



California
Department of
Health Services
DIANA M. BONTÁ, R.N., Dr. P.H.
Director

State of California—Health and Human Services Agency
Department of Health Services



GRAY DAVIS
Governor

August 6, 2003

CCS Information Notice No.: 03-10

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

**SUBJECT: CORRECTION AND ADDENDUM TO CCS NUMBERED LETTER (NL)
08-0703 REGARDING AUTHORIZATION FOR PURCHASE OF
INCONTINENCE MEDICAL SUPPLIES**

The purpose of this information notice is to inform local CCS programs of the following correction and addendum to CCS N.L.: 08-0703:

- The correction is to the footnotes for “CCS Billing Guidelines for Incontinence Medical Supplies” (Attachment B). This is an important procedural correction.
- The “Addendum to Incontinence Supply Chart,” which was released with CCS Information Notice 03-12, has been updated to include client weights for supplies.

The online version of CCS N.L.: 08-0703 has been updated to reflect these two changes. If you have already printed copies of this letter, please use the enclosed documents to replace Attachment B and insert the addendum after Attachment C.



Do your part to help California save energy. To learn more about saving energy, visit the following web site:
www.consumerenergycenter.org/flex/index.html

1515 K Street, Suite 400, MS 8100, P.O. Box 942732, Sacramento, CA 94234-7320
(916) 327-1400

Internet Address: [http:// www.dhs.ca.gov/pcf/cms](http://www.dhs.ca.gov/pcf/cms)

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If you have questions about this information notice, please contact Dr. Judy Cook, at 916-327-1218 or e-mail Jcook1@dhs.ca.gov.

Original Signed by Maridee Gregory, M.D.

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

Enclosures

CCS BILLING GUIDELINES FOR INCONTINENCE MEDICAL SUPPLIES

Revised July 2003

<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>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 (listed) Medi-Cal benefit.

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>	Authorize services as CCS-only benefit	Authorize services as EPSDT-SS	Authorize services as EPSDT-SS	Authorize services as CCS-only benefit	Authorize services as CCS/Medi-Cal benefit	Authorize services as CCS/Medi-Cal benefit
<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., 1521234567 <u>8</u> (Counties must use the appropriate funding code for CCS children enrolled in Healthy Families.)	Enter 000000000 <u>4</u> or <u>4</u>	Enter 000000000 <u>4</u> or <u>4</u>	Enter 11 Digit County ID Number ending in an <u>8</u> e.g., 1521234567 <u>8</u> (Counties must use the appropriate funding code for CCS children enrolled in Healthy Families.)	Enter 000000000 <u>8</u> or <u>8</u>	Enter 000000000 <u>8</u> or <u>8</u>

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

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

Dryer 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!