

Frequently Asked Provider Questions

1) How do I make a referral or request CCS services?

- Referral forms are available at both the Medi-Cal website at www.medi-cal.ca.gov and the Orange County CCS website at www.dhcs.ca.gov/services/ccs/pages/default.aspx or <http://ochealthinfo.com/about/medical/ccs>

- 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)

<http://www.dhcs.ca.gov/formsandpubs/forms/Forms/ChildMedSvcForms/dhcs4488.pdf>

Established CCS/GHPP Client Service Authorization Request (SAR) (DHCS 4509)

<http://www.dhcs.ca.gov/formsandpubs/forms/Forms/ChildMedSvcForms/dhcs4509.pdf>

CCS/GHPP Discharge Planning Service Authorization Request (SAR) (DHCS 4489)

<http://www.dhcs.ca.gov/formsandpubs/forms/Forms/ChildMedSvcForms/dhcs4489.pdf>

2) How do I become a CCS paneled provider?

- Submit a CCS panel application on-line <https://cmsprovider.cahwnet.gov/PANEL/index.jsp>
- Providers may track their application status on line with a unique tracking number. In addition, providers will receive an immediate on-line approval or request for any additional documentation necessary to process their paneling applications.

3) Who do I call if I have questions about my claim?

- If you have any questions, please call the Xerox Telephone Service Center (TSC) at
1-800-541-5555.

- If you need further assistance, obtain a ticket number from TSC and request your representative to review your claims with you. The representative can arrange an office visit, as needed.
- CCS Claims are not adjudicated by CCS; all claims are processed through Xerox, the State fiscal intermediary. Claims issues should be directed to Xerox. Providers are encouraged to attend the Medi-Cal Providers Trainings, which are offered on a regular basis throughout the State. Dates and locations of training are available on the Medi-Cal Website.

<https://learn.medi-cal.ca.gov/Training/TrainingCalendar.aspx>

4) Why did my claim deny? What do I do if my claim is being denied?

http://files.medi-cal.ca.gov/pubsdoco/billing_tips/billing_tips_ccs.asp

- Review the Remittance Advice Details (RAD). Correct any errors and resubmit your claim accordingly.
- If you have any questions, please call the Telephone Service Center (TSC) at 1-800-541-5555.
- If you need further assistance, obtain a ticket number from TSC and request your representative to review your claims with you. The representative can arrange an office visit, as needed.

RAD code 9660: Services for CCS/GHPP-only (California Children's Services/Genetically Handicapped Persons Program) recipients cannot be billed under a contract facility ID (identification) number. Resubmit with the non-contract provider ID number.

- Verify recipient's eligibility.
- If the recipient has non-covered restricted services or no Medi-Cal eligibility, submit the inpatient claim using the non-contract provider number.

RAD code 9662: SAR (Service Authorization Request) status is not active, contact client's CCS office.

- Verify the effective date of the cancelled SAR.
- Contact the Telephone Service Center (TSC) to verify the status and effective dates of SAR.
- Contact the CCS County to verify the effective dates of the cancelled SAR.

RAD code 9664: Provider is not authorized for CCS/GHPP (California Children's Services/Genetically Handicapped Persons Program) service for this client.

- Ensure the billing or rendering provider number matches the authorized provider's number on the SAR.
- If you are sharing another provider's SAR, ensure the authorized provider's number is indicated as the referring provider number on the claim.

RAD code 9665: Invalid CCS/GHPP (California Children's Services/Genetically Handicapped Persons Program) provider number. Resubmit with Medi-Cal provider number.

- Claim(s) submitted for payment must be billed with an active Medi-Cal provider number.
- CGP (CCS/GHPP-only) provider numbers should not be used.

RAD code 9667: Restricted drug billed is not authorized by CCS

- Restricted drugs are not billable with a SCG SAR.
- For a list of drugs that require a separate SAR, refer to the *California Children's Services (CCS) Program Service Authorization Request (SAR)* section. These drugs must be listed on the SAR with the provider's number.
- Verify that the hard copy SAR has the NDC listed and the pharmacy provider number listed.

RAD code 9668: SAR (Service Authorization Request) for CCS/GHPP (California Children's Services/Genetically Handicapped Persons Program) service is not found on SAR file for date billed.

- Wait 24 hours from the date the SAR was issued before billing for authorized services.
- Verify the dates approved on the SAR.
- Verify that the SAR number on the claim matches the SAR number from the hard copy SAR.
- Contact the TSC to verify that the SAR number is correct. If not, refer back to the CCS County where the recipient resides.

RAD code 9669: CCS/GHPP (California Children's Services/Genetically Handicapped Persons Program) claim recipient does not match the SAR (Service Authorization Request) recipient.

- Submit the claim with the Client Index Number (CIN) on the SAR (exception: submit the claim with the mother's CIN when billing for a newborn using the mother's CIN).

RAD code 9670: Claim date of service does not match date of service on SAR (Service Authorization Request) file.

- Ensure the date of service billed falls within the approved dates on the SAR.
- Call and verify this information with the TSC.

RAD code 9671: Procedure code has not been authorized by CCS/GHPP (California Children's Services/Genetically Handicapped Persons Program).

- Verify procedure code(s) billed on the claim were authorized on the SAR or were included in SCG authorized on the SAR.
- Verify the amount of units billed is approved on the SAR.

RAD code 9673: Date of service is outside the authorized period on SAR (Service Authorization Request).

- Verify the approved dates on the hard copy SAR and ensure you are not billing outside of those dates.
- Contact the TSC to verify the dates on the SAR file.

5) What do I need to do to get paid?

- Always ensure that the service code submitted on the claim is authorized on the Service Authorization Request (SAR) or included in the authorized Service Code Grouping (SCG).
- If you are sharing another provider's SAR, ensure the authorized provider number is indicated as the referring provider on the claim. (Claims sharing a CCS Approved Special Care Center's SAR are exempt from this requirement).
- Ensure the date of services being billed falls within the approved dates approved on the SAR.
- If you are billing for inpatient services, use the physician or SCC SAR. Hospital SARs are restricted to hospital inpatient days only.
- If you have any questions, please call the Telephone Service Center (TSC) at 1-800-541-5555.

6) How do I view my authorizations/SARs on-line?

- Complete application for Provider Electronic Data Interface aka PEDI.
<http://www.dhcs.ca.gov/services/ccs/cmsnet/Documents/PEDIApplication.pdf>

Fax: (916) 440-5346 or Scan and email: cmshelp@dhcs.ca.gov

- Pending, approved and denied SARs are viewable real-time.
- Each user must have their own log-in password
- Remember to include all individual National Provider Identification (NPI) numbers associated with Group NPIs and Special Care Center affiliations on your PEDI application so that all possible client SARs are accessible.

7) What is the BIN# for CCS?

- Use BIN# 610442, otherwise the claim will deny.

8) My office has moved. What do I need to do?

http://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_10566.asp

- Enrolled providers are responsible for notifying DHCS within 35 days of any change to their previously submitted information. Please refer to the items listed on the [Medi-Cal Supplemental Changes \(DHCS 6209\)](#) form.
- If the change in information you need to report does not appear on this form, then you are required to submit a new complete application package, according to your provider type. ONE EXCEPTION to this is that a currently enrolled individual physician or osteopath who is changing their business location within the same county may submit the [Medi-Cal Change of Location Form For Individual Physician Practices Relocating Within the Same County \(DHCS 9096\)](#).
- Please make sure you update addresses including phone numbers for all group, individual and rendering/indirect Medi-Cal/ National Provider Identification (NPI) numbers.
- You may contact the PED message center at (916) 323-1945 or by email at PEDCorr@dhcs.ca.gov if you have questions about which forms are required to report your specific change

9) What is a Service Code Group (SCG)?

- An SCG allows providers to render multiple services for a CCS authorized client without the submission of a separate SAR for each service. An SCG removes barriers to providing services for CCS clients and is intended to facilitate health care delivery to the CCS client.
- Check your SAR to determine if SCG has been granted and if code is already covered within the SCG.

<http://www.dhcs.ca.gov/services/ccs/cmsnet/Pages/SARTools.aspx#codes>

- Note that though all FDA approved drugs are contained in the Service Code Groupings (excluding drugs that require specific authorization by CCS), all the drugs do not appear in the lists due to space constraints. A complete list of drugs that require specific authorization by CCS can be found on the [Medi-Cal website](#).
- Most surgical procedures are not included in Service Code Groupings and requires separate SAR approval.

10) What drugs and supplies require a separate authorization?

- Refer to list of drugs that require separate SAR found on the Medi-Cal or CCS website. http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/calchildsar_m00i00o03o04o07o09o11a02a04a05a06a07a08p00v00.doc
- Product specific SARs must be issued for insulin syringes, diabetic test strips and lancets. Provider must use NDC#s or supply code listed on SAR.
- If the pharmacy is billing for low cost medical supplies and/or low cost DME and they have exceeded the Medi-Cal maximum allowed they will need to request a product specific SAR. Verify that the SAR covers the date of service. Medical justification is needed for amounts exceeding the Medi-Cal allowable.
- Brand name medications require a separate SAR and medical justification as to why the generic medication cannot be used.

11) Why doesn't the client's number come up when I try to enter it?

- Does your system require a 14 digit or 9 digit CIN#? Medi-Cal only accepts a CIN that begins with a nine and ends with an alphabetical character.
- Verify if they have entered the correct CIN# and BIC issue date. The last 5 digits of the CIN# can change if the client lost their card and was issued a new one.
- Pick the CIN# number that covers the date of service.

12) Why doesn't my claim go through for the medical supplies?

- NDC#/Supply code to bill for medical supplies that require HCPCS codes?
- If the pharmacy does not have the appropriate software to bill using HCPCS codes to bill for supplies, contact TCS at 800-541-5555 and select the option for POS,Internet, LSRS and CMC inquires.

13) How do I obtain SAR information when I am not the authorized provider?

- Lab, x-ray and anesthesiologists generally share a physician or Special Care Center SAR. Please ask the family for a copy of the SAR at the time of service or ask the ordering physician for the same SAR information that the referring physician is using for billing.
- Services must be related to the CCS eligible condition.
- If the code is not within the authorized Service Code Group, a separate SAR is needed. http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/calchildser_m00i00o03o04o07o09o11a02a04a05a06a07a08p00v00.doc
- When using form 1500, enter the SAR number in field 23 *Prior authorization number* and do not enter a *referring provider* or *NPI* in field 17/17b when sharing a Special Care Center SAR.
- If you have billing questions, please call the Telephone Service Center (TSC) at 1-800-541-5555.
- Please submit your claim directly to the State of California Fiscal Intermediary at the following address.

Xerox State Healthcare, LLC
P.O. Box 15700
Sacramento, CA 95852-1700