STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY GRAY DAVIS, Governor

DEPARTMENT OF HEALTH SERVICES
714/744 P Street
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 657-2941

December 29, 1999

All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Public Health Directors
All County Mental Health Directors
All County MEDS Liaisons

Letter No.: 99-79

MEDI-CAL CONTINGENCY PLANS AND INSTRUCTIONS YEAR 2000 (Y2K)
ADDITIONAL INFORMATION

This letter is to convey the December 1999 provider bulletin (Enclosure 1) referenced in All County Welfare Directors Letter No. 99-72.

The December 1999 provider bulletin contains an example of Supplemental Security Income and a California Work Opportunity and Responsibility to Kids' Notice of Action.

Thank you very much for your cooperation. If you have any questions regarding this matter, please contact Mr. Armando Martinez of my staff, at (916) 657-1487.

ORIGINAL SIGNED BY

ANGELINE MRVA, Chief
Medi-Cal Eligibility Branch

Enclosure

ELECTRONIC DATA SYSTEMS CORPORATION

MEDI-CAL UPDATE

P.O. BOX 13029, SACRAMENTO, CA 95813-4029

Inpatient/Outpatient Bulletin 302 **December 1999**

Contents

Y2K Eligibility Options 1
Attachments: *Social Security Administration Supplemental Security Income award letter Notice of Action*

Point of Service Network Hours on December 31, 1999 1

Web Toolbox: On the Internet 1

Hospice Room and Board Reimbursement Rate: Update 1

Deep Brain Stimulation of the Thalamus: New Benefit 2

Vagal Nerve Stimulator: Billing Update 3

Morbid Obesity: Update 4

Breast Cancer Early Detection Program: Update 5

Durable Medical Equipment: Support Surface Billing Code Update 5

1999 CPT-4 Physician Reimbursement Rates: Modifiers -73 and -74 5

CPT-4 Code 99284: Billing for Nonphysician Medical Practitioners 5

CPT-4 and HCPCS Procedure Codes: Year 2000 Updates 6

RHC/FQHC: New Billing Code 18 6

POS Device: Y2K Upgrade Warning 6

POS Device and CERTS Users: Address Changes 7

Mental Health Plan Point of Authorization Directory: Update 7

RAD Code: Update 7

AEVS Other Health Coverage: Update 7

Medi-Cal Suspended and Ineligible Provider List: Online-Only Sections 8

Instructions for manual replacement pages:

Section 000
Remove and replace: 000-10-3/4 *

Section 100
Remove and replace: 100-40-5/6
100-45-3 thru -6

Section 200
Remove and replace: 200-10-1/2, -13/14
200-27-5/6, -9 thru -12, -25 thru -35
BCEDP Application (English and Spanish forms)
Remove and replace: Consent forms (English and Spanish)
Insert: Consent forms (Tagalog, Chinese, Russian, Vietnamese and Korean) *(new)*
Remove: 200-51-11 thru -16
Insert: 200-51-11 thru -17 *(new)*

Section 200 (continued)
Remove and replace: 200-65-3/4
Remove: 200-125-11 thru -16, -27/28
Insert: 200-125-11 thru -16, -27 thru -31 *(new)*

Section 300
Remove and replace: 300-10-1/2 *
300-55-41/42
300-105-1 thru -4
300-111-1/2

Section 400
Remove and replace: 400-14-13/14
400-43-1/2

Internet-Only Sections:
Medi-Cal Suspended and Ineligible Provider List **
Automated Eligibility Verification System Carrier Codes **

MEDI-CAL DRUG USE REVIEW MANUAL

Section 35
Remove and replace: 35-1/2 *

* Pages updated/corrected due to ongoing provider manual revisions.
** Pages available at **www.medi-cal.ca.gov**.

Please see reverse for EDS/Medi-Cal Hotlines.

EDS/MEDI-CAL HOTLINES

1-800-541-5555	Provider Support Cente
(916) 636-1000, ext. 2100	Border Pr
1-800-541-7747	Specialty Pr
1-800-257-6900	Obstetrics or Comprehensive P
	Services Program (OB/CPSP) Pr
1-800-786-4346	Provider Telecommunications Networ
(916) 636-1100	Computer Media Claim
1-800-330-1536	Breast Cancer Early Detection Program (I
1-800-427-1295	POS/Internet He

For a complete listing of specialty programs and hours of operation, please refer to Medi-Cal Directory in the provider manual.

Y2K Eligibility Options

The information provided in this document is a Year 2000 readiness disclosure statement pursuant to the Year 2000 Information and Readiness Disclosure Act (Public Law 105-271).

This bulletin includes an example of the Supplemental Security Income award letter issued by the Social Security Administration and a Notice of Action issued by the County Social Services office, which were originally referred to in the November 1999 *Medi-Cal Update.*

Important: In addition, if the Director of the Department of Health Services declares a Y2K event for a particular area, providers should document how they became aware of the Y2K event.

Web Toolbox
On the Internet

Readers, viewers, Zip files. Sound confusing? The Medi-Cal Web site has something to help you make sense of it all – the Web Toolbox. Located on the Related Sites page at *www.medi-cal.ca.gov*, the Web Toolbox contains links to all the software needed to put the Medi-Cal Web site to work for you.

Here's what is available: The latest versions of Netscape Navigator or Microsoft Internet Explorer Web browser enable you to use all the features of the Medi-Cal Web site. Medi-Cal publications can be viewed with MS Word 97 Viewer and Adobe Acrobat Reader or WinZip and PKUnzip decompress files for speedier downloads.

The best part? These products are free and can be downloaded to your desktop at anytime.

If you have questions, view the *Quick Start Guide* on the Medi-Cal Web site. The POS/Internet Help Desk is also available at 1-800-427-1295 for technical assistance. The Web Toolbox – another sensible solution from Medi-Cal.

POS NETWORK

Point of Service Network Hours on December 31, 1999

The Point of Service (POS) network will be shut down at 11:50 p.m. on December 31, 1999 instead of at the regular shutdown time (11:59 p.m.) to allow for the Y2K rollover. The network will resume regular hours on January 1, 2000 at 2:00 a.m.

Hospice Room and Board Reimbursement Rate
Update

Effective for dates of service on or after January 1, 2000, the hospice room and board rate for Nursing Facility Level B, billing code Z7110, has increased to $89.56. Providers should bill using the new rate for dates of service on or after January 1, 2000. *For more information, refer to manual replacement page 100-40-5, included with this bulletin.*

Deep Brain Stimulation of the Thalamus
New Benefit

Effective May 13, 1999, Deep Brain Stimulation (DBS) of the thalamus is reimbursable subject to prior authorization when performed for recipients with the following conditions:

- Parkinson's disease that is not adequately controlled by medication or is resistant to medical therapy, and the tremor constitutes a significant functional disability

DEEP BRAIN STIMULATION OF THE THALAMUS: NEW BENEFIT *(continued)*

Note: The patient must not show evidence of chronic, advanced dementia or significant impairment from Alzheimer's disease.

- Essential tremor that is not adequately controlled with medication or is resistant to medical therapy, and the tremor constitutes a significant functional disability

DBS procedures must be performed with microelectrode recording that can improve the accuracy of thalamic location and reduce neurosurgical complications.

Implantation of the device for DBS of the thalamus should be performed only by a physician experienced in stereotactic neurosurgery and microelctrode recording.

This procedure may be performed only with Federal Drug Administration approved devices, systems and equipment.

The following CPT-4 codes may be reimbursed for the initial implantation of neurostimulator electrodes and subcutaneous insertion of the neurostimulator pulse generator.

Test Stimulation Codes

Code	Description
61795	Stereotactic computer assisted volumetric intracranial procedure
61855	Twist drill or burr hole(s) for implantation of neurostimulator electrodes; subcortical

Pulse Generator Placement Codes

Code	Description
61885 *	Incision and subcutaneous placement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling
95920	Intraoperative neurophysiologic testing, per hour

* Code 61885 requires a TAR.

Analysis and Reprogramming Codes

Code	Description
95970	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple or complex neurostimulator pulse generator, without reprogramming
95971	simple neurostimulator pulse generator, with intraoperative or subsequent programming

Required ICD-9-CM Codes

DBS of the thalamus is reimbursable only when billed in conjunction with ICD-9-CM codes 332.0 (Parkinson's disease) and 333.1 (essential tremor).

Hospital Stay

A minimum hospitalization of two days is usually required for an uncomplicated elective DBS of the thalamus procedure. Additional documentation is required for hospital stays longer than two days.

DEEP BRAIN STIMULATION OF THE THALAMUS: NEW BENEFIT *(continued)*

Activa Tremor Therapy Device

Claims for the Activa Tremor Therapy Device must be accompanied by an approved *Treatment Authorization Request* (TAR). In addition, documentation indicating the implantation of electrodes and/or insertion of the neurostimulator generator must be included. Claims for the Activa Tremor Therapy Device are separately reimbursable with the following HCPCS codes.

Code	Description
E0751	Implantable neurostimulator pulse generator, or combination of external transmitted with implantable receiver (includes extension)
E0753	Implantable neurostimulator electrodes, per group of four

Codes E0751 and E0753 must be billed "By Report" and are reimbursed at invoice cost. Contract hospitals billing for these codes must document in the *Remarks* area of the claim that these codes are a contract exclusion. These codes must be billed on the *UB-92 Claim Form* using the Outpatient format. For more information about contract hospitals, refer to *Section 200-35, Contracted Services*, in the Inpatient/Outpatient manual.

Revision Codes

Revision of the cranial neurostimulator electrodes may be reimbursable when submitted with an approved TAR and billed with CPT-4 code 61880 (revision or removal of cranial neurostimulator electrodes). In addition, claims billed with CPT-4 code 61795, 95920, 95970 or 95971 are reimbursable for the revision of the neurostimulator electrodes and do not require an approved TAR.

Revision of the neurostimulator pulse generator may be reimbursable when submitted with an approved TAR and billed with CPT-4 code 61888 (revision or removal of cranial neurostimulator pulse generator or receiver).

Second DBS Procedure

Providers may be reimbursed for performing a second DBS procedure on a patient's opposite side (bilateral procedure) if documentation is provided indicating that the patient suffers from disabling contralateral symptoms that significantly interfere with activities of daily living. A bilateral procedure will not be approved if requested within three months of the first procedure. Simultaneous bilateral DBS is not reimbursable.

Other Reimbursable Codes

Providers may be separately reimbursed for performing magnetic resonance imaging (70551 - 70553) or computerized tomography (70450 - 70470) of the brain with or without contrast prior to the DBS procedure.

This information has been added to manual replacement pages 200-125-28 thru -30, included with this bulletin.

Vagal Nerve Stimulator
Billing Update

Prior authorization for the Vagal Nerve Stimulator (VNS) is required. The surgeon requesting prior authorization to implant a VNS device must indicate on the *Treatment Authorization Request* (TAR) form the number of VNS devices with electrodes he or she has previously implanted, the name of the neurologist who will be following the patient post-implementation and the number of patients with the device who are managed by the neurologist.

VAGAL NERVE STIMULATOR: BILLING UPDATE *(continued)*

Note: For Medi-Cal program purposes: a surgeon experienced with implantation of the VNS device is one who has implanted the VNS device and related electrodes on at least three occasions; a neurologist experienced with the VNS device has successfully managed at least three patients with the device, including both programming the device and following the patients post-implantation.

Refer to manual replacement pages 200-125-12 and -13, included with this bulletin.

Morbid Obesity
Update

Effective January 1, 2000, surgical treatment of clinically severe obesity (Body Mass Index [BMI] of greater than or equal to 40) should no longer be billed with CPT-4 code 43999 (unlisted procedure, stomach), but should be billed with specific CPT-4 codes. Morbid obesity can be a health danger because of the associated increased prevalence of cardiovascular risk factors such as hypertension, hypertriglyceridemia, hyperinsulinemia, diabetes mellitus and low levels of high-density lipoprotein (HDL) cholesterol. Conservative and dietary treatments include low (800 – 1200) calorie and very low (400 – 800) calorie diets, behavioral modification, exercise and pharmacologic agents. When these less drastic measures have failed or are not appropriate, providers may use the following surgical treatment options for morbidly obese recipients. Prior authorization is required.

CPT-4 code	Description
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty
43843	other than vertical-banded gastroplasty
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (less than 100 cm) Roux-en-Y gastroenterostomy
43847	with small bowel reconstruction to limit absorption

TAR Requirements

Treatment Authorization Requests (TARs) for CPT-4 codes 43842, 43843, 43846 and 43847 must include all of the following documentation:

- The recipient has a BMI, the ratio of weight (in kilograms) to the square of height (in meters), of:
  - Greater than 40, or
  - Less than 40 if substantial co-morbidity exists, such as life-threatening cardiovascular or pulmonary disease, sleep apnea, uncontrolled diabetes mellitus, or severe neurological or musculoskeletal problems likely to be alleviated by the surgery.
- Failure of sustained weight loss on conservative regimens.
- The recipient has a clear and realistic understanding of available alternatives and how their lives will be changed after surgery, including the possibility of morbidity and even mortality, and a credible commitment to make the life changes necessary to maintain the body size and health achieved.
- The absence of contraindications to the surgery including major life-threatening disease not susceptible to alleviation by the surgery, uncontrolled substance abuse, severe psychiatric impairment and demonstrated lack of compliance and motivation.

MORBID OBESITY: UPDATE *(continued)*

Surgery Revision

Claims billed with CPT-4 code 43848 (revision of gastric restrictive procedure for morbid obesity [separate procedure]) are not reimbursable. However, in rare situations where revision of bariatric surgery is medically necessary, providers may be reimbursed for claims billed with CPT-4 code 43999 (unlisted procedure, stomach). Prior authorization is required and these claims must be billed "By Report." Justification for revision of the previous surgery must be documented on the submitted TAR. *This information is reflected on manual replacement pages 200-125-27 and -28, included with this bulletin.*

Breast Cancer Early Detection Program
Update

Effective December 1, 1999, women aged 40 and over may be eligible for an annual screening consisting of a clinical breast exam and mammogram. In addition, the *Consent to Take Part in Program and Give Personal/Medical Facts* form is now available in English, Spanish, Chinese, Tagalog, Russian, Vietnamese and Korean. *Please see updated manual pages 200-27-5, -6, -9 thru -12, -26 thru -35 and BCEDP Application and Consent to Take Part in Program and Give Personal/Medical Facts forms, included with this bulletin.*

Durable Medical Equipment
Support Surface Billing Code Update

The Department of Health Services has rescinded the support surface billing code changes announced in the August 1999 *Updated Information*. Effective for dates of service on or after August 30, 1999, providers must use HCPCS code X2982 (dynamic mattress replacement system) to bill for Group II support surfaces, in place of deleted code E0277. Claims previously reimbursed for code E0277 for dates of service on or after August 30, 1999 will be reprocessed automatically at the daily rental rate of $37.00. *Please refer to manual replacement pages 200-40-16, 200-85-5, 300-51-28, 300-81-2 and 300-111-1, included with this bulletin.*

1999 CPT-4 Physician Reimbursement Rates
Modifiers -73 and-74

The 1999 CPT-4 update added new modifiers -73 (discontinued outpatient hospital/ambulatory surgery center [ASC] procedure prior to the administration of anesthesia) and -74 (...after administration of anesthesia). Effective for dates of service on or after August 30, 1999, claims billed with these two modifiers may be reimbursed when billed by hospital outpatient departments and surgical clinics if they are accompanied by a report that explains why the procedure was discontinued and how the procedure met the definition of the modifier. *Please see manual replacement page 300-55-41, 300-111-1 and 400-14-13 included with this bulletin.*

CPT-4 Code 99284
Billing for Nonphysician Medical Practitioners

Effective immediately, claims billed with CPT-4 code 99284 (emergency room visit) are reimbursable when billed by the physician and performed by a Nonphysician Medical Practitioner (NMP) to the extent permitted by applicable professional licensing statutes and regulations as set forth in the Physician/Practitioner Interface. *Refer to manual replacement page 200-65-4, included with this bulletin.*

CPT-4 and HCPCS Procedure Codes
Year 2000 Updates

The year 2000 updates to *Physicians' Current Procedural Terminology – 4th Edition* (CPT-4) codes and Health Care Financing Administration's Common Procedure Coding System (HCPCS) Level II codes will become effective for Medicare on January 1, 2000. Medi-Cal has not yet adopted the year 2000 updates. Do not use year 2000 codes to bill for Medi-Cal services until notified to do so in a future *Medi-Cal Update*.

RHC/FQHC
New Billing Code 18

Effective immediately, Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) may bill with code 18 (Managed Care Differential Rate - Local Initiative [LI]) on the *UB-92 Claim Form* if the recipient is a member of a managed care plan. The rate for this code approximates the difference between payments received from the LI, rendered on a per-visit basis, and the code 01 rate.

Retroactive Services

RHC and FQHC providers under the two-plan model submitting claims for services rendered to managed care plan recipients may bill code 18 retroactively to July 1, 1999. RHC and FQHC providers under County Organized Health Systems (COHS) and Geographic Managed Care (GMC) plans submitting claims for services rendered to managed care plan recipients may bill code 18, effective October 1, 1999.

For more information, please call the EDS Provider Support Center (PSC) at 1-800-541-5555. *Refer to manual replacement page 100-45-4, included with this bulletin.*

POS Device
Y2K Upgrade Warning

The information provided in this document is a Year 2000 readiness disclosure statement pursuant to the Year 2000 Information and Readiness Disclosure Act (Public Law 105-271).

Warning: Providers must download new POS device software.

Recently, EDS sent a reminder letter to all providers who have a Point of Service (POS) device and have not yet downloaded the newest Y2K software version for the POS device (Version ZZA0302.V00).

On September 20, 1999, the Department of Health Services began to disable POS devices without this new Y2K-compliant version. After the POS device is disabled, providers will be able to verify recipient eligibility through the telephone Automated Eligibility Verification System (AEVS) until the newest version of the POS device software has been downloaded successfully.

Providers with ANY questions regarding the download process can:

- Refer to the download instructions outlined in the EDS letter described above
- Visit the Medi-Cal Web site at *www.medi-cal.ca.gov*. Select "Y2K Download for POS Providers," then select "POS Download Instructions"
- Refer to page 500-55-3 of the *POS Device User Guide*
- Call the POS/Internet Help Desk at 1-800-427-1295

POS NETWORK

POS Device and CERTS Users
Address Changes

The Department of Health Services (DHS) and EDS have released new software versions for the Point of Service (POS) device and Claims and Eligibility Real-Time System (CERTS). DHS and EDS have mailed several notices with the most current software and download information to providers.

Providers who have moved and not reported the address change to the POS Help Desk may not have received this important information. All POS devices that do not have software version ZZA0302.V00 and all CERTS software releases earlier than version ZYA0210.V00 have been deactivated. To update your address and request the most current version of CERTS or POS download information, please contact the POS Help Desk at 1-800-427-1295.

Mental Health Plan Point of Authorization Directory
Update

The Mental Health Plan Point of Authorization Directory has been updated to include phone number, fax number and address changes. *Please refer to revised manual pages 200-51-11 thru -17, included with this bulletin.*

RAD Code
Update

The following Remittance Advice Details (RAD) message has been updated to help reconcile your accounts.

Code	Message
314	Recipient is not eligible for the month of service billed.

Please see manual replacement page 400-43-2, included with this bulletin.

www.medi-cal.ca.gov

AEVS Other Health Coverage
Update

The *AEVS: Carrier Codes for Other Health Coverage* section is updated monthly and is available on the Internet at *www.medi-cal.ca.gov*. Providers should check the Automated Eligibility Verification System (AEVS) carrier codes section for new or revised code listings. Additions and changes to this section are shown in bold and underlined type.

Please see the AEVS carrier codes by clicking the "Publications" link, the appropriate "Provider Manual" link and then the "Online-Only Section" link on the Medi-Cal Web site. Providers may view or download the AEVS carrier codes in Microsoft Word format. Providers may also order a hard copy update of the section by calling the Provider Support Center (PSC) at 1-800-541-5555.

AEVS OTHER HEALTH COVERAGE: UPDATE *(continued)*

December updates are listed below:

Code	Carrier
A216	AETNA LIFE/CASUALTY
A218	ALTIUS HEALTH PLANS HMO
A374	ADMINISTRATIVE SOLUTIONS
A375	AETNA U.S. HEALTHCARE
A378	SUSPENDED
A379	AETNA US HEALTHCARE
A380	AETNA US HEALTHCARE
A384	AETNA US HEALTHCARE
B164	BENEFIT MANAGEMENT SERVICES
C050	CIGNA HEALTHCARE
C141	COORDINATED BENEFITS
C192	CIGNA HEALTH CARE
C553	CNA HEALTH PARTNERS
C668	CALIFORNIA CARE HMO
D047	DELAWARE AMERICAN LIFE INS
E137	EMPLOYEE SECURITY INC
F137	FIRST HEALTH
F138	FIRST CHOICE HEALTH PLAN
G123	GROUP RESOURCES INC
H027	HEALTHGUARD
L041	LEWER AGENCY INCORPORATED
L110	LADD MEDICAL CLAIMS DEPARTMENT
M188	METROPOLITAN LIFE DENTAL
M193	MARYLAND FIDELITY CO
O029	OXFORD HEALTH PLANS
P205	PREFERRED HEALTH SYSTEMS
P208	PREFERRED CARE
P209	PLATINUM CONSULTING
P210	PIPELINE INDUSTRY BENEFIT FUND
R100	RETAIL FOOD/MEAT
S148	SINCLAIR MANAGED HEALTH
S149	SIOUX VALLEY HEALTH PLAN
S436	SCHMIDBAUER LUMBER INC
T173	SUSPENDED
U129	UFCW

Please see updated manual section AEVS: Carrier Codes for Other Health Coverage (aev ohc car) on the Internet.

www.medi-cal.ca.gov

Medi-Cal Suspended and Ineligible Provider List
Online-Only Sections

The *Medi-Cal Suspended and Ineligible Provider List* (S&I List) is updated monthly and is available on the Internet at *www.medi-cal.ca.gov*. Additions and changes are shown in bold type and reinstated providers are removed from the S&I List. Always refer to the S&I List when verifying provider ineligibility.

Please see the S&I List by clicking the "Publications" link, the appropriate "Provider Manual" link and then the "Online-Only Section" link on the Medi-Cal Web site. Providers may view or download the S&I List in Microsoft Word format. Providers may also order a hard copy update of the section by calling the Provider Support Center (PSC) at 1-800-541-5555.

Note: The S&I List Supplements will no longer be released in the *Medi-Cal Update*. Providers should refer to *www.medi-cal.ca.gov* for suspended and ineligible provider information.

S&I List additions and changes will be included in the monthly bulletins. December updates are listed below:

Physician (susp A)

Alway, Paul R. 1111 San Antonio Avenue Alameda, California	00G474151 CGP145015	Suspended indefinitely effective 8/20/98.
Ballesteros, Jose aka: Jose Sayson Ballesteros 16539 Brass Lantern Drive La Mirada, California	00A363560 00A363561	Suspended 9/20/99 for 25 years.
Bigelsen, Harvey 710 Whiting Court San Diego, California	AZ-MD09667	Suspended 4/20/98 for 5 years.
Brezel, Bruce S. P.O. Box P Shelton, Washington	MD26384	Suspended indefinitely effective 7/20/98.

MEDI-CAL SUSPENDED AND INELIGIBLE PROVIDER LIST: ONLINE-ONLY SECTIONS *(continued)*

Brodie, Howard R. 5912 Cahill Avenue Tarzana, California	00G449300	Suspended indefinitely effective 9/20/99.
Causey, Dennis Michael P.O. Box 14459 San Francisco, California	00G506180	Suspended indefinitely effective 8/19/99.
Cenac, Paul E. aka: Paul Edward Cenac 3001 Squalicum Parkway, Suite 16 Bellingham, Washington	MD275638	Suspended indefinitely effective 8/19/99.
Clegg, Charles T. 404 S. Mohler Drive Anaheim, California	00G135550	Suspended indefinitely effective 11/20/97.
Ezra, Joseph P.O. Box 500 Boron, California	00A313540 CGP045675	Suspended 8/26/97 for 10 years.
Forgey, Burnell Gordon 333 E. 17th Avenue, Suite. 17 Costa Mesa, California	00A106020	Suspended indefinitely effective 8/20/98.
Germann, Timothy D. 15001 Mission Hills Mission Hills, California	00A169630	Suspended indefinitely effective 9/20/99.
Gravador, Lourdes 5134 N. Meadow Wood Avenue Lakewood, California	00A297950	Suspended indefinitely effective 9/20/99.
Harris, Verne Duncan 622 W. Duarte Road, Suite. 202 Arcadia, California	00G421140	Suspended indefinitely effective 9/20/99.
Hufnagel, Vicki Georges 1060 Hanley Avenue Los Angeles, California	00G354720	Suspended indefinitely effective 9/20/99.
Hutson, Edward E. 35626 Linda Drive Fremont, California	00C283890	Suspended indefinitely effective 10/20/99.
Josef, Avelino S. 1741 Pacific Avenue Long Beach, California	00A346590	Suspended indefinitely effective 8/20/98.
Juarez, Jesus R. 2105 N. Cornelia Fresno, California		Suspended indefinitely effective 11/20/97.
Landau, Allyn Beth 260 Stockton Street San Francisco, California		Suspended indefinitely effective 11/20/97.
Lim, Ramulfo Y. 1096 Southgate Avenue Daly City, California	00A387190 00A387191 XPY005950	Suspended indefinitely effective 8/20/98.
Margoles, Michael Stuart aka: Michael S. Margoles 4777 Corte DeCervato San Jose, California	00A239020	Suspended indefinitely effective 10/20/99.
Martin, Roscoe aka: Roscoe B. Martin Roscoe Bernard Martin 5337 37th Avenue, Suite 4 Sacramento, California	00A390170 00A390171	Suspended 8/20/98 for 3 years.
McCombs, Martin B. 2017 E. 4th Street Long Beach, California		Suspended indefinitely effective 9/20/99.
McGhee, Orsel S. 7385 Nightingale Circle Anaheim, California	00G461120	Suspended indefinitely effective 9/20/99.
Pak, Han Ho P.O. Box 1403 Pebble Beach, California	00C388060	Suspended indefinitely effective 9/20/99.
Roth, Michael J. 812 El Oro Lane Pacific Palisades, California	00C344530	Suspended indefinitely effective 8/20/98.
Saucier, Billy 10357 Ruffner Avenue Granada Hills, California	PA11026 (Physician Assistant)	Suspended indefinitely effective 10/15/99.
Smith, Charlie Frank, Jr. 696 Oak Grove Road Gray, Tennessee	00C370180	Suspended 10/20/99 for 20 years.
Stebbins, Robert D. 770 Welch Road, Suite 300 Palo Alto, California	00G180670 CGP071220	Suspended indefinitely effective 7/20/98.
Sterns, Jordan B. 55755 Baltimore Road, #105-154 La Mesa, California		Suspended indefinitely effective 9/20/99.
VanDerStuyf, James Gene 16291 Countess Drive Huntington Beach, California	00G473800 00G473801	Suspended indefinitely effective 8/20/98.

Psychiatric Technician (susp C)

Berard, Robert aka: Robert Roland Berard P.O. Box 1566 Santa Cruz, California	PT7411	Suspended indefinitely effective 10/20/99.
Lopez, Doris Ann aka: Dorothy Ann Pearson Doris Ann Moore Kathy Wickard 443 B Tecate Road, Apt. 319 Blythe, California	PT19360	Suspended indefinitely effective 9/20/99.
Smith, David Ralph aka: David Smith 3124 Celebrity Lane Modesto, California	PT22158	Suspended indefinitely effective 10/20/99.
Thompson, Felix, Jr. 671 Catramaran Way Perris, California	PT18574	Suspended indefinitely effective 9/20/99.

MEDI-CAL SUSPENDED AND INELIGIBLE PROVIDER LIST: ONLINE-ONLY SECTIONS *(continued)*

Tonks, Michael Jay PT6389 Suspended
74-119 Catalina Way indefinitely effective
Palm Desert, California 9/20/99.

Walker, Harriet Denise PT27413 Suspended
aka: Harriet Denise Williams indefinitely effective
Harriet Denise Bass 9/20/99.
1043 San Antonio Drive, Apt. 104
Colton, California

Psychologist (susp C)

Davis, Reed C. Suspended
300 B Street, #213 indefinitely effective
Santa Rosa, California 2/19/98.

Jett, Sigurd A. Suspended
327 Begonia Boulevard indefinitely effective
Fairfield, California 10/20/99.

Light, Howard Wayne CGP101465 Suspended
50 Old Courthouse Square, PB0085630 indefinitely effective
#400 8/20/99.
Santa Rosa, California

Reimer, Robert Timothy PH0080690 Suspended
aka: Robert T. Reimer indefinitely effective
970 Wellborne Court 10/20/99.
Walnut Creek, California

Spurr, John Suspended
2901 Sandy Lane indefinitely effective
Santa Cruz, California 3/19/98.

Pharmacy (susp E)

Atkinson, Robert W. RPH19686 Suspended
1265 W. Birchcrest Avenue 10/20/99
Brea, California for 7 years.

Pharmacy Technician (susp E)

Langefeld, Janet 49-086396 Suspended
2097 Deodara Street indefinitely effective
Vacaville, California 9/20/99.

Chiropractor (susp J)

Altvater, Robert F. Suspended
324 Oak Street, Suite H indefinitely effective
Bakersfield, California 5/20/98.

Barahemi, Mansoureh Suspended
1180 S. Miramar Avenue indefinitely effective
Anaheim Hills, California 9/20/99.

Barno, Michael Suspended
8854 Greenback Lane, #2 indefinitely effective
Orangevale, California 9/20/99.

Cherachanko, Deborah A. DC0187600 Suspended
3251 Shane Lane indefinitely effective
Cottonwood, California 10/8/97.

Dounies, Therese M. Suspended
36 Malaga Cove Plaza, #202 indefinitely effective
Palos Verdes Estates, California 8/20/98.

Marts, Richard A. Suspended
660 San Fernando Road, #18 indefinitely effective
Los Angeles, California 10/20/99.

Olajide, Gbolahan A. Suspended
3701 Stocker Street, Suite 309 indefinitely effective
Los Angeles, California 10/20/99.

Ortiz, Ernest E. Suspended
24345 La Glorita Circle indefinitely effective
Valencia, California 9/20/99.

Razavian, Fahimeh Suspended
aka: Fahimeh Ghaffari indefinitely effective
21622 Marguerite Parkway, Apt. 269 9/20/99.
Mission Viejo, California

Chiropractic Clinic (susp J)

Deirdre J. Little Chiropractic Suspended
674 Via De La Valle Street indefinitely effective
Solana Beach, California 7/20/99.

Joseph Haeckel Chiropractic Suspended
752 1st Street indefinitely effective
Gilroy, California 7/20/99.

Shaw Avenue Chiropractic Suspended
3025 West Shaw Avenue, Suite 103 indefinitely effective
Fresno, California 9/20/99.

Podiatrist (susp K)

Lichau, Kristin Lenore 000E20430 Suspended
196-A Sotoyome 000E20431 indefinitely effective
Santa Rosa, California 8/20/98.

Marin, Phillip G. 000E21820 Suspended
12500 Bruceville Road 000E21821 11/20/97
Elk Grove, California for 10 years.

Clinic Owner (susp O)

Bunna, Jason Suspended
dba: Eagle Medical Clinic indefinitely effective
3836 East Fountain Avenue 11/6/99.
Long Beach, California

Certified Nurse Assistant (susp R)

Young, Nord Leverne 0250630 Suspended
1451 Underwood Avenue indefinitely effective
San Francisco, California 11/6/99.

Registered Nurse (susp R)

Allen, Jerre Wayne RN425394 Suspended
P.O. Box 4090999 indefinitely effective
Ione, California 9/20/99.

MEDI-CAL SUSPENDED AND INELIGIBLE PROVIDER LIST: ONLINE-ONLY SECTIONS *(continued)*

Bailey, Ross Dwaine 4009 Camel View Road, Apt. 174 San Diego, California	RN542681	Suspended indefinitely effective 9/20/99.
Barnette, Sally aka: Sally C. Barnette Sally Cathleen Cofer P.O. Box 5543 Sacramento, California	RN369482	Suspended indefinitely effective 8/8/99.
Castanera, Pamela aka: Pamela Ann Castanera Pamela Ann Castanera-Moniz 1356 Monte Vista Avenue St. Helena, California	RN236615	Suspended indefinitely effective 5/27/99.
Evans, Elizabeth Ann 13805 Wells Lane Lodi, California	RN173716	Suspended indefinitely effective 8/19/99.
Glover, Marion Ethel aka: Marion E. Glover P.O. Box 33 Grizzly Flats, California	RN108344	Suspended indefinitely effective 8/20/98.
Hughes, Kelly D. aka: Kelley Denise Hughes Kelly Denise Posten Kelley Denise Posten Black Hughes 917 Birch Street Wasco, California	RN376087	Suspended indefinitely effective 7/7/99.
Klat, Susan V. P.O. Box 27137 J Street, Bldg. 3000 Ft. Worth, Texas		Suspended indefinitely effective 10/20/99.
Major, Victoria Ann 1609 Grand Avenue Piedmont, California	RN113775	Suspended indefinitely effective 8/8/99.
McQueen, Velda aka: Velda Lynn Abernathy 15473 Burwood Road Victorville, California	EPS002100	Suspended indefinitely effective 10/15/99.
Payette, Tammy Lee 7660 Beverly Boulevard, #314 Los Angeles, California	RN451713	Suspended indefinitely effective 3/21/99.
Ricks, Melvin T. 1574 Vista Club Circle, #204 Santa Clara, California	RN294850	Suspended indefinitely effective 7/7/99.
Sorenson, Deborah P. aka: Deborah P. Hannon 9623 Arlisson Drive Sacramento, California	RN370911	Suspended indefinitely effective 7/4/99.
Wilson, Phyllis Delane Aka: Phyllis Wilson 2707 Waudman Avenue Stockton, California	RN374024	Suspended indefinitely effective 7/20/98.

Vocational Nurse (susp R)

Barton, Tracy Yvette aka: Tracy Yvette Green Tracy Yvette Pike Tracy Yvette Deason Tracy Yvette Barca 15675 S. Badger Flat Road Los Banos, California	VN162511	Suspended indefinitely effective 7/20/99.
Bryant, Troy Lee 3541 East 52nd Street Maywood, California	VN161774	Suspended indefinitely effective 9/20/99.
Caudle, Tina Louise 11017 Adoree Street Norwalk, California	VN176869	Suspended indefinitely effective 9/20/99.
Dawson, Carmencita Valerio aka: Carmen Dawson Carmencita Valerio Papa 2814 West Stoneybrook Drive Anaheim, California	VN92883	Suspended indefinitely effective 9/20/99.
Fuqua, Frances Lee 43754 Challenger Way, Apt. H Lancaster, California	VN158783	Suspended indefinitely effective 8/19/99.
Greene, Maria Ann 474 A East Battles Street Santa Maria, California	VN159180	Suspended indefinitely effective 9/20/99.
Hoener, Irene aka: Irene Rachel Hoener Irene Rachel Garavito 1411 Baird Road Santa Rosa, California	VN18011	Suspended indefinitely effective 10/20/99.
Johnson, Harold Richard 446 Chateaula Salie Drive San Jose, California	VN58426	Suspended 9/20/99 for 10 years.
Lenett, Maxine Ethel aka: Maxine Ethel Rose 14344 Encanto Drive Victorville, California	VN136608	Suspended indefinitely effective 9/20/99.
Long, Michael aka: Michael Earl Long P.O. Box 470296 San Francisco, California	VN162650	Suspended indefinitely effective 9/20/99.
Moore, Steve Douglas aka: Steven Douglas Moore 541 N. Main Street, 104-182 Corona, California	VN62209	Suspended indefinitely effective 9/20/99.
Peoples, Lalena 5938 Lauder Street San Diego, California	VN175589	Suspended indefinitely effective 8/19/99.
Rice, Michael David 655 Corbett, #101 San Francisco, California	VN109598	Suspended indefinitely effective 9/20/99.

MEDI-CAL SUSPENDED AND INELIGIBLE PROVIDER LIST: ONLINE-ONLY SECTIONS *(continued)*

Stewart, James A. 2143 West 78th Place Los Angeles, California	VN162307	Suspended indefinitely effective 8/19/99.
Sweatt, Debra Diane 4085 Howard Avenue Los Alamitos, California	VN147115	Suspended indefinitely effective 8/19/99.
Wagers, Aaron K. 193 W. Park Avenue, Apt. C El Cajon, California	VN173873	Suspended indefinitely effective 8/19/99.
Wiley, Kimberlee Ann aka: Kimberlee Singleterry Kimberlee Wiley 1040 Diablo Avenue Chico, California	VN85795	Suspended indefinitely effective 10/20/99.

Respiratory Care Practitioner (susp S)

Bosompem, Andrew Mireku 6925 Haskell Avenue, #112 Van Nuys, California	28678	Suspended indefinitely effective 9/20/99.

Bookkeeper (susp T)

Dupre, Deborah Lynn 2928 Villa Avenue Clovis, California	Suspended 9/20/99 for 15 years.

Medical Assistant (susp T)

Preap, Dennisa Thida 1389 Junipero, #4 Long Beach, California	Suspended 9/20/99 for 10 years.

Please see updated manual sections Medi-Cal Suspended and Ineligible Provider List A – U (susp A – U) on the Internet.

Social Security Administration
Supplemental Security Income

Notice of Award

SST, 6th Floor
1221 Nevin Ave
Richmond, CA 94802
Phone: 916 688-8790
TDD: tdd
FAX: fax
Office Hours: hours

Mr. Laurence Smith
123 ABC Ave
Sacramento, CA 95673

December 27, 1999
Claim Number: 000-00-0000

Dear Mr.Smith:

This is to notify you that you are eligible to receive Supplemental Security Income payments under the provisions of Title XVI of the Social Security Act. The rest of this letter will tell you more about our decision.

January 1, 2000	continuing	670.00

You meet all eligibility requirements.

Information About Medicaid and other benefits.

Things To Remember

Your SSI payments may change if your circumstances change. Therefore, you are required to report any changes in your situation that may affect your SSI. For example you should tell us if:

- you move
- anyone moves from or into your household
- your marital status changes
- income or resources for you or members of your household change
- you stop or start attending school regularly
- your medical condition improves

See Next Page

- you go to work

This will help us pay you correctly.

Please read the booklet "When You Get SSI - What You Need To Know" carefully for additional information about this requirement.

The application you filed for SSI was also a claim for Social Security benefits. We looked into this and decided you can't get any Social Security benefits If you think we're wrong about this, you have the right to appeal. A case review, described later in this letter, is the only kind of appeal you can have regarding Social Security benefits.

If You Disagree With The Decision

If you disagree with this decision, you have the right to appeal. We will review your case and consider any new facts you have. Then, a person who did not make the first decision will decide your case. We will also look at those parts of the decision you agree with and may make them unfavorable or less favorable to you.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you receive this letter. We assume you got this letter 5 days after the date on it, unless you show us that you did not get it within the 5-day period.
- You must have a good reason if you wait more than 60 days to ask for an appeal.
- To appeal, you must fill out a form called "Request for Reconsideration." The form number is SSA-561. To get this form, contact one of our offices. We will help you fill out the form.

How to Appeal

There are two ways to appeal. <u>You can pick the one you want. If you meet with us in person, it may help us decide your case.</u>

- <u>Case Review</u>. You have the right to review the facts in your file. You can give us more facts to add to your file. Then we will decide your case again. You will not meet with the person who decides your case. This is the only kind of appeal you can have to appeal a medical decision.

See Next Page

- Informal Conference. You will meet with the person who decides your case. You can tell that person why you think you are right. You can give us more facts to help prove you are right. You can bring other people to help explain your case.

If You Want Help With Your Appeal

You can have a friend, lawyer or someone else help you. There are groups that can help you find a lawyer or give you free legal services if you qualify. There are also lawyers who do not charge unless you win your appeal. We have a list of groups that can help you with your appeal.

If you get someone to help you, you should let us know. If you hire someone, we must approve the fee before he or she can collect it.

Other Information

We are sending you a pamphlet that contains important information you should know. The pamphlet is called "When You Get SSI...What You Need To Know."

If You Have Any Questions

If you have any questions, you may call, write, or visit any Social Security office. If you call or visit our office, please have this letter with you and ask for The telephone number is shown above.

Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

signature name
signature title

Enclosure(s):
SSA Pub. No. 05-11011

NOTICE OF ACTION

COUNTY OF XXXX

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date December 30, 1999

Case Name :

Number

WORKER
Name :

Number :

Telephone:

Address :

(ADDRESSEE)

Questions? Ask your Worker

State Hearing: If you think this action is wrong you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of January 1, 2000, the County has approved your cash aid and Medi-Cal.

Your first day of cash aid is January 1, 2000.
Your first month's cash aid amount is $ 539.00

This month is based on a full month's cash aid.

Your cash aid is figured on this notice. You will get a plastic Benefits Identification Card (BIC) in the mail soon. Take this plastic card to your medical provider when you need care. This card is good as long as you are eligible for Medi-Cal.

DO NOT THROW AWAY YOUR PLASTIC CARD(S).

You will be able to use it again if you become eligible for Medi-Cal.

Monthly Cash Aid Amount

Section A. Countable Income, Month Of January, 2000		
Total Business Income	$	.00
40% Standard Business Expenses	-	.00
Actual Business Expenses	-	.00
Net Earnings from Self-Employment	=	.00
Total Disability Based Unearned Income:	$	.00
Disregards:	-	225.00
Nonexempt Unearned Disability Based Income	=	.00
Disregards Remainder:	$	225.00
Total Earned Income:	$	.00
Net Earning from Self-Employment	+	.00
Less Disregard Remainder	-	225.00
Less 50%	-	.00
Nonexempt Unearned Disability Based Income	+	.00
Other Nonexempt Income	+	.00
Net Countable Income	=	.00

Section B. Your Cash Aid, Month Of January, 2000		
1. Maximum Aid, 02 Persons	$	539.00
2. Special Needs	+	.00
3. Net Countable Income from Section A	-	.00
4. Maximum Aid Subtotal	=	539.00
5. Maximum Aid, 02 Persons	$	539.00
6. Special Needs	+	.00
7. Maximum Aid Subtotal	=	539.00
8. (Not Applicable)	$	.00
9. (Not Applicable)	+	.00
10. (Not Applicable)	=	.00
11. Full Month Aid subtotal (From line 4, 7, or 10)	=	539.00
12. Line 11, Prorated for Part of Month	=	.00
13. Adjustments: 25% Child Support Sanc.	-	.00
Collect Overpayment	-	.00
Cal-Learn Penalty	-	.00
Cal-Learn Bonus	+	.00
14. Monthly Cash Aid Amount	=	539.00

Rules: These rules apply: you may review them at your welfare office: 40-173.1 ; 44-315.4 ; 44-315.5 ; 44-317 .