

Pharmacy Claim Form (30-1) Tips for Billing

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This section describes *Pharmacy Claim Form (30-1)* fields that must be completed accurately and completely in order to avoid claim suspense or denial. Tips below are designed to supplement instructions in the *Pharmacy Claim Form (30-1) Completion* section of this manual.

Common Billing Errors

«Common Billing Errors Table»

| Field | Description | Error |
|-------------------|--------------------------------------|--|
| Upper left corner | Provider Name, Address, Phone Number | <p>Not entering the provider phone number on claim form.</p> <p>Billing Tip: Enter provider telephone number with area code. (Optional, but helpful if there is a need to contact the provider.)</p> |
| Box 14 | Metric Quantity | <p>Quantities must include the decimal point and trailing zeros. The quantity for two 3.5 gm tubes would be 7.000 using metric decimals. An individual tube would be 3.500.</p> <p>Note: Providers must bill the metric decimal quantity to three decimal places. Rounding may cause the claim to pay the incorrect dollar amount, and may cause the claim to be denied.</p> <p><u>Billing Units:</u></p> <ol style="list-style-type: none"> 1. Each: Solid oral dosage forms (tablet/capsule), powder filled (dry) vials, packets, patches, unit of use packages, suppositories, bars. 2. Milliliter: (ml) liquid oral dosage forms, liquid filled vials, ampules, reconstituted oral products. 3. Grams: Ointments, bulk powders (not IV). |

«Common Billing Errors Table (continued)»

| Field | Description | Error |
|--------|-----------------------------|---|
| Box 18 | Basis of Cost Determination | <p>Entering "00", not specified, when the drug dispensed was not purchased under the 340B Drug Discount Program.</p> <p>Billing Tip: Any provider (for example, Disproportionate Share Hospitals or Federally Qualified Health Centers) purchasing drugs through the 340B Drug Discount Program <u>must</u> pass the discounted ingredient cost to Medi-Cal. An "08" in this field means the ingredient cost was purchased with a 340B Drug Discount Program contract.</p> |
| Box 20 | Product ID | <p>Billing medical supplies on the 30-1 claim.</p> <p>Billing Tips: Disposable and incontinence medical supplies must not be billed on the 30-1. They must be billed on a <i>CMS-1500</i> claim.</p> <p>See the <i>Family PACT</i> manual regarding Family PACT claims for medical supplies.</p> |
| Box 25 | | <p>Entering the incorrect billing amount.</p> <p>Billing Tip: Bill full usual and customary charges, or class of trade price including tax. Do not include the decimal in this box. The amount entered should include cents.</p> |
| Box 26 | Other Coverage Paid | <p>Entering no charges when the Other Coverage code box contains "9" indicating other coverage payment was collected.</p> <p>Entering charges in this field when the Other Coverage Code box does not contain "9".</p> <p>Billing Tip: Enter the amount of payment received from Other Health Coverage carriers. Leave blank if not applicable. Do not include the decimal in this box. The amount entered should include cents.</p> |

«Common Billing Errors Table (continued)»

| Field | Description | Error |
|--------|---------------------|--|
| Box 27 | Other Coverage Code | <p>Not including a valid code or using a code other than “9” with an amount in the Other Coverage Paid box.</p> <p>Entering a Y indicating yes (not an acceptable code).</p> <p>Billing Tip: Valid codes:</p> <ul style="list-style-type: none"> • <u>Code 0</u>: Not Specified or No Other Coverage Exists • <u>Code 2</u>: Other Coverage Exists, Payment Not Collected • <u>Code 7</u>: Other Coverage Exists, Claim was not covered or other coverage was not in effect at time of service • <u>Code 9</u>: Other Coverage Exists, Payment Collected <p>Providers must be able to readily retrieve proof of claim submission and payment if collected from the other payer(s). The provider is certifying that the other health insurance was billed.</p> |
| Box 29 | TAR Control Number | <p>Not entering the TAR number on the claim.</p> <p>Entering incorrect TAR number and/or number of digits.</p> <p>Billing Tip: Verify complete and accurate 11-digit TAR number was entered. Verify number with PTN help line.</p> |

«Common Billing Errors Table (continued)»

| Field | Description | Error |
|--------|--------------------------------|--|
| Box 76 | Attachments | Not including attachment with the claim. Billing Tip: Do not mark this box if attachments are not included with the claim. |
| Box 81 | Signature of Provider and Date | Not including signature on the claim. Billing Tip: Claim must be signed in black ink. Stamps, initials or facsimiles are not acceptable. |
| 82 | Specific Details/Remarks | Information on claim does not match attachment. Billing Tip: Product numbers, NDC numbers, product information in the <i>Specific Details/Remarks</i> area must match the information supplied on the attachment. Specify the claim line number on the attachment. |

Common Attachment Reminders

«Common Attachment Reminders Table»

| Attachment | Reminder |
|--------------------------|---|
| Catalog pages/invoices | Circle in black the item being billed and indicate claim line number. Quantity per package can be written in (must be able to compute one each price). Retail pricing never acceptable. |
| I.V. Administration Sets | See the <i>Intravenous or Intra-arterial Solutions: Administration Sets</i> section in this manual for billing guidance. |

Field Completion Reminders

Providers should remember the following when completing the claim form.

- The white space to the right of the bar code is reserved for use by the California MMIS Fiscal Intermediary only. Type only in areas of the claim form designated as fields. Do not type in undesignated white space.
- Enter dates of services in an eight-digit format for Month, Day, Year (MMDDYYYY). For example, if the date of service is July 12, 2001, enter as 07122001 in the *Date of Service* field (Box 13).
- Do not use hyphens when entering the NDC or UPC numbers in the *Product ID* field (Box 20).

Paper Claim Form Requirements

The following paper claim form requirements and standard billing procedures can speed claim processing and prevent delays. Before submitting claims, check to see that:

- The original claim is submitted. Carbon copies or photocopies, computer-generated claim form facsimiles or claim forms created on laser printers are not acceptable.
- Individual claim forms are separated. Each claim is processed separately. Do not staple original claims together. Stapling original claims together indicates the second claim is an “attachment,” not an original claim to be processed separately.
- All perforated sides are removed. For accurate scanning, be sure to leave a ¼-inch border on the left and right side of the form after removing the perforated sides.
- Information is typed within the designated area of the field. Be sure the type falls completely within the text space and is properly aligned with corresponding information. If using a DOT matrix printer, do not use “draft mode.” The characters do not have enough distinction and clarity for the optical character reader to accurately determine the contents.
- All dates are entered without slashes. Do not use punctuation, such as decimal point (.) except in the *Metric Quantity* field, dollar sign (\$), positive (+) or negative (-) symbol when entering amounts.
- Attachments are taped to an 8½ x 11-inch sheet of paper with non-glare tape. Do not use original claims as attachments.

<<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. |