

DEPARTMENT OF HEALTH SERVICES

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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





MEDI-CAL UPDATE

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

Inpatient/Outpatient Bulletin 302

December 1999

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Instructions for manual replacement pages:

Section 000		Section 200 (continued)	
Remove and replace:	000-10-3/4 *	Remove and replace:	200-65-3/4
Section 100		Remove:	200-125-11 thru -16, -27/28
Remove and replace:	100-40-5/6	Insert:	200-125-11 thru -16,
	100-45-3 thru -6		-27 thru -31 (new)
Section 200		Section 300	
Remove and replace:	200-10-1/2, -13/14	Remove and replace:	300-10-1/2 *
	200-27-5/6, -9 thru -12,		300-55-41/42
	-25 thru -35		300-105-1 thru -4
	BCEDP Application (English and		300-111-1/2
	Spanish forms)	Section 400	
Remove and replace:	Consent forms (English and	Remove and replace:	400-14-13/14
	Spanish)		400-43-1/2
Insert:	Consent forms (Tagalog,	Internet-Only Sections:	
	Chinese, Russian,	Medi-Cal Suspended and Ineligible Provider List **	
	Vietnamese and Korean)	Automated Eligibility Verification System Carrier	
	(new)	Codes ***	
Remove:	200-51-11 thru -16		
Insert:	200-51-11 thru -17 (new)		

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

1-800-541-5555Provider Support Center
(916) 636-1000, ext. 2100 Border Program
1-800-541-7747Specialty Programs
1-800-257-6900Obstetrics or Comprehensive Family
Services Program (OB/CPSP) Programs
1-800-786-4346Provider Telecommunications Network
(916) 636-1100Computer Media Claims
1-800-330-1536Breast Cancer Early Detection Program (BCEDP)
1-800-427-1295POS/Internet Help

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.



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 microelectrode 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

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

Pulse Generator Placement Codes

<u>Code</u>	<u>Description</u>
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

<u>Code</u>	<u>Description</u>
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.

<u>Code</u>	<u>Description</u>
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.

<u>CPT-4 code</u>	<u>Description</u>
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*.

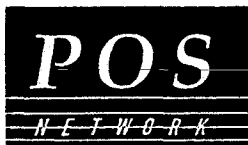
RHC/FQHC New Billing Code 18

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 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.

<u>Code</u>	<u>Message</u>
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:

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

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:

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

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.	Martin, Roscoe aka: Roscoe B. Martin Roscoe Bernard Martin 5337 37 th Avenue, Suite 4 Sacramento, California	00A390170 00A390171	Suspended 8/20/98 for 3 years.
Causey, Dennis Michael P.O. Box 14459 San Francisco, California	00G506180	Suspended indefinitely effective 8/19/99.	McCombs, Martin B. 2017 E. 4 th Street Long Beach, California		Suspended indefinitely effective 9/20/99.
Cenac, Paul E. aka: Paul Edward Cenac 3001 Squalicum Parkway, Suite 16 Bellingham, Washington	MD275638	Suspended indefinitely effective 8/19/99.	McGhee, Orsel S. 7385 Nightingale Circle Anaheim, California	00G461120	Suspended indefinitely effective 9/20/99.
Clegg, Charles T. 404 S. Mohler Drive Anaheim, California	00G135550	Suspended indefinitely effective 11/20/97.	Pak, Han Ho P.O. Box 1403 Pebble Beach, California	00C388060	Suspended indefinitely effective 9/20/99.
Ezra, Joseph P.O. Box 500 Boron, California	00A313540 CGP045675	Suspended 8/26/97 for 10 years.	Roth, Michael J. 812 El Oro Lane Pacific Palisades, California	00C344530	Suspended indefinitely effective 8/20/98.
Forgey, Burnell Gordon 333 E. 17 th Avenue, Suite. 17 Costa Mesa, California	00A106020	Suspended indefinitely effective 8/20/98.	Saucier, Billy 10357 Ruffner Avenue Granada Hills, California	PA11026 (Physician Assistant)	Suspended indefinitely effective 10/15/99.
Germann, Timothy D. 15001 Mission Hills Mission Hills, California	00A169630	Suspended indefinitely effective 9/20/99.	Smith, Charlie Frank, Jr. 696 Oak Grove Road Gray, Tennessee	00C370180	Suspended 10/20/99 for 20 years.
Gravador, Lourdes 5134 N. Meadow Wood Avenue Lakewood, California	00A297950	Suspended indefinitely effective 9/20/99.	Stebbins, Robert D. 770 Welch Road, Suite 300 Palo Alto, California	00G180670 CGP071220	Suspended indefinitely effective 7/20/98.
Harris, Verne Duncan 622 W. Duarte Road, Suite. 202 Arcadia, California	00G421140	Suspended indefinitely effective 9/20/99.	Sterns, Jordan B. 55755 Baltimore Road, #105-154 La Mesa, California		Suspended indefinitely effective 9/20/99.
Hufnagel, Vicki Georges 1060 Hanley Avenue Los Angeles, California	00G354720	Suspended indefinitely effective 9/20/99.	VanDerSnuyf, James Gene 16291 Countess Drive Huntington Beach, California	00G473800 00G473801	Suspended indefinitely effective 8/20/98.
Hutson, Edward E. 35626 Linda Drive Fremont, California	00C283890	Suspended indefinitely effective 10/20/99.	Psychiatric Technician (susp C)		
Josef, Avelino S. 1741 Pacific Avenue Long Beach, California	00A346590	Suspended indefinitely effective 8/20/98.	Berard, Robert aka: Robert Roland Berard P.O. Box 1566 Santa Cruz, California	PT7411	Suspended indefinitely effective 10/20/99.
Juarez, Jesus R. 2105 N. Cornelia Fresno, California		Suspended indefinitely effective 11/20/97.	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.
Landau, Allyn Beth 260 Stockton Street San Francisco, California		Suspended indefinitely effective 11/20/97.	Smith, David Ralph aka: David Smith 3124 Celebrity Lane Modesto, California	PT22158	Suspended indefinitely effective 10/20/99.
Lim, Ranulfo Y. 1096 Southgate Avenue Daly City, California	00A387190 00A387191 XPY005950	Suspended indefinitely effective 8/20/98.	Thompson, Felix, Jr. 671 Catramaran Way Perris, California	PT18574	Suspended indefinitely effective 9/20/99.
Margoles, Michael Stuart aka: Michael S. Margoles 4777 Corte DeCervato San Jose, California	00A239020	Suspended indefinitely effective 10/20/99.			

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

Tonks, Michael Jay 74-119 Catalina Way Palm Desert, California	PT6389	Suspended indefinitely effective 9/20/99.	Dounies, Therese M. 36 Malaga Cove Plaza, #202 Palos Verdes Estates, California	Suspended indefinitely effective 8/20/98.
Walker, Harriet Denise aka: Harriet Denise Williams Harriet Denise Bass 1043 San Antonio Drive, Apt. 104 Colton, California	PT27413	Suspended indefinitely effective 9/20/99.	Matts, Richard A. 660 San Fernando Road, #18 Los Angeles, California	Suspended indefinitely effective 10/20/99.
<u>Psychologist (susp C)</u>			Olajide, Gbolahan A. 3701 Stocker Street, Suite 309 Los Angeles, California	Suspended indefinitely effective 10/20/99.
Davis, Reed C. 300 B Street, #213 Santa Rosa, California		Suspended indefinitely effective 2/19/98.	Ortiz, Ernest E. 24345 La Gloria Circle Valencia, California	Suspended indefinitely effective 9/20/99.
Jett, Sigurd A. 327 Begonia Boulevard Fairfield, California		Suspended indefinitely effective 10/20/99.	Razavian, Fahimeh aka: Fahimeh Ghaffari 21622 Marguerite Parkway, Apt. 269 Mission Viejo, California	Suspended indefinitely effective 9/20/99.
Light, Howard Wayne 50 Old Courthouse Square, #400 Santa Rosa, California	CGP101465 PB0085630	Suspended indefinitely effective 8/20/99.	<u>Chiropractic Clinic (susp J)</u>	
Reimer, Robert Timothy aka: Robert T. Reimer 970 Wellborne Court Walnut Creek, California	PH0080690	Suspended indefinitely effective 10/20/99.	Deirdre J. Little Chiropractic 674 Via De La Valle Street Solana Beach, California	Suspended indefinitely effective 7/20/99.
Spurr, John 2901 Sandy Lane Santa Cruz, California		Suspended indefinitely effective 3/19/98.	Joseph Haeckel Chiropractic 752 1 st Street Gilroy, California	Suspended indefinitely effective 7/20/99.
<u>Pharmacy (susp E)</u>			Shaw Avenue Chiropractic 3025 West Shaw Avenue, Suite 103 Fresno, California	Suspended indefinitely effective 9/20/99.
Atkinson, Robert W. 1265 W. Birchcrest Avenue Brea, California	RPH19686	Suspended 10/20/99 for 7 years.	<u>Podiatrist (susp K)</u>	
<u>Pharmacy Technician (susp E)</u>			Lichau, Kristin Lenore 196-A Sotoyome Santa Rosa, California	Suspended indefinitely effective 8/20/98.
Langefeld, Janet 2097 Deodara Street Vacaville, California	49-086396	Suspended indefinitely effective 9/20/99.	Marin, Phillip G. 12500 Bruceville Road Elk Grove, California	Suspended 11/20/97 for 10 years.
<u>Chiropractor (susp J)</u>			<u>Clinic Owner (susp O)</u>	
Altvaer, Robert F. 324 Oak Street, Suite H Bakersfield, California		Suspended indefinitely effective 5/20/98.	Bunna, Jason dba: Eagle Medical Clinic 3836 East Fountain Avenue Long Beach, California	Suspended indefinitely effective 11/6/99.
Barahemi, Mansoureh 1180 S. Miramar Avenue Anaheim Hills, California		Suspended indefinitely effective 9/20/99.	<u>Certified Nurse Assistant (susp R)</u>	
Barno, Michael 8854 Greenback Lane, #2 Orangevale, California		Suspended indefinitely effective 9/20/99.	Young, Nord Leverne 1451 Underwood Avenue San Francisco, California	Suspended indefinitely effective 11/6/99.
<u>Chiropractor (susp J)</u>			<u>Registered Nurse (susp R)</u>	
Cherachanko, Deborah A. 3251 Shane Lane Cottonwood, California	DC0187600	Suspended indefinitely effective 10/8/97.	Allen, Jerre Wayne P.O. Box 4090999 Ione, California	Suspended indefinitely effective 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.	<u>Vocational Nurse (susp R)</u>		
Barnette, Sally aka: Sally C. Barnette Sally Cathleen Cofer P.O. Box 5543 Sacramento, California	RN369482	Suspended indefinitely effective 8/8/99.	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.
Castanera, Pamela aka: Pamela Ann Castanera Pamela Ann Castanera-Moniz 1356 Monte Vista Avenue St. Helena, California	RN236615	Suspended indefinitely effective 5/27/99.	Bryant, Troy Lee 3541 East 52 nd Street Maywood, California	VN161774	Suspended indefinitely effective 9/20/99.
Evans, Elizabeth Ann 13805 Wells Lane Lodi, California	RN173716	Suspended indefinitely effective 8/19/99.	Caudle, Tina Louise 11017 Adoree Street Norwalk, California	VN176869	Suspended indefinitely effective 9/20/99.
Glover, Marion Ethel aka: Marion E. Glover P.O. Box 33 Grizzly Flats, California	RN108344	Suspended indefinitely effective 8/20/98.	Dawson, Carmencita Valerio aka: Carmen Dawson Carmencita Valerio Papa 2814 West Stoneybrook Drive Anaheim, California	VN92883	Suspended indefinitely effective 9/20/99.
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.	Fuqua, Frances Lee 43754 Challenger Way, Apt. H Lancaster, California	VN158783	Suspended indefinitely effective 8/19/99.
Klat, Susan V. P.O. Box 27137 J Street, Bldg. 3000 Ft. Worth, Texas		Suspended indefinitely effective 10/20/99.	Greene, Maria Ann 474 A East Battles Street Santa Maria, California	VN159180	Suspended indefinitely effective 9/20/99.
Major, Victoria Ann 1609 Grand Avenue Piedmont, California	RN113775	Suspended indefinitely effective 8/8/99.	Hoener, Irene aka: Irene Rachel Hoener Irene Rachel Garavito 1411 Baird Road Santa Rosa, California	VN18011	Suspended indefinitely effective 10/20/99.
McQueen, Velda aka: Velda Lynn Abernathy 15473 Burwood Road Victorville, California	EPS002100	Suspended indefinitely effective 10/15/99.	Johnson, Harold Richard 446 Chateaula Salie Drive San Jose, California	VN58426	Suspended 9/20/99 for 10 years.
Payette, Tammy Lee 7660 Beverly Boulevard, #314 Los Angeles, California	RN451713	Suspended indefinitely effective 3/21/99.	Lenett, Maxine Ethel aka: Maxine Ethel Rose 14344 Encanto Drive Victorville, California	VN136608	Suspended indefinitely effective 9/20/99.
Ricks, Melvin T. 1574 Vista Club Circle, #204 Santa Clara, California	RN294850	Suspended indefinitely effective 7/7/99.	Long, Michael aka: Michael Earl Long P.O. Box 470296 San Francisco, California	VN162650	Suspended indefinitely effective 9/20/99.
Sorenson, Deborah P. aka: Deborah P. Hannon 9623 Arlissom Drive Sacramento, California	RN370911	Suspended indefinitely effective 7/4/99.	Moore, Steve Douglas aka: Steven Douglas Moore 541 N. Main Street, 104-182 Corona, California	VN62209	Suspended indefinitely effective 9/20/99.
Wilson, Phyllis Delane Aka: Phyllis Wilson 2707 Waudman Avenue Stockton, California	RN374024	Suspended indefinitely effective 7/20/98.	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 78 th Place Los Angeles, California	VN162307	Suspended indefinitely effective 8/19/99.	<u>Respiratory Care Practitioner (susp S)</u> Bosompem, Andrew Mireku 28678 6925 Haskell Avenue, #112 Van Nuys, California	Suspended indefinitely effective 9/20/99.
Sweatt, Debra Diane 4085 Howard Avenue Los Alamitos, California	VN147115	Suspended indefinitely effective 8/19/99.	<u>Bookkeeper (susp T)</u> Dupre, Deborah Lynn 2928 Villa Avenue Clovis, California	Suspended 9/20/99 for 15 years.
Wagers, Aaron K. 193 W. Park Avenue, Apt. C El Cajon, California	VN173873	Suspended indefinitely effective 8/19/99.	<u>Medical Assistant (susp T)</u> Preap, Dennisa Thida 1389 Junipero, #4 Long Beach, California	Suspended 9/20/99 for 10 years.
Wiley, Kimberlee Ann aka: Kimberlee Singleterry Kimberlee Wiley 1040 Diablo Avenue Chico, California	VN85795	Suspended indefinitely effective 10/20/99.		

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:

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

See Next Page

SSA-L8025

- o 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.

- o You have 60 days to ask for an appeal.
- o 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.
- o You must have a good reason if you wait more than 60 days to ask for an appeal.
- o 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. You can pick the one you want. If you meet with us in person, it may help us decide your case.

- o Case Review. 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

- o 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

NOTICE

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)		
9. (Not Applicable)	\$.00
10. (Not Applicable)	+	.00
	=	.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	+	539.00
14. Monthly Cash Aid Amount	=	539.00

Rules: These rules apply; you may review them at your welfare office: 40-173.1; 44-313.4; 44-313.5; 44-317.