

EWC Claims and Reimbursement

EWC Provider Orientation

Billing Information

- » EWC and Medi-Cal are separate programs; however, EWC relies on Medi-Cal billing procedures to process both hard copy and electronic claims.
- » The same billing policies and procedures, and the same rules apply to EWC.
- » Payment for program-covered services is at Medi-Cal rates.
- » All updates to EWC are published on the Medi-Cal website.
- » You can subscribe to receive Medi-Cal updates and alerts about the EWC program.
 - Medi-Cal Subscription Services · MCSS (powerappsportals.com)
 - Select General Medicine

EWC Claims and Reimbursement Billing

EWC relies on the Medi-Cal process of claim adjudication

- » Bill using the clinic NPI
- » Use same type of claim form as Medi-Cal (Either CMS 1500 or UB-04)
- » Ensure recipient ID is not expired and that it appears on each claim
- » Ensure NPI on claim form matches NPI where recipient received services

Billing examples can be found by entering *ev woman* into the search box on the Medi-Cal website home page (*ev woman exc, ev woman exub*)

EWC Claims and Reimbursement Submission

- » Submit hard copy or electronically
- » Electronic billing per Medi-Cal electronic billing instructions
- » Claims questions go to the Telephone Services Center (TSC) at 1-800-541-5555

[TSC Prompt Menu](#)

- » Hard copies mailed to:

Medical Services (CMS-1500)

California MMIS Fiscal Intermediary

P. O. Box 15700

Sacramento, CA 95852-1700

Outpatient Services (UB-04)

California MMIS Fiscal Intermediary

P.O. Box 15600

Sacramento, CA 95852-1600

EWC Claims and Reimbursement

Telephone Services Center (TSC): 1-800-541-5555

» Medi-Cal TSC is for help with:

- Clarifying Medi-Cal billing policies and procedures
- Logging onto the Medi-Cal Provider Portal
- Completing claims, Claims Inquiry Forms (CIFs), appeals, and Resubmission Turnaround Documents (RTDs)
- Requesting training from the a Medi-Cal Regional Representative

Staffed from 8 am to 5 pm, Monday through Friday (except holidays)

EWC Claims and Reimbursement Covered Procedures

- » EWC-approved CPT-4 and ICD-10 codes can be found in the Ev Woman portion of the Medi-Cal Manual
- » Only EWC approved ICD-10 codes can be listed on the claim to be eligible for payment.
- » Claims submitted with non-EWC approved ICD-10 codes will be denied.

EWC Claims and Reimbursement Timeline

- » Original claims for reimbursement must be received within 6 months following the month in which services were rendered
- » Timelines match Medi-Cal guidelines

| Claims Received | Reimbursement Rate |
|----------------------|------------------------------------|
| During 7 - 9 month | 75% of the Medi-Cal allowed amount |
| During 10 - 12 month | 50% of the Medi-Cal allowed amount |
| Over One Year | 0% (denied) |

EWC Claims and Reimbursement

Common Reasons for Denials

- » Expired or invalid Recipient ID
- » Service provided is not covered or incorrect CPT code billed
- » Wrong modifier
- » Incomplete or wrong ICD-10 codes
- » Cycle not eligible for case management

EWC Claims and Reimbursement Questions About Denials

- » Contact TSC (1-800-541-5555)
- » If a TSC agent is not able to resolve a claim issue, the agent will escalate it to their manager and Customer Service Unit
- » Contact Medi-Cal Regional Representative for billing assistance
- » Contact your Clinical Coordinator (CC) only as a last resort
 - EWC CCs do not have access to billing information system