

# This Computes!



## Department of Health Services Children's Medical Services Network (CMS Net) - Information Bulletin #119

- **Inpatient SARs will now cover blood products including factor**

A non-contract hospital must bill blood products provided during an inpatient stay to CCS-only and CCS/Healthy Families clients using the hospital's out patient provider number. In the past, this has required a separate SAR for the blood products be issued to the outpatient provider number. Effective for any inpatient SAR **issued on or after 6-27-2005**, a separate SAR will no longer be necessary. The Claims processing system at EDS has been modified to allow the hospital to use the SAR issued for the inpatient stay to be used to bill the blood products with using the hospital's outpatient provider number. You will no longer need to issue a separate SAR for these services. The inpatient SAR will not list these services but the claims processing system has been programmed to use the inpatient SAR when the provider bills the services with their outpatient number. A Medi-Cal provider bulletin will be issued to notify the providers of this change.

- **Claims for inpatient hospitals will only match on digits 4-8 (contract vs. non-contract)**

Hospitals that have contracts with the Medi-Cal program are required to bill CCS/Medi-Cal services using their contract number (HSC prefix). Services to straight CCS and CCS/HF children must be billed using their non contract provider number (HSP, ZZR, or ZYT prefix). In the past, if a CCS child lost Medi-Cal eligibility during an inpatient stay, the hospital had to request a new SAR under the hospital's non contract number in order to bill for those days for which the child had no Medi-Cal eligibility. If a CCS only child became Medi-Cal eligible during the inpatient stay, the hospital had to request a SAR under the hospital's contract number to bill for those days in which the child had Medi-Cal eligibility.

The EDS claims processing system has been modified to allow a SAR issued to either of the hospital's provider numbers to be used if, as a result of a change in the child's eligibility status, the hospital needs to bill using their other numbers. It will no longer be necessary to issue a new SAR when the child's eligibility changes. This change will apply to any inpatient SAR regardless of the issue date.

It will be the hospital's responsibility to verify ongoing eligibility and bill with the appropriate provider number; claims submitted with the incorrect provider number will be denied, directing the provider to use the provider number appropriate to the child's eligibility status. A Medi-Cal provider bulletin will be issued explaining this change to providers.