department of Health Care Services for purposes of identification and document processing. Furnishing the information requested on this form is mandatory. Failure to provide the mandatory information may result in your request being delayed or not being processed.

32. Signature of physician/provider or authorized designee
 33. Date

Example: Established CCS/GHPP Client Service Authorization Request (SAR) (DHCS 4509) (1 of 2)

INSTRUCTIONS

1. Date of the request: Date the request is being made.

Provider Information

2. Provider's name: Enter the name of the provider who is requesting services.
3. Provider number: Enter billing number (no group numbers).
4. Address: Enter the requesting provider's address.
5. Contact person: Enter the name of the person who can be contacted regarding the request; all authorizations should be addressed to the contact person.
6. Contact telephone number: Enter the phone number of the contact person.
7. Contact fax number: Enter the fax number for the provider's office or contact person.

Client Information

8. Client name: Enter the client's name—last, first, and middle.
9. Gender: Check the appropriate box.
10. Date of birth: Enter the client's date of birth.
11. CCS/GHPP case number: Enter the client's California Children's Services (CCS)/Genetically Handicapped Persons Program (GHPP) number. If not known, leave blank.
12. Client index number (CIN): Enter the client's CIN number. If not known, leave blank.
13. Client's Medi-Cal number: Enter the client's Medi-Cal number. If number is not known, leave blank.

Diagnosis

14. Diagnosis and/or ICD-10: Enter the diagnosis or ICD-10 code, if known, relating to the requested services.

Requested Services

15. a. CCS/GHPP New SAR: Check if requesting a new authorization for an established CCS/GHPP client.
b. Authorization extension: Check if requesting an extension of an authorized request. Please enter the authorization number on the line.
16. CPT-4/HCPCS code/NDC: Enter the requested CPT-4, HCPCS code, or NDC code. This is only required if services requested are other than ongoing physician authorizations or special care center authorizations. Also not required for inpatient hospital stay requests.
17. Specific description of procedure/service: Enter the specific description of the procedure/service being requested.
18. From and to dates: Enter the date you would like the services to begin. Enter the date you would like the services to end. These dates are not necessarily the dates that will be authorized.
19. Frequency/duration: Enter the frequency or duration of the procedures/services being requested.
20. Units: For NDC, enter the total number of fills plus refills. For all other codes, enter the total number/amount of services/supplies requested for SAR effective dates.
21. Quantity: Use only for products identified by NDC. For drugs, enter the amount to be dispensed (number, ml or cc, gms, etc.). For lancets or test strips, enter the number per month or per dispensing period.
22. Other documentation attached: Check this box if attaching additional documentation.
23. Enter facility name: Complete this field with the name of the facility where you would like to perform the surgery you are requesting.

Inpatient Hospital Services

24. Begin date: Enter the date the requested inpatient stay will begin.
25. End date: Enter the date the requested inpatient stay will end.
26. Number of days: Enter the number of days for the requested inpatient stay.
27. Extension begin date: Enter the date the requested extension of authorized inpatient stay will begin.
28. Extension end date: Enter the date the requested extended stay will end.
29. Number of extension days: Enter number of days for the requested extension inpatient stay.

Additional Services Requested from Other Health Care Providers

30. and 31. Provider's name: Enter name of the provider you are referring services to.
Provider number: Enter the provider's provider number.
Telephone: Enter provider's telephone number.
Contact person: Enter the name of the person who can be contacted regarding the request.
Address: Enter address of the provider.
Description of services: Enter description of referred services.
Procedure code: Enter the procedure code for requested service other than ongoing physician services.
Units: For NDC, enter the total number of fills plus refills. For all other codes, enter the total number/amount of services/supplies requested for SAR effective dates.
Quantity: Use only for products identified by NDC. For drugs, enter the amount to be dispensed (number, ml or cc, gms, etc.). For lancets or test strips, enter the number per month or per dispensing period.
Additional information: Include any written instructions/details here.

Signature

32. Signature of physician or provider: Form must be signed by the physician, pharmacist, or authorized representative.
33. Date: Enter the date the request is signed.

**Example: Established CCS/GHPP Client Service Authorization Request (SAR) (DHCS 4509)
(2 of 2)**

CMS-1500 Claim Completion

HEALTH INSURANCE CLAIM FORM																																			
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12																																			
PICA <input type="checkbox"/>										PICA <input type="checkbox"/>																									
1. MEDICARE <input type="checkbox"/> MEDICAID <input checked="" type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER <input type="checkbox"/>				1a. INSURED'S I.D. NUMBER (For Program in Item 1) 9000000A95001																															
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) DOE, JANE				3. PATIENT'S BIRTH DATE MM DD YY 06 21 98 M <input type="checkbox"/> F <input checked="" type="checkbox"/>				4. INSURED'S NAME (Last Name, First Name, Middle Initial)																											
5. PATIENT'S ADDRESS (No., Street) 1234 MAIN STREET				6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>				7. INSURED'S ADDRESS (No., Street)																											
CITY ANYTOWN			STATE CA			8. RESERVED FOR NUCC USE			CITY			STATE																							
ZIP CODE 958235555			TELEPHONE (Include Area Code) (916) 555-5555			9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)			10. IS PATIENT'S CONDITION RELATED TO:			11. INSURED'S POLICY GROUP OR FECA NUMBER																							
a. OTHER INSURED'S POLICY OR GROUP NUMBER				a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO				a. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>				b. OTHER CLAIM ID (Designated by NUCC)																							
b. RESERVED FOR NUCC USE				b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO PLACE (State)				c. INSURANCE PLAN NAME OR PROGRAM NAME				d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, complete Items 9, 9a, and 9d.</i>																							
c. RESERVED FOR NUCC USE				c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO				12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.				13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.																							
d. INSURANCE PLAN NAME OR PROGRAM NAME				10d. CLAIM CODES (Designated by NUCC)				SIGNED _____ DATE _____				SIGNED _____																							
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.												15. OTHER DATE MM DD YY QUAL.												16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY											
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE												17a. NPI 0123456789												18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY											
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) PLEASE SEE ATTACHED OPERATIVE REPORT												20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES												22. RESUBMISSION CODE ORIGINAL REF. NO.											
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0												23. PRIOR AUTHORIZATION NUMBER 91234567891																							
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSPDT Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. #																																			
1 10 01 18 21 42500 AG 200000 1 NPI 1234567890																																			
2 10 01 18 21 42300 51 50000 1 NPI 1234567890																																			
3																																			
4																																			
5																																			
6																																			
25. FEDERAL TAX I.D. NUMBER SSN EIN				26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO				28. TOTAL CHARGE \$ 250000				29. AMOUNT PAID \$				30. Rsvd for NUCC Use															
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) <i>John Doe</i> SIGNED DATE 10/02/18												32. SERVICE FACILITY LOCATION INFORMATION COMMUNITY HOSPITAL 1234 HEALTHCARE STREET ANYTOWN, CA 958765555												33. BILLING PROVIDER INFO & PH # (916) 555-5555 JANE SMITH 1027 MAIN STREET ANYTOWN CA 958235555											
SIGNED <i>John Doe</i> DATE 10/02/18				a. 2345678901				b.				a. 3456789012				b.																			

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE CR061653 APPROVED OMB-0938-1197 FORM 1500 (02-12)

Example: Completing fields for CCS claims – SAR, NPI and client ID numbers.

Important Fields for CMS-1500 Claim Completion

Box#	Field Name	Instructions
1A	Insured's I.D. Number	Enter the client's identification number in the field as it appears on the plastic Benefits Identification Card (BIC) or paper Medi-Cal ID card. NOTE For providers billing without a SAR number with prefix "91" or "97" for CCS-only clients, leave this field blank.
17 and 17B	Name of Referring Provider or Other Source	Enter a referring physician's NPI in Box 17B. If the service was rendered pursuant to a referring physician's SAR, then the SAR number from the referring physician must be included on the claim form. If the services provided were not pursuant to a referring physician's SAR, then leave Box 17 blank.
21	Diagnosis or Nature of Illness or Injury	Because this claim is submitted with a diagnosis code, an ICD indicator is required between the dotted lines in the <i>ICD Ind.</i> area. An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.
23	Prior Authorization Number	Enter the 11-digit SAR number. NOTE For providers billing without a SAR number with prefix "91" or "97", leave this field blank.
24D	Procedures, Services or Supplies	In this example, a physician is billing for surgical procedures rendered at an inpatient hospital. Two CPT codes are billed with modifiers.
24J	Rendering Provider I.D. Number	If the provider is billing with a group NPI, enter the NPI number of the provider who rendered the service.
32A	Service Facility Location Information	Because the service is being rendered in an inpatient setting, the field must contain the facility NPI.
33 and 33A	Billing Provider Info & Phone Number	Enter the billing provider's address and phone number in Box 33 and an NPI number in box 33A. NOTE The nine-digit ZIP code entered in this box must match the billing provider's nine-digit ZIP code on file for claims to be reimbursed correctly.

Tips for CMS-1500 Claim Completion

- Do not enter decimal points (.)
- Do not enter dollar signs (\$)
- Do not enter dashes (/)

UB-04 Claim Completion

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555		2		3a PAT CNTL # b MED REC #		4 TYPE OF BILL 111															
8 PATIENT NAME a DOE, JANE				9 PATIENT ADDRESS a																	
10 BIRTH-DATE 08241998		11 SEX F	12 DATE 100118		13 ADM 15	14 TYPE 3	15 SRG 12	16 CHR 01	17 STAT 80	CONDITION CODES 22 23 24 25 26 27 28 29 ACOT 30											
31 OCCURRENCE CODE 05		32 OCCURRENCE DATE 100118		33 OCCURRENCE CODE		34 OCCURRENCE DATE		35 OCCURRENCE CODE		36 OCCURRENCE DATE		37		38		39 VALUE CODES AMOUNT a 23 50000		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT	
42 REV CD 1 203		43 DESCRIPTION INTENS CARE PEDIATRIC		44 HCPCS / RATE / HIPPS CODE		45 SERV DATE		46 SERV UNITS 15		47 TOTAL CHARGES 2300000		48 NON-COVERED CHARGES		49		50		51		52	
2 272		MEDICAL/SURGICAL SUPPLY						1		80000											
23 001		PAGE OF		CREATION DATE		TOTALS		2380000													
50 PAYER NAME A I/P MEDI-CAL		51 HEALTH PLAN ID		52 REL INFO		53 ASA BEN		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE 2380000		56 NPI 0123456789		57 OTHER PRV ID		58		59		60	
58 INSURED'S NAME		59 PREL		60 INSURED'S UNIQUE ID 90000000A95001		61 GROUP NAME		62 INSURANCE GROUP NO.		63		64		65		66		67		68	
69 TREATMENT AUTHORIZATION CODES A 91234567890		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME		66		67		68		69		70		71		72		73	
69 DX D1D1D1D		70 PATIENT REASON DX		71 PPS CODE		72 ECI		73		74		75		76 ATTENDING NPI 1234567890		77 OPERATING NPI		78 OTHER NPI		79 OTHER NPI	
74 PRINCIPAL PROCEDURE DATE		75 OTHER PROCEDURE DATE		76 OTHER PROCEDURE DATE		77 OTHER PROCEDURE DATE		78 OTHER PROCEDURE DATE		79 OTHER PROCEDURE DATE		80		81		82		83		84	
80 REMARKS SEE ATTACHED EXPLANATION OF BENEFITS		81 CC a		81 CC b		81 CC c		81 CC d		82		83		84		85		86		87	

Example: Completing fields for CCS claims – SAR, NPI and client ID numbers.

Important Fields for Inpatient UB-04 Claim Completion

This is an example only, based on inpatient services rendered. Providers should note that codes and other information appropriate to outpatient services will differ from this example. Please adapt to your billing situation. Attachments are not illustrated in this example.

NOTE: Outpatient claims must include a four-digit revenue code for dates of service on or after January 1, 2019. Outpatient claims with missing, incomplete or invalid revenue codes will be denied.

Box#	Field Name	Instructions
50	Payer Name	Enter I/P MEDI-CAL for inpatient services. An outpatient claim uses codes appropriate to outpatient providers, as well as "O/P Medi-Cal" in Box 50.
56	NPI	Enter the facility's appropriate NPI. NOTE Enter the facility non-contract hospital NPI when billing for CCS-only clients.
60	Insured's Unique ID	Enter the client's identification number as it appears on the plastic Benefits Identification Card (BIC) or paper Medi-Cal ID card. NOTE For providers billing without a SAR number with prefix "91" or "97" for CCS-only or CCS/Healthy Families clients, leave this field blank.
63	Treatment Authorization Codes	Enter the 11-digit SAR number. NOTE For providers billing without a SAR number with prefix "91" or "97", leave this field blank.
66	DX	Because this claim is submitted with a diagnosis code, an ICD indicator is required in the white space below the DX field. An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.
67	NA	An appropriate ICD-10-CM diagnosis code is entered.
76	Attending	Enter the NPI of the referring physician, if applicable. NOTE If the referring physician initiated the SAR, then enter the referring physician's NPI. Otherwise, if the rendering physician initiated the SAR, this field must be left blank.

Tips for UB-04 Claim Completion

- Do not enter decimal points (.)
- Do not enter dollar signs (\$)
- Do not enter dashes (/)

CCS County Office Directory

County Office Address	County Code	Telephone #	Fax #	Dependent/Independent
Alameda 1000 Broadway, Suite 500 Oakland, CA 94607-4033	01	(510) 208-5970	(510) 267-3254	Independent
Alpine 75-B Diamond Valley Road, Markleeville, CA 96120-5679	02	(530) 694-2146	(530) 694-2252	Dependent
Amador 10877 Conductor Boulevard, Suite 400 Sutter Creek, CA 95685-9688	03	(209) 223-6630	(209) 223-3524	Dependent
Butte 2491 Carmichael Drive, Suite 400 Chico, CA 95928-7191	04	(530) 895-6546	(530) 895-6557	Independent
Calaveras Mail: 891 Mountain Ranch Road, San Andreas, CA 95249-9713 Street: 700 Mountain Ranch Road, Suite C2 San Andreas, CA 95249-9713	05	(209) 754-6460	(209) 754-1710	Dependent
Colusa 251 East Webster Street, Colusa, CA 95932-2951	06	(530) 458-0380	(530) 458-4136	Dependent
Contra Costa 597 Center Avenue Suite 150 Martinez, CA 94553-4707	07	(925) 313-6400	(925) 372-5113	Independent
Del Norte 880 Northcrest Drive Crescent City, CA 95531-2313	08	(707) 464-3191	(707) 465-6701	Dependent
El Dorado 941 Spring Street, Suite 3 Placerville, CA 95667-4543	09	(530) 621-6128	(530) 622-5109	Dependent

County Office Address	County Code	Telephone #	Fax #	Dependent/Independent
Fresno Mail: P.O. Box 11867 Fresno, CA 93721-1867 Street: 1221 Fulton Mall Fresno, CA 93721-1915	10	(559) 600-3300	(559) 455-4789	Independent
Glenn 240 North Villa Avenue Willows, CA 95988-2694	11	(530) 934-6588	(530) 934-6463	Dependent
Humboldt 908 7th Street Eureka, CA 95501-1115	12	(707) 445-6212	(707) 441-5686	Independent
Imperial 935 Broadway Street El Centro, CA 92243-2396	13	(442) 265-1455	(442) 265-1481	Dependent
Inyo 207-A West South Street Bishop, CA 93514-3407	14	(760) 873-7868	(760) 873-7800	Dependent
Kern 1800 Mt. Vernon Avenue, Second Floor Bakersfield, CA 93306-3302	15	(661) 868-0504	(661) 868-0280	Independent
Kings 330 Campus Drive Hanford, CA 93230-4375	16	(559) 852-4693	(559) 582-6803	Dependent
Lake 922 Bevins Court Lakeport, CA 95453-9739	17	(707) 263-5806	(707) 263-5872	Dependent
Lassen 1445-B Paul Bunyan Road Susanville, CA 96130-3146	18	(530) 251-8183	(530) 251-2668	Dependent
Los Angeles 9320 Telstar Avenue, Suite 226 El Monte, CA 91731-2849	19	1-800-288-4584	(855) 481-6821	Independent
Madera 14215 Road 28 Madera, CA 93638-5715	20	(559) 675-4945	(559) 675-7803	Dependent

County Office Address	County Code	Telephone #	Fax #	Dependent/Independent
Marin 3240 Kerner Boulevard San Rafael, CA 94901-4840	21	(415) 499-6877	(415) 473-6396	Independent
Mariposa Mail: P.O. Box 5, Mariposa, CA 95338 Street: 5085 Bullion Street Mariposa, CA 95338	22	(209) 966-3689	(209) 966-4929	Dependent
Mendocino 1120 South Dora Street Ukiah, CA 95482-8333	23	(707) 472-2600	(707) 472-2735	Independent
Merced 260 East 15th Street Merced, CA 95341-6216	24	(209) 381-1114	(209) 724-4001	Independent
Modoc 441 North Main Street Alturas, CA 96101-3457	25	(530) 233-6311	(530) 233-6279	Dependent
Mono Mail: P.O. Box 3329 Mammoth Lakes, CA 93546-3329 Street: 437 Old Mammoth Road, Suite Q Mammoth Lakes, CA 93546-2013	26	(760) 924-1841	(760) 924-1831	Dependent
Monterey 1615 Bunker Hill Way, Suite 190 Salinas, CA 93906-6011	27	(831) 755-4747	(831) 796-8690	Independent
Napa 2751 Napa Valley Corporate Drive, Building B, Napa, CA 94558	28	(707) 253-4391	(707) 299-2123	Independent
Nevada 500 Crown Point Circle, Suite 110 Grass Valley, CA 95945-9561	26	(530) 265-1450	(530) 271-0841	Dependent

County Office Address	County Code	Telephone #	Fax #	Dependent/Independent
Orange 200 West Santa Ana Boulevard, Suite 100 Santa Ana, CA 92701-4134	30	(714) 347-0300	(714) 347-0301	Independent
Placer 11484 B Avenue Auburn, CA 95603-2603	31	(530) 886-3630	(530) 886-3613	Independent
Plumas Mail: P. O. Box 3140 Quincy, CA 95971-3140 Street: 270 County Hospital Road, Suite 111 Quincy, CA 95971-9180	32	(530) 283-6330	(530) 283-6110	Dependent
Riverside 10769 Hole Avenue, Suite 220 Riverside, CA 92505-2869	33	(951) 358-5401	(951) 358-5198	Independent
Sacramento 9616 Micron Avenue, Suite 950 Sacramento, CA 95827-2627	34	(916) 875-9900	(916) 854-9500	Independent
San Benito 439 Fourth Street Hollister, CA 95023-3801	35	(831) 637-5367	(831) 637-9073	Dependent
San Bernardino 150 E Holt Boulevard, Third Floor Ontario, CA 91762-3822	36	(909) 458-1637	(909) 986-2970	Independent
San Diego 6160 Mission Gorge Road, Suite 400 San Diego, CA 92120-3431	37	(619) 528-4000	(858) 514-6514	Independent
San Francisco 30 Van Ness Avenue, Suite 210 San Francisco, CA 94102-6082	38	(415) 575-5700	(415) 575-5790	Independent

County Office Address	County Code	Telephone #	Fax #	Dependent/Independent
San Joaquin Mail: P.O. Box 2009 Stockton, CA 95201-2009 Street: 2233 Grand Canal Boulevard #214 Stockton, CA 95207	39	(209) 468-3900	(209) 953-3632	Independent
San Luis Obispo 2180 Johnson Avenue San Luis Obispo, CA 93401-4513	40	(805) 781-5527	(805) 781-4492	Independent
San Mateo 701 Gateway Boulevard, Suite 400 South San Francisco, CA 94080-7041	41	(650) 616-2500	(650) 616-2598	Independent
Santa Barbara 345 Camino del Remedio, Building 4, Room 311 Santa Barbara, CA 93110-1132	42	(805) 681-5360	(805) 681-4763	Independent
Santa Clara 720 Empey Way San Jose, CA 95128-4705	43	(408) 793-6200	(408) 793-6250	Independent
Santa Cruz Mail: P.O. Box 962 Santa Cruz, CA 95061-0962 Street: 1430 Freedom Boulevard, Suite 101 Watsonville, CA 95076-2728	44	(831) 763-8000	(831) 763-8410	Independent
Shasta 2615 Breslauer Way, Building 5 Redding, CA 96001-4247	45	(530) 225-5760	(530) 225-5355	Dependent
Sierra Mail: P.O. Box 7 Loyalton, CA 96118-0007 Street: 202 Front Street Loyalton, CA 96118	46	(530) 993-6700	(530) 993-6790	Dependent

County Office Address	County Code	Telephone #	Fax #	Dependent/Independent
Siskiyou 806 South Main Street Yreka, CA 96097-3321	47	(530) 841-2132	(530) 841-4075	Dependent
Solano 275 Beck Avenue, MS 5-240 Fairfield, CA 94533-4090	48	(707) 784-8650	(707) 421-7484	Independent
Sonoma 625 Fifth Street Santa Rosa, CA 95404-4428	49	(707) 565-4500	(707) 565-4520	Independent
Stanislaus Mail: P.O. Box 3088 Modesto, CA 95353-3088 Street: 830 Scenic Drive, Third Floor Modesto, CA 95350-6131	50	(209) 558-7515	(209) 558-7862	Independent
Sutter Mail: P.O. Box 1510 Yuba City, CA 95992-1510 Street: 1445 Veterans Memorial Circle Yuba City, CA 95993-3011	51	(530) 822-7215	(530) 755-0741	Dependent
Tehama Mail: P.O. Box 400 Red Bluff, CA 96080-0400 Street: 1860 Walnut Street, Suite C Red Bluff, CA 96080-3611	52	(530) 527-6824	(530) 527-0362	Dependent
Trinity Mail: P.O. Box 1470 Weaverville, CA 96093-1470 Street: 51 Industrial Park Way Weaverville, CA 96093	53	(530) 623-1358	(530) 623-1297	Dependent
Tulare 1062 S. K Street Tulare, CA 93274-6422	54	(559) 685-5800	(559) 713-3740	Independent
Tuolumne 20111 Cedar Road North Sonora, CA 95370-5939	55	(209) 533-7404	(209) 533-7406	Dependent

County Office Address	County Code	Telephone #	Fax #	Dependent/Independent
Ventura 2240 East Gonzales Road, Suite 260 Oxnard, CA 93036-8210	56	(805) 981-5281	(805) 658-4580	Independent
Yolo 137 North Cottonwood Street, Suite 1201 Woodland, CA 95695-6681	57	(530) 666-8333	(530) 666-1283	Independent
Yuba 5730 Packard Avenue, Suite 100 Marysville, CA 95901-7117	58	(530) 749-6340	(530) 749-6830	Dependent

Resource Information

References

The following reference materials provide CCS program and GHPP information:

Provider Manual References

Part 1

MCP: County Organized Health System (COHS) (mcp coh)

Part 2

California Children's Services (CCS) Program (cal child)

California Children's Services (CCS) Program Billing (cal child bil)

*California Children's Services (CCS) Program Billing Example: CMS-1500
(cal child bil cms)*

*California Children's Services (CCS) Program Billing Example: UB-04 Claim Form
(cal child bil ub)*

California Children's Services (CCS) Program County Office Directory (cal child county)

California Children's Services (CCS) Program Eligibility (cal child elig)

California Children's Services (CCS) Program Provider Paneling (cal child panel)

California Children's Services (CCS) Program Referrals (cal child ref)

*California Children's Services (CCS) Program Service Authorization Request (SAR)
(cal child sar)*

California Children's Services (CCS) Program Service Code Groupings (cal child ser)

California Children's Services (CCS) Program Special Care Centers (cal child spec)

CMS-1500 Completion (cms comp)

Durable Medical Equipment (DME): An Overview (dura)

Genetically Handicapped Persons Program (GHPP) (genetic)

*Medicare/Medi-Cal Crossover Claims: CMS-1500 Billing Examples for Allied Health
(medi cr cms exa)*

Medicare/Medi-Cal Crossover Claims: Inpatient Services Billing Examples (medi cr ip ex)

*Medicare/Medi-Cal Crossover Claims: Outpatient Services Billing Examples
(medi cr op ex)*

Other Health Coverage (OHC) (oth hlth)

UB-04 Completion: Inpatient Services (ub comp ip)

UB-04 Completion: Outpatient Services (ub comp op)

Appendix

Acronyms

AGI	Adjusted Gross Income
BIC	Benefits Identification Card
CCS	California Children's Services
CIF	Claims Inquiry Form
CIN	Client Index Number
CMS	Centers for Medicare & Medicaid Services
COHS	County Organized Health System
CPT-4	Current Procedural Terminology, 4 th Edition
DHCS	Department of Health Care Services
DME	Durable Medical Equipment
DRG	Diagnosis-Related Groups
EOB	Explanation of Benefits
EPSDT	Early and Periodic Screening, Diagnostic and Treatment
FI	Fiscal Intermediary; contractor for DHCS responsible for claims processing, provider services, and other fiscal operations of the Medi-Cal program
FPL	Federal Poverty Level
GHPP	Genetically Handicapped Persons Program
HCPCS	Healthcare Common Procedure Coding System
HF	Healthy Families Program
ICNN	Intensive Care Newborn Nursery
MCP	Managed Care Plan
MTU	Medical Therapy Unit
NDC	National Drug Code
NICU	Neonatal Intensive Care Unit
NPI	National Provider Identifier
OHC	Other Health Coverage
RAD	Remittance Advice Details
SAR	Service Authorization Request
SCC	Special Care Center

California Children's Services (CCS) and
Genetically Handicapped Persons Program (GHPP)

SCD	Systems of Care Division
SCG	Service Code Grouping
SOC	Share of Cost
TAR	Treatment Authorization Request
WCM	Whole Child Model