

THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:
COUNTIES:

- ☒ Imperial
- ☒ Riverside/San Bernardino
- ☒ Los Angeles
- ☒ Sacramento
- ☒ San Diego

LINES OF BUSINESS:

- ☒ Molina Medi-Cal Managed Care
- ☐ Molina Medicare Options Plus
- ☐ Molina Dual Options Cal MediConnect Plan (Medicare-Medicaid Plan)
- ☐ Molina Marketplace (Covered CA)

PROVIDER TYPES:
☒ **Medical Group/ IPA/MSO**
Primary Care

- ☒ IPA/MSO
- ☒ Directs
- ☒ MMG

Specialists

- ☒ Directs
- ☒ IPA

☒ **Hospitals**
Ancillary

- ☒ CBAS
- ☒ SNF/LTC
- ☒ DME
- ☒ Home Health
- ☐ Other

FOR QUESTIONS CALL
PROVIDER SERVICES:

(855) 322-4075, Extension:

Los Angeles County

122233	127685	111131
127690	127657	114378
120104	127879	127651

Riverside/San
Bernardino Counties

128007	123251	126556
128010	127709	

Sacramento County

127140	126232
128543	

San Diego County

121592	120019	126236
121587	121056	

Imperial County

125682	121588
120153	

CODE CONVERSION AND BILLING INSTRUCTION UPDATES

This is an advisory notification to Molina Healthcare of California (MHC) network providers regarding the policy clarification for medical transportation, Home Health Agencies (HHA), and Hospice care.

Per Medi-Cal, local procedure codes will no longer be accepted for Transportation, Home Health and Hospice services. These services now require national HCPCS codes. To be in compliance with Medi-Cal guidelines, please be advised of the following changes, and refer to the Medi-Cal bulletins for detailed information.

Medical Transportation - Effective July 1, 2016

<http://tinyurl.com/bulletins-transportation>

- HCPCS Level III local medical transportation codes will be discontinued.
- HCPCS Level III local modifier Z1 will be discontinued.
- Medical transportation service claims will no longer allow modifier 99 to indicate multiple modifiers. Claims billed with the 99 modifier will be denied.
- Dry run transport codes and mileage codes will no longer be reimbursable for the same day, same recipient and same provider, unless documentation states that billed mileage was for an actual medical transport at a different time on the same date of service.
- Previously-approved TARs and SARs with medical transportation services that have dates of service beyond June 30, 2016, will no longer be valid. Providers should review their inventory for previously-approved TARs and SARs with medical transportation services that have dates of service beyond June 30, 2016. For those TARs or SARs, providers must submit a new TAR, electronic TAR (eTAR) or SAR with the appropriate HCPCS code to cover any remaining service period after June 30, 2016.
- Modifiers DS or HN must be billed before modifier QN.
- To bill for a dry run transport from an acute care hospital to a Nursing Facility (NF) Level A or B, providers must use A0130, A0426, A0428 or T2005 with modifier HN followed by modifier QN. No other modifiers or service lines may be billed on the claim. This service does not require a TAR.
- HCPCS code A0380 (BLS mileage, [per mile] [use for wheelchair and litter van transports only]) will be used only for ground mileage (per statute mile) for litter-van and wheelchair transportation for non-emergency services.
- HCPCS code A0390 (ALS mileage [per mile]) will no longer be reimbursable.

- HCPCS code A0424 (extra ambulance attendant, ground [ALS or BLS] or air [fixed or rotary winged], [per hour]) may claim up to a maximum of ten hours per day. A0424 may be used to bill for either emergency or non-emergency services.

Note: The code description for A0424 may be condensed in the provider manual to reflect only the relative ground or air component.

- HCPCS code A0425 (ground mileage, per statute mile [use for ambulance transports only]) will be used for ambulance transportation mileage for both emergency and non-emergency services.
- HCPCS code A0433 (advanced life support, level 2 [ALS2]) are now a Medi-Cal benefit.
- HCPCS code A0434 (specialty care transport [SCT]) are now a Medi-Cal benefit.

Home Health Agencies (HHA) - Effective June 1, 2016

<http://tinyurl.com/bulletins-homehealth>

HCPCS Local Level III	National Code/Description	Revenue Code/Description	Authorization/Frequency Limitation
Z6900/Skilled nursing services	HCPCS code G0154 Direct skilled nursing services of a licensed nurse (LPN or RN) in the home health or hospice setting, each 15 minutes	0551 Skilled nursing/visit	Includes supplies that are used as part of the treatment visit.
Z6902/Home health aide services	HCPCS code G0156 Services of home health/hospice aide in home health or hospice setting, each 15 minutes	0571 Aide/Home Health/visit	
Z6904/Physical therapy services	HCPCS code G0151 Services performed by a qualified physical therapist in the home or hospice setting each 15 minutes	0421 Physical therapy/visits	
Z6906/Occupational therapy services	HCPCS code G0152 Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes	0431 Occupational therapy/visit	Limited to one visit per day or four 15-minute increments.
Z6908/Speech therapy services	HCPCS code G0153 Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes	0441 Speech pathology/visit	
Z6910/Medical social services	HCPCS code G0155 Services of clinical social worker in home health or hospice	0561 Medical social services/visit	

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	settings, each 15 minutes		
Z6914/Case evaluation and initial treatment plan	HCPCS code G0162 Skilled services by a registered nurse (RN) in the delivery of management and evaluation of the plan of care; each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential non-skilled care achieves its purpose in the home health or hospice setting)	0583 Visit/Home Health/assessment	
Z6916/Monthly case evaluation- extension of treatment plan	HCPCS code G0162 Skilled services by a registered nurse (RN) in the delivery of management and evaluation of the plan of care; each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential non-skilled care achieves its purpose in the home health or hospice setting)	0589 Visit/Home Health/other	
Z6918/Unlisted services including administered drugs and supplies	HCPCS code A9999 Miscellaneous DME supply or accessory, not otherwise specified	0270 Medical/surgical supplies	The code combination A9999/0270 is for billing supplies.
	CPT-4 code 99600 Unlisted home visit service or procedure	0589 Visit/Home Health/other	The code combination 99600/0589 is for billing services. Respiratory therapist services can be authorized and billed under 99600.
Z6920/Early discharge follow-up visit	CPT-4 code 99501 Home visit for postnatal assessment and follow-up care	0580 Visit/Home Health	For follow-up of early Obstetrics (OB) discharge. This is an OB service, not a typical Home Health service.
	CPT-4 code 99502 Home visit for newborn care and assessment	0580 Visit/Home Health	Does not require a TAR.

Hospice Care Services – Effective June 1, 2016

<http://tinyurl.com/bulletins-hospice>

Current Billing			New Billing		
HCPCS Code	Description	Authorization	Revenue Code/HCPCS Code	Description	Authorization
Z7100	Routine home care (per diem)	Medi-Cal recipients who are entitled to Medicare, but not eligible for Part A coverage on the date of service, may bill Medi-Cal directly. Medicare denial documentation is not required with these claims.	0651	Hospice service, routine home care	TAR is not required.
Z7102	Continuous home care		0652	Hospice service, continuous home care	TAR is not required.
Z7104	Respite care (per diem)		0655	Hospice service, inpatient respite care	TAR is not required.
Z7106	General inpatient care		0656/T2045	Hospice service, general inpatient care (no respite)/ Hospice general care	TAR is required.
Z7108	Special physician services		0657	Hospice service, physician's services	TAR is not required.

QUESTIONS

If you have any questions regarding the notification, please contact your Molina Provider Services Representative at (855) 322-4075.