
California Children's Services (CCS) Program Billing

Example: Pharmacy Claim Forms

Page updated: September 2020

The example in this section assists providers in California Children's Services (CCS) program billing on the pharmacy claim forms (30-1 or 30-4). The explanations on the following page emphasize billing issues common to all CCS providers – proper use of Service Authorization Request (SAR), National Provider Identifier (NPI) and client ID numbers. Refer to the *Pharmacy Claim Form (30-1) Completion* section in this manual for instructions to complete claim fields not explained in the following example. For additional claim preparation information, refer to the *Forms: Legibility and Completion Standards* section in this manual.

Refer to the *California Children's Services (CCS) Program* section in this manual for policy information.

Billing Tips: Quantities must be in the metric decimal if the quantity is not a whole number. Do not round the quantity. For example, a quantity of 3.5 Gm should be expressed as 3.500, rather than rounding to 4. Do not include measurement units such as Gm or cc. All information on an attachment must match the information entered on the claim form. For information on rounding, see the *Pharmacy Claim Form (30-1) Completion* section in this manual.

Important Fields for CCS Claim Completion

Figure 1. Completing Fields for CCS Claims: Service Authorization Request (SAR), NPI and Client ID Numbers.

This is an example only. Please adapt to your billing situation. Attachments are not illustrated in this example.

In this example, a pharmacy is billing for a pediatric/female catheter prescribed for a CCS client.

The following claim form field information applies both to the *Pharmacy Claim Form (30-1)* and the *Compound Drug Pharmacy Claim Form (30-4)*. Field box numbers, shown in parentheses, are the same for both forms unless stated otherwise.

Because this claim was submitted with a diagnosis code, an ICD indicator is required as an additional digit before the ICD-10-CM code in the *Primary DX Code* field (Boxes 23, 44, 65, etc.) for the *Pharmacy Claim Form (30-1)* and Box 21 for the *Compound Drug Pharmacy Claim Form (30-4)*. An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

Provider ID

Enter the provider number in the *Provider ID* field (Box 3).

Medi-Cal Identification No.

Enter the client's identification number in the *Medi-Cal Identification No.* field (Box 6) 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.

TAR Control No.

Enter the 11-digit SAR number in the *TAR Control No.* field (form 30-1, Boxes 29, 50, 71) (form 30-4, Box 31). The providing pharmacy must bill using the physician's SAR number.


Note: For providers billing without a SAR number with prefix "91" or "97," leave this field blank.

Prescriber ID

Enter the State license number of the prescriber or, if applicable, the license number of the certified nurse-midwife, the nurse practitioner, the physician assistant, the naturopathic doctor or the pharmacist who function pursuant to a policy, procedure or protocol as required by *Business and Professions Code* statutes. Do not use the Drug Enforcement Administration Narcotic Registry number. This information must be entered for your claim to successfully process.

CAL-POS

Pharmacy claims for CCS-only, CCS/Medi-Cal and CCS/Healthy Families clients may be submitted electronically using the California Point of Service (CAL-POS) system.



DO NOT STAPLE IN BAR AREA

CLAIM CONTROL NUMBER * FOR F.I. USE ONLY

PHARMACY CLAIM FORM

**STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
CARE SERVICES**

Provider Name, Address
ABC PHARMACY
1234 MAIN STREET
ANYTOWN, CA

Provider Phone Number: **(916) 555-1212**

<small>2 ID QUALIFIER</small> 01	<small>3 PROVIDER ID</small> 1234567890
<small>4 ZIP CODE</small> 999995555	

<small>ELITE</small>	<small>PICA</small>	<small>TYPEWRITER ALIGNMENT</small>	<small>ELITE</small>	<small>PICA</small>

<small>5 PATIENT NAME (LAST, FIRST, MI)</small> RATHBUN, RAVYN	<small>6 MEDI-CAL IDENTIFICATION NO</small> 9000000A95001	<small>7 SEX</small> F	<small>8 DATE OF BIRTH</small> 01 07 2006	<small>9 PATIENT LOCATION</small>	<small>10 MEDICARE STATUS</small>
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<small>11 PRESCRIPTION NO</small> A12345678900	<small>12 FILL NUMBER</small> 5	<small>13 DATE OF SERVICE</small> 10 01 2018	<small>14 METRIC QUANTITY</small> WHOLE UN 120	<small>15 CODE 1 MET?</small> Y	<small>16 EMERGENCY FILL?</small> Y	<small>17 DAYS SUPPLY</small> 30
<small>18 BASIS OF COST DETERMINATION</small>	<small>19 PROD ID QUAL</small> 03	<small>20 PRODUCT ID</small> 52565005630	<small>21 ID QUAL</small> 01	<small>22 PRESCRIBER ID</small> 1234567890		
<small>23 PRIMARY ICD-CM</small> 0D1D1D1D	<small>24 SECONDARY ICD-CM</small>	<small>25 CHARGE</small> 54198	<small>26 OTHER COVERAGE PAID</small>		<small>27 OTH COV CODE</small> 0	
<small>28 PATIENT'S SHARE</small>	<small>29 TAR CONTROL NO</small>	<small>30 COMP CODE</small>	<small>31 DELETE</small> Y			

<small>32 PRESCRIPTION NO</small>	<small>33 FILL NUMBER</small>	<small>34 DATE OF SERVICE</small> MM DD YYYY	<small>35 METRIC QUANTITY</small> WHOLE UNITS	<small>36 CODE 1 MET?</small> Y	<small>37 EMERGENCY FILL?</small> Y	<small>38 DAYS SUPPLY</small>
<small>39 BASIS OF COST DETERMINATION</small>	<small>40 PROD ID QUAL</small>	<small>41 PRODUCT ID</small>	<small>42 ID QUAL</small>	<small>43 PRESCRIBER ID</small>		
<small>44 PRIMARY ICD-CM</small>	<small>45 SECONDARY ICD-CM</small>	<small>46 CHARGE</small>	<small>47 OTHER COVERAGE PAID</small>		<small>48 OTH COV CODE</small>	
<small>49 PATIENT'S SHARE</small>	<small>50 TAR CONTROL NO</small>	<small>51 COMP CODE</small>	<small>52 DELETE</small> Y			

<small>53 PRESCRIPTION NO</small>	<small>54 FILL NUMBER</small>	<small>55 DATE OF SERVICE</small> MM DD YYYY	<small>56 METRIC QUANTITY</small> WHOLE UNITS	<small>57 CODE 1 MET?</small> Y	<small>58 EMERGENCY FILL?</small> Y	<small>59 DAYS SUPPLY</small>
<small>60 BASIS OF COST DETERMINATION</small>	<small>61 PROD ID QUAL</small>	<small>62 PRODUCT ID</small>	<small>63 ID QUAL</small>	<small>64 PRESCRIBER ID</small>		
<small>65 PRIMARY ICD-CM</small>	<small>66 SECONDARY ICD-CM</small>	<small>67 CHARGE</small>	<small>68 OTHER COVERAGE PAID</small>		<small>69 OTH COV CODE</small>	
<small>70 PATIENT'S SHARE</small>	<small>71 TAR CONTROL NO</small>	<small>72 COMP CODE</small>	<small>73 DELETE</small> Y			

SPECIFIC DETAILS/REMARKS:

This is to certify that the information contained above is true, accurate, and complete and that the provider has read, understands, and agrees to be bound by and comply with the statements and conditions contained on the back of this form.

74 MEDICAL RECORD NO
R12345

75 BILL LIM EX

76 ATTACHMENTS
X

77 DATE BILLED
10 30 2018

78 DISCHARGE DATE
MM DD YYYY

79 F.I. USE ONLY
79

80

81 Signature of provider or person authorized by provider to bind provider by above signature to statements and conditions contained on this form
Jane Doe, Pharm D.

SEE YOUR PROVIDER MANUAL FOR ASSISTANCE REGARDING THE COMPLETION OF THIS FORM. FORWARD TO APPROPRIATE F.I.

30-1 01/18

Figure 1: Completing Fields for CCS Claims: SAR, NPI and Client ID Numbers.

<<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.