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.

CMS-1500 Claim Form

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

Sample SAR

SAR Number

SAR #:97013965800

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

TELEPHONE (714) 347-0300
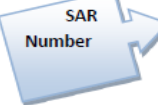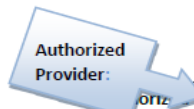
Authorized Provider:

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

Provider Number: 1234567890
Telephone: (714) 345-6789
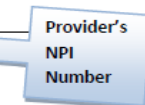
Provider's NPI Number

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

Client Identification Number

Client Index Number: 12345678A9
CCS Case Number: 1111111
Date of Birth: 04/01/1999
Gender: Male

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

Client Telephone: (714) 366-9191
Parent/Guardian Tel: (714) 366-9191

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

County: Orange
Primary Diagnosis:
Secondary Diagnosis:

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

Additional billing Information
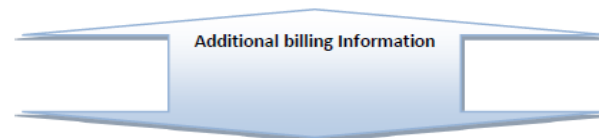
Issued By: Bumble, Bee (Orange)   Date Authorized: 02/12/2009

Page 1 of 1   Printed on: Fri Feb 13 09:09:15 OST 2009   SAR #:97013965800

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 (manufacture'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.*

Pharmacy Claim Form 30-1

Pharmacy Claim Form — State of California Department of Health Care Services

DO NOT STAPLE IN BAR AREA

CLAIM CONTROL NUMBER * FOR F.I. USE ONLY

Fasten Here

8

PHARMACY CLAIM FORM

Provider Name, Address

ABC PHARMACY
1234 MAIN STREET
ANYTOWN, CA

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

2 ID QUALIFIER | 3 PROVIDER ID
XYZ123456

4 ZIP CODE
999995555

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 MEDI-CAL IDENTIFICATION NO.
90000000A95001

7 SEX **F**

8 DATE OF BIRTH
01 07 1995

9 PATIENT LOCATION

10 MEDICARE STATUS

Line 1

11 PRESCRIPTION NO **A1234**
12 DATE OF SERVICE **07 19 2007**
13 METRIC QUANTITY **120.000**
14 CODE 1 MET? **Y**
15 DAYS SUPPLY **30**
16 BASIS OF COST DETERMINATION **00**

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

Line 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

36 PROD ID QUAL
37 PRODUCT ID
38 ID QUAL
39 PRESCRIBER ID
40 PRIMARY ICD-CM
41 SECONDARY ICD-CM

42 CHARGE
43 OTHER COVERAGE PAID
44 OTH COV CODE
45 PATIENT'S SHARE
46 TAR CONTROL NO
47 COMP CODE
48 DELETE

Line 3

49 PRESCRIPTION NO
50 DATE OF SERVICE MM DD YYYY
51 METRIC QUANTITY WHOLE UNITS DECIMAL
52 CODE 1 MET? Y
53 DAYS SUPPLY
54 BASIS OF COST DETERMINATION

55 PROD ID QUAL
56 PRODUCT ID
57 ID QUAL
58 PRESCRIBER ID
59 PRIMARY ICD-CM
60 SECONDARY ICD-CM

61 CHARGE
62 OTHER COVERAGE PAID
63 OTH COV CODE
64 PATIENT'S SHARE
65 TAR CONTROL NO
66 COMP CODE
67 DELETE

Line 4

68 PRESCRIPTION NO
69 DATE OF SERVICE MM DD YYYY
70 METRIC QUANTITY WHOLE UNITS DECIMAL
71 CODE 1 MET? Y
72 DAYS SUPPLY
73 BASIS OF COST DETERMINATION

74 PROD ID QUAL
75 PRODUCT ID
76 ID QUAL
77 PRESCRIBER ID
78 PRIMARY ICD-CM
79 SECONDARY ICD-CM

80 CHARGE
81 OTHER COVERAGE PAID
82 OTH COV CODE
83 PATIENT'S SHARE
84 TAR CONTROL NO
85 COMP CODE
86 DELETE

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

87 MEDICAL RECORD NO **R12345**
88 BILL LIM EX
89 ATTACHMENTS **X**

90 DATE BILLED **07 30 2007**
91 DISCHARGE DATE MM DD YYYY
F.I. USE ONLY
92   93

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

30-1 RV7 03/07

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

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)

DHCS
California Department of
HealthCareServices

(?) 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