



CALIFORNIA CHILDREN'S SERVICES

Helpful Billing Tips and Common Billing Errors



General Billing Tips

- National Provider Identification (NPI) number must be registered with Medi-Cal, otherwise the claim will not be accepted
- OC CCS does not adjudicate claims. Send your claim directly to Xerox, State Fiscal Intermediary.

Xerox State Healthcare, LLC

P.O. Box 15700

Sacramento, CA 95852-1700



General Billing Tips, cont.

- Providers need to keep their information updated with Medi-Cal at all times for payment purposes (current address, phone number, NPI)
- Follow through with RADs and use the CIFs to find out about your claim
- For claims questions, please call Xerox, State Fiscal Intermediary directly at 800-541-5555, #1, #1, #5, #3



CMS-1500 Form Tips

- Use current 1500 Form dated (02-12)
- Enter Client Identification Number (CIN) in the *Insured's ID Number field* (box 1a) Obtain CIN from the client's BIC card.
- Enter 11 digit SAR number in the *Prior Authorization Number field (Box 23)*.



CMS 1500 Form Tips, cont.

- Enter ICD-9CM codes with no decimals and dollar amounts with no dollar sign
- Providers with a group NPI number need to enter NPI of provider who rendered services in the *Rendering Provider ID Number* field (Box 24J)
- Facility where services were rendered in an inpatient setting, the *Service Facility Location Information* field (Box 32) must contain facility information. Enter the NPI number (Box 32A)



Sharing of SARs

- All lab and x-ray providers will share a physician or SCC SAR. Please obtain the SAR information from the family or the referring/ordering physician.
- When sharing a physician SAR, the referring provider (box 17) and NPI (box 17b) must match the name and NPI on the SAR or the claim will deny as not matching.
- When sharing a Special Care Center (SCC) SAR, leave box 17 and 17b blank.

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

☐ PICA ☐ PICA

1. MEDICARE <input type="checkbox"/> MEDICAID <input checked="" type="checkbox"/> TRIGARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA <input type="checkbox"/> BOX (LUNG) <input type="checkbox"/> OTHER <input type="checkbox"/> <small>(Medicare#) (Medicaid#) (ID#DoD#) (Member ID#) (ID#) (ID#)</small>		INSURED'S I.D. NUMBER (For Program in Item 1) MEDI-CAL ID NUMBER	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) PATIENT'S LAST NAME, FIRST NAME		INSURED'S NAME (Last Name, First Name, Middle Initial) MOTHER'S NAME FOR NEWBORN	
5. PATIENT'S ADDRESS (No., Street) PATIENT'S COMPLETE ADDRESS		7. INSURED'S ADDRESS (No., Street)	
CITY PATIENT'S CITY		CITY	
STATE ST		STATE	
ZIP CODE PATIENT'S 9-DIGIT ZIP		ZIP CODE	
TELEPHONE (Include Area Code) (PATIENT'S PHONE		TELEPHONE (Include Area Code) ()	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO	
b. RESERVED FOR NUCC USE		b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO PLACE (State)	
c. RESERVED FOR NUCC USE		c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
d. INSURANCE PLAN NAME OR PROGRAM NAME		10d. CLAIM CODES (Designated by NUCC)	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED NA DATE NA			
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY ONSET DATE QUAL		15. OTHER DATE MM DD YY	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE NAME OF REFERRING PROVIDER		17b. NPI NPI	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) ADDITIONAL JUSTIFICATION PLACED HERE			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Replete A-I to service line below (24E) A. [DIAGNOSIS CODE 1] B. [DIAGNOSIS CODE 2] C. [DIAGNOSIS CODE 3] D. [DIAGNOSIS CODE 4] E. [DIAGNOSIS CODE 5] F. [DIAGNOSIS CODE 6] G. [DIAGNOSIS CODE 7] H. [DIAGNOSIS CODE 8] I. [DIAGNOSIS CODE 9] J. [DIAGNOSIS CODE 10] K. [DIAGNOSIS CODE 11] L. [DIAGNOSIS CODE 12]			
24. A. DATE(S) OF SERVICE MM DD YY From To MM DD YY		22. RESUBMISSION CODE ORIGINAL REF. NO.	
24. B. PLACE OF SERVICE EMG		22. RESUBMIT CODE PRIOR AUTHORIZATION NUMBER	
24. C. PROCEDURE, SERVICE, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		22. SAR CONTROL NUMBER	
24. D. DIAGNOSIS POINTER		22. CHARGES OR UNITS Family Pen QUAL	
24. E. QUALIFIER + NDC OR UPN		22. J. RENDERING PROVIDER ID. #	
24. F. DOS FROM DOS THRU POS DELAY EMER		22. NON-NPI NUMBER	
24. G. UNIT QUALIFIER AND QUANTITY		22. NPI	
24. H. PROC CODE MODIFIERS		22. NPI	
24. I. SERVICE CHARGES		22. NPI	
24. J. QUANTITY		22. NPI	
24. K. F		22. NPI	
24. L. P		22. NPI	
24. M. C		22. NPI	
24. N. H		22. NPI	
24. O. I		22. NPI	
24. P. D		22. NPI	
24. Q. P		22. NPI	
24. R. NPI		22. NPI	
24. S. NPI		22. NPI	
24. T. NPI		22. NPI	
24. U. NPI		22. NPI	
24. V. NPI		22. NPI	
24. W. NPI		22. NPI	
24. X. NPI		22. NPI	
24. Y. NPI		22. NPI	
24. Z. NPI		22. NPI	
25. FEDERAL TAX I.D. NUMBER SSN EIN		26. PATIENT'S ACCOUNT NO. PATIENT ACCOUNT NUMBER	
27. ACCEPT ASSIGNMENT? (For govt. claims, see 1650) <input type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE TOTAL CHARGES TOTAL DEDUCTIONS	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNATURE OF PROVIDER OR PERSON AUTHORIZED SIGNED DATE DATE		32. SERVICE FACILITY LOCATION INFORMATION NAME AND ADDRESS OF SERVICE FACILITY a. FACILITY NPI b. NON-NPI NUMBER	
33. BILLING PROVIDER INFO & PH # BILLER ADDRESS (PHONE NUMBER)		33. BILLER NPI b. NON-NPI NUMBER	

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE CR061653 APPROVED OMB-0938-1197 FORM 1500 (02-12)

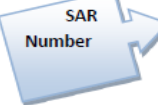
Figure 1. CMS-1500 Version 02/12: Medi-Cal-Required Fields.

CMS-1500
Claim Form

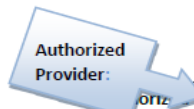
Sample SAR

CONFIDENTIAL
CALIFORNIA CHILDREN'S SERVICES (CCS)
ORANGE COUNTY (CCS)
200 W SANTA ANA BLVD., SUITE 100
SANTA ANA, CA 92701

TELEPHONE (714) 347-0300



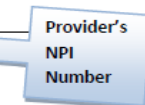
SAR #:97013965800



Authorized
Provider:

Provider: Applebee MD, George
567 Maple Lane
Forest, CA 78910

Provider Number: 1234567890
Telephone: (714) 345-6789



Provider's
NPI
Number

AUTHORIZATION FOR SERVICES

Authorization is for services and effective dates indicated below, in accordance with CCS program policies and fee schedule. Authorization for additional services not listed below must be requested in advance. By providing these authorized services, you agree to accept payment from the CCS program as payment in full. If you have Service Code Grouping (SCG) authorization, please check your Medi-Cal manual for services included in the SCG.

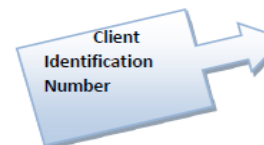
CCS CLIENT INFORMATION

Client Name: Teddy Bear Brown
Alias:
Address: 123 Honey Lane
Forest, CA 78910

Parent/Guardian: Mama Bear Brown
Address: 123 Honey Lane
Forest, CA 78910

Medical Home: Locks MD, Goldie
952 Pine Tree Road
Forest, CA 78910

County: Orange
Primary Diagnosis:
Secondary Diagnosis:



Client Index Number: 12345678A9
CCS Case Number: 1111111
Date of Birth: 04/01/1999
Gender: Male
Client Telephone: (714) 366-9191
Parent/Guardian Tel: (714) 366-9191

AUTHORIZATION INFORMATION

Effective Dates: 02/01/2009 through 10/31/09

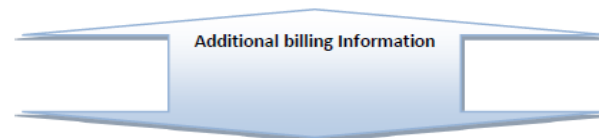
OTHER COVERAGE

Blue Cross PPO

CCS AUTHORIZED SERVICES

Service Code	Modifier	Service Description	Units	Amount
01		Physician	1	

SPECIAL INSTRUCTIONS



Issued By: Bumble, Bee (Orange)

Date Authorized: 02/12/2009



Service Code Groups (SCG)

- Check all CPT and HCPC codes to determine if already covered within the physician Service Code Group 01 (SCG 01) or SCC SCG 02. Updated SCG lists are found on the Medi-Cal website: www.medi-cal.ca.gov in the General Medicine Provider Manual.
- If code is not covered or is over the Medi-Cal billing limits, a separate SAR will be required for billing.



Medical Supplies Billing Tips

- Invoices may not be older than one year from the date of service.
- Invoices must be dated prior to date of service billed.
- Catalogs or price lists must not be dated more than five years prior to the date of service.



Medical Supplies Billing Tips, cont.

- Include catalog/price list front cover page indicating type of catalog, and price list used (manufacturer's wholesale, dealer or distributor), as well as the catalog date.
- When billing Medical Supplies electronically, indicate the Catalog name, item number and page number in the *Comments* section.



DME Billing Tips

- When billing with a listed code, a code with a price on file:
 - An invoice or catalog is not required.
 - Manual pricing is not required.
 - The claim can be billed electronically.

- Remittance Advise Details (RAD) Claim Denial Codes Follow through with all RADs and use the CIFs to find out about your claim



Pharmacy Claims Billing Tips

- Quantity of amount dispensed must not be rounded off.
- Quantity needs to be entered in metric decimal format.
- Claims with decimals in *Metric Quantity* box will be returned.
- Decimal field must include trailing zeros, a total of three digits.
- Do not use measurement units, such as "Gm" or "cc".



Pharmacy Claim Form

- Enter Client Identification Number (CIN) in the *Insured's ID Number field* (box 6) Obtain CIN from the client's BIC card.
- Enter 11 digit SAR number in the *Prior Authorization Number field* (Box 27).
- *Share a physician or SCC SAR, or obtain a separate SAR if the medication is on the restricted list, is a brand name, or is over the Medi-Cal limits.*

DO NOT
STAPLE IN
BAR AREA

CLAIM CONTROL NUMBER * FOR F.I. USE ONLY

Fasten
Here

8

Provider Name, Address

ABC PHARMACY
1234 MAIN STREET
ANYTOWN, CA

Provider Phone Number: (916) 555-1212

PHARMACY CLAIM FORM

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
CARE SERVICES

ELITE PICA
[] [] [] []

TYPEWRITER ALIGNMENT

ELITE PICA
[] [] [] []

PATIENT INFORMATION

5 PATIENT NAME (LAST, FIRST, MI)

RATHBUN RAVYN

6 MEDICAL IDENTIFICATION NO

90000P00A95001

7 SEX

F

8 DATE OF BIRTH

01 07 1995

9 PATIENT LOCATION

[] [] [] []

10 MEDICARE STATUS

[] [] [] []

11 PRESCRIPTION NO

A1234

12 DATE OF SERVICE

07 19 2007

13 METRIC QUANTITY

WHOLE UNITS 120 DECIMAL 000

14 CODE 1 MET?

Y

15 DAYS SUPPLY

30

16 BASIS OF COST DETERMINATION

00

1

17 PROD ID QUAL

03

18 PRODUCT ID

000046086781

19 ID QUAL

08

20 PRESCRIBER ID

G11234

21 PRIMARY ICD-CM

34401

22 SECONDARY ICD-CM

[] [] [] []

23 CHARGE

54198

24 OTHER COVERAGE PAID

[] [] [] []

25 OTH COV CODE

0

26 PATIENT'S SHARE

[] [] [] []

27 TAR CONTROL NO

97234567890

28 COMP CODE

0

29 DELETE

Y

2

30 PRESCRIPTION NO

[] [] [] []

31 DATE OF SERVICE

MM DD YYYY

32 METRIC QUANTITY

WHOLE UNITS DECIMAL

33 CODE 1 MET?

Y

34 DAYS SUPPLY

[] [] [] []

35 BASIS OF COST DETERMINATION

[] [] [] []

3

36 PRESCRIPTION NO

[] [] [] []

37 DATE OF SERVICE

MM DD YYYY

38 METRIC QUANTITY

WHOLE UNITS DECIMAL

39 CODE 1 MET?

Y

40 DAYS SUPPLY

[] [] [] []

41 BASIS OF COST DETERMINATION

[] [] [] []

4

42 PRESCRIPTION NO

[] [] [] []

43 DATE OF SERVICE

MM DD YYYY

44 METRIC QUANTITY

WHOLE UNITS DECIMAL

45 CODE 1 MET?

Y

46 DAYS SUPPLY

[] [] [] []

47 BASIS OF COST DETERMINATION

[] [] [] []

SPECIFIC DETAILS/REMARKS:

Line 1: Bard #430608 Pediatric/Female Catheter 8Fr.

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.

X Jane Doe, Pharm D.

94 Signature of provider or person authorized by provider to bind provider by above signature to statements and conditions contained on this form

97 MEDICAL RECORD NO

R12345

98 BILL LIM EX

[] [] [] []

99 ATTACHMENTS

X

90 DATE BILLED

07 30 2007

91 DISCHARGE DATE

MM DD YYYY

F.I. USE ONLY

[] [] [] []

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

Pharmacy
Claim
Form 30-1



UB-04 Form Tips


- Enter Client Identification Number (CIN) in the *Insured's ID Number field* (box 23) Obtain CIN from the client's BIC card.
- Enter 11 digit SAR number in the *Prior Authorization Number field* (Box 63).
- Enter the physician's NPI number in the *Attending* field (Box 76), if applicable. (NPI number is listed on the physician SAR)

UB-04 Claim Form

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555										2										3a PAT. CNTL. # b. MED. REC. #										4																																																																																																																																																																																			
										5 FED. TAX NO.										6 STATEMENT COVERS PERIOD FROM 060107 THROUGH 061507										7																																																																																																																																																																																			
8 PATIENT NAME a										9 PATIENT ADDRESS a										c										d																																																																																																																																																																																			
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31 OCCURRENCE DATE CODE 05										32 OCCURRENCE DATE CODE 060107										33 OCCURRENCE DATE CODE										34 OCCURRENCE DATE CODE										35 CODE										OCCURRENCE SPAN FROM										THROUGH										36 CODE										OCCURRENCE SPAN FROM										THROUGH										37																																																																																																													
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42 REV. CD. 203										43 DESCRIPTION INTENS CARE PEDIATRIC										44 HCPCS / RATE / HIPPS CODE										45 SERV. DATE										46 SERV. UNITS 15										47 TOTAL CHARGES 2300000										48 NON-COVERED CHARGES																																																																																																																																																					
272										MEDICAL/SURGICAL SUPPLY																														1																																																																																																																																																																									

Navigating Medi-Cal and Specialty Health Programs

PROFESSIONAL

 CMS-1500 claim form


ALLIED HEALTH

Acupuncture
Audiology and Hearing Aids
Chiropractic
Durable Medical Equipment
and Medical Supplies (DME)
Medical Transportation
Orthotics and Prosthetics
Psychological Services
Therapies

MEDICAL SERVICES

General Medicine (GM)
Obstetrics (OB)

PHARMACY

Pharmacy (PH) Supplies
Pharmacy *
*  30-1 and 30-4 claim forms

VISION CARE

Vision Care

INSTITUTIONAL

 UB-04 claim form

INPATIENT/OUTPATIENT

AIDS Waiver Program
Chronic Dialysis Clinics
Clinics and Hospitals
Federally Qualified Health Centers (FQHC)
Heroin Detoxification
Hospice Care Program
Indian Health Services (IHS)
Inpatient Services
Rehabilitation Clinics
Rural Health Clinics (RHC)

SPECIALTY PROGRAMS

 PM160 CMS-1500 UB-04 30-1/30-4

MEDI-CAL SPECIALTY PROGRAMS

Comprehensive Perinatal Services Program (CPSP)**	✓	✓	
Every Woman Counts (EWC)**	✓	✓	✓
Presumptive Eligibility (PE)**	✓	✓	
OTHER SPECIALTY PROGRAMS			
California Children's Services (CCS)	✓	✓	✓
Child Health and Disability Prevention (CHDP)	✓		
Family Planning, Access, Care and Treatment (Family PACT)**	✓	✓	
Genetically Handicapped Persons Program (GHPP)	✓	✓	✓

** Health Access Program (HAP)

HOME & COMMUNITY

 UB-04 claim form

OUTPATIENT

AIDS Waiver Program
Community-Based Adult
Services (formerly ADHC)
Expanded Access to Primary Care (EAPC)
Home Health Agencies/Home and
Community-Based Services
Local Educational Agency (LEA)
Multipurpose Senior Services Program

LTC

 25-1 claim form

Long Term Care (LTC)



? Use this chart to help you navigate the Medi-Cal Learning Portal (<https://learn.medi-cal.ca.gov>), understand the Medi-Cal or specialty provider manual you reference for policy and billing instructions (for example, the *Allied Health for Therapies* manual) and identify the claim form you use when billing for services rendered.



Common SAR Billing Errors and Helpful Billing Tips

- **Billing Error:** Provider bills with no SAR# or invalid SAR#
- **Tip:** Verify 11digit SAR# is listed in required field of claim
- **Tip:** Verify SAR has been authorized and has not been cancelled
- **Tip:** Obtain copy of SAR from family or referring provider.



Common SAR Billing Errors and Helpful Billing Tips, cont.

- **Billing Error:** Recipient not eligible for the month of service billed
- **Tip:** Verify that the patient's name, DOB and ID# matches that on the SAR. Check for current BIC card.
- **Tip:** Verify eligibility through Medi-Cal website, AEVS or POS



Common SAR Billing Errors and Helpful Billing Tips, cont.

- **Billing Error:** The date(s) of service on the claim is not within the SAR authorized period.
- **Tip:** Verify DOS on claim is within range of authorized SAR
- **Tip:** Bill claim after 24 hours from the date the SAR was issued

Common SAR Billing Errors and Helpful Billing Tips, cont.


- **Billing Error:** Physician, lab and/or x-ray provider bills for inpatient services with inpatient hospital SAR#
- **Tip:** Physician, lab/x-ray must use physician or SCC SAR. The inpatient hospital SAR only covers inpatient days and is restricted for hospital use.

Medi-Cal Training Seminars

For information on location and
dates, please visit:

www.medi-cal.ca.gov
click on Outreach and Education





Remember to send all claims directly
to:

Xerox State Healthcare, LLC

P.O. Box 15700

Sacramento, CA 95852-1700