EPSDT PROGRAM: CLARIFICATIONS AND UPDATES (continued)

Billing and Reimbursement

The following HCPCS Level III codes have been added for use with EPSDT supplemental services:

Code	Description
Z5820	EPSDT case management services
Z5822	Hearing aid batteries

Cochlear device implantation (CPT-4 code 69930) is reimbursable with prior authorization for recipients under 21 years of age. Reimbursement for the device itself (cochlear device/system, HCPCS code L8614) will be made at invoice price unless a price was previously negotiated. Providers must attach a copy of the invoice for the device to the claim. Manual pages reflecting this information will appear in a future *Medi-Cal Update*.

MEDI-CAL OB OBSTETRICS

Presumptive Eligibility: Revised PREMEDCARD

The Medi-Cal Presumptive Eligibility Identification Card (PREMEDCARD) has been revised to accommodate the Presumptive Eligibility (PE) program's new procedures for verifying eligibility and reporting eligibility information to Medi-Cal. Effective December 1, 1995, the PREMEDCARD will include two "Good Thru" dates indicating the initial period of PE coverage (valid until a recipient applies for Medi-Cal) and a second period that extends eligibility for PE recipients who show proof of Medi-Cal application within a specified time frame until Medi-Cal determination is made.

"Good Thru" Dates

A PREMEDCARD serves as proof of eligibility for PE recipients within the period specified on their card. The PE provider who determines a recipient's initial PE application completes the "First Good Thru" date, which expires on the last day of the month following the month in which PE is determined.

For extended PE coverage, recipients must show proof that they applied for Medi-Cal before the "First Good Thru" date expires. A PE provider then completes the "Second Good Thru" date on the card to extend eligibility for approximately 60 days, or until the last day of the month in which the 60th day occurs following Medi-Cal application. If the "First Good Thru" date has expired and no "Second Good Thru" date is indicated, a recipient is no longer eligible for PE services.

Revised and New Sample Forms

The *Provider Directions for Presumptive Eligibility Application*, sample *Application for Presumptive Eligibility Only* (PREMED 1), and sample *Application for Medi-Cal Program Only* (PREMED 2) also have been revised. The sample *Application for Cash Aid, Food Stamps, and/or Medical Assistance* (SAWS 1) and the *Weekly PE Enrollment Summary* are two new forms for the PE program. Refer to manual pages 200-92-6 and -7 for instructions on completing these forms.

For additional information, please see manual replacement pages 100-24-12 and 200-92-5 thru -7, -11 and -13, included with this bulletin.

Presumptive Eligibility Recipients

Presumptive Eligibility (PE) recipients are issued a paper Medi-Cal Presumptive Eligibility Identification Card (PREMEDCARD) to use until their Medi-Cal eligibility is determined or their PE period ends. Once approved for Medi-Cal, they will receive a plastic Benefits Identification Card. A sample paper card is in *Section 200-92, Pregnancy—Presumptive Eligibility*, in the *Medical Services* and *Inpatient/Outpatient* provider manuals. Questions about the PE card should be directed to the provider who issued it.

PE recipients are eligible for services specified in *Section 200-92, Pregnancy—Presumptive Eligibility*. In addition, recipients are eligible for all Medi-Cal-approved drugs prescribed for pregnancy-related services that are dispensed within the recipient's PE eligibility time period.

Verifying Eligibility

Eligibility verification procedures for the PE program are being revised to address provider concerns. Therefore, effective August 1, 1995, and until further notice, PE information will be unavailable through the Point of Service (POS) network, including the POS device, Claims and Eligibility Real-Time System (CERTS) software and the Automated Eligibility Verification System (AEVS). Until further notice, a PE card (PREMEDCARD) is considered acceptable proof of eligibility for PE services. Providers should verify that the person presenting the PE card for services is the individual to whom the card was issued.

The PREMEDCARD includes two "Good Thru" dates. The "First Good Thru" date indicates initial eligibility, which expires on the last day of the month following the month in which PE is determined. The "Second Good Thru" date extends eligibility for recipients who show proof that they applied for Medi-Cal before their initial eligibility period ended. This date extends eligibility for approximately 60 days, or until the last day of the month in which the 60th day occurs following the Medi-Cal application date. For additional information on PE and a sample of the PREMEDCARD, refer to *Section 200-92, Pregnancy—Presumptive Eligibility*, in the *Medical Services* and *Inpatient/Outpatient* provider manuals.

Note: Pharmacy claims for PE patients cannot be billed using the Point of Service (POS) claims processing system. These claims must be billed on paper and do not count toward the monthly six prescription claim line limit.

Health Plan of San Mateo (HPSM)

Claims for health services rendered to San Mateo County Medi-Cal recipients must be submitted to and paid by the San Mateo Health Commission, operating as the Health Plan of San Mateo (HPSM). Do not submit claims for these recipients to EDS.

Guidelines

The HPSM is a Medi-Cal county-wide health system, under contract to the State, and is designed to provide a more economical organization of health care resources on a case management basis and to improve continuity of care.

All services rendered to San Mateo County Medi-Cal recipients, except for emergency and dental services and those services not covered by the HPSM contract, must have prior approval from the recipient's primary care provider or the HPSM medical director. Emergency services are to be reported to HPSM within 24 hours of the initial emergency encounter.

Recipient Eligibility Requirements

All recipients with county code "41" (San Mateo County), with the exceptions of aid codes "07, 7A, 7C, 44, 47, 48, 49, 50, 69, 70, 72, 74, 75 and 79," who are eligible to receive medical benefits under Medi-Cal or as Medicare/Medi-Cal crossovers are served through the Health Plan of San Mateo.

Recipients with county code "41" and an aid code of "51, 52, 55, 56, 57 and 58" receive services through the HPSM, effective September 1, 1993. Services rendered to recipients in these aid codes prior to September 1, 1993 are to be submitted to EDS for reimbursement.

San Mateo Health Plan Card

A Health Plan of San Mateo Card is issued to Medi-Cal recipients in San Mateo County. The card is white with blue printing on cardboard stock, the size of a normal credit card. The name and telephone number of the recipient's primary care provider is also listed on the card. A sample Health Plan of San Mateo card is shown below.

INSERT GRAPHIC HERE

Sample Health Plan of San Mateo Recipient Card

Recipients enrolled in the Health Plan of San Mateo receive a monthly paper Medi-Cal card with POE labels for dental, Child Health Disability Prevention (CHDP) and other non-capitated services. The POE label is acceptable proof of eligibility and should be submitted with the claim. Eligibility also can be verified for these recipients through the POS network. (See *Section 100-54, AEVS.*) When performing an eligibility verification transaction, the following message will be returned from the Medi-Cal Host computer:

"FEE-FOR-SERVICE MEDI-CAL FOR DENTAL CARE.
HEALTH PLAN OF SAN MATEO: MEDICAL CALL _____."

HPSM Medi-Cal recipients can be identified by the county code 41.

Pregnancy Test

If the patient meets the income criteria for PE, the Qualified Provider conducts the pregnancy test. This step is not necessary if the pregnancy test has already been completed by the Office of Family Planning or another doctor.

If the patient does not meet the income criteria, she is ineligible. Issue her an *Explanation of Ineligibility for Presumptive Eligibility*. (A copy of this form is included at the end of this section.)

Negative Result

If the patient's test is negative, she is not eligible for PE, but the office visit and pregnancy test are still reimbursable. The Qualified Provider must issue the patient an *Explanation of Ineligibility for Presumptive Eligibility* (a copy is included at the end of this section) and report her eligibility to DHS in order to bill for the visit. (See "Record Retention" on a following page for instructions.) The patient may apply for Medi-Cal at the County Welfare Department even if she is not eligible for PE.

Positive Result

If the pregnancy test is positive, the patient is eligible for Presumptive Eligibility and must receive a PE card and instructions on applying for Medi-Cal.

Issuing a PE Card

Qualified Providers must order *Medi-Cal Presumptive Eligibility Identification Cards* (PREMEDCARDs) in advance from DHS. (See *Figure 2*.) Photocopies may not be used. The card must be completed with the patient's name, date of birth, valid month and year and "First Good Thru" date (the last day of the month following the month in which PE is determined) at the lower right hand side of the card. The Qualified Provider and patient must sign and date the card. The patient must be told that she may use this card for ambulatory prenatal care and pharmacy services rendered by Medi-Cal providers and that she is not eligible for family planning, delivery or abortion services through the PE program.

MEDI-CAL IDENTIFICATION CARD
PRESUMPTIVE ELIGIBILITY

DO NOT DESTROY THIS CARD/NO DESTRUYA ESTA TARJETA

SIGNATURE/FIRMA: Jane Doe DATE/FECHA: 10/19/95

THE PERSON NAMED ON THIS CARD IS ELIGIBLE TO RECEIVE BENEFITS UNDER PRESUMPTIVE ELIGIBILITY

VALID FOR AMBULATORY PRENATAL CARE AND PHARMACY SERVICES ONLY

PROVIDER USE ONLY

MEDI-CAL APPLICATION FILED:
PE PROVIDER SIGNATURE:
PE PROVIDER TITLE:
SECOND GOOD THRU:

PROVIDER STAMP HERE

MEDI-CAL ID: 12-7G-ZA34567-8-90
FIRST GOOD THRU: 11/30/95
PATIENT NAME: JANE DOE

PE Provider Signature: John Jake MD
PE Provider Title: M.D. Date: 10/19/95 DOB (MM/DD/YY): 01/01/70

MC 253 PREMEDCARD (8/95) (REQUIRED FORM—NO SUBSTITUTIONS PERMITTED)

Figure 2. Sample *Presumptive Eligibility Identification Card* (PREMEDCARD).

Extending PE

For extended PE coverage, a recipient must show proof of Medi-Cal application before the "First Good Thru" date expires. This will be either the recipient's copy of the PREMED 2, *Application for Medi-Cal Program Only* (see *Figure 3*), or the SAWS 1, *Application for Cash Aid, Food Stamps, and/or Medical Assistance* (see *Figure 4*). If the application date is before the expiration date, a provider then completes the "Provider Use Only" section on the PREMEDCARD and enters a "Second Good Thru" date (the last day of the month in which the 60th day occurs following the Medi-Cal application date). This is the date stamped on the PREMED 2 or SAWS 1. After completing the section, the provider stamps the PREMEDCARD with a business stamp in the space provided.

Replacement Card

If a patient loses her card, she should apply for a replacement with the Qualified Provider who initially determined her eligible for PE. The initial Qualified Provider must check the patient's records to verify her eligibility, then issue a new card with a new number. When checking records, the Qualified Provider must check the date of the original PE determination. If the original eligibility period has expired (the month following the month of the original PE application), the provider must ask the patient if she has applied for Medi-Cal (no verification is required). If the patient replies that she has applied for Medi-Cal, the provider may issue a replacement card, with the current month as the valid (VAL) month. If the original PE period has expired and the woman states she has not applied for Medi-Cal, no replacement card may be issued. This patient may be instructed that she may apply for Medi-Cal at the County Welfare Department and receive a Medi-Cal card once her Medi-Cal eligibility is determined.

The Qualified Provider must fill in the patient identifying information on the bottom of the PREMED 1. The word "Replacement" and the 14-digit number from the original PE application must be written on the PREMED 1 and reported to the PE Support Unit by mail within 10 working days to the following address:

Department of Health Services
PE Support Unit
714 P Street, Room 1719
Sacramento, CA 95814

Any claims submitted after the patient is issued a replacement card must contain the new 14-digit number.

PREMED Package

Qualified Providers should keep a supply of PREMED packages and/or PREMED forms, which can be ordered with the form at the end of this section. These packages contain an application for Presumptive Eligibility, an application for Medi-Cal and a temporary patient identification card, as well as form completion instructions. The forms are pre-imprinted with the Qualified Provider's name, address and ID number and the patient ID number on "carbonless copy" paper.

The Qualified Provider must sign the PREMED package after determining a patient eligible for PE. If the forms are arranged in the order of PREMEDCARD, PREMED 1 and PREMED 2 and aligned correctly, the signature, title and date will appear on all copies. If the information does not transfer clearly, each page must be signed separately. Press firmly to ensure readability.

Medi-Cal Application Package

Eligible patients also should be given a Medi-Cal application package that includes the *Directions to Apply for Medi-Cal* and the *Application for Medi-Cal Program Only* (PREMED 2). A copy of the directions is included at the end of this section and may be photocopied. The PREMED 2 (see *Figure 3*) is part of the PREMED package ordered from DHS.

Pregnancy Verification

Qualified Providers must complete the "Proof of Pregnancy" portion at the bottom of the PREMED 2. The following people may sign the pregnancy verification: physician, physician assistants, nurse midwives, nurse practitioners and any designated medical or clinical personnel who have access to the patient's medical records that substantiate the diagnosis and estimated date of confinement. The signature must be an original or carbon copy. A signature stamp or photocopy is acceptable as long as it is initialed by the designated medical or clinic personnel providing the verification. An electronically produced signature is not acceptable. The pregnancy verification must be completed and signed before the patient submits the PREMED 2 to the welfare department to begin the Medi-Cal application process.

The Qualified Provider must review the *Directions to Apply for Medi-Cal* with the patient and tell her that her PE coverage will expire at the end of the month following the current month if she has not applied for Medi-Cal by then. Once she applies for Medi-Cal, her PE eligibility will continue until the welfare department determines whether she is eligible for Medi-Cal.

Reporting PE

Providers must report eligibility to the Department of Health Services by completing a photocopy of the *Weekly PE Enrollment Summary* (see *Figure 5*) and either fax the form toll-free to 1-800-409-1498 or mail to:

Department of Health Services
PE Support Unit
714 P Street, Room 1719
Sacramento, CA 95814

This must be done within five working days from the date the first recipient on the list became eligible for PE.

Special Circumstances

The PE requirement that each patient apply for Medi-Cal coverage is satisfied if the patient applies for Aid to Families with Dependent Children (AFDC) rather than to Medi-Cal. The patient should not complete the PREMED 2, but be instructed to return it to the receptionist at the County Welfare Department so she can obtain the correct forms and get an AFDC interview appointment. If the patient has already applied for Medi-Cal or AFDC, she should not complete the PREMED 2 but, instead, should submit the form to her caseworker at the welfare department, as it has her pregnancy verification, and should tell the worker that she has applied for PE. She may still be determined eligible for PE, and the Qualified Provider should complete the PE process.

Good Cause

If a PE recipient has a good reason for not applying or following through with her application for Medi-Cal, or if she does not receive notice about her Medi-Cal eligibility from the County Welfare Department before expiration of the "Second Good Thru" date on her PREMEDCARD, the provider must contact the PE Support Unit toll-free at 1-800-824-0088. The PE Support Unit will assess each situation individually and give specific instructions to the provider on how to proceed.

Presumptive Eligibility Benefits

The following CPT-4 and HCPCS codes are reimbursable for PE services. Prescription drugs for conditions related to pregnancy are also reimbursable.

Reimbursable CPT-4 Codes

CPT-4 Code	Description
59000 *	Amniocentesis
59012	Cordocentesis
59020	Fetal oxytocin stress test
59025	Fetal non-stress test
59812	Treatment of spontaneous abortion
59820, 59821	Treatment of missed abortion
59830	Treatment of septic abortion
76805 *, 76810 *, 76815 *, 76816 *, 76825 *	Sonography
80055	Obstetric profile
80100	Drug screen (See *Section 200-75, Pathology*)
81025	Pregnancy test (urine)
82950	Glucose; quantitative post glucose dose

* Medical justification is required for codes 59000, 76805, 76810, 76815, 76816 and 76825. See *Section 200-90, Pregnancy*, for more information.

Reimbursable CPT-4 Codes (continued)

CPT-4 Code	Description
84702	Quantitative chorionic gonadotropin (only if ectopic pregnancy established)
84703	Qualitative chorionic gonadotropin (only if ectopic pregnancy established)
86631	Antibody, Chlamydia
86689	HTLV or HIV antibody, confirmatory test
86701	HIV - 1
87081	Culture, bacterial, screening only
87178	Microbial identification; nucleic acid probe
88150	Pap smear (cytopathology for vaginal and cervical smears)
88235	Tissue culture for chromosome analysis; amniotic fluid or chorionic villus cells
88267	Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, one karyotype, with banding
88269	Chromosome analysis, in situ for amniotic fluid cells, count cells from 6 to 12 colonies, one karyotype, with banding
99201	Office visit – new patient (for confirmation of pregnancy; see *Section 200-90, Pregnancy*)
99211	Office visit – established patient (for confirmation of pregnancy; see *Section 200-90, Pregnancy*)

* Medical justification is required for codes 59000, 76805, 76810, 76815, 76816 and 76825. See *Section 200-90, Pregnancy*, for more information.

Note: When the patient's pregnancy test is negative, use CPT-4 code 99201 or 99211 for the office visit and code 81025 for the pregnancy test. These are the only reimbursable codes when the pregnancy test is negative.

Reimbursable HCPCS Codes

HCPCS Code	Description
X6098	Rhogam injection
Z1030	Contraction stress test (non-oxytocin)
Z1032	Initial comprehensive pregnancy-related office visit
Z1034	Antepartum visit
Z5220	Collection and handling of blood specimens
Z6200 through Z6500 (excluding Z6208, Z6308 and Z6414)	CPSP services (CPSP providers only)
Z7500	Treatment room

Presumptive Eligibility Non-Benefits

Inpatient services, delivery services, family planning and induced abortion services are not included in the scope of benefits for PE patients.

If a patient needs a procedure that is not a PE benefit, she can apply for retroactive Medi-Cal benefits, which will cover those services if she is eligible.

Eligibility Limitations

Eligibility for PE is limited to once per pregnancy. If PE is granted to a patient and she is not accepted for Medi-Cal, she should not be re-evaluated for the PE program during that pregnancy. If her Medi-Cal application is denied, providers may arrange for private payments.

When determining eligibility, please ensure all items on the PREMED 1 are complete and legible. The applicant's and each family member's full name, date of birth and gross monthly income must be included.

If any family member has received financial aid, providers must fully disclose the name, type of aid, and place and dates the aid was received. If the recipient's case number is known, please record this information in Section B, item 2. Also indicate the type of aid (AFDC, SSI, food stamps or Medi-Cal) and the dates received.

Record Retention

Qualified Providers must retain the PE application, PREMED 1, for all patients (both pregnant and not pregnant) determined eligible for PE for a period of three years from the last billing date. These records must be made available to the Department upon request.

Billing Requirements

Providers submitting claims for PE services before a recipient is approved for Medi-Cal and has received a Benefits Identification Card (BIC) must bill using the 14-digit identification number printed on the recipient's PE card (PREMEDCARD). It is recommended that providers keep a photocopy of the recipient's PE card with her records.

Claims must be completed on a *HCFA 1500* or *UB-92 Claim Form*. If the patient fails to apply for Medi-Cal or is deemed ineligible, the initial services are still reimbursable.

Applying for Participation and Ordering Forms

For information about becoming a Qualified Provider, complete the *Qualified Provider Application for Presumptive Eligibility Participation* and *Presumptive Eligibility Qualified Provider Responsibilities and Agreement* forms at the end of this section.

A *Presumptive Eligibility Forms Order* form also is included at the end of this section for providers who need additional forms and handouts.

Note: The PREMED application package consists of the PREMEDCARD, PREMED 1 and PREMED 2. These are prenumbered and cannot be photocopied. All other forms included with this section may be copied.

Mail completed application forms and order forms to the following address:

Department of Health Services
PE Support Unit
714 P Street, Room 1719
Sacramento, CA 95814

Providers must order PREMED application packets in sets of 50. PREMED forms may be ordered in sets of 20.

Qualified Provider Inquiry Line

General questions regarding the Presumptive Eligibility program may be directed to the PE Support Unit toll-free at 1-800-824-0088.