

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

Office of County Health Services

**CHILDREN'S TREATMENT
CONTRACT BACK
PROGRAM**



**Policies and Procedures
Manual**

APRIL 2008

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INTRODUCTION

This manual contains the policies and procedures for providers who are enrolled in Medi-Cal or Denti-Cal and seek reimbursement through the Children's Treatment Program (CTP) for medical and dental treatment services rendered to children. These children are eligible for the Child Health and Disability Prevention (CHDP) Program and reside in counties that have authorized the California Department of Public Health (CDPH) to administer Proposition (Prop) 99 (Cigarette and Tobacco Products Surtax) funds that those counties receive through the Rural Health Services (RHS) Program. The CTP is administered within CDPH by the Office of County Health Services.

Legislative Background

On November 18, 1988, the voters approved Prop 99 which established the Tobacco Tax and Health Protection Act of 1988. This Act became effective January 1, 1989, imposing an additional tax on all tobacco products sold in California and requiring that the revenues derived from these increased taxes be deposited in the Cigarette and Tobacco Products Surtax Fund established by the Act. Assembly Bill (AB) 75 (Chapter 1331, Statutes of 1989) appropriated the use of these funds in many areas, including the creation of new health service programs for the medically indigent. AB 75 also established the CHDP Treatment Mandate (Mandate) for those counties that chose to apply for Prop 99 funds for uncompensated care. The Mandate states that any county receiving Prop 99 funds for uncompensated care "shall provide, or arrange and pay for, medically necessary follow-up treatment, including necessary follow-up dental services and prescription drugs, for any condition detected as part of a Child Health and Disability Prevention screen." AB 1154 (Chapter 51, Statutes of 1990) further delineated the Mandate by giving RHS counties an option to authorize CDPH to administer these funds.

General Background

The CTP was developed to reimburse providers enrolled in Medi-Cal and Denti-Cal for services they rendered to eligible children as a result of a CHDP health assessment screen. CTP's objective is to ensure that CHDP children are not hindered or prevented from receiving treatment services because of an inability of the family to pay for such treatment. The CTP differs from the CHDP Program in that CTP is a payer of follow-up **treatment** services; CHDP is a payer of **assessment** services.

PROVIDER PARTICIPATION

Providers must be currently enrolled as Medi-Cal or Denti-Cal providers and be in good standing with active status to participate in CTP. Active status does not imply that a provider is actively treating Medi-Cal or Denti-Cal patients. If a provider is not currently enrolled, the provider must enroll in Medi-Cal or Denti-Cal prior to participation in CTP.

To enroll as a Medi-Cal provider, request forms by calling (916) 323-1945 or by writing to:

Department of Health Care Services
Provider Enrollment
MS 4704
P.O. Box 997413
Sacramento, CA 95899-7413

To enroll as a Denti-Cal provider, request forms by calling 1-800-423-0507 or by writing to:

Medi-Cal Dental Program
Provider Enrollment
P.O. Box 15609
Sacramento, CA 95852-0609

HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) REQUIREMENTS

Federal law requires covered health care providers and billing agencies to comply with the Health Insurance Portability and Accountability Act (HIPAA). Compliance with HIPAA requires the Children Treatment Program, health care providers, and billing agencies to provide a notice of their privacy practices to individuals with whom they have a direct treatment relationship.

Providers are required to make a good faith effort to obtain written acknowledgement from patients who receive the privacy practices notice. The Privacy Rules does not prescribe any particular content for the acknowledgement. However, the provider must document the reason for any failure to obtain the patient's written acknowledgement. The Children Treatment Program's Notice of Privacy Practices is available in English and Spanish through the California Department of Public Health Web site at:

<http://www.cdph.ca.gov/programs/privacyoffice> . General HIPAA information may be found at: <http://www.hhs.gov/ocr/hipaa>.

CHDP ASSESSMENT FORM (PM 160)

The PM 160 is used by CHDP screening providers to document the results of a medical assessment and to identify follow-up treatment services needed for newly identified medical or dental conditions. The PM 160 includes a unique 11-digit number beginning with "94" and ending in the letter J or K pre-printed in the upper right-hand corner (also called CTP 94 Aid Code). If the PM160 is missing the pre-printed number the form is still required for reimbursement and must be included when submitting all CTP claims.

REIMBURSEMENT RATES

Reimbursement is provided at current Medi-Cal or Denti-Cal rates, subject to the availability of CTP funds. As Medi-Cal and Denti-Cal increase or decrease their reimbursement rates, reimbursement rates for CTP adjust accordingly. However, AB 186 (Chapter 195, Statutes of 1994) allows CTP the authority to reduce reimbursement rates as necessary. Providers will be notified of reimbursement rate increases or decreases prior to implementation.

PATIENT CRITERIA

While patients do not enroll in CTP and are not eligible for CTP benefits, provider reimbursements must be for services provided to a patient meeting these criteria:

- Must be a CHDP eligible child (i.e., the child must have received a CHDP health assessment screen that identifies a **new** medical or dental condition requiring treatment),

AND

- Must be under the age of 19 on the date of service (DOS) (eligibility ceases upon a child's 19th birthday),
AND
- Must reside in an RHS county which has authorized CDPH to administer its CTP treatment services (please see Appendix 'CTP Participating Counties'),
AND
- Must have no private health insurance or the patient's insurance will not pay for any portion of the services,
AND
- Must not be eligible for those services under any publicly-funded program, such as Medi-Cal, Denti-Cal, or California Children Services unless they have a Medi-Cal share-of-cost that was not met on the date the CTP services were provided or has Medi-Cal limited-scope coverage and is receiving services not covered by the limited-scope services,
AND
- Must have a Benefits Identification Card used by providers to verify eligibility at each visit.

If a child does not reside in a RHS county that authorized CDPH to administer CTP, the provider may contact the county health department in which the child resides to receive information on their billing procedures prior to providing services.

REIMBURSABLE SERVICES

Reimbursable medical and dental services must equal the scope of benefits currently used by Medi-Cal and Denti-Cal, respectively. As a result of the CHDP screening, children needing medical or dental follow-up treatment may receive immediate follow-up care by the CHDP screening physician or may be referred to another provider for follow-up treatment services or additional diagnostic evaluation. A copy of the PM 160 must be provided to the follow-up treatment provider or retained by the screening physician if they provide the follow-up treatment services. The provider will use the PM 160 form to help determine their eligibility for CTP reimbursement, referring to items such as the DOS, the patient's date of birth, as well as to Follow-Up Codes. The following list includes the Follow-Up Codes that are displayed on the PM160:

Follow Up Code Number	Follow Up Code Description
1	No DX/RX Indicated or Now Under Care
2	Questionable Result, Recheck Scheduled
3	DX Made and RX Started
4	DX Pending/Return Visit Scheduled
5	Referred to Another Examination for DX/RX
6	Referral Refused

The only CTP reimbursable Follow-Up Codes are 3, 4, or 5 for medical services and 5 for dental services. The Follow-Up Codes for newly-identified conditions must be entered in Column C (NEW) of the PM 160 on the appropriate row that matches the CHDP Assessment Screening Procedure.

For example, for reimbursable dental treatment services, the PM160 must show Follow-Up Code '5' in Column C (NEW) of Row 02 (DENTAL ASSESSMENT REFERRAL).

Reimbursable medical and dental services must always be for newly-identified conditions. CTP reimbursement will not be provided for previously "known" conditions. However, CTP does allow reimbursement of directly-related treatment services and diagnostic work. This means that if a provider discovers a new medical or dental condition during the course of treating a condition already identified as new on the PM 160, those additional services qualify for reimbursement, if it's within the allowable scope of benefits. For reimbursement, this newly-identified condition(s) may not be directly related to any condition originally identified as "known" on the original PM 160. If a provider administers directly-related treatment services for this newly-identified condition, the provider must record these events in the patient's medical or dental records. A copy of the original PM 160 must also be maintained in the patient's file.

If the patient is referred for a preventive dental exam, the PM 160 must indicate "dental exam" in the area titled "COMMENTS/PROBLEMS" that is located in the middle of the form just below patient's address information. If only preventive services are performed, no further documentation will be required. However, reimbursable dental services include additional services that are determined necessary as a result of a comprehensive dental exam if the original follow-up treatment calls for a dental cleaning, x-ray or exam. Providers must document the additional directly-related treatment services on the claim form, in the area titled 'Remarks' or 'For Local Use Only' (depending on claim type). If there's no explanation or if information is missing or incorrect, a resubmission turnaround document (RTD) is mailed to the provider, asking them to resubmit the required documentation. Denti-Cal claims and all supporting documents are resubmitted to Denti-Cal. For EDS claims mail the RTDs directly to CTP with the corrections and include copies of the submitted claim and the PM160. The claim will then be resubmitted.

EXPANDED ACCESS TO PRIMARY CARE PROGRAM

Pursuant to Health and Safety Code, Section 124930, clinics participating in the Expanded Access to Primary Care (EAPC) Program, have an obligation to provide CHDP follow-up treatment and are generally not eligible to receive reimbursement through CTP. CTP reimbursement may be an alternative, if: the clinic did not receive EAPC funds during the year the assessment and treatment were provided, or the treatment is not within the scope of services provided by the clinic, or the referral for follow-up treatment was made by a county. However, when a clinic receives EAPC funds for a particular fiscal year, they are not eligible to receive CTP reimbursement as a result of exhausting the EAPC funds for that fiscal year.

EXPLANATION OF BENEFITS OR REMITTANCE ADVISES

Explanation of Benefits (EOBs) is enclosed with (the) state warrants. EOBs, sometimes referred to as Remittance Advises (RAs), detail the claims being reimbursed. The EOB identifies denied claim(s) with an error code under the column heading 'EOB MESSAGE.'

DATES OF SERVICE

To be considered for payment, CTP claims must have a DOS within the fiscal year in which the county where the patient resides has authorized CDPH to administer their Prop 99 funds.

NINETY-DAY TREATMENT LIMIT (CTP Policy)

CTP claims with a DOS more than 90 days after the CHDP screening process, according to the DOS shown on the PM 160, require documentation explaining the treatment delay. The following examples for delays in treatment are, but not limited to: 1) no appointment available, 2) patient waited too long, 3) procedure required additional diagnosis, and 4) continuing care. This documentation must be noted in the comments section of the Medi-Cal or Denti-Cal claim form. If there is no documentation for the treatment delay, reimbursement will be denied.

SIX-MONTH BILLING LIMIT (Medi-Cal Policy)

Medi-Cal and Denti-Cal require that all treatment claims be submitted within six months from the DOS. However, a six-month extension may be obtained if the provider follows the Medi-Cal provider manual policies and procedures for a billing extension. Reimbursement rates for CTP claims are equivalent to Medi-Cal rates. A procedure covered through Medi-Cal will be covered under CTP at the same rate. Claims received within six months of the DOS receive full reimbursement (of Medi-Cal rates), if received from six to nine months of the DOS reimbursement is 50 percent, and from nine to twelve months reimbursement is 25 percent. Claims received one year after the DOS may be waived for penalty and reimbursed in full if the delay was not a result of provider error.

TREATMENT AUTHORIZATION REQUESTS

All Medi-Cal Treatment Authorization Requests (TAR) requirements apply to this program. When submitting the TAR to the Medi-Cal Field Office for review, insert the initials 'CTP' above item 5 on the TAR form. The provider must attach a LEGIBLE copy of the PM 160. Since CTP only covers children up to their 19th birthday, if a TAR is issued authorizing medical treatment past the patient's 19th birthday, CTP WILL NOT REIMBURSE providers for services rendered.

Providers should submit TARs to the Medi-Cal field office (listed alphabetically) based on their county (or border city) and service requested. Visit the link below for list of field offices:

http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/tarfield_m00i00o01o03o04o06o07o08o11a02a04a05a06a07a08p00l00.doc

Children eligible for CTP may receive treatment services from any Medi-Cal or Denti-Cal enrolled provider in any county in California, Oregon or Nevada.

FILING CLAIMS

All claim forms require a CLEAR COPY of the PM 160 and the following items MUST be legible:

- | | |
|----------------------------------|--------------------------------------|
| 1. Patient's name (first & last) | 5. Patient's county of residence |
| 2. Birth date | 6. County code number |
| 3. Age | 7. DOS |
| 4. Sex | 8. Code 3, 4, or 5 in the NEW column |

When using Medi-Cal claim forms for reimbursement through CTP services, submit to:

California Department of Public Health
Office of County Health Services
Children's Treatment Program
MS 5203
P.O. Box 997377
Sacramento, CA 95899-7377

When using Denti-Cal claim forms for reimbursement through CTP services, submit to:

Denti-Cal
P.O. Box 15610
Sacramento, CA 95852-0610

Note: Medi-Cal implemented the use of the *CMS-1500* and *UB-04* claim forms on June 25, 2007. Providers who previously submitted claims on the *HCFA 1500* or the *UB-92* claim form must bill on the new *CMS-1500* or the new *UB-04* claim form immediately. Providers not using the new *CMS-1500* or the new *UB-04* claim form should be in the process of transitioning. **Failure to use the new forms for CTP claims submitted after June 25, 2007 will result in rejection of the provider's claim.**

Also, consistent with Medi-Cal, CTP will not accept *CMS-1500* claim forms with bar codes. Some providers' systems are automatically printing bar codes on the form, which interferes with the claim adjudication process. Providers who have *CMS-1500* claim forms with bar codes should contact their software vendor to have this function removed.

Submission instructions for *Claim Inquiry Forms (CIFs)* and *Appeal Forms* require a copy of the corrected original claim form attached. Old *HCFA 1500* and *UB-92* claim forms will only be accepted for this reason.

This information is from a Medi-Cal bulletin which can be viewed on the Medi-Cal Web site at:

http://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_8495_1.asp

CLAIM INQUIRIES

For claims inquiries, the Medi-Cal toll free number (1-800-541-5555) and the Denti-Cal toll free number (1-800-423-0507) are both available Monday through Friday, 8:00 a.m. to 5:00 p.m. If providers are still unsatisfied with the status of a claim *after* contacting Medi-Cal or Denti-Cal, they may contact the CTP analyst, Gina Carrasco at (916) 552-8007. Required information includes the patient's first name, last name, birth date, the provider's name, the provider's Medi-Cal identification number, and the DOS.

Claim inquiries can be submitted in writing or by submitting a Medi-Cal Claims Inquiry Form (CIF 60-1) to:

California Department of Public Health
Office of County Health Services
Children's Treatment Program
MS 5203
P.O. Box 997413
Sacramento, CA 95899-7413

CLAIMS SUBMISSION CHECKLIST

- Verify that patient has a CHDP Health Assessment Form (PM 160).
- Verify that the county of residence on the PM 160 is a CTP county.
- CTP patients must be under age 19 on the DOS. Upon reaching their 19th birthday reimbursement for treatment services ends.
- Treatment services rendered more than 90 days after the PM 160 DOS require a medical justification in the remarks section of the claim form.
- Please sign the claim forms. All forms require an original physician's signature.
- If a Medi-Cal claim/TAR is used ensure that the TAR number is placed on the claim form.
- Confirm the PM160 has a 3, 4, or 5 follow-up code under the NEW condition box (C). If documenting dental condition(s) only a 5 may be used.
- If a TAR is issued authorizing medical treatment past the patient's 19th birthday, CTP WILL NOT REIMBURSE providers for services rendered.

APPENDIX

CHILDREN'S TREATMENT PROGRAM - Participating Counties*

Alpine	(02)	Mendocino	(23)
Amador	(03)	Modoc	(25)
Butte	(04)	Mono	(26)
Calaveras	(05)	Napa	(28)
Colusa	(06)	Nevada	(29)
Del Norte	(08)	Plumas	(32)
El Dorado	(09)	San Benito	(35)
Glenn	(11)	Shasta	(45)
Humboldt	(12)	Sierra	(46)
Imperial	(13)	Siskiyou	(47)
Inyo	(14)	Solano	(48)
Kings	(16)	Sonoma	(49)
Lake	(17)	Sutter	(51)
Lassen	(18)	Tehama	(52)
Madera	(20)	Trinity	(53)
Marin	(21)	Tuolumne	(55)
Mariposa	(22)	Yuba	(58)

*For services to children who don't reside in one of the participating counties, please refer to the following link to locate contact information for CHDP offices in non-participating counties.

www.dhcs.ca.gov/services/chdp/Pages/countyoffices.aspx