

NAVIGATING THE POLICIES, PROCEDURES, and BILLING INSTRUCTIONS (PPBI) Provider Manual

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Presented by:

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Workshop Objectives

- To introduce and describe key features of the new PPBI manual
- To describe the different navigation tools
- To provide highlights of changes
- To understand the manual ordering and subscription process

Introduction

- The PPBI manual is a program resource to assist successful incorporation of the Family PACT Program into your practice
- The new PPBI contains previously communicated changes and modifications to the program found in Medi-Cal Update bulletins and Family PACT Program Letters

Historical Evolution

- 1997: Policies, Procedures, and Preliminary Billing Instructions
- 1999: Official PPBI
- 2001: Revised PPBI
- 2003: 2nd Revised PPBI
- 2004 – September 2007
 - Bulletin Updates and Program Letters Only
 - No replacement pages
 - Web site static

Reasons for Change

- Provision of custom manual on a subscription basis
 - **Greater efficiency**
 - **Cost-effectiveness**
- Customized Bulletins
- Timely manual replacement pages
- Timely website postings

Key Features

- PPBI considered a supplemental manual
- Familiar Medi-Cal manual format and style
- Unique section titles with locator keys
- Online version www.medi-cal.ca.gov and www.familypact.org

Key Features

- Includes:
 - Manual cover page
 - Tabs to insert into binder
 - Manual pages to insert into binder
- Alphabetized for your convenience
- Contains introductory sections
 - Manual Organization
 - How to Use This Manual
 - Manual Ordering

Key Features

- Manual Index
 - Section Titles/Headings Index
 - Subject Index
- Family PACT Update bulletin

Family PACT
Planning • Access • Care • Treatment
California Department of Public Health - Office of Family Planning



How to use the Manual

- Multi-Part system
 - Working set of Manuals
 - Part 1: Applies to all Medi-Cal providers (general reference regarding Medi-Cal program and eligibility)
 - Part 2: Custom manual for day to day use
Contains policy and billing instructions
 - PPBI Manual
 - Index

Navigation Tools

- Contents Section
- Locator Keys
- Graphic Tags
- Page Numbering System

Navigation Tools

- Contents
 - Alphabetic List of manual sections and section identifiers (locator key)
 - Detailed topic entries can be referred to the Manual Index
- Locator Key
 - Each section has a locator
 - Abbreviated form of the sectional title
 - Appears on the top of each page

Navigation Tools

- Graphic Tag
 - First page of each section is marked with graphic tag (◀) at the top right corner to identify where the section begins

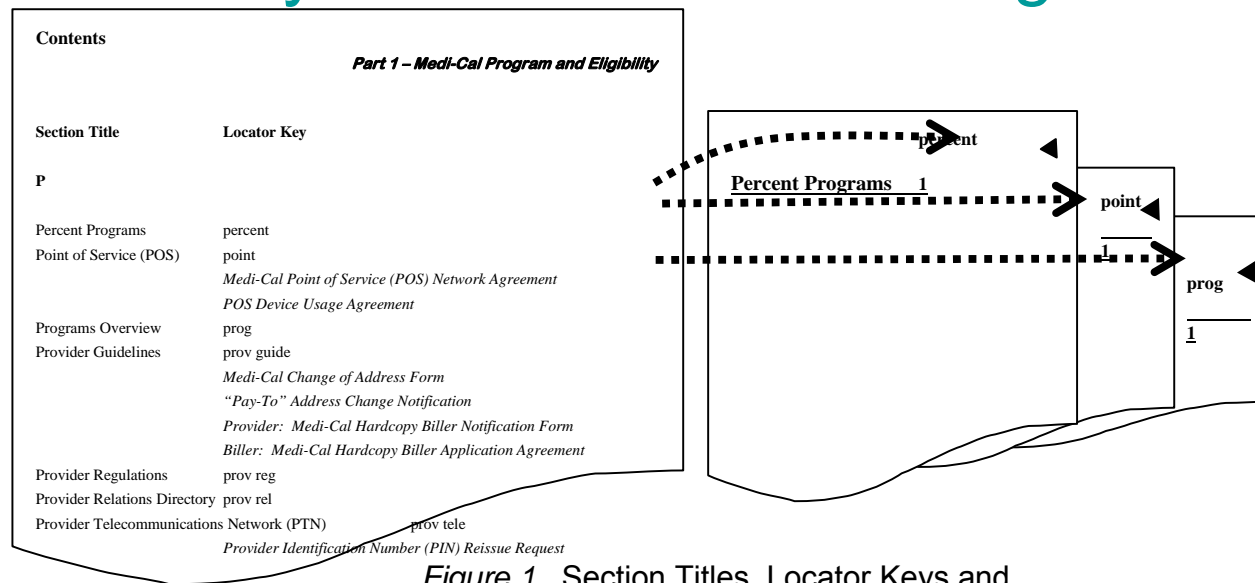


Figure 1. Section Titles, Locator Keys and Graphic Tags.

Navigation Tools

- Page Numbering System
 - Comprised of two elements
 - Section Locator Key
 - Page number
- Manual Page Elements
 - Page Header
 - Page Footer
 - Section Title
 - Sub-Section
 - Bold Face Heading
 - Non-Bold Face Heading

page header includes section title and graphic tag (on page 1 only), locator key and page number

sub-section identifies major division in a section

boldface heading identifies main topic in a section

non-boldface heading identifies sub-topic in a section

page footer (Part 1) includes manual part number, section title and page issue date

page footer (Part 2) includes manual part number, section title, page issue date, and provider type (if applicable)

section title

locator key, graphic tag and page number

Provider Guidelines

This section contains information to guide medical practitioners who wish to participate as Medi-Cal providers.

PROVIDER ENROLLMENT

How to Enroll

Practitioners rendering services to Medi-Cal recipients must be approved as Medi-Cal providers by the Department of Health Care Services (DHCS) in order to bill Medi-Cal for services rendered. To enroll, practitioners may contact DHCS Provider Enrollment Branch:
 Department of Health Care Services
 Provider Enrollment Division
 MS 4704
 P.O. Box 997413
 Sacramento, CA 95899-7413
 (916) 323-1945

DHCS Provider Enrollment Services

DHCS Provider Enrollment Services assists providers as Enrollment Services follows:

- Accepts and verifies all applications for enrollment
- Assigns each provider a unique nine-character identification number for use when submitting claims
- Maintains a Provider Master File of provider names and addresses
- Updates the enrollment status of providers for Medi-Cal records

prov guide 1

1 – Provider Guidelines

September 2007

manual part number and section title

page issue date

2 – Special Billing Instructions

Provider Type 123
September 2007

provider type and bulletin number
indicates provider-specific information in Part 2 manual

Family PACT Update Bulletin

- Providers who have a subscription will receive monthly program bulletins containing articles and manual replacement pages

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Manual Page Updates

- When a page is updated, new or revised text is identified by a change bar (I) in the right margin.
- Updated information on table or list is underlined or **boldface** type.
- Text deletions will be indicated by footer date change.

Manual Page Updates

- Removing and Replacing Manual Pages
 - Update pages as soon as possible according to the bulletin instructions
 - Not required to retain prior issues of the bulletin

Table of Contents

Table of Contents (alpha order)

- Benefits Grid
- Benefits Grid Overview of Clinical Services
- Benefits: Primary Contraceptive Services
- Benefits: Secondary Related Reproductive Health Conditions
- Claim Form Completion: CMS 1500
- Claim Form Completion: UB-04
- Client Eligibility Certification and HAP Card Activation

Table of Contents

Table of Contents (continued)

- Client Eligibility Determination
- Diagnosis: Coding Primary Diagnosis
S-Codes
- Drugs: Onsite Dispensing Billing Instructions
- Drugs: Onsite Dispensing Price Guide
- Family PACT Program Overview
- Laboratory Services
- Office Visits:

Table of Contents

Table of Contents (continued)

- Pharmacy Billing Overview
- Pharmacy and Clinic Formulary
- Program Standards
- Provider Enrollment
- Provider Relations Directory
- Provider Responsibilities
- Radiology Services
- Treatment Authorization Request (TAR)

Highlights of Changes

Benefits Grid

- Current and updated as changes occur
- “Other Primary Services”
 - Mammography
- Added “Family PACT Treatment and Dispensing Guidelines for Clinicians”

ben grid

Highlights of Changes

Benefits: Primary Contraceptive Services

- Benefits common to all S-Codes identified upfront
- Method-specific services identified with each S-Code
- Services to manage complications identified with each S-Code

ben prim

Highlights of Changes

Benefits: Secondary Related Reproductive Health Conditions

- “Secondary” because:
 - The primary focus is family planning
 - A secondary diagnosis is always required
- Details included for successful billing
- Services to manage complications included with each condition

ben sec

Highlights of Changes

Client Eligibility Determination

- Clarification of Eligible Clients
 - Other Health Coverage
 - Medi-Cal Fee-for-Service or Managed Care

Client Eligibility Certification and HAP Card Activation

- Client Eligibility Certification (CEC) form

client elig det and client elig cert

Highlights of Changes

Drugs: Onsite Dispensing Billing Instructions

- **Billing Clinic Dispensing Fee for**
 - **Contraceptive Supplies (X1500) – all providers**
 - **Miscellaneous Drugs (Z7610) – certain providers**
- **Details for successful claims**
 - **Remarks Box/Reserved for Local Use fields**

drug

Highlights of Changes

Drugs: Onsite Dispensing Price Guide

- New section of PPBI
- Essential for billing drugs and contraceptives supplies dispensed onsite
- Updated periodically by OFP by bulletin announcement and replacement page

drug onsite

Highlights of Changes

Laboratory Services

- Complete list of laboratory benefits
- Applicable S-Codes and ICD-9 codes for secondary diagnoses
- Restrictions for utilization
- Primarily for use by laboratory providers and onsite lab techs

lab

Highlights of Changes

Clarifies policy for E&M vs. E&C

Code Type	Code Source	Provided by	Level Computed by
E&M	CPT-4	Clinician, <u>with or without</u> Counselor services	Documented history, exam, and medical decision making OR Clinician time plus Counselor time*
E&C	HCPCS	Clinician and/or Counselor	Clinician time plus Counselor time

*If greater than 50 percent of total face-to-face time is spent in counseling

Highlights of Changes

Education & Counseling Office Visits

- Clarifies non-clinician counselor and supervision
- Benefits updates:
 - **Z9750 or Z9751** once per client, not both
 - **Z9752, Z9753, Z9754**
 - Any combination, maximum 2 in 30 days
 - Not reimbursed with E&M visit codes

office

Highlights of Changes

Pharmacy and Clinic Formulary

- Complete list of drugs and contraceptive supplies
- Details provided for both pharmacy claims and onsite dispensing

pharmacy

Highlights of Changes

Program Standards

- Primary Care referrals
- Parameters for physical exam
 - Comprehensive history every 24 months
 - Physical exam when clinically indicated for contraceptive and STI services. Women using hormonal methods must have BP check at initiation of method and every 2 years
 - Physical exam may be declined by client

prog stand

Manual Ordering and Subscription Information

- All enrolled Family PACT providers will receive one free copy the manual including a subscription
- Each additional manual including subscription at \$25/yr
- Bulletins and manuals are distributed in hard copy and available free of charge on the Internet
- Includes: Family PACT Update bulletins, replacement pages, and special mailings

Manual Ordering and Subscription Information

- Complete Subscriber Order Form found in the Manual Ordering section for additional copies of the PPBI manual
- Subscription expires the following year on the 15th day of the renewal month
- Subscription payable by check or money order
- No orders are shipped until payment is received

Important Contact Information

- www.familypact.org
- www.medi-cal.ca.gov
- EDS/TSC
 - (800) 541-5555
- Office of Family Planning
 - (916) 650-0414
 - fampact@cdph.ca.gov