How to Use This Manual

Page updated: September 2020

This section explains the following components of the Medi-Cal and Specialty Program provider manuals:

- Manual organization
- Navigation tools
- Manual section elements
- How and when the manual is updated
- Provider inquiries/comments

Manual Organization

The provider manual is structured into a multiple parts customized to meet individual provider needs. The parts are designed to form an ideal working set of manuals that includes:

- *Part 1 – Medi-Cal Program and Eligibility*
- *Part 2 – Medi-Cal Billing and Policy*
- Specialty Program Manuals

A complete manual will include both Part 1, Part 2 and Specialty Programs Manuals. Additionally, each part is split into manual sections that assemble policy by similar topics to help specific communities of providers navigate easier. There are the currently 25 complete Part 2 provider manuals.

Each provider manual is a part of a larger provider "umbrella," which can assist providers find which manual they should refer to based on which claim form(s) they traditionally use. See the "Navigating Medi-Cal and Specialty Programs" chart on the Medi-Cal Provider website for more information about the correlation between claim forms and umbrellas (*https://files.medi-cal.ca.gov/pubsdoco/bulletins/docs/Navigating_Medi-Cal_and_Specialty_Programs.pdf*).

Allied Health Community

- Acupuncture Manual
- Audiology and Hearing Aids Manual
- Chiropractic Manual
- Durable Medical Equipment and Medical Supplies Manual
- Medical Transportation Manual
- Orthotics and Prosthetics Manual
- Psychological Services Manual
- Therapies Manual

Inpatient/Outpatient Community

- Inpatient Services Manual
- AIDS Waiver Program Manual
- Clinics and Hospitals Manual
- Chronic Dialysis Clinics Manual
- Community–Based Adult Services Manual
- Heroin Detoxification Manual
- Home Health Agencies/Home and Community-Based Services Manual
- Hospice Care Program Manual
- Local Educational Agency Manual
- Multipurpose Senior Services Program Manual
- Rehabilitation Clinics Manual

Long Term Care Community

- Long Term Care Manual

Medical Services Community

- General Medicine Manual
- Obstetrics Manual

Pharmacy Community

- Pharmacy Manual

Vision Care Community

- Vision Care Manual

Specialty Programs

- Family PACT Manual

Part 1 – Medi-Cal Program and Eligibility

Part 1 – Medi-Cal Program and Eligibility is an orientation to Medi-Cal services, programs and claim reimbursement. It provides information about recipient eligibility and provider participation. Each provider manual has the same Part 1 since the information therein is applicable to all providers.

Part 2 – Medi-Cal Billing and Policy

Part 2 – Medi-Cal Billing and Policy contains specific program policies, code lists, and claim form billing and follow-up instructions related to individual provider communities. While Part 1 of the provider manual is applicable to all provider communities, the Part 2 of the provider manual will be different for every provider community.

Note: There may be some manual sections that are shared amongst several provider communities, but an Acupuncture provider will find all the information they need on billing, specific program policies and follow-up instructions, in the Acupuncture Part 2 provider manual. In contrast, an Obstetrics provider will find all of their information in the Obstetrics Part 2 provider manual.

Again, Part 1 offers orientation information to providers regarding Medi-Cal. Part 2 describes specific billing policy by billing code, procedure, or service.

Specialty Program Manuals

The *Family PACT Policies, Procedures and Billing Instructions* (PPBI) manual is a specialty program manual that includes specific policy, eligibility requirements, code lists, and claim form completion instructions pertaining to the Family PACT program. This manual works together with the Medi-Cal Part 1 and Part 2 manuals, and a Family PACT provider may need to refer to a specific Part 2 provider manual in addition to the Family PACT manual for comprehensive insight into the billing policy in question.

Which Manual Do I Need?

Use *Part 1 – Medi-Cal Program and Eligibility*, for general Medi-Cal information, such as learning who is eligible for Medi-Cal services and what programs Medi-Cal administers. Use *Part 2 – Medi-Cal Billing and Policy*, and the *Family PACT* program manual for your day-to-day billing needs, such as learning about authorization and billing for specific services or procedure codes. In some cases, you may need all three manuals to research a particular area or question.

Navigation Tools

The following navigation tools will help navigate and fine information in the manuals:

- Locator keys
- Page numbering system

Locator Keys

Each manual section has a locator key, which is an abbreviated form of the section's title and is located at the top right corner of each page. Locator keys function as section names and can assist when searching and organizing sections (see Figure 1).

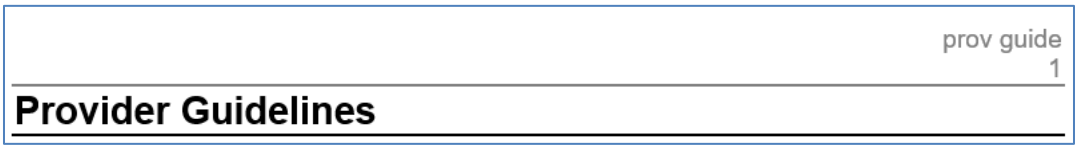


Figure 1: An example of locator key in the top right corner. A locator key is an abbreviated version of the full title. In this case, "prov guide" is the locator key for the manual section "Provider Guidelines".

Page Numbering System

The page numbering system uses the section locator key and the page number. For example, in the *Provider Guidelines* section, the topic "How to Enroll" is on page one. The complete page reference for this topic would be **prov guide 1** (see Figure 2).

Manual Section Elements

Provider manual sections include basic document elements:

- Page Header, which includes:
  - Locator Key
  - Page Number

Figure 2: Example of a locator key and page number.

- Section Title, which is located on the first page of every manual section.

Figure 3: Example of a section title.

- Page Updated, which is located at the very top of every page, and details when the page was last edited. A manual section can have multiple “Page Updated” dates throughout the section.
  - For example: Page 5 can list October 2020, while page 6 can list August 2020. This information is made available to contextualize what is new in a document since a reader last engaged with it.

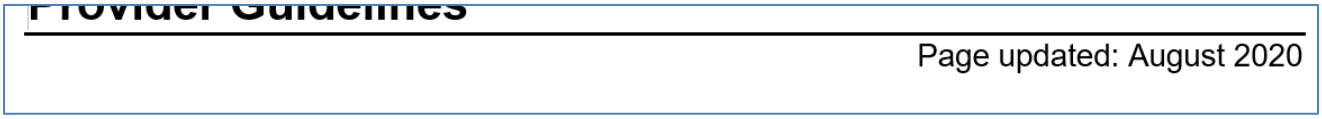


Figure 4: Example of a “page updated.”

- Heading Levels: Manual sections have a hierarchy of knowledge that can be viewed visually via the format of the text, or both visually and non-visually via the bookmarks. For visual readers relying on the format of the text, the hierarchy is as follows:
  - Level 1: **Text is bold and underlined**
  - Level 2: **Text is bold**
  - Level 3: Text is underlined
  - Level 4: Text is neither bold nor underlined

Participation Requirements

Introduction

Requirements for providers approved for participation in the Medi-Cal program include:

1. Federal Laws and Regulations, W&I Code and CCR

Compliance with the Social Security Act (*United States Code*, Title 42, Chapter 7); the *Code of Federal Regulations*, Title 42; the California *Welfare and Institutions Code* (W&I Code) Chapter 7 (commencing with Section 14000) and, in some cases, Chapter 8; and the regulations contained in the *California Code of Regulations* (CCR), Title 22, Division 3 (commencing with Section 50000), as periodically amended.

Figure 5: Example of the various heading levels.

- Page Footer, which includes Manual Part Number and Section Title

Figure 6: Example of the manual section page footer.

- Legend, which is located on the last page of every manual section and will contain footnotes to symbols or references made earlier in the manual section.

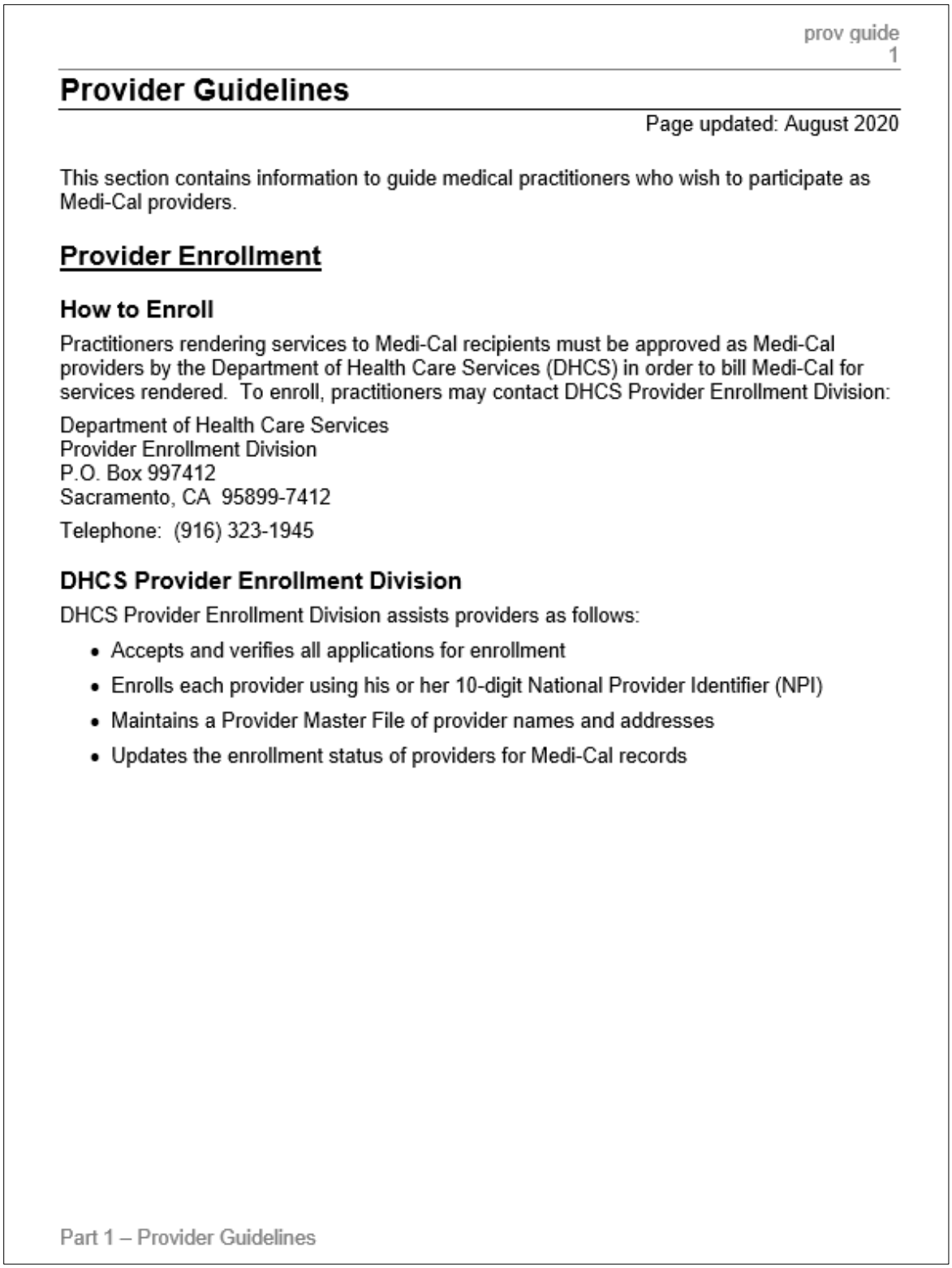
‹‹Legend››

‹‹Symbols used in the document above are explained in the following table.››

Symbol	Description
‹‹	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
››	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.

Figure 7: Example of the Legend that is located at the end of every manual section.

- Change Brackets, which will be located throughout the section at variable intervals. These brackets enclose content that has been changed as of the date listed as the page updated date.
  - For example: Page 5 has a certain paragraph bracketed. The “Page Updated” element lists “August 2020.” This means that that paragraph was updated in some way as part of the August 2020 publication.
- If no change brackets are present, this means the content on the page has shifted in some manner as of the date listed in the page updated element, but ultimately no new policy changes were introduced on that page.



prov guide
1

Provider Guidelines

Page updated: August 2020

This section contains information to guide medical practitioners who wish to participate as Medi-Cal providers.

Provider Enrollment

How to Enroll

Practitioners rendering services to Medi-Cal recipients must be approved as Medi-Cal providers by the Department of Health Care Services (DHCS) in order to bill Medi-Cal for services rendered. To enroll, practitioners may contact DHCS Provider Enrollment Division:

Department of Health Care Services
Provider Enrollment Division
P.O. Box 997412
Sacramento, CA 95899-7412

Telephone: (916) 323-1945

DHCS Provider Enrollment Division

DHCS Provider Enrollment Division assists providers as follows:

- Accepts and verifies all applications for enrollment
- Enrolls each provider using his or her 10-digit National Provider Identifier (NPI)
- Maintains a Provider Master File of provider names and addresses
- Updates the enrollment status of providers for Medi-Cal records

Part 1 – Provider Guidelines

Figure 8: An example of a manual section with locator key, title, page number page updated and various heading levels.

How and When Provider Manuals are Updated

Manual pages in the provider manual are updated through the following online resources:

- *Medi-Cal Update* bulletins
- How to Tell the Manual Has Been Updated in the Bulletins
- How to Find Page Updates in a Manual Section

Medi-Cal Update Bulletins

The *Medi-Cal Update* bulletins and the *Family PACT Policies, Procedures and Billing Instructions* (PPBI) manual and monthly program bulletin are delivered online via the Medi-Cal Provider website, and contain articles with the latest program, policy and billing information and links to all provider manual updates that occurred because of these program, policy and billing updates.

Currently the *Medi-Cal Update* bulletins release on:

- The general release occurs on the 16th of every month or the business day before.
- The Pharmacy Priority release occurs on the last business day of the month.

How to Tell the Manual Has Been Updated in the Bulletins

The provider manual is not updated outside of the *Medi-Cal* Bulletins.

If a manual section is updated as part of a policy change described in the *Medi-Cal Updates*, there will be a table at the end of every article describing what provider manual, provider manual section, and page were updated as a part of the policy change.

Additionally, if applicable, at the end of every bulletin is an article titled “Provider Manual Revisions”, which lists manual sections and pages that were updated during that *Medi-Cal Update* that had no accompanying bulletin article.

How to Find Page Updates in a Manual Section

New or Changed Text: When a page is updated, new or revised text is identified by a change bracket.

‹‹Phone:›› (510) 620-3737 or
‹‹Phone:›› (877) 243-8832

Text Deletions

Generally, when information is deleted from a page, only the “page updated” date is changed. However, if a deletion significantly alters the meaning of the text, a change bracket is added around the surrounding text where the deleted text previously existed, as a reminder to review the information.

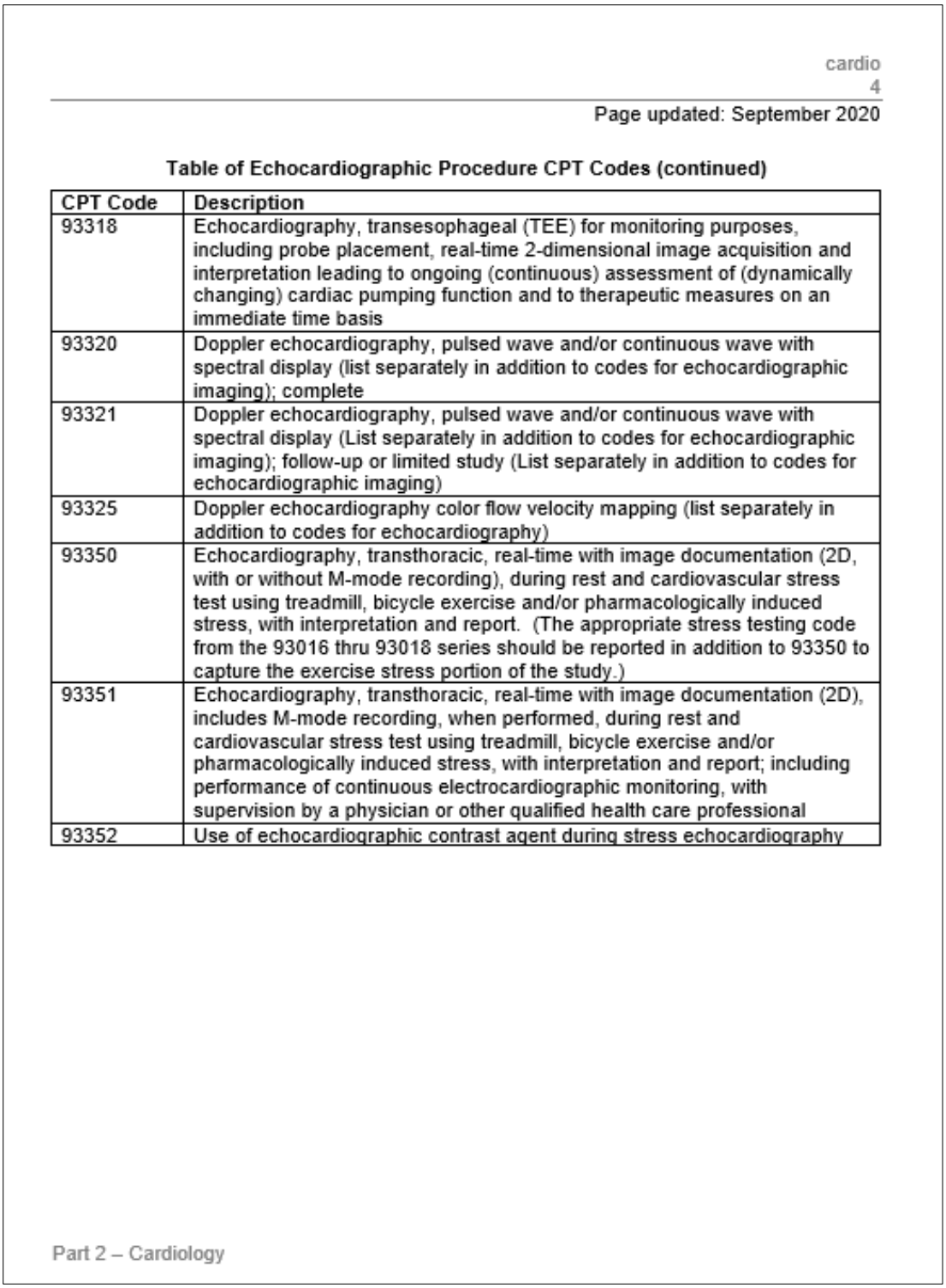
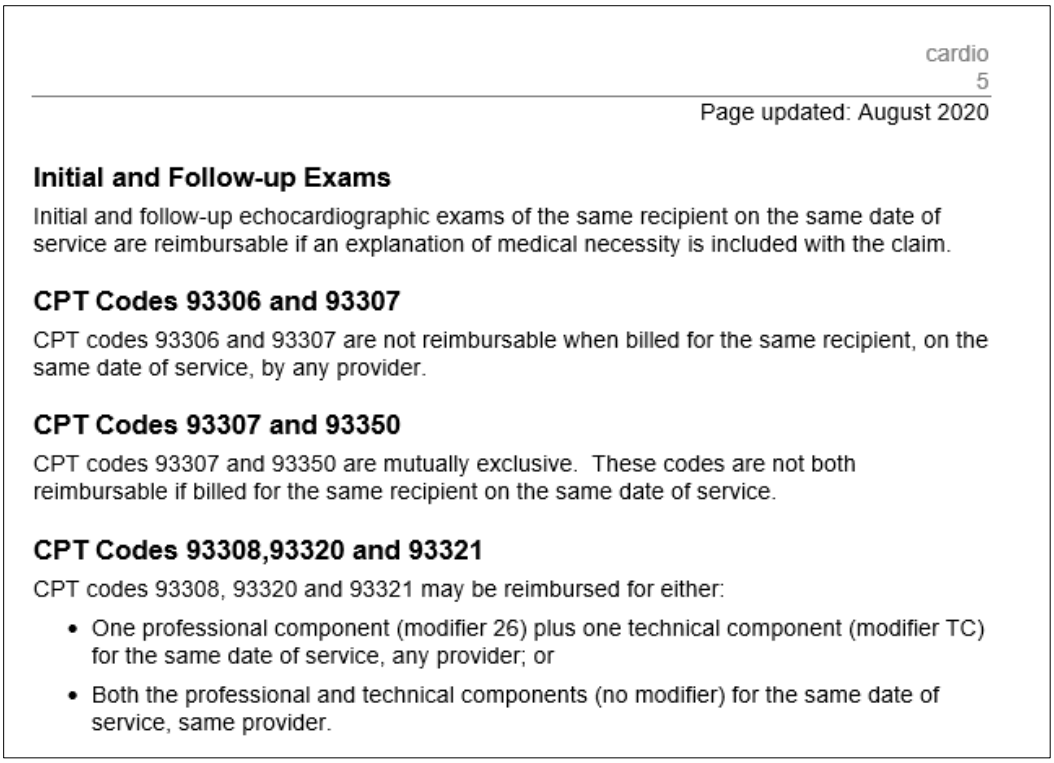


Table of Echocardiographic Procedure CPT Codes (continued)

CPT Code	Description
93318	Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real-time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis
93320	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (list separately in addition to codes for echocardiographic imaging); complete
93321	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)
93325	Doppler echocardiography color flow velocity mapping (list separately in addition to codes for echocardiography)
93350	Echocardiography, transthoracic, real-time with image documentation (2D, with or without M-mode recording), during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report. (The appropriate stress testing code from the 93016 thru 93018 series should be reported in addition to 93350 to capture the exercise stress portion of the study.)
93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional
93352	Use of echocardiographic contrast agent during stress echocardiography

Figure 9: An example of a manual section page with “page updated” but no change brackets.



cardio
5
Page updated: August 2020

Initial and Follow-up Exams

Initial and follow-up echocardiographic exams of the same recipient on the same date of service are reimbursable if an explanation of medical necessity is included with the claim.

CPT Codes 93306 and 93307

CPT codes 93306 and 93307 are not reimbursable when billed for the same recipient, on the same date of service, by any provider.

CPT Codes 93307 and 93350

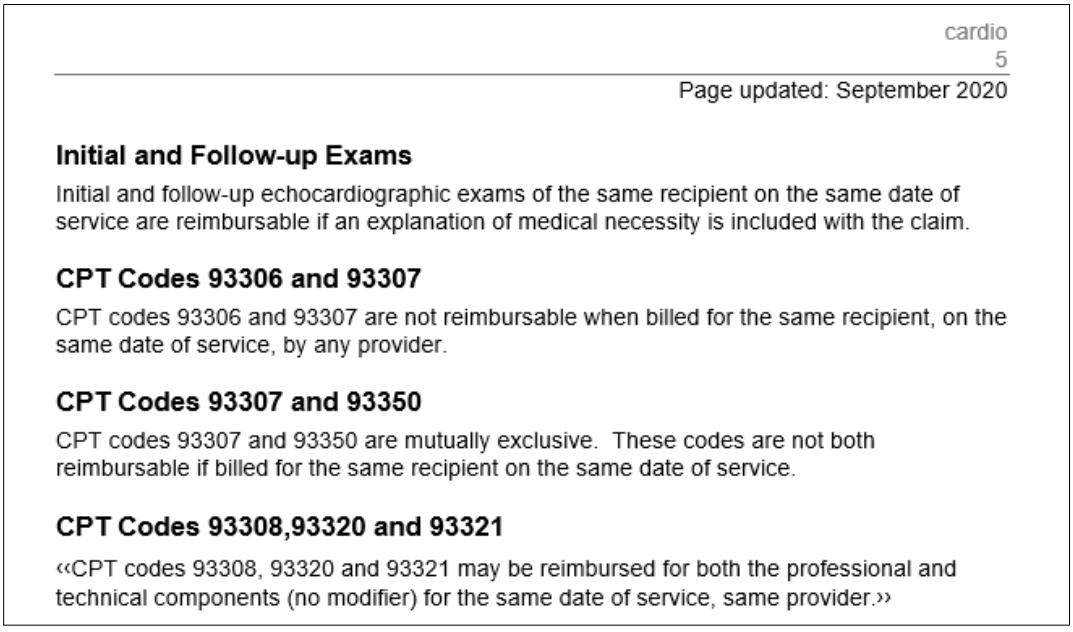
CPT codes 93307 and 93350 are mutually exclusive. These codes are not both reimbursable if billed for the same recipient on the same date of service.

CPT Codes 93308,93320 and 93321

CPT codes 93308, 93320 and 93321 may be reimbursed for either:

- One professional component (modifier 26) plus one technical component (modifier TC) for the same date of service, any provider; or
- Both the professional and technical components (no modifier) for the same date of service, same provider.

Figure 10: Example of a manual section before deletions were applied.



cardio
5
Page updated: September 2020

Initial and Follow-up Exams

Initial and follow-up echocardiographic exams of the same recipient on the same date of service are reimbursable if an explanation of medical necessity is included with the claim.

CPT Codes 93306 and 93307

CPT codes 93306 and 93307 are not reimbursable when billed for the same recipient, on the same date of service, by any provider.

CPT Codes 93307 and 93350

CPT codes 93307 and 93350 are mutually exclusive. These codes are not both reimbursable if billed for the same recipient on the same date of service.

CPT Codes 93308,93320 and 93321

‹‹CPT codes 93308, 93320 and 93321 may be reimbursed for both the professional and technical components (no modifier) for the same date of service, same provider.››

Figure 11: Example of manual section after deletion with change brackets applied.

Provider Inquiries

If a provider is interested in contacting Medi-Cal with questions about how to access or use the provider manual, they can contact the Telephone Service Center (TSC). For information about TSC and for a description of the billing and training assistance available to providers, please refer to the *Provider Relations Directory* section in the Part 1 manual.

‹‹Legend››

‹‹Symbols used in the document above are explained in the following table.››

Symbol	Description
‹‹	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
››	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.