

Alameda County CCS Medical Home Billing Guide

At the local CCS program's discretion, CCS may authorize a CCS-paneled primary care physician (PCP) to deliver medical home services in collaboration with a CCS authorized specialist, Special Care Center (SCC) or the CCS Medical Therapy Program (MTP). These services must be related to the CCS-eligible condition(s). PCPs cannot bill CCS for well child visits.

CCS-authorized Service Code Groupings (SCGs) and billable codes within each SCG are found at:

www.dhcs.ca.gov/services/ccs/cmsnet/Pages/SARTools.aspx#service.

SCG 01 – Physician

SCG 02 – Special Care Center

SCG 08 – Rural Health Clinics & Federally Qualified Health Centers

With CCS' authorization, a PCP serving as a CCS Medical Home may bill for services related to the evaluation, management, and/or coordination of care for a CCS-eligible condition. There are three ways that CCS may authorize these services.

- 1) Issuing a Service Code Grouping (SCG) 01 to the primary care physician
- 2) Issuing a SCG 02 to the Special Care Center, which is then shared with the PCP who bills as a rendering provider
- 3) Issuing a SCG 08 to a Federally Qualified Health Center (FQHC) when a CCSpaneled physician at the FQHC is serving as the primary care provider. (see This Computes! #427)

http://www.dhcs.ca.gov/services/ccs/cmsnet/Documents/thiscomputes427.pdf

In all of these situations, the PCP must deliver primary care medical home services in collaboration with a CCS-authorized specialist or Special Care Center.

The physician's SCG 01 and the SCC's SCG 02 can be shared with certain other health care providers (such as pathology, laboratory, pharmacy or radiology). When CCS issues a SCG 08 for primary care services, CCS will also issue a SCG 01 to the PCP to support related services delivered outside the FQHC.

Authorizations to the CCS medical home would be issued with special billing instructions, such as "This authorization is intended to cover primary care medical home services delivered in coordination with [named specialist or Special Care Center]. However, routine well-child services are not covered."

Examples of services that may be appropriately billed under a CCS Medical Home's authorization, when delivered in collaboration with the CCS-authorized Specialist, SCC or MTP:

Inpatient Services

- Inpatient visits (face-to-face) to coordinate care for the CCS-eligible condition
- Inpatient visits to patients with CCS-eligible conditions in NICU, PICU or on ward managed by CCS-authorized subspecialists
- Case conference participation

Outpatient Evaluation & Management Services

- Evaluation of patient with suspected CCS-eligible condition, with referral to CCS specialist or SCC
- Evaluation and management of CCS-eligible condition and its complications (office or Emergency Department (ED))
- Interim visits for management of the CCS-eligible condition as directed by the CCS authorized specialist or SCC
- Writing DME prescriptions in context of a patient visit and providing clinical documentation to support the medical necessity
- Writing Home Health Agency (HHA) prescriptions or In-Home Supportive Services (IHSS) applications in context of patient visit and providing clinical documentation to support the medical necessity
- Writing prescriptions for diapers or other medical supplies in context of patient visit and providing clinical documentation to support the medical necessity
- Case conference participation

Some services are not included in any of the SCGs and require separate authorization from CCS.

- Surgical procedures
- Inpatient stays
- Medications and dietary supplements not on the Medi-Cal formulary
- Restricted medications <u>https://files.medi-cal.ca.gov/pubsdoco/publications/Masters-</u> <u>MTP/Part2/calchildsar_m00i00o03o04o07o09o11a02a04a05a06a07a08p00v00.doc</u>
- Durable Medical Equipment (DME)

To bill for CCS services, the following information should be included or attached to the CMS1500 claim form:

- A Service Authorization Request (SAR) number from Alameda County CCS.
- The patient's Medi-Cal ID# (CIN#).
- Full name and the NPI# of the physician who provided the services, pay to address, and address where reimbursement should be sent.
- The dates of service, CPT codes, and units.
- Pertinent diagnosis(es).

A SAR number authorized to a physician may be used for reimbursement by other health care providers from whom the physician has requested services, such as laboratory, pharmacy or radiology providers. The rendering provider will use a physician's SAR number and bill with the authorized physician's provider number indicated as a referring provider.

CMS-1500 form billing example: <u>https://files.medi-</u> cal.ca.gov/pubsdoco/publications/masters-mtp/part2/calchildbilcmsvc_v00.doc

Medi-Cal Reimbursement Rates:

Medi-Cal rates and the enhanced rate for specified physician' services provided to CCS clients are found at: <u>http://files.medi-cal.ca.gov/pubsdoco/rates/rateshome.asp</u>

In general, physician services authorized by CCS are paid at the Medi-Cal rate, plus 39.7%. This enhancement does not apply in the setting of an FQHC.

Questions or Training:

Conduent (the Medi-Cal Fiscal Intermediary)

Phone: 800-541-5555 | Web: <u>http://www.medi-cal.ca.gov/contact.asp</u>; can provide billing assistance and onsite training to medical provider staff. All CMS 1500 claim forms (Medi-Cal claims) must be submitted to Conduent for reimbursement.

Medi-Cal Fiscal Intermediary P.O. Box 526006 Sacramento, CA 95852-6006

Alameda County CCS Medical Home Provider Relations Unit

Phone: 510-208-5970 | Fax: 510-267-3254 | Email <u>alcoccspru@acgov.org</u> Web: <u>http://www.acphd.org/ccs</u>; can provide assistance and troubleshooting when claims are denied.