



Long Term Care

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Medi-Cal Training Seminars

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Quality Assurance Fee on Skilled Nursing Facilities for Rate Year 2009 – 2010

This article provides information concerning the Quality Assurance Fee (QAF) assessed for each non-exempt Free-Standing Nursing Facility Level Bs (FS/NF-Bs) for the rate year August 1, 2009 through July 31, 2010. *California Health and Safety Code*, Sections 1324.20 through 1324.30, and *Welfare and Institutions Code* (W&I Code), Section 14105.06, authorize the Department of Health Care Services (DHCS) to collect a QAF from all non-exempt FS/NF-Bs. The purpose of this QAF is to enhance federal financial participation in the Medi-Cal program and provide additional reimbursement to and support quality improvement efforts in licensed FS/NF-Bs providing services for the Medi-Cal program.

DHCS will collect the following QAF on a monthly basis:

- FS/NF-Bs with total annual resident days equal to or greater than 100,000 – \$10.12 per resident day.
- FS/NF-Bs with total annual resident days less than 100,000 – \$11.16 per resident day.

DHCS will send quarterly notices to each non-exempt FS/NF-Bs and three monthly payment forms. Payments are due on or before the last day of the month following the month for which the QAF was imposed.

Questions about the QAF program may be submitted to:

FS/NF-B QAF Coordinator
 Department of Health Care Services
 Long Term Care System Development Unit
 MS 4612
 1501 Capitol Avenue, Suite 71.4001
 P.O. Box 997417
 Sacramento, CA 95899-7417

Questions about the QAF payments may be submitted to:

Department of Health Care Services
 Quality Assurance Fee Program
 MS 4720
 P.O. Box 997425
 Sacramento, CA 95899-7425
 (916) 650-0490

Information about the Long Term Care System Development Unit and the QAF program is available on the DHCS Web site at:

www.dhcs.ca.gov/provgovpart/pages/qualityassurancefee.aspx

Optional Benefits Exclusion Updates

The following information is to help further clarify the Optional Benefits Exclusion policy.

- Providing the Optional Benefit Exclusions (OBE) service as an emergency does not qualify it as an exemption to the OBE policy. Providers should refer to the *Optional Benefits Exclusion* section of the appropriate Part 2 manual for detailed policy information.
- If the billing provider is not an exempted provider type and the rendering provider is not a physician, or the rendering provider cannot be identified as a physician, the claim is not reimbursable.
- Providers are reminded that ocularist services are not impacted by AB X3 5 and remain reimbursable for recipients of all ages. Bandage contact lenses, billed with HCPCS code V2599, used for medical treatment of corneal conditions, remain reimbursable for recipients of all ages when billed by an ophthalmologist.

OBE information reflecting policy clarification published in the September *Medi-Cal Update* has been added to the provider manual to further assist providers.

This information is reflected on manual replacement pages opt ben exc 1 thru 18 (Part 2).

EPSDT TAR Mailing Address Changes

Treatment Authorization Requests (TARs) for the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program's private duty nursing and pediatric day health care (PDHC) services are transitioning from In-Home Operations (IHO), Long Term Care Division, to Medical Case Management (MCM), Systems of Care Division.

Beginning October 1, 2009, EPSDT and PDHC providers must mail TARs directly to the appropriate MCM district office. Electronic submissions will automatically be routed by the TAR system. The initial and reauthorization TAR process for EPSDT nursing and PDHC services will not change. Other than the mailing address changes for paper TARs, the transition from IHO to MCM will be transparent to providers.

For a child enrolled in a Medi-Cal Managed Care Plan with carved out California Children's Services (CCS) services, who has a CCS-eligible medical condition, and who has been referred to the CCS program for case management and authorization of services, requests for authorization of private duty nursing services that are related to the child's CCS-eligible condition will be referred by MCM to the CCS program for review and authorization.

Each MCM regional office covers several counties. Providers should mail completed initial or reauthorization hard copy TARs and supporting documentation to the addresses in the following list, designated for the county in which the Medi-Cal recipient resides:

Sacramento Region counties are: Sacramento, Yolo, San Joaquin, Calaveras, Alpine, Amador, El Dorado, Placer, Nevada, Sierra, Plumas, Yuba, Sutter and Colusa.

Attn: Ms. Peggy Barrow
 Department of Health Care Services
 Systems of Care Division
 Sacramento Medical Case Management
 MS 4520
 1501 Capitol Avenue
 Sacramento, CA 95814
 (916) 995-8676

*Please see **EPSDT TAR**, page 3*

EPSDT TAR (continued)

Redding Region counties are: Butte, Lake, Mendocino, Napa, Sonoma, Del Norte, Siskiyou, Modoc, Lassen, Shasta, Trinity, Tehama, Glenn and Humboldt.

Attn: Ms. Gayle Watson
Department of Health Care Services
Systems of Care Division
Redding Medical Case Management
MS 4520
1501 Capitol Avenue
Sacramento, CA 95814
(530) 513-2787

Fresno Region counties are: Santa Cruz, Stanislaus, Tuolumne, Mariposa, Merced, Madera, Kings, Tulare, Kern, Fresno, San Luis Obispo, Monterey, San Benito and Santa Barbara.

Attn: Ms. Lorie Miller
Department of Health Care Services
Systems of Care Division
Fresno Medical Case Management
1782 East Bullard Ave, Suite 104
Fresno, CA 93710
(559) 805-6164

Oakland Region counties are: Marin, Solano, Contra Costa, Alameda, San Francisco, San Mateo, and Santa Clara.

Attn: Ms. Claire Deem
Department of Health Care Services
Systems of Care Division
Oakland Medical Case Management
1515 Clay Street, Suite 401
Oakland, CA 94612
(510) 286-0757

Los Angeles Region counties are: Los Angeles and Ventura.

Attn: Ms. Sylvia Amey
Department of Health Care Services
Systems of Care Division
Los Angeles Medical Case Management
MS 4513
PO Box 60172
Los Angeles, CA 90060-0172
(213) 897-0745

San Bernardino Region counties are: Mono, Inyo, San Bernardino, Orange and Riverside.

Attn: Mr. Tom Gonzalez
Department of Health Care Services
Systems of Care Division
San Bernardino Medical Case Management
MS 4514
PO Box 50010
San Bernardino, CA 92412-0010
(909) 383-4192

San Diego Region counties are: San Diego and Imperial.

Attn: Ms. Susan Frye
Department of Health Care Services
Systems of Care Division
San Diego Medical Case Management
9555 Chesapeake Drive, Suite 203
San Diego, CA 92123-6394
(858) 495-3666

This information is reflected on manual replacement pages tar field 1 thru 4 (Part 2).

2010 ICD-9-CM Diagnosis Code Updates

The following new, invalid and revised diagnostic codes are effective for claims with dates of service on or after October 1, 2009. Providers may refer to the *2010 International Classification of Diseases, 10th Revision, Clinical Modifications, 6th Edition*, for ICD-9-CM code descriptions.

Additions

The following ICD-9-CM diagnosis codes are new:

209.31	209.32	209.33	209.34	209.35	209.36
209.70	209.71	209.72	209.73	209.74	209.75
209.79	239.81	239.89	274.00	274.01	274.02
274.03	277.88	279.41	279.49	285.3	348.81
348.89	359.71	359.79	372.06	416.2	438.13
438.14	453.50	453.51	453.52	453.6	453.71
453.72	453.73	453.74	453.75	453.76	453.77
453.79	453.81	453.82	453.83	453.84	453.85
453.86	453.87	453.89	488.0	488.1	569.71
569.79	569.87	621.34 *	621.35 *	670.10 *	670.12 *
670.14 *	670.20 *	670.22 *	670.24 *	670.30 *	670.32 *
670.34 *	670.80 *	670.82 *	670.84 *	756.72	756.73
768.70 **	768.71 **	768.72 **	768.73 **	779.31 **	779.32 **
779.33 **	779.34 **	784.42	784.43	784.44	784.51
784.59	787.04	789.7 **	793.82	799.21	799.22
799.23	799.24	799.25	799.29	799.82	813.46
813.47	832.2	969.00	969.01	969.02	969.03
969.04	969.05	969.09	969.70	969.71	969.72
969.73	969.79	995.24	E000.0	E000.1	E000.8
E000.9	E001.0	E001.1	E002.0	E002.1	E002.2
E002.3	E002.4	E002.5	E002.6	E002.7	E002.8
E002.9	E003.0	E003.1	E003.2	E003.3	E003.9
E004.0	E004.1	E004.2	E004.3	E004.4	E004.9
E005.0	E005.1	E005.2	E005.3	E005.4	E005.9
E006.0	E006.1	E006.2	E006.3	E006.4	E006.5
E006.6	E006.9	E007.0	E007.1	E007.2	E007.3
E007.4	E007.5	E007.6	E007.7	E007.8	E007.9
E008.0	E008.1	E008.2	E008.3	E008.4	E008.9
E009.0	E009.1	E009.2	E009.3	E009.4	E009.5
E009.9	E010.0	E010.1	E010.2	E010.3	E010.9
E011.0	E011.1	E011.9	E012.0	E012.1	E012.2
E012.9	E013.0	E013.1	E013.2	E013.3	E013.4
E013.5	E013.8	E013.9	E014.0	E014.1	E014.9
E015.0	E015.1	E015.2	E015.9	E016.0	E016.1
E016.2	E016.9	E017.0	E017.9	E018.0	E018.1
E018.2	E018.3	E019.0	E019.1	E019.2	E019.9
E029.0	E029.1	E029.2	E029.9	E030	E830.7
E831.7	E832.7	E833.7	E834.7	E835.7	E836.7
E837.7	E838.7	E876.6	E876.7	E928.7	E990.1
E990.2	E990.3	E991.4	E991.5	E991.6	E991.7
E991.8	E992.0	E992.1	E992.2	E992.3	E992.8

Restrictions

- * Restricted to females, ages 10 thru 99
- ** Restricted to ages 00 thru 01

Please see 2010 ICD-9-CM, page 5

2010 ICD-9-CM (continued)

Additions (continued)

E992.9	E993.0	E993.1	E993.2	E993.3	E993.4
E993.5	E993.6	E993.7	E993.8	E993.9	E994.0
E994.1	E994.2	E994.3	E994.8	E994.9	E995.0
E995.1	E995.2	E995.3	E995.4	E995.8	E995.9
E996.0	E996.1	E996.2	E996.3	E996.8	E996.9
E997.3	E998.0	E998.1	E998.8	E998.9	V10.90
V10.91	V15.52	V15.80	V15.83	V20.31	V20.32
V26.42	V26.82	V53.50	V53.51	V53.59	V60.81
V60.89	V61.07	V61.08	V61.23	V61.24	V61.25
V61.42	V72.60	V72.61	V72.62	V72.63	V72.69
V80.01	V80.09	V87.32	V87.43	V87.44	V87.45
V87.46					

Inactive Codes

The following ICD-9-CM diagnosis codes are no longer reimbursable:

239.8	274.0	279.4	348.8	453.8	488
768.7	779.3 **	784.5	799.2	969.0	969.7
E992	E993	E994	E995	E996	E998
V10.9	V53.5	V60.8	V72.6	V80.0	

Code Description Revisions

The descriptions of the following ICD-9-CM diagnosis codes are revised:

008.65	041.3	041.86	0453.2	453.40
453.41	453.42	572.2	584.5	584.6
584.7	584.8	584.9	639.3 *	669.30 *
669.32 *	669.34 *	670.00 *	670.02 *	670.04 *
757.6	772.0 **	776.9 **	784.40	784.49
793.0	793.1	793.2	793.3	793.4
793.5	793.6	793.7	793.89	793.99
813.45	996.43	E876.5	V15.06	V15.84
V15.85	V15.86	V57.3	V61.29	V65.11 *

Restrictions

* Restricted to females, ages 10 thru 99

** Restricted to ages 00 thru 01

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Remove: opt ben exc 1 thru 10
Insert: opt ben exc 1 thru 18

Remove: tar field 1 thru 11
Insert: tar field 1 thru 12