



November, 2008

## ***PE for Pregnant Women: Important Updates from MCHA***

It's easier now for providers to *extend* PE

DHCS has recently made it much easier for providers to extend PE for pregnant women-- as a result of MCHA's recent advocacy.

Now, once a woman shows her provider proof that she applied for Medi-Cal (for example, a copy of her signed Medi-Cal application or proof from Covered California or other online programs that she has applied) before her initial PE ended (the end of the month following the month in which PE started), the provider can issue the woman a new PE card for as many times as necessary until the Automated Eligibility Verification System (AEVS) shows that the county has made a final eligibility determination on the woman's case.

**It is no longer necessary for the provider to telephone DHCS in Sacramento before issuing a second or third, etc., PE extension for a woman whose Medi-Cal application is pending.**

**NOTE:** A provider may extend PE if a woman has not applied for Medi-Cal by the end of the month following the month in which PE began if there are extenuating circumstances. In these situations, however, the provider must call State DHCS to get authorization for the initial PE extension. This has been the longstanding rule, and it has not changed.

**These rules are in the May 2008 Provider Bulletin (attached) at page 4.**

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# MEDI-CAL UPDATE

## Part 2

Billing and Policy

[www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)

### Medical Services • Obstetrics

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#### Revised Proprietary Forms Reminder

New versions of Medi-Cal and Child Health and Disability Prevention (CHDP) program proprietary forms are available from Medi-Cal. **Effective April 15, 2008, Medi-Cal is no longer accepting the old version of these forms.** These new forms are updated to accommodate the 10-digit National Provider Identifier (NPI).

The following is the list of proprietary forms that have been revised and must be submitted instead of the old versions.

Form Number	Form Name
18-1	<i>Request for Extension of Stay in Hospital</i>
18-1C	<i>Request for Extension of Stay in Hospital</i>
18-2	<i>Request for Extension of Stay in Hospital (Fax)</i>
18-3	<i>Request for Mental Health Stay in Hospital</i>
20-1CZ	<i>Long Term Care Treatment Authorization Request</i>
25-1CZ	<i>Payment Request for Long Term Care</i>
30-1	<i>Pharmacy Claim Form</i>
30-1CZ	<i>Pharmacy Claim Form</i>
30-4	<i>Compound Drug Pharmacy Claim Form</i>
30-4CZ	<i>Compound Drug Pharmacy Claim Form</i>
50-1	<i>Treatment Authorization Request</i>
50-1C	<i>Treatment Authorization Request</i>
50-2	<i>Treatment Authorization Request (Fax)</i>
50-2C	<i>Treatment Authorization Request</i>
50-3	<i>Treatment Authorization Request (Vision Care)</i>
55-1	<i>Medi-Cal Managed Care Authorization Form (Discharge Planning Option)</i>
60-1	<i>Claims Inquiry Form</i>
60-1C	<i>Claims Inquiry Form</i>
90-1	<i>Appeal Form</i>
PM 160 *	<i>CHDP Assessment Confidential Screening/Billing Report (Version 8)</i>
PM 160INF *	<i>CHDP Assessment Confidential Screening/Billing Report (Information Only) (Version 8)</i>
TAR 3 Form	<i>Treatment Authorization Request Attachment Form</i>

\* CHDP providers should continue to order claim forms through their local county CHDP program – phone orders will not be accepted.

At the direction of the Department of Health Care Services, the old version non-NPI compliant forms will be returned and may result in claim timeliness issues. If the new form versions are not used, the timeliness of claims may be jeopardized, **and reimbursements may be cut back or denied as a result.**

Ultrasound (continued)

CPT-4 Code	Description
76801	Transabdominal ultrasound, pregnant uterus, first trimester; single or first gestation
76802	each additional gestation
76805	Transabdominal ultrasound, pregnant uterus, after first trimester; single or first gestation
76810	each additional gestation
76811	Transabdominal ultrasound, pregnant uterus, fetal and maternal evaluation; single or first gestation
76812	each additional gestation
76815	Ultrasound, pregnant uterus, limited, one or more fetuses
76816	Transabdominal ultrasound, pregnant uterus, follow-up, per fetus
76817	Transvaginal ultrasound, pregnant uterus

Claims previously denied for the above-listed procedure codes and diagnosis codes will be automatically reprocessed.

*This information is reflected on manual replacement pages preg early 5 thru 7 (Part 2).*

**Rate Increase for Mirena Intrauterine System®**

Effective retroactively to September 24, 2007, the rate for HCPCS code X1532 (Mirena Intrauterine System [IUS]) is increased from \$420.33 to \$468.71. Previously paid claims will be adjusted.

For a listing of all rates, providers should refer to the “Medi-Cal Rates” page of the Medi-Cal Web site ([www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)) by clicking the “References” tab then the “Medi-Cal Rates” link.

**Extended Presumptive Eligibility Coverage Update**

Effective for dates of service on or after June 1, 2008, a qualified provider is no longer required to contact the Presumptive Eligibility (PE) Support Unit for approval of PE coverage extensions. For further coverage extensions, the same process is followed as with the initial extension, if an application remains pending beyond the “Second Good Thru” date.

If a PE recipient has a good reason for not applying or following through with her application for Medi-Cal, the provider must contact the PE Support Unit at 1-800-824-0888. The PE Support Unit will assess each situation individually and give specific instructions to the provider about how to proceed.

Details on PE coverage extensions are found in “Extending PE Coverage” in the *Presumptive Eligibility* section of the Part 2 manual.

*This information is reflected on manual replacement page presum 10 (Part 2).*

**CPT-4 Codes 88147 and 88148 Billing Restrictions Update**

Retroactive for dates of service on or after October 1, 2006, CPT-4 codes 88147 (cytopathology smears, cervical or vaginal; screening by automated system under physician supervision) and 88148 (screening by automated system with manual rescreening under physician supervision) are split-billed and may be billed with modifiers 26, TC or ZS. Claims denied inappropriately or paid incorrectly will be re-processed.

*This information is reflected on manual replacement pages path bil 1, 2, 3 and 5 (Part 2).*