Navigating the Medi-Cal Website

Introduction

Purpose
The purpose of this module is to provide an overview of the Medi-Cal website and transaction services.

Module Objectives
- Provide an overview of the basic features of the Medi-Cal website
- Highlight common Medi-Cal transactions
- Review user-friendly resources on the Medi-Cal website

Acronyms
A list of acronyms is located in the Appendix section of each complete workbook.
Overview

Accessing the Medi-Cal Website

The Medi-Cal website home page can be accessed by opening up an internet browser, typing (www.medi-cal.ca.gov) in the address bar and select Enter.

Requirements to access the Medi-Cal website include:

- A computer with a screen resolution set to 800 x 600 pixels or higher
- Internet access with at least a 56K speed modem
Web Tool Box

Located at the bottom of the home page is the **Web Tool Box** link. Clicking this link connects providers to a site that contains links to free software downloads.

**NOTE:** These software programs are the most current versions offered by the vendor. The following downloads are read-only: MS Word, MS Excel and MS PowerPoint.
Navigating the Medi-Cal Website

Medi-Cal Home Page

The home page lists the latest news and Medi-Cal updates.
1. **Search Box**: Located at the top-right corner of every page and is used to search the entire Medi-Cal website. Type key words and the results will appear on a new page.

2. **Tabs**: Include Home, Transactions, Publications, Education, Programs, References and Contact Medi-Cal.

3. **Hot News**: Links to important areas of the Medi-Cal website.

4. **Featured Links**: Displays frequently visited areas of the Medi-Cal website. Allows the user to navigate to featured programs and topics.

5. **System Status**: Notifies the user of a system-wide or specific problem. May be checked from any page within the Medi-Cal website by clicking the System Status link in the navigation bar at the top left.

6. **Outreach & Education (O&E)**: By clicking on one of the five revolving banners the user will be redirected to the following O&E links:
   1. Medi-Cal Learning Portal (MLP)
   2. eLearning Tutorials
   3. Provider Training Seminars
   4. Provider Training Webinars
   5. Find Regional Representatives

7. **NewsFlash**: In the NewsFlash area, the user will find links to current information about Medi-Cal.

8. **Monthly Bulletins**: In the bulletin area, the user will find links to the current release of the Bulletins, which contains information on updates and general billing and policy changes related to Medi-Cal. The tab name changes on a monthly basis to indicate the month of the most recent bulletin release.

9. **News Archives**: This link will direct the user to historical NewsFlash articles and Bulletins.

10. **Medi-Cal Subscription Service (MCSS)**: The Medi-Cal Subscription Service (MCSS) is a free service that provides subscribers with personalized email notifications for announcements and monthly news/policy updates as they post to the Medi-Cal website.

11. **Related**: Related links are located in the left column of the home page. These links will direct you to the Department of Health Care Services (DHCS) website, California Department Public Health and Medi-Cal Information for Individuals and Families.

12. **Medi-Cal Footer**: Medi-Cal specific information is located in the light gray area of the footer. The footer displays on all pages of the Medi-Cal website. These helpful links will direct the user to Contact Medi-Cal, Medi-Cal Site Help and Medi-Cal Site Map.

13. **DHCS Footer**: DHCS website-specific links are located in the blue area of the footer. The Contact Us, Site Help, and Site Map links direct the user to the DHCS website.
Tabs
Publications Tab
The Publications tab contains the link to the Medi-Cal Subscription Service (MCSS), provider bulletins and provider manuals.

Medi-Cal Subscription Service (MCSS)
The MCSS is a subscription service, free of charge that enables providers and other interested subscribers to receive links to Medi-Cal NewsFlash, Medi-Cal Update bulletins and/or System Status Alerts via email.

MCSS subscribers can choose to receive one or more of the following:
- Medi-Cal Update – monthly bulletins containing the latest program and policy news
- Medi-Cal NewsFlash – news that is time sensitive, critical and/or affects a large number of subscribers
- System Status Alerts – alerts related to current and/or future system outages

**NOTE:** NewsFlash emails will include links to articles that are posted in the NewsFlash area of the Medi-Cal website (formerly referred to as the “Newsroom”). Links to these announcements will be easily accessible on mobile devices.

Subscribing is simple and free!
1. Go to the updated MCSS Subscriber Form directly at (www.medi-cal.ca.gov/mcss)
2. Enter your email address and ZIP code, and select a subscriber type
3. Customize your subscription by selecting subject areas for NewsFlash announcements, Medi-Cal Update bulletins and/or System Status Alerts
4. Subscribers receive subject-specific emails shortly after NewsFlash announcements and other updates post on the Medi-Cal website.
NOTE: A welcome email will be sent to the provided email address. If you are unable to locate the welcome email in your inbox, check your junk email folder.

Instructions

Providers and other interested persons can subscribe to MCSS using either of the following two methods listed below:

To subscribe by email:
1. Download the linked MCSS Subscriber Form
2. Enter your name, email address, ZIP code and subscriber type in the appropriate fields
3. Customize your subscription by selecting subject areas for NewsFlash announcements, Medi-Cal Update bulletins and/or System Status Alerts
4. Attach your completed form to an email and send to MCSSCalifornia@conduent.com

To subscribe online:
1. Go to the MCSS Subscriber Form directly at (www.medi-cal.ca.gov/mcss) homepage
2. Enter your email address and ZIP code, and select a subscriber type from the drop-down menu
3. Customize your subscription by selecting subject areas for NewsFlash announcements, Medi-Cal Update bulletins and/or System Status Alerts
4. Click “Subscribe Now” at the bottom of the page

NOTE: Providers can now contact MCSS representatives directly at MCSSCalifornia@conduent.com to subscribe and for assistance with managing subscriptions.
Navigating the Medi-Cal Website

The Medi-Cal Subscription Service (MCSS) is a free service that keeps you up-to-date on the latest Medi-Cal news. Subscribers receive subject-specific emails for urgent announcements and other updates shortly after they post to the Medi-Cal website.

MCSS is free and easy! Subscribe Today!

Step 1: Enter your email address and ZIP code and select a subscriber type.

Step 2: Customize your subscription by selecting subject areas for NewsFlash announcements, Medi-Cal Update bulletins, and/or System Status Alerts.

Email Address
Please enter a valid email address and complete this form.
Confirm Email Address
ZIP Code
Subscriber Type
Please choose one.
If "Other", please specify.

<table>
<thead>
<tr>
<th>Area/group</th>
<th>MCSS</th>
<th>Medi-Cal Update Bulletins</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allied Health</td>
<td></td>
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<tr>
<td>Acupuncture</td>
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<td>Audiology and Hearing Aids</td>
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<tr>
<td>Chiropractic</td>
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<td>Durable Medical Equipment and Medical Supplies</td>
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<td>Medical Transportation</td>
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<td>Orthotics and Prosthetics</td>
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<td>Psychological Services</td>
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<td>Therapies</td>
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<tr>
<td>Inpatient Services</td>
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<tr>
<td>Long Term Care</td>
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<tr>
<td>Medical Services</td>
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<tr>
<td>General Medicine</td>
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<tr>
<td>Obstetrics</td>
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<td>Pharmacy</td>
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<tr>
<td>Pharmacy</td>
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<tr>
<td>Drug Use Review</td>
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<tr>
<td>Specialty Programs</td>
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<td>ChildGateway to Health Coverage</td>
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<td>FamilyPACT Update</td>
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<tr>
<td>Vision Care</td>
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</tbody>
</table>

Outpatient Services
- AIDS Waiver Program
- Clinics and Hospitals
- Chronic Disease Clinics
- Community-Based Adult Services (formerly Adult Day Health Care Centers)
- Expanded Access to Primary Care Program
- Heroin Detoxification
- Home Health Agencies/Home & Community-Based Services
- Hospice Care Program
- Local Educational Agency
- Multipurpose Senior Services Program
- Rehabilitation Clinics

Additional Subject Areas
- California Children’s Services
- Computer Media Claim and Electronic Data Interchange
- Federally Qualified Health Centers/Rural Health Clinics
- Indian Health Services/Item on Reach of Agreement

System Status Alerts

Learn how to update your profile or get subscription help.
Provider Bulletins

Bulletins include information about updates and general billing and policy changes related to the Medi-Cal program. Bulletins publish monthly. Archives are available for the previous 12 months in Word or PDF format by selecting the file cabinet icon. The Bulletins and Manuals Navigation Tool; *Navigating Medi-Cal and Specialty Health Programs* will direct providers to the overview for billing instructions. Provider bulletins are categorized into General, Allied Health, Inpatient/Outpatient, Long Term Care, Medical Services, Pharmacy, Vision Care and Specialty Programs.

<table>
<thead>
<tr>
<th>Provider Bulletins</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bulletins and Manuals Navigation Tool</strong></td>
</tr>
<tr>
<td><strong>Navigating Medi-Cal and Specialty Health Programs</strong></td>
</tr>
<tr>
<td><strong>General</strong></td>
</tr>
<tr>
<td>Indexes and Glossary</td>
</tr>
<tr>
<td>Part 1 – Medi-Cal Program and Eligibility</td>
</tr>
<tr>
<td><strong>Allied Health</strong></td>
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<tr>
<td>Acupuncture (ACU)</td>
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<tr>
<td>Audiology and Hearing Aids (AUD)</td>
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<tr>
<td>Chiropractic (CHR)</td>
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<tr>
<td>Durable Medical Equipment and Medical Supplies (DME)</td>
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<td>Medical Transportation (MTR)</td>
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<td>Orthotics and Prosthetics (OAP)</td>
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<td>Psychological Services (PSY)</td>
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<td>Therapies (THP)</td>
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<tr>
<td><strong>Inpatient/Outpatient</strong></td>
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<tr>
<td>AIDS Waiver Program (AID)</td>
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<tr>
<td>Clinics and Hospitals (CAH)</td>
</tr>
<tr>
<td>Chronic Dialysis Clinics (DIA)</td>
</tr>
<tr>
<td>Community–Based Adult Services (formerly Adult Day Health Care Centers)</td>
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<tr>
<td>Expanded Access to Primary Care Program (EAP)</td>
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</table>
Provider Manuals

The provider manuals contain valuable resources for Medi-Cal providers, including billing guidelines, claim form completion instructions, Medi-Cal policy, references and other resources. The provider manuals have two parts: Part 1 and Part 2.

<table>
<thead>
<tr>
<th>General</th>
<th>Month</th>
<th>Archive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indexes and Glossary</td>
<td></td>
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<tr>
<td>Part 1 – Medi-Cal Program and Eligibility</td>
<td></td>
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</tbody>
</table>

**Part 1: Contains general Medi-Cal Program and Eligibility guidelines applicable to all provider communities.**

**Part 1 – Medi-Cal Program and Eligibility**

- Medi-Cal Program (00medi-cal)
- Medi-Cal Provider Manual Contents
- Manual Organization (0amanorg)
- How to Use This Manual (08hwguide)
- Getting Started: Where to Find the Answers (0C get start)
- Contents Part 1 – Medi-Cal Program and Eligibility (tloc)
- AEVS: General Instructions (aev gen)
- AEVS: Transactions (aev tm)

**Part 2: Contains specific billing guidelines for each provider type. Part 2 contains the manuals for Allied Health, Inpatient, Long Term Care, Medical Services, Outpatient, Pharmacy, Vision Care, Specialty Programs and Other Sections.**

<table>
<thead>
<tr>
<th>Inpatient/Outpatient</th>
<th>Month</th>
<th>Archive</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS Waiver Program (AID)</td>
<td>September</td>
<td></td>
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<tr>
<td>Clinics and Hospitals (CAH)</td>
<td>September</td>
<td></td>
</tr>
<tr>
<td>Chronic Dialysis Clinics (DIA)</td>
<td>September</td>
<td></td>
</tr>
<tr>
<td>Community-Based Adult Services (formerly Adult Day Health Care Centers)</td>
<td>September</td>
<td></td>
</tr>
<tr>
<td>Expanded Access to Primary Care Program (EAP)</td>
<td>September</td>
<td></td>
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<tr>
<td>Heroin Detoxification (HER)</td>
<td>September</td>
<td></td>
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<tr>
<td>Home Health Agencies/Home &amp; Community-Based Services (HCOM)</td>
<td>September</td>
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<tr>
<td>Hospice Care Program (HOS)</td>
<td>September</td>
<td></td>
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<tr>
<td>Inpatient Services (PS)</td>
<td>September</td>
<td></td>
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<tr>
<td>Local Educational Agency (LEA)</td>
<td>September</td>
<td></td>
</tr>
<tr>
<td>Multipurpose Senior Services Program (MSSP)</td>
<td>September</td>
<td></td>
</tr>
<tr>
<td>Rehabilitation Clinics (REH)</td>
<td>September</td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** Provider manuals and bulletins are available to view and print.
Education Tab

The Education tab refers providers to the Outreach & Education, which provides a variety of Medi-Cal support services such as the Medi-Cal Learning Portal, Medi-Cal Provider Training workbooks, a list of current Provider Seminars and dates, and access Regional Representative and the Small Provider Billing Unit.

By selecting **Launch the Medi-Cal Learning Portal (MLP)** from the education page, it will connect the user to the MLP. For additional information regarding MLP, please refer to the Medi-Cal Learning Portal module.

**NOTE:** First-time users must complete a one-time registration to have access to the MLP's resources, such as online tutorials, live and recorded webinars, and registering for Provider Training Seminars.
Navigating the Medi-Cal Website

Programs Tab

The Programs tab links to overviews, user guides, policies and billing instructions for the following specialty programs: Breast and Cervical Cancer Treatment Program (BCCTP), Child Health and Disability Prevention (CHDP) Program, Diabetes Prevention Program, Electronic Health Record (EHR) Incentive Program, Every Woman Counts (EWC), Family Planning, Access, Care and Treatment (Family PACT), Managed Care and Presumptive Eligibility (PE) Programs.

NOTE: The Presumptive Eligibility (PE) link will also contain specialty programs for: Breast and Cervical Cancer Treatment Program (BCCTP), Child Health and Disability (CHDP), Every Woman Counts (EWC), Presumptive Eligibility for Pregnant Women (PE4PW) and Hospital Presumptive Eligibility (HPE).
References Tab

The References tab contains an assortment of helpful materials, listings and announcements to facilitate participation in the Medi-Cal program.

Other links listed under the References tab include:

<table>
<thead>
<tr>
<th>Fraud and Abuse</th>
<th>Ordering, Referring and Prescribing</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCPCS Annual Updates</td>
<td>Procedure/Drug Code Limitation List</td>
</tr>
<tr>
<td>HIPAA</td>
<td>Provider Enrollment</td>
</tr>
<tr>
<td>LTC Rates Schedule</td>
<td>Provider-Preventable Conditions</td>
</tr>
<tr>
<td>Medi-Cal &amp; Telehealth</td>
<td>Quality and Accountability Supplemental Payment (QASP) Program</td>
</tr>
<tr>
<td>Medi-Cal Comment Forum</td>
<td>Related Sites</td>
</tr>
<tr>
<td>Medi-Cal Rates</td>
<td>Suspended &amp; Ineligible Provider List</td>
</tr>
<tr>
<td>Medical Supplies Billing Requirements</td>
<td>System Replacement Archives</td>
</tr>
<tr>
<td>National Correct Coding Initiative (NCCI)</td>
<td>Technical Publications</td>
</tr>
<tr>
<td>National Drug Code (NDC)</td>
<td>User Guides</td>
</tr>
<tr>
<td>National Provider Identifier (NPI)</td>
<td></td>
</tr>
</tbody>
</table>
Contact Medi-Cal Tab

The Contact Medi-Cal tab provides the telephone numbers and addresses for communicating with Medi-Cal.
Transactions Tab

The Transactions tab is the point of entry into Medi-Cal's suite of internet-based transaction services. Providers log in using their Medi-Cal NPI number & Medi-Cal Provider Identification Number (PIN) or submitter ID and password. A menu of available transactions will be displayed, customized to each provider type.

NOTE: Providers must complete the Medi-Cal Point of Service (POS) Network/Internet Agreement form to be able to access Transactions. Locate this form by clicking the “Transaction Enrollment Requirements” hyperlink. Applications must be submitted to the Fiscal Intermediary (FI) and typically take two to three weeks to process.
Transactions Log-In

To Log In:
1. Enter 10-digit NPI in Please enter your User ID field.
2. Enter seven-digit PIN in Please enter your Password field.
3. Press Enter or click Submit.

Eligibility

Providers should verify a recipient's eligibility by obtaining their Beneficiary Identification Card (BIC) prior to rendering service. Providers can verify eligibility online through Transaction Services.
Eligibility Verification

Required information for checking recipient eligibility:

- Subscriber ID number
- Subscriber Date of Birth
- Issue Date
  - Must match the issue date shown on the patient’s Benefits Identification Card (BIC)
- Date of Service
Eligibility Transactions

Eligibility Response

NOTE: It is important that providers review all information on the Eligibility Response log. For additional information regarding eligibility, please refer to the Recipient Eligibility module.

- **Green Signal Light**: Subscriber is eligible for services.
- **Yellow Signal Light**: Subscriber is eligible for benefits under certain conditions.
- **Red Signal Light**: Subscriber is not eligible for benefits.
Automated Provider Services/Provider Telecommunications Network (PTN)

The Automated Provider Services Provider Telecommunications Network (PTN) is a Medi-Cal online system directory to assist providers with a variety of billing inquiries. The following options for billing services may be found on the PTN Menu listed below.

PTN Menu Options

- Perform Check Write Status Inquiry
- Perform Claim Status Request
- Perform Continuing Care Status Inquiry
- Perform Medicare Drug Pricing Inquiry
- Perform Procedure Code Inquiry
- Perform Medical Supply Code Inquiry
- Perform Issue Status Inquiry
- Perform Appeal Status Inquiry
- General Mailing Information
- Max. Anthemophilic Factor (AF) Reimbursement, Current Quarter
- Max. Anthemophilic Factor (AF) Reimbursement, Prior Quarter
- Max. Anthemophilic Factor (AF) Reimbursement, Prior Prior Quarter
Check Write Transaction

Providers can obtain financial information about adjudicated and pending claims. The information includes:

- Last warrant date and amount
- Pending number of claims with the billed amount on the claim
- Claims currently in process with the provisional adjudicated amount

Instructions
1. Check the box that applies to the inquiry.
2. Click Submit or select Enter.
Claim Status

Providers can receive information about claims in process or claims adjudicated by entering the Claim Control Number (CCN) or subscriber information.

Instructions

1. Enter the CCN in **Payer Claim Control Number** field.
2. Click **Submit** or select **Enter**.

OR

1. Enter Subscriber ID in the **Subscriber Identifier** field.
   - Example: 12345678A
2. Enter claim Date of Service (DOS) from and to dates in MM/DD/YYYY format.
3. Enter **Total Claim Charge Amount** (Optional).
4. Click **Submit** or select **Enter**.
Procedure Code Inquiry

Provider may obtain code-specific information and Medi-Cal maximum reimbursement rate through the Procedure Code Transaction screen.

Instructions
1. Enter procedure code in Procedure Code box.
2. Click Submit or select Enter.
Appeal Status Inquiry

Providers can inquire on the status of their appeals by logging into the Appeals Status Inquiry.

Instructions
1. Enter appeal's Document Number in the Document Number field.
2. Click Submit or select Enter.

Issue Status Inquiry

When a provider contacts the Fiscal Intermediary (F.I.) they will receive a Service Request (SR) or Issue number that can be tracked under the Issue Status link.

Instructions
1. Enter Issue or Service Request Number in the Issue Number field.
2. Click Submit or select Enter.
Lab Services Reservation System (LSRS)

The Lab Services Reservation System (LSRS) is an online system used to schedule recipient lab services. Providers must have Adobe Flash Player installed on their computer before using LSRS. To download this software, click the Web Tool Box link located on the bottom of the page.

Instructions

Enter the requested information in the boxes and click the Reserve this Service box.
**LSRS Response**

- **Provider Number**: xxxxxxxxxx
- **Recipient ID**: 12345678A91234
- **Reservation Date**: 10/17/2018
- **Procedure Code**: XXXX
- **Service Modifier**: No Modifier

**Reference #: 1826909431177**

- **New Reservation**
- **Print**
- **Main Menu**

The LSRS online system:
- Processes one reservation at a time.
- Requires all fields in the LSRS system to be completed for the reservation to be processed.
- Deletes information completed during the Web reservation if the application is left unattended for 20 minutes.
- Protects the submitter ID, password and provider ID to prevent unauthorized reservations.

**NOTE:** Providers may call the Help Desk to request reservation changes or cancellations by contacting the Telephone Service Center (TSC) at: 1-800-541-5555.
Share of Cost (SOC) Transactions

Some Medi-Cal recipients must pay, or agree to pay (obligate) a monthly dollar amount toward their medical expenses before they qualify for Medi-Cal benefits. This dollar amount is called Share of Cost (SOC). If a recipient has paid or obligated a SOC, it must be cleared via the POS network. Providers can do this by logging into Transaction Services and clicking the SOC (Spend Down) Transactions link.

NOTE: Providers have the option of applying or reversing a SOC (spend down). The provider can only reverse a SOC if the total SOC has not been cleared.
Navigating the Medi-Cal Website

Instructions
Providers must enter information in all fields marked with a red asterisk*

1. Subscriber ID
2. Subscriber Date of Birth (MM/DD/YYYY format)
3. Issue Date (MM/DD/YYYY format)
4. Service Date (MM/DD/YYYY format)
5. Procedure Code
6. Total Claim Charge Amount
7. SOC (Spend Down) Amount
8. Click Submit or select Enter

SOC (Spend Down) Transaction

You are logged in as:

- SOC (Spend Down) Application
- SOC (Spend Down) Reversal

Swipe Card: [Input field]
*Subscriber ID: 123456789A1234
*Subscriber Birth Date: 04/04/1994
*Issue Date: 02/26/2014
*Service Date: 08/08/2018
*Procedure Code: 99299
*Total Claim Charge Amount: 106.00
Case Number: [Input field]
SOC (Spend Down) Amount Applied: 60.00

* Indicates Required Field

Click here for help on button usage.
For help on fields, place the cursor in the desired field and click on the Help link on the left.
SOC Response

The following SOC transaction is based on an invalid subscriber ID.

**SOC (Spend Down) Response**

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Subscriber ID:</th>
<th>123456789A1234</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Date:</td>
<td>08/08/2018</td>
<td></td>
</tr>
<tr>
<td>Subscriber Birth Date:</td>
<td>04/04/1994</td>
<td></td>
</tr>
<tr>
<td>Issue Date:</td>
<td>02/26/2014</td>
<td></td>
</tr>
<tr>
<td>Procedure Code:</td>
<td>xxxxx</td>
<td></td>
</tr>
<tr>
<td>Total Claim Charge Amount:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case Number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOC (Spend Down) Amount Applied:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Aid Code:</td>
<td></td>
<td>First Special Aid Code:</td>
</tr>
<tr>
<td>Second Special Aid Code:</td>
<td></td>
<td>Third Special Aid Code:</td>
</tr>
<tr>
<td>Subscriber County:</td>
<td></td>
<td>Medicare ID:</td>
</tr>
<tr>
<td>Primary Care Physician Phone #:</td>
<td></td>
<td>Service Type:</td>
</tr>
<tr>
<td>Trace Number (Eligibility Verification Confirmation (EVC) Number):</td>
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</tbody>
</table>

Eligibility Message:
SUBSCRIBER NOT FOUND. SOC/SPEND DOWN CLEARANCE REJECTED.
Medical Services Reservation Transaction

Medi-Cal recipients are normally allowed two Medi-Service visits per month. Medi-Services are used by Allied Health, Medical Services and Outpatient providers. A Medi-Service should be reserved before billing for the following services: Acupuncture, audiology, chiropractic, occupational therapy, podiatry, psychology and speech pathology.

Providers can make a reservation after logging into the Transaction Services menu:

---

**NOTE:** Providers may perform a reversal of a Medi-Service reservation by selecting the Medical Services Reservation Reversal option.
Navigating the Medi-Cal Website

Instructions
Providers must enter information in all fields marked with the red asterisk *. Click Submit or select Enter.

Medi-Service Response

NOTE: The previous Medi-Service transaction is based on an invalid subscriber ID.
Resource Information

References

- Telephone Service Center (TSC): 1-800-541-5555
- Medi-Cal website: (www.medi-cal.ca.gov)
- Outreach & Education
- Medi-Cal Learning Portal (MLP)
- Small Provider Billing Unit (SPBU): (916) 636-1275
- Medi-Cal Subscription Service (MCSS)