Medi-Cal Update

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1. 2011 CPT-4/HCPCS Annual Update: Implementation September 1, 2011

The 2011 updates to the *Current Procedural Terminology – 4th Edition* (CPT-4) and Healthcare Common Procedure Coding System (HCPCS) National Level II codes are listed below. Only those codes representing current or future Medi-Cal benefits are included in the list of additions. Medi-Cal will implement the code additions, changes and deletions for dates of service on or after September 1, 2011. Please refer to the 2011 CPT-4 and HCPCS Level II code books for complete descriptions of these codes. Specific policy, billing information and manual replacement pages reflecting these changes will be released in a future *Medi-Cal Update.*

HCPCS Level II Code Additions

Durable Medical Equipment
A4566, A7020, E2622 – E2625, Q0478, Q0479
Prosthetics & Orthotics
L3674, L4631, L5961

HCPCS Level II Code Changes

Durable Medical Equipment
E0978, E1161, K0669
Prosthetics & Orthotics
L3671

HCPCS Level II Code Deletions

Durable Medical Equipment
E0220, E0230, E0238, K0734 – K0737
Prosthetics & Orthotics
L3672 – L3673

Modifier Additions

AY, AZ, CS, DA, GU, GX, NB, PT

2. Update to California Childrens Services/Genetically Handicapped Persons Program

Effective June 1, 2011, Incobotulinum Toxin Type A has been added to the California Children's Services/Genetically Handicapped Persons Program (CCS/GHPP) list of drugs and nutritional products that are not included in a physician's Service Code Groupings (SCGs) and require a separate SAR.

The following codes will be added/end-dated to/from the CCS SCGs with an effective date of June 1, 2011, or September 1, 2011:

Added Code(s)

Effective Date	Code	SCGs
June 1, 2011	HCPCS codes: C9280, G0434, J1460 and J1560	01, 02, 03 and 07
June 1, 2011	HCPCS codes: C9270, J1459, J1559, J1561, J1562, J1566, J1568, J1569, J1572, J1599 and Q2040	51
September 1, 2011	HCPCS codes: C9274 – C9276, G0432, G0433, G0435, J0597, J0638, J0960, J1290, J1826, J2358, J2426, J3095, J3262, J7309, J7335, J9302, J9307, J9315, J9351 and S0148 and CPT-4 codes: 31634, 43753 – 43757, 53860, 74176 – 74178, 82930, 83861, 85598, 86481, 86902, 87501 – 87503, 88120, 88121, 88177, 88363, 88749, 91013, 92132 – 92134, 92227, 92228 and 96446	01, 02, 03 and 07
September 1, 2011	HCPCS codes: C9279, J0558 and J0561 and CPT-4 codes: 11045 – 11047, 76881, 76882, 87906, 97597 and 97598,	01, 02, 03, 07 and 12
September 1, 2011	CPT-4 codes: 49418, 93451 – 93464 and 93563 – 93568	02 and 03
September 1, 2011	CPT-4 codes: 65778 and 65779	10
September 1, 2011	HCPCS codes: Q4100 – Q4114 and Q4117 – Q4121	12
September 1, 2011	HCPCS code: J7196 and CPT-4 code: 64568	51

End-Dated Code(s)

Effective Date	Code	SCGs
June 1, 2011	HCPCS code: G0430 and CPT-4 codes: 80100, 80101 and 90281	01, 02, 03 and 07
June 1, 2011	CPT-4 code 90283	51
September 1, 2011	HCPCS codes: C9255, C9259, C9264, J9062, J9350 and CPT-4 codes: 75992 – 75996, 76150, 76350, 76880, 82926, 82928, 89100, 89105, 89130, 89132, 89135, 89136, 89140, 89141, 89225, 89235, 91000, 91011, 91012, 91052,	01, 02, 03 and 07

	91055, 91105, 91123, 92135, 93012, 93014, 93230 – 93233, 93235 – 93237 and 96445	
September 1, 2011	HCPCS codes: J0559, J0560, J0570 and J0580 and CPT-4 codes: 11040, 11041 and 86903	01, 02, 03, 07 and 12
September 1, 2011	HCPCS codes 43600, 49420, 93501, 93508, 93510, 93511, 93514, 93524, 93526 – 93529, 93539 – 93545, 93555 and 93556	02 and 03
September 1, 2011	HCPCS code 20000	12
September 1, 2011	HCPCS code 64573	51

This list contains codes that are not yet effective. Claims billed with codes not yet effective will be denied.

Reminder: SCG 02 includes all the codes in SCG 01, plus additional codes applicable only to SCG 02. SCG 03 includes all the codes in SCG 01 and SCG 02, plus additional codes applicable only to SCG 03. SCG 07 includes all the codes in SCG 01 plus additional codes applicable only to SCG 07.

This information is reflected in the following provider manual(s):

Provider Manual(s)	Page(s) Updated
Audiology and Hearing Aids Chronic Dialysis Clinics Clinics and Hospitals Durable Medical Equipment and Medical Supplies General Medicine Home Health Agencies/Home and Community-Based Services Inpatient Services Medical Transportation Local Educational Agency Obstetrics Orthotics and Prosthetics Pharmacy Psychological Services Rehabilitation Clinics Therapies Vision Care	cal child sar (7); cal child ser (1–2, 6–17, 23–28); genetic (8)

3. Listing of Theratogs to Transfer from HCPCS Code L1499 to A9900

Effective immediately upon publication, policy and reimbursement regarding Theratogs medical devices will transfer from HCPCS code L1499 (spinal orthosis, not otherwise specified) under Orthotics and Prosthetics (OAP) to HCPCS code A9900 (miscellaneous DME supply, accessory, and/or service component of another HCPCS code) covered by Durable Medical Equipment (DME).

Code A9900 is payable "By Report" and requires a *Treatment Authorization Request* (TAR). The subject "Theratogs" must be entered in the *Reserved for Local Use* field (Box 19) of the *CMS-1500* claim form instead of "patient owned" for reimbursement. Theratogs are a taxable item. This must be noted on the claim form for code A9900.

Theratogs is a medical device used as a garment and strapping application to provide gentle, prolonged muscle stretch and alignment guidance that replicates the manual positioning of supervised therapy. A professional rehabilitation clinician may offer Theratogs for clients with typical neuromotor or sensory deficits.

This information is reflected in the following provider manual(s):

Provider Manual(s)	Page(s) Updated
Durable Medical Equipment and Medical Supplies Pharmacy	dura bil dme (31)

4. NCCI/Medi-Cal Claim Processing Discrepancy: Modifier Placement

Some claims submitted for laboratory services were inappropriately paid due to poor positioning of modifiers on the claim. Procedure-required modifiers should be positioned on the claim before NCCI-associated modifiers. For Medi-Cal manual purposes, procedure-required and NCCI-associated modifiers are identified as follows.

Procedure-Required Modifiers
Claims for some Medi-Cal procedures require inclusion of a modifier or the claim will be denied. These are procedure-required modifiers.

NCCI-Associated Modifiers
The Centers for Medicare & Medicaid Services (CMS) has identified a set of national modifiers to facilitate claims processing in cases where there is appropriate reason to override an NCCI edit. These are NCCI-associated modifiers.

Actions Being Taken
Providers need take no action for previously processed claims. Claims will be automatically reprocessed. In addition, special claims handling steps are being initiated to ensure claims process correctly. Also, a new Medi-Cal Part 2 provider manual section, *Correct Coding Initiative: National – Claim Preparation* has been developed with modifier placement examples, and other manual sections updated, to clarify the importance of modifier order on claims.

Note: NCCI edits were incorporated into the Medi-Cal claims processing system effective March 28, 2011. Efforts were made to anticipate discrepancies between established Medi-Cal edits and NCCI edits but it was understood some differences would be identified only as claims were processed.

This information is reflected in the following provider manual(s):

Provider Manual(s)	Page(s) Updated
Acupuncture Chiropractic Medical Transportation Pharmacy	cms comp (17)
Medical Transportation	cms comp (17); modif app (1)
Audiology and Hearing Aids Durable Medical Equipment and Medical Supplies Orthotics and Prosthetics Therapies	cms comp (17); correct (4); correct cod (1–3); modif app (1)
Psychological Services	cms comp (17); correct (4); correct cod (1–3)
Adult Day Health Care Centers Heroin Detoxification Multipurpose Senior Services Program	correct (4); correct cod (1–3)
Local Educational Agency Home Health Agencies/Home and Community-Based Services	modif app (1)
Clinics and Hospitals	correct (4); correct cod (1–3); modif app (1); path molec (1)

AIDS Waiver Program Chronic Dialysis Clinics Expanded Access to Primary Care Program Rehabilitation Clinics Vision Care	correct (4); correct cod (1–3); modif app (1)
General Medicine Obstetrics	cms comp (17); correct (4); correct cod (1–3); modif app (1); path molec (1)

5. eTAR Webinars Available for June and August

Medi-Cal providers now have the opportunity to attend **free** online seminars taught by eTAR training specialists. Webinars are presented live through the Medi-Cal website. Providers are invited to attend a webinar in the comfort of their office.

Registration
First time webinar attendees must register first here. Once registration is complete, select "Course Catalog" from the menu and select "Calendar View."

June and August Webinars

June 16, 2011 at 9:30 a.m.: eTAR DME-Mobility Providers
This webinar is designed for eTAR providers who submit DME-Mobility eTARs. All functions of the eTAR application will be discussed.

August 3, 2011 at 9:30 a.m.: eTAR
This webinar will discuss every function of the eTAR application.

August 11, 2011 at 1:30 p.m.: eTAR Transportation
This webinar is designed for eTAR providers who submit Non Emergency Medical Transportation (NEMT) eTARs. All functions of the eTAR application will be discussed.

There will also be Q&A sessions during each of the webinars.

Note: These webinars address submitted and updating electronic TAR submissions. Paper TARs cannot be updated using the eTAR systems. To learn more about submitting eTARs, check the eTAR Program page for future seminars and webinars.

6. NCCI/Medi-Cal Claims Processing Discrepancy: Modifier 55 and MUEs

Some claims submitted for procedure codes billed with modifier 55 (post-operative management only) were inappropriately denied due to differences between National Correct Coding Initiative (NCCI) edits and established Medi-Cal edits. Providers need take no action. Claims using modifier 55 that were inappropriately denied will be reprocessed.

The discrepancy occurred because Medi-Cal was not aware of the Centers for Medicare & Medicaid Services (CMS) mandate that Medically Unlikely Edits (MUEs) are not to be applied to claims submitted for any procedure code billed with modifier 55.

- MUEs are claims processing edits that compare the units of service billed on the claim against maximum limits set by CMS for each HCPCS or CPT-4 code.
- The Medi-Cal claims processing system is being modified to accommodate this CMS mandate.
- The claims system modification affects NCCI payment methodology only and does not change Medi-Cal specific policy for use of modifier 55.

- Modifier 55 is not an official NCCI-associated modifier and will not be identified as such in the *Modifiers: Approved List* section in the provider manual. Instead, the CMS mandate establishes a special processing guideline for claims submitted with modifier 55.
- The CMS document containing the mandate is the *Medicaid National Correct Coding Initiative Edit Design Manual* (page 24).

Note: NCCI edits were incorporated into the Medi-Cal claims processing system effective March 28, 2011. Efforts were made to anticipate discrepancies between established Medi-Cal edits and NCCI edits but it was understood some differences would be identified only as claims were processed.

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Note: If you cannot view the MS Word or PDF (Portable Document Format) documents correctly, please visit the Web Tool Box to link to a download site for the appropriate reader.