

July 11, 2003

N.L.: 08-0703
Index: Medical Supplies

TO: ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS) PROGRAM ADMINISTRATORS, MEDICAL CONSULTANTS, NURSE CASE MANAGERS, REGIONAL OFFICE STAFF AND STATE CHILDREN'S MEDICAL SERVICES (CMS) BRANCH STAFF

SUBJECT: AUTHORIZATION FOR PURCHASE OF INCONTINENCE MEDICAL SUPPLIES (IMS)

I. PURPOSE

Numbered Letter 06-0492 "Medical Supplies" provides CCS policy on medical supplies in general. The purpose of this numbered letter is to provide specific policy for IMS that supercedes Numbered Letter 06-0492 for these items, and to:

- A. Provide independent county CCS programs and CMS Branch Regional Offices with instructions and policy guidelines for determining medical necessity and authorizing purchase of IMS for CCS clients regardless of payer source (CCS only, full-scope, no share of cost (SOC) Medi-Cal, or Healthy Families (HF)) including children qualifying for Early and Periodic Screening, Diagnostic and Treatment Supplemental Services (EPSDT-SS).
- B. Distribute Incontinence Medical Supply (IMS) Product Chart with utilization guidelines to CCS Program Staff. (This separate chart will facilitate product updates as they become available and provides for ease of use by CCS staff.)
- C. Instruct County CCS programs and CMS Branch Regional Offices in implementing procedures for authorization of IMS and claims review.



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www.consumerenergycenter.org/flex/index.html

II. DEFINITIONS

For purposes of this numbered letter the following definitions apply:

- A. "Incontinence" means the inability of an individual to voluntarily control bladder and/or bowel excretory functions.
- B. "Incontinence Medical Supplies" are medical supplies required for the care of an incontinent patient, limited to the categories of items classified as IMS by Medi-Cal in Title 22, California Code of Regulations (CCR), Section 59998(b) and waterproof sheeting, which is classified as a standard medical supply. Also included as required in the Welfare and Institutions Code, but not listed in Title 22, are creams and washes limited to incontinence skin care.
- C. "Chronic" means a condition not expected to resolve within two months of onset .
- D. "Listed" means an item that is a Medi-Cal benefit and for which Medi-Cal has a manufacturer's purchasing contract. "Unlisted" means an item that is not a benefit of Medi-Cal and for which the Medi-Cal Program does not have a manufacturer's purchasing contract.
- E. "Contracted" means an item that is listed by Medi-Cal; "non-contracted" means it is not listed by Medi-Cal.

III. BACKGROUND

A. Medi-Cal Program IMS Benefits and Authorization Procedures

The Medi-Cal Program contracts with individual IMS manufacturers to provide IMS to Medi-Cal providers at a negotiated rate. These IMS products are referred to as "listed" or "contracted" products, and are identified by the individual billing codes assigned to each manufacturer and product. There is a set Medi-Cal reimbursement for each item. Refer to the enclosed CCS IMS Product Chart or the Medi-Cal Provider Manual available on-line at www.medi-cal.ca.gov for details.

Listed IMS for which Medi-Cal has contracted are a benefit of Medi-Cal when prescribed by a physician in accordance with Title 22, CCR, Sections 51320, 51526 and 59998, for children **over** the age of **five** years whose incontinence is caused by a chronic pathologic condition. Medi-Cal provides non-contracted, unlisted IMS to clients **over five** years of age only with prior authorization. Medi-Cal provides IMS to beneficiaries **under five** years of age if they have full-scope, no SOC coverage and qualify for EPSDT-SS benefit and the request is prior authorized as an EPSDT-SS.

A Medi-Cal IMS provider may provide listed items to full scope, no SOC, fee for service (FFS) Medi-Cal beneficiaries **over** age **five** without prior authorization and directly bill the fiscal intermediary, currently EDS, up to a limit of \$165.00/client/month. Incontinence creams and washes may be claimed without authorization in addition to the \$165.00/month IMS limit. An EDS system audit prevents more than one provider per client per month from billing the allowed \$165.00 limit. Requests for items exceeding \$165.00 per month and items not included in the Medi-Cal contracts require prior authorization. This \$165.00/month limit does not apply to claims billed with prior authorization, including claims with CCS authorization.

The Medi-Cal Allied Health Provider Manual provides complete information on Medi-Cal IMS benefits and itemizes all IMS that are a benefit of the Medi-Cal Program. Medi-Cal does not authorize or separately reimburse IMS for patients residing in an Intermediate Care Facility for the Developmentally Disabled (ICF-DD) as per Title 22, CCR, Section 59998(a)(4), as these items are included in the daily reimbursement of the facility. However it separately authorizes and reimburses for IMS for clients residing in ICF/DD-Habilitative or ICF/DD-Nursing facilities including pediatric subacute facilities.

B. CCS Program IMS Benefits and Authorizations

The CCS Program requires prior authorization of all services including IMS. However the EDS system allows CCS providers to claim directly (without authorization) to Medi-Cal/EDS for contracted items up to \$165.00/client/month for CCS clients over five years of age with full scope FFS Medi-Cal. Controls within the claims payment system ensure an appropriate incontinence medical diagnosis is indicated on the claim as per Medi-Cal coverage criteria.

This direct billing method is not possible for clients enrolled in Medi-Cal Managed Care Plans (MCP), HF, CCS-only clients, children under five years old, or for claims for unlisted IMS.

The CCS policy, medical necessity criteria for authorization of IMS, and the IMS product information outlined in this numbered letter will assist CCS staff in appropriately authorizing IMS.

IV. POLICY

Effective the date of this letter:

A. Independent County CCS programs and CMS Branch Regional Offices shall determine medical necessity and authorize IMS for the following clients:

1. Clients enrolled in Medi-Cal MCP in which the treatment of CCS eligible condition is carved out
2. HF subscribers
3. CCS- only clients
4. FFS CCS/Medi-Cal clients when
 - The client is under five years of age or
 - The request is for unlisted, non-contracted IMS for clients over five years old, or
 - The provider is directly claiming to EDS for \$165.00/mo. of IMS and the request is for authorization of IMS in excess of \$165.00 already dispensed in one month.

B. MEDICAL NECESSITY CRITERIA (See also Section IV.A)

1. **All** CCS Clients

Incontinence Medical Supplies shall only be authorized for CCS clients who:

- a. Are actively case managed by CCS for services other than IMS and are receiving CCS authorized medical services other than IMS for the CCS-eligible medical condition causing incontinence, and
- b. Have received CCS authorized medical care for the CCS eligible medical condition causing the incontinence from or under the direction of a CCS paneled physician within the preceding 12 months

2. **CCS Clients Over Age Three Years**

Incontinence Medical Supplies may be authorized for CCS clients over the age of three years, regardless of payer source, when the criteria in section IV.B above are met **and** a CCS eligible medical condition is the primary cause of the client's chronic incontinence.

These conditions include, but are not limited to:

- a. Congenital anomalies of the genito-urinary or gastrointestinal tract
- b. Congenital or acquired disorders resulting in neurogenic bladder or bowel and which have not responded to treatment
- c. Neuromuscular disorders which prevent the development of motor skills necessary for continence or independent toileting, including cerebral palsy
- d. Other medical conditions which, when reviewed by the CCS Program Medical Consultant, are determined to be justified.

3. **Clients Less Than Age Three Years**

Incontinence Medical Supplies may be authorized for CCS clients less than age three years, regardless of payer source only when the client meets the medical necessity criteria listed in paragraph IVB.2 and the eligible medical condition causes utilization of supplies beyond the usual amount required for a child of that age.

Authorization shall be limited to the amount of supplies that exceeds the usual need for age. See Enclosed "IMS Product Chart" for quantity guidelines.

4. Ineligible Conditions

Incontinence medical supplies shall not be authorized for CCS clients of any age when:

- a. The CCS eligible medical condition is not the primary cause of the incontinence. (Due to the non-CCS eligible condition, these children would not be expected to achieve continence even in the absence of the CCS eligible medical condition.)
- b. The CCS eligible medical condition is acute and is expected to respond to treatment or be self-limiting within two months of onset, or is limited to the post-operative or post-injury period not expected to exceed two months, including hygiene needs due to casting or temporary immobilization.
- c. The incontinence is limited to nighttime only (nocturnal enuresis) whether or not a CCS eligible medical condition exists, except for renal disorders resulting in inability to concentrate urine.
- d. The child has not requested or received regular CCS case management or CCS authorized medical services within the past year for the CCS eligible medical condition causing the incontinence. This includes clients with private insurance who request only IMS from CCS.
- e. The client is less than the age of three years with the exception of those clients whose eligible medical condition as listed in section IV.B.2 results in diaper utilization beyond the usual need for this age.

Eligibility for IMS by age and product type is summarized as follows (also see Section V.A)

TABLE 1 Eligibility by Age Groups

<u>AGE OF CHILD</u>	<u>BENEFIT TYPE*</u>	<u>PRODUCTS ELIGIBLE FOR</u>
Less than 3 years	EPSDT-SS or H.F. or CCS-only	Only those items of the usual utilization for age. See medical necessity criteria and IMS Product Chart. Medi-Cal does not contract for infant sized diapers so these are all unlisted items.
3 to 5 years	EPSDT-SS or H.F. or CCS-only	All medically necessary products. See necessary criteria. Authorize Medi-Cal listed items when suitable; however many clients will require infant sizes which are not contracted for by Medi-Cal.
Over 5 years	CCS/Medi-Cal or H.F. or CCS-only	All medically necessary products. See medically necessity criteria. Authorize Medi-Cal listed items whenever possible. Authorize unlisted items as "Unlisted" Medi-Cal benefit if medically necessary (not as EPSDT-SS).

*See Section V.C., "Authorizations"

V. POLICY IMPLEMENTATION

A. INCONTINENCE MEDICAL SUPPLY PRODUCTS (See Incontinence Medical Supply Product Chart accompanying this N.L.)

1. Contracted Items

Incontinence medical supplies include those items that are provided by Medi-Cal contracted manufacturers and are listed in Title 22, CCR, Section 59998(b) and itemized in the Medi-Cal Provider Manual June 2001, pages 1-22 and available on-line at www.medi-cal.ca.gov.

- The IMS provider must dispense contracted items unless prior authorization is obtained from CCS specifically for a non-contracted brand-name product.
- Contracted items are available in a variety of brands and are significantly less costly to the program than non-contracted name brands. Contracted IMS include the following:
 - a. Items that are worn:
 - Diapers or briefs: Disposable, fold-out with adhesive tabs, for patients weighing over 33 lbs.*
 - Re-usable washable cloth or mesh pants: Similar to children's training panties, in youth and adult sizes
 - Pant and Pad system: Re-usable washable pant with disposable pad worn inside the pant
 - Shields, Liners and Pads: Disposable liner to be worn inside an article of clothing and suitable only for light incontinence

*Medi-Cal has not contracted to provide diapers in the infant/toddler size range (under 33 lbs.) or disposable elasticized "pull-ups" in any size. All brands of "pull-ups" are non-contracted and require specific medical necessity justification. See Section V.A.2.

- b. Creams and Washes to be used for incontinence-related skin care only, covered as IMS and listed in the Medi-Cal Provider Manual. (For FFS Medi-Cal clients these are available without authorization outside of the \$165.00/client/month limit). Medical documentation must show that standard cleansers or soap and water will not meet the medical needs of the child.
- c. Items to protect bedding or furniture:
 - Disposable underpads: Flat plastic-lined disposable pads that are used to protect patient bedding or other support furniture, but may also be used as an alternative to products worn by the patient. These are available in many sizes and some have adhesive strips.
 - Washable rubberized flannel-backed flat bed sheeting: covered as a medical supply, not as an incontinent medical supply, and separately listed in Title 22, CCR, Section 59998(b). These are limited to a quantity of 2 per 365-day period.

*Note: Fitted or zippered mattress covers are considered a convenience item and are not contracted for by Medi-Cal.

2. Non-Contracted and Name-Brand items

Incontinence medical supplies that are not contracted by Medi-Cal may be medically necessary in limited situations. Documentation must show none of the contracted brands or products meet the medical needs of the child. Variations in fit, absorption, rash, latex sensitivity, caregiver convenience, etc. do not usually justify such items, and they should not routinely be authorized for these

reasons. A client may request the provider to change the brand of contracted diaper if the product dispensed is not satisfactory for these reasons. All contracted diapers are allergen and latex-free.

The following non-contracted name-brand items may be authorized only if the client meets these criteria in addition to the medical necessity criteria in Section IV:

- a. Infant diapers (also called briefs): For clients weighing **less than 33 lbs**. Medi-Cal does not contract for any infant or toddler-sized diapers that fit this size client. ******
- b. Toddler-sized disposable elasticized "pull-ups": for clients **over** the age of **three years** who meet either of the following criteria:
 - The client has the cognitive and motor skills to participate in a toilet training program, and there is documentation of participation and progress in an ongoing program. Initial authorizations for this purpose shall be limited to a period of 12 months, and reauthorization requires documentation of progress made and an ongoing plan.
 - The client is partially or fully independent in toileting and is mainstreamed into the public for school or employment, and there is documentation that the request is for purposes of maintaining client self-care or dignity.
 - Other compelling medical needs exist as determined by the medical consultant
- c. Other non-contracted specialty diapers: Only for individual clients whose unusual medical or physical requirements justify the request, including but not limited to morbid obesity or severe or unusual physical deformities

****** NOTE: For all products, refer to the Incontinence Medical Supply Product Chart accompanying this N.L. for summary

information including codes and quantities, and to the Medi-Cal Provider Manual for detailed information and updates.

3. Non-Benefit Items.

Items which are considered personal hygiene products or convenience items and are not benefits include disposable wet-wipes in any brand, standard soap products such as Dial, and fitted elasticized mattress covers.

B. REQUESTS FOR AUTHORIZATION

1. Clients Over five years of Age with FFS Medi-Cal

The provider may have exercised the option to bill EDS directly for Medi-Cal contracted products totaling up to \$165.00/client/month, or creams and washes in any amount. However, for non-contracted or name brand items in any amount or for items in excess of \$165.00/client/month, CCS authorization is required. The IMS provider shall submit with the request an itemized list of IMS being dispensed under the \$165.00/month limit and clearly indicate which items are requested in excess of this limit. CCS may then authorize as for all other clients in Section V.B.2 below.

2. All other clients

The provider shall follow standard CCS authorization request procedures. The provider shall submit with the request an itemized list of all IMS being requested as described in Section V.B.3 below.

3. Documentation Required

All requests for authorization of IMS shall be accompanied by the following documentation:

a. Completed Incontinence Supplies Prescription Form (Attachment A)

- The IMS provider shall submit a completed Medi-Cal Incontinence Supplies Prescription Form (Attachment A) to the County or CMS Branch Regional Office for all clients

regardless of payer source. It is the IMS provider's responsibility to complete the form, but physician signature must be obtained. (Questions number 3 and 4 on page 1 of the form are not required.) The provider must indicate the usage in terms of daily and monthly numbers of each item used—not in case lots. This form is available on-line in the Medi-Cal Allied Health or Pharmacy Provider Manual, and is currently used by all Medi-Cal incontinence supply providers for Medi-Cal requests. Providers may submit their own computer-generated request list if it includes all information on the Medi-Cal form and is signed by the paneled physician. **Requests not itemized including product description, daily and monthly usage quantities, billing codes and prices for non-contracted items shall not be accepted.**

- **The CCS-paneled physician** authorized to provide primary or sub-specialty care for the client must sign the completed prescription form (including for private insurance clients).
- If the request is for a FFS Medi-Cal client **over five years** for IMS exceeding the \$165.00/client/month limit (excluding creams and washes) or including non-contracted items, the IMS provider must clearly indicate on the form those products already dispensed within the \$165.00/month limit, and those in excess of the \$165.00/month limit. Medical justification must be given for the excess products requested beyond those available within the \$165.00/month limit. IMS providers are familiar with this system.

b. Physician's Statement of Medical Justification.

For any non-contracted or name-brand items the prescribing physician shall specifically document why a contracted item is not sufficient to meet the needs of the client. Refer to Section V.A.2 for criteria for authorization of these items.

C. AUTHORIZATIONS

1. Authorizations shall be granted for the period of the client's CCS eligibility but not to exceed 12 months.

2. **Clients less than five years old** may have IMS authorized as follows: (See Section IV, Table I)
 - a. Those who have full-scope, no SOC Medi-Cal are eligible for IMS only as an EPSDT-SS benefit, not as a regular Medi-Cal benefit
 - b. All other clients in this age group may have IMS authorized as CCS-only benefit
3. **Clients over five years old** may have IMS authorized as follows:
 - a. Full scope, FFS Medi-Cal clients are eligible for items contracted by Medi-Cal as a regular Medi-Cal benefit. IMS not contracted by Medi-Cal, such as name-brand items, shall be authorized as an **unlisted medical supply, and do not require authorization as EPSDT-SS.**
 - b. All other clients in this age group may have IMS authorized as a CCS-only benefit.

*See Section IV.B for **medical necessity criteria** for all age groups.

4. The authorization statement for all clients regardless of payer source shall include all of the following information from the Incontinence Supplies Prescription Form (Attachment A) which the provider is required to complete and submit:
 - a. Name of provider
 - b. Specific item descriptions and the Health Care Procedural Code System (HCPCS) billing code for each item requested for both contracted and non-contracted items as follows:
 - Contracted IMS items shall be authorized (and claimed) stating the **product billing code** followed by the contracting manufacturer's two letter modifier as listed in the Medi-Cal Provider Manual. See the enclosed "Incontinence Medical Supply Product Chart".

- Non-contracted name-brand items shall be authorized (and claimed) using the miscellaneous billing supply code “9999A__” completed with the two-letter manufacturer modifier provided by the requesting IMS provider.
 - All items shall be **accurately described**. For example “9999AKI” indicates any non-contracted diaper manufactured by Kimberly Clark, and the description might specify “disposable toddler pull-up, size 18 lbs.” The authorization statement must be specific, not just name brand, such as “Huggies” or “pull-ups”.
- c. Total **quantity of each item** being authorized per month must be indicated. Indicate the number of individual items authorized, not the number of cases of the item, although the County may round the total number to the nearest case if reasonable to do so.
- d. Date of issuance of authorization
- e. Time period authorized with beginning and ending date
5. **Authorizations for “blanket services”** such as “incontinence supplies as needed”, “diapers for six months”, or “diapers as per Medi-Cal limits” are not specific and **shall not be issued**. There are no controls within the EDS or Medi-Cal system that limit quantities when the authorization is not specific.
6. For FFS Medi-Cal clients **over five years** of age if the authorization request is for items in excess of those already dispensed within the \$165.00/client/month direct claiming limit, the authorization issued must clearly indicate that only those items outside of the direct claiming limit are being authorized. Do **not** authorize items directly claimed without authorization. See Section V.B.1.
7. Authorizations for clients **less than five years** of age and eligible for EPSDT-SS must include instructions to the provider to claim as EPSDT-SS.

8. Items #1, 4, and 5 of this section shall apply to clients who are not eligible for Medi-Cal. (The counties are encouraged to be certain the client has applied for the Medi-Cal Program, if eligible. Clients requiring IMS are likely to be eligible for Medi-Cal based on their disability and eligibility for Social Security.)
9. It is suggested that an incontinence supply flow-chart be established for each client's chart for the case manager's use in review and record keeping.

It is the responsibility of the IMS provider to provide CCS with accurate product information and quantity information required for the authorization request and claim. However, CCS staff are responsible to verify that the quantities, codes and product information is correct.

D. DENIED REQUESTS

An IMS provider whose request has been denied by CCS may submit the request to Medi-Cal for Medi-Cal beneficiaries. The provider must include a copy of the CCS denial with his request to Medi-Cal, and therefore the CCS denial language must accurately relate the reason for CCS denial, as follows:

1. If incontinence is not primarily due to the CCS eligible medical condition, state: "Medical documentation does not support that the client's incontinence is primarily due to the CCS eligible medical condition."
2. If the requested item is not medically necessary, state: "(The requested item) is not determined to be medically necessary to treat the CCS eligible medical condition." This example would include denials for excessive quantities, or denied requests for an unlisted item (i.e. pullups) when a listed item (i.e. standard diapers) would be adequate.
3. If requested items are within the expected usage for a client under three years old, state: "The request does not meet the CCS criteria for authorization of IMS for clients in this age group."

4. If requested items are convenience items or standard household products that are not a benefit, state: "The requested item, _____, is not a benefit of the CCS/Medi-Cal Program."
5. If the denial is administrative, use standard CCS denial language.

E. CLAIMS PROCESSING (See Attachment B)

1. Refer to CCS Numbered Letter 05-0896 "Claims Processing Procedures" for general instructions for processing claims for medical supplies.
2. Medi-Cal providers shall use their Medi-Cal Provider Identification number to claim. Non-Medi-Cal Providers shall use their CGP Identification number to claim. IMS can be claimed using either the HCFA 1500 form or Pharmacy 30-1 claim form.
3. For all claims requiring authorization, (CCS-only, HF, Medi-Cal Managed Care, clients under five years of age, or claims for FFS Medi-Cal clients for non-contracted products or for items in excess of \$165.00/client/month), the County and CMS Branch Regional Offices shall:
 - a. Review each submitted claim prior to approval of payment
 - b. Carefully **compare the claim with the itemized CCS authorization.**
 - c. Approve **only** those claims that match the authorization, including **all of the following** information:
 - Billing codes of each item claimed (see Attachment A for summary of products available and billing codes)
 - Monthly quantities of each item dispensed
 - Specific product description (see attachment for summary of products available and billing codes) of each item claimed
 - Authorization period

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4. If the provider has billed EDS for contracted items dispensed for CCS/Medi-Cal clients over age five years for up to the \$165.00/month limit, any claims for non-contracted items or for items in excess of \$165.00/client/month must be authorized by CCS prior to approving payment.
5. For claiming instructions specific to the Sacramento County Regional Office, please refer to CCS/GHPP Provider Manual.

If you have any questions about this numbered letter, please contact Judy Cook M.D., at (916) 327-1218 or by e-mail, jcook1@dhs.ca.gov.

Original Signed by Maridee Gregory, M.D.

Maridee A. Gregory, M.D., Chief
Children's Medical Services Branch

Enclosure

ATTACHMENT A

Incontinence Supplies Prescription Form

This form must accompany all *Treatment Authorization Requests* (TARs) for incontinence supplies. The prescription form must include all supplies needed for the time period, not just the supplies requiring a TAR.

Recipient Name: _____ Date of Birth: _____

Medi-Cal ID Number: _____ Age: _____

Recipient Residence: Home Board and Care ICF/DD-H ICF/DD-N
 Other _____

Provider Contact: _____

Telephone Number: _____

1. Recipient is incontinent of: Bowel Bladder

2. Medical condition/diagnosis causing bowel or bladder incontinence:

3. Type of urinary incontinence: Overflow Stress Urge
 Mixed Functional

4. Type of bowel incontinence: Nervous system pathology
 Functional (for example, chronic constipation)

5. Describe any previous evaluation and treatments attempted and outcomes. Document reasons why other treatment options (pharmacologic, drug, behavioral techniques or surgical intervention) are not appropriate to decrease or eliminate incontinence:

6. Prognosis for controlling incontinence:

7. Brief summary of incontinence therapeutic intervention plan:

8. Document need for and usage of multiple absorbent products and garments. Explain need if requesting multiple types of incontinence supplies:

Mark a "T" in the "Needs TAR?" column if the supply needs a TAR.

NEEDS TAR?	PRODUCT TYPE AND BILLING CODE	DAILY USAGE	UNIT COST	MONTHLY USAGE	MONTHLY COST (Includes Markup and Sales Tax)	TOTAL UNITS	TOTAL COSTS (Includes Markup and Sales Tax)

Prescription valid for _____ months.

Prescribing Physician's Verification (Physician Use Only)

I have reviewed my patient's medical records and the items requested above. I verify that I have physically examined the patient within the last 12 months and have established that this patient has a chronic pathologic condition which is causally related to his/her incontinence and that other treatment options are not appropriate to decrease or eliminate incontinence. I have prescribed the items described above which I have determined to be medically necessary for this patient. I will maintain a copy of this prescription in the recipient's medical record to meet Medi-Cal documentation requirements.

I further authorize the provision of listed and generically equivalent incontinence products for this patient should the requested item not be listed on the Incontinence Medical Supply List.

YES NO

Physician's Name and Address (please print or type):

Physician's Telephone No.: _____ Physician's Medi-Cal Number: _____

Physician's Signature: _____ Date: _____

CCS BILLING GUIDELINES FOR INCONTINENCE MEDICAL SUPPLIES

<u>CLIENT</u>	<u>CCS-ONLY*</u>	<u>CCS/MEDI-CAL, FEE-FOR-SERVICE</u>	<u>CCS/MEDI-CAL, MEDI-CAL MANAGED CARE PLAN</u>	<u>CCS-ONLY*</u>	<u>CCS/MEDI-CAL, FEE-FOR-SERVICE</u>	<u>CCS/MEDI-CAL, MEDI-CAL MANAGED CARE PLAN</u>
<u>CLIENT AGE</u>	<u>UNDER AGE 5</u>					
<u>PROVIDER NUMBER</u> HCFA 1500, Field 33 Pharmacy Claim Form 30-1 (RV-7), Field 3	CGP Provider Number e.g., CGP000000	Medi-Cal Provider Number e.g., ZZT654321	Medi-Cal Provider Number e.g., ZZT654321	CGP Provider Number e.g., CGP000000	Medi-Cal Provider Number e.g., ZZT654321	Medi-Cal Provider Number e.g., ZZT654321
<u>CLIENT ID</u> HCFA 1500, Field 1a Pharmacy Claim Form 30-1 (RV-7), Field 6	Leave Field Blank	Social Security Number	Social Security Number	Leave Field Blank	Social Security Number	Social Security Number

* “CCS-only” includes CCS children and CCS/Healthy Families children without Medi-Cal, full scope, no share of cost eligibility.

CCS BILLING GUIDELINES FOR INCONTINENCE MEDICAL SUPPLIES

<u>CLIENT</u>	<u>CCS-ONLY*</u>	<u>CCS/MEDI-CAL, FEE-FOR-SERVICE</u>	<u>CCS/MEDI-CAL, MEDI-CAL MANAGED CARE PLAN</u>	<u>CCS-ONLY*</u>	<u>CCS/MEDI-CAL, FEE-FOR-SERVICE</u>	<u>CCS/MEDI-CAL, MEDI-CAL MANAGED CARE PLAN</u>
<u>CLIENT AGE</u>	<u>UNDER AGE 5</u>			<u>AGE 5 YEARS AND OLDER</u>		
<u>WHERE PROVIDER IS TO SEND CLAIMS</u>	COUNTY CCS OFFICE	COUNTY CCS OFFICE	COUNTY CCS OFFICE	COUNTY CCS OFFICE	EDS (ELECTRONIC DATA SYSTEMS) OR COUNTY CCS OFFICE**	COUNTY CCS OFFICE

* “CCS-only” includes CCS children and CCS/Healthy Families children without Medi-Cal, full scope, no share of cost eligibility.

** If claimed amount for incontinence supplies is greater than \$165.00 per month or if the item is not a contracted

CCS BILLING GUIDELINES FOR INCONTINENCE MEDICAL SUPPLIES

<u>CLIENT</u>	<u>CCS-ONLY*</u>	<u>CCS/MEDI-CAL, FEE-FOR-SERVICE</u>	<u>CCS/MEDI-CAL, MEDI-CAL MANAGED CARE PLAN</u>	<u>CCS-ONLY*</u>	<u>CCS/MEDI-CAL, FEE-FOR-SERVICE</u>	<u>CCS/MEDI-CAL, MEDI-CAL MANAGED CARE PLAN</u>
<u>CLIENT AGE</u>	<u>UNDER AGE 5</u>		<u>AGE 5 YEARS AND OLDER</u>			

*****TABLE BELOW FOR CCS PROGRAM USE ONLY*****

<u>AUTHORIZATION</u>	<u>Authorize services as CCS-only benefit</u>	<u>Authorize services as EPSDT-SS</u>	<u>Authorize services as EPSDT-SS</u>	<u>Authorize services as CCS-only benefit</u>	<u>Authorize services as CCS/Medi-Cal benefit</u>	<u>Authorize services as CCS/Medi-Cal benefit</u>
<u>TAR CONTROL_BOX FIELD</u> HCFA 1500, Field 23 Pharmacy Claim Form 30-1 (RV-7), Fields 27, 46, 65, 84	Enter 11 Digit County ID Number ending in an <u>8</u> e.g., 15212345678 (Counties must use the appropriate funding code for CCS children enrolled in Healthy Families.)	Enter 00000000004 or <u>4</u>	Enter 00000000004 or <u>4</u>	Enter 11 Digit County ID Number ending in an <u>8</u> e.g., 15212345678 (Counties must use the appropriate funding code for CCS children enrolled in Healthy Families.)	Enter 00000000008 or <u>8</u>	Enter 00000000008 or <u>8</u>

* “CCS-only” includes CCS children and CCS/Healthy Families children without Medi-Cal, full scope, no share of cost eligibility.

INCONTINENCE MEDICAL SUPPLY PRODUCT CHART¹

(February, 2003)

<u>Description of Item</u> (Do not use brand names)	<u>Contracted?</u>	<u>Billing² Code</u>	<u>Suggested Average Daily Usage</u>	<u>Suggested Monthly Usage³</u>	<u>Sizes Available</u>
Disposable Adult Briefs (diapers) Economy	Yes	9986 __ 9998 __ and many others	6-8	180-240	Y, Sm., Med.
Disposable Adult Briefs (diapers) Economy	Yes	9985 __			Large
Disposable Adult Briefs (diapers) Premium	Yes	9997 __			Y, Sm., Med., Lg
Disposable Adult Briefs (diapers) Premium	Yes	9934 __			XLg
Disposable Pad (for pant and pad system)	Yes	9987 __	6-8	180-240	
Re-usable Adult Pant (for use with pad)	Yes	9996 __	N/A	2 per 6 mo.	Sm. Med., Lg,
Re-usable Adult Pant (for use with pad)	Yes	9997 __	N/A	2 per 6 mo	XLg, XXLg
Adult Mesh Pant re-usable	Yes	9933M	N/A	2 per 6 mo.	One size
Adult Mesh Pant re-usable	Yes	9933M			Sm. Med., Lg

¹ Codes and item descriptions are taken from the Medi-Cal Allied Health Provider Manual. The user should refer to the manual for additional codes and current information, and the user is responsible for updating this reference chart periodically.

² The manufacturer's individual 2-letter modifier must be included in the billing codes given. Refer to the Medi-Cal Provider Manual for a list of manufacturers and their many modifiers. Codes are not payable if provider uses incomplete or incorrect code.

³ Express in total number of individual items used, not the number of cases .

Type of Item (Do not use brand names)	Contracted?	Billing Code	Daily Usage	Monthly Usage	Sizes Available
Adult Mesh Pant re-usable	Yes	9947M			XLg
Adult Mesh Pant re-usable	Yes	9934M			XXLg
Disposable Adult shields, liners, pads	Yes	9931__ 9932__ 9988__	4-8	120-240	N/A
Disposable Adult Undergarment	Yes	9933__ & 9945__			
Disposable Under Pads, Economy	Yes	9998__	3-4	90-120	17" x 24" to 30" x 68", & 70" x 28"
Disposable Under Pads, Premium	Yes	9988__			17" x 24" to 30" x 68, " & 70" x 28"
Creams (See Provider Manual for itemization)	Yes	9980P, 9980U	Information not avail.	Information not avail.	Varies 2 oz – 9 oz
Washes	Yes	9980 W, 9981B	Information not avail.	Information not avail.	8 oz – 12 oz
Infants Briefs (diapers), Disposable (Limited to clients under approx. 33 lbs.)	No--Available only as non-contracted item in many ⁴ brands	9999A (No manufact. modifier) ⁵	8-10	240-300	Sm. – XL 0 lbs. – 30 lbs.

⁴ See numbered letter for criteria for authorization of non-contracted items

⁵ 9999A is the billing code for all non-contracted incontinence medical supplies. In addition, provider should designate a manufacturer's 2-letter modifier.

<u>Type of Item</u> (Do not use brand names)	<u>Contracted?</u>	<u>Billing Code</u>	<u>Daily Usage</u>	<u>Monthly Usage</u>	<u>Sizes Available</u>
Elasticized Disposable Toddler Pull-ups Huggies brand only Other brands are available, and provider must use that manufacturer's specific code. All are non-contracted.	No--Available only as non-contracted item	9999AKI (for Kimberly Clark only)	4-6 if for toilet-training	120-180	Toddler to adult
Flat waterproof lined bed sheeting (Elasticized or fitted sheeting is not a benefit of Medi-Cal)	Yes—as medical supply.		N/A	2 initially, then 1 per 6 mo.	N/A

ADDENDEM TO INCONTINENCE SUPPLY CHART-Revised July, 2003
(Accompanies N.L.: 08-0703)

Replacement for name brand (unlisted) diapers and pull-ups

The following brands are now being carried by all Medi-Cal incontinence supply providers and are intended to be dispensed **INSTEAD OF** other name brands such as Huggies, Goodnights, Attends, etc.
These are equal quality diapers made by Kendall, and are approximately half the cost of the Huggies (whose pull-ups were costing \$1.80 each!)

**When you receive a request for Huggies, etc., please ask the provider to change the request to specify one of the following brands as being the less costly alternative, or modify the request to specify one of the following brands. Note that there are only two miscellaneous codes for the diapers and one for pull-ups.

Diapers (fit clients approx. 33# and over)- Replacement for Huggies Baby Diapers

Dryper Diapers—code **9999azz**. Sizes: “step 3”—168/case 16-28#
“step 4”—152/case 22-37#
“step 5”—136/case 27+ #
“step 6”—112/case 35+ #

OR

All Dry Baby Diapers—code **9999avs** Sizes: “step 3”—225/case 16-28#
“step 4”—192/case 22-37#
“step 5”—176/case 27+ #
“step 6”—120/case 35+ #

Pullups for toddlers and children

Replacement for Goodnites: KE Sleep Pants—code **9999ake** Sizes 45-125#

Replacement for Huggies pull-ups: Run Arounds Pull-Ups—code **9999ake**
Sizes med., lg., & Xlg.

Replacement for Huggies Supreme: Curity (KE) Ultra Fit—code **9999ake**

Your assistance in helping to limit program expenditures is appreciated!