

Billing Screens

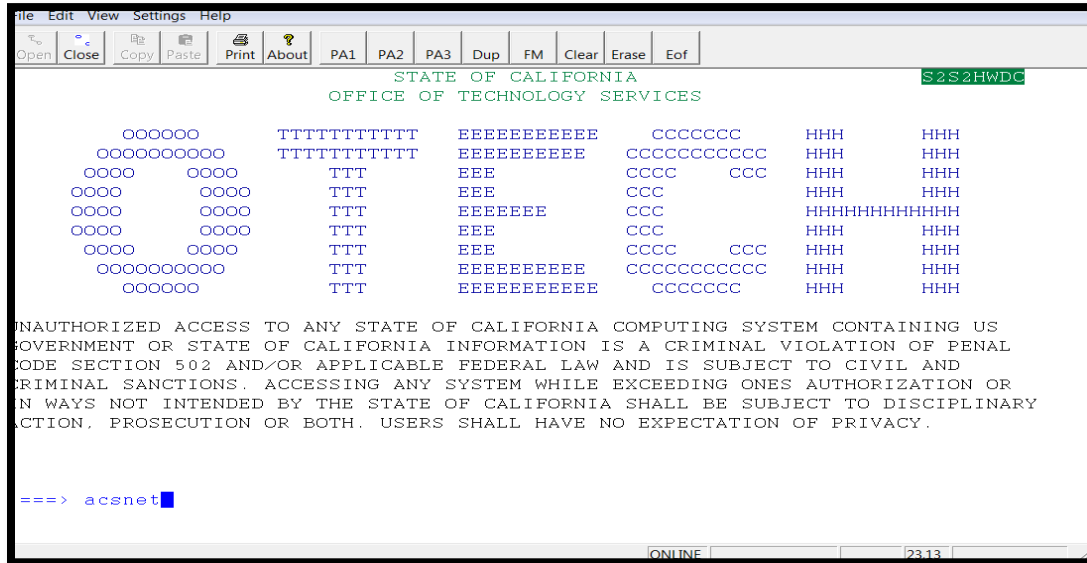
ACSNet is a part of the MEDS system. Instead of client information, as found in MEDS, ACSNet is the business side. The billing screens in this guide will help you identify pharmacy rejections in realtime through CalPos, access current Formulary and Procedure code status and determine if a code has units left on a SAR.

ACSNet is managed by CAMMIS. The Help Desk can be reached at 916-373-7777.

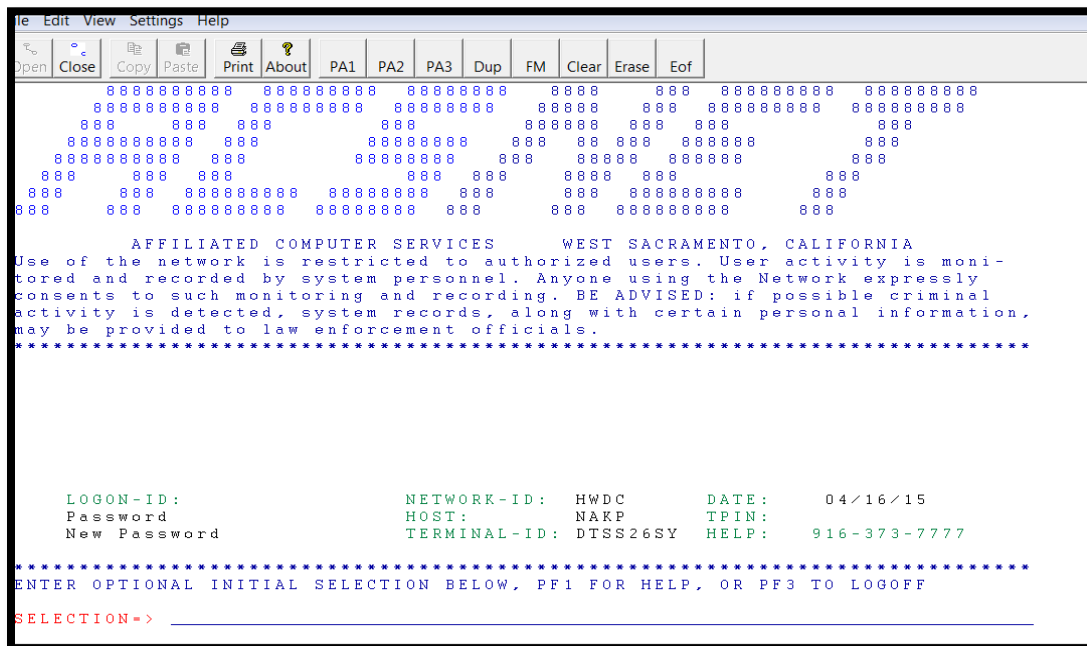
All actual client data in this guide has been removed per HIPAA guidelines.

Log on to ACSNet

1. Type "acsnet" at the blinking cursor



2. Type your Log-In and Password at the blinking cursor and enter



3. Type '1' at SELECTION and enter

```

file Edit View Settings Help
Open Close Copy Paste Print About PA1 PA2 PA3 Dup FM Clear Erase Eof
TERM: DTSS26SY DATE: 04/16/15 HELP: 916-373-7777 NETWORK-ID: HWDC
LOGMODE SNX32703 TIME: 09:45:46 TPIN: HOST: NAKP

NO..MNEMONIC..SITE....APPLICATION/DESCRIPTION.....HOURS.....STATUS..
1  FF00      NAKP      CA-MMIS Production      0000/2400    ACTIVE
28 CA7KP      NAKP      CA7 - Sys NAKP      0000/2400    AVAIL
29 FFP1      NAKQ      CICSSUP1 - Sys NAKP      0000/2400    UNAVAIL
30 FFP2      NAKQ      CICSSUP2      0000/2400    UNAVAIL
31 DEBUG      IBM Debug Tool      0000/2400    AVAIL

***** SELECTION SCREEN *****
PLEASE ENTER SELECTION BELOW, PF1 FOR HELP OR PF3 TO LOGOFF
QZCM0W LU DTSS26SY reconnected IP address 158.96.110.72 Port 11891
SELECTION=> 1
    
```

4. You must clear the screen at this point. The default 'Clear Key' is 'Scroll Lock'

Note: Each user can customize the control keys on their keyboard. You can do this by opening Tools, Keyboard layout

If you need assistance call the 373-7777 CAMMIS Help Desk.

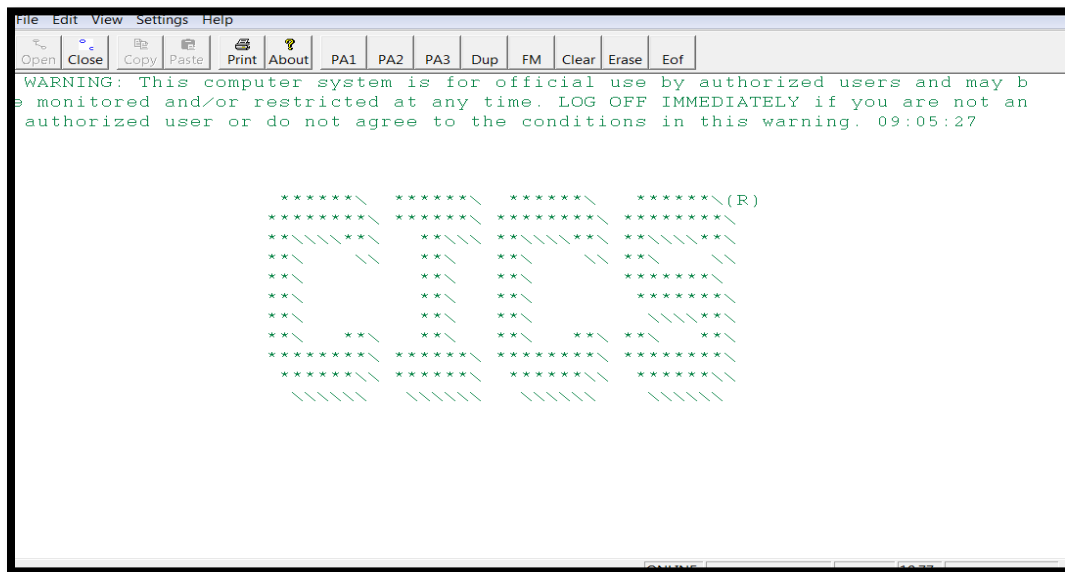
```

ACSNET
File Edit View Tools Help
Options...
Customize toolbar...
Keyboard layout...
License...
Configuration
Save shortcut...
Log Traffic...
Macro
EraseF: 06/15/16 HELP: 916-373-7777 NETWORK-ID: HWDC
: 14:53:32 TPIN: HOST: NAKP

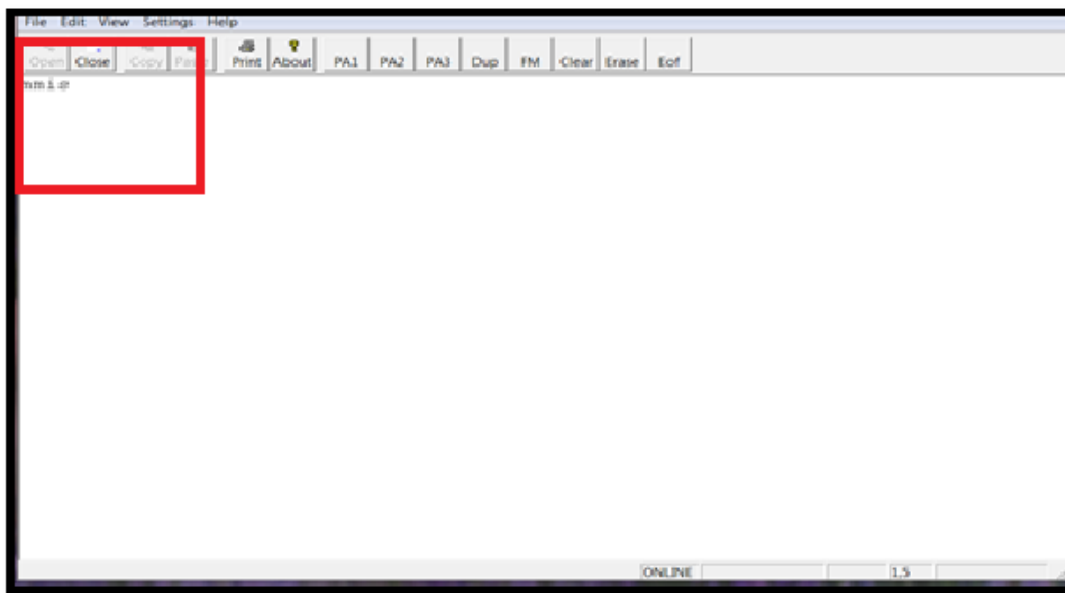
NO..MNEMONIC..SITE....APPLICATION/DESCRIPTION.....HOURS.....STATUS..
1  FF00      NAKP      CA-MMIS Production      0000/2400    AVAIL
28 CA7KP      NAKP      CA7 - Sys NAKP      0000/2400    AVAIL
29 FFP1      NAKQ      CICSSUP1 - Sys NAKP      0000/2400    UNAVAIL
30 FFP2      NAKQ      CICSSUP2      0000/2400    UNAVAIL
31 DEBUG      IBM Debug Tool      0000/2400    AVAIL

***** SELECTION SCREEN *****
PLEASE ENTER SELECTION BELOW, PF1 FOR HELP OR PF3 TO LOGOFF
Signon complete for QZCM0W IP address 158.96.110.72 PORT 21525
SELECTION=>
    
```

5. Enter



6. You will get a blank screen with a blinking cursor at the top left corner: Type MMIS and Enter



6. Re-enter your Log-In and Password

The screenshot shows a terminal window titled "MMIS USER IDENTIFICATION PANEL". The menu bar includes "File", "Edit", "View", "Settings", and "Help". Below the menu bar is a toolbar with icons for "Open", "Close", "Copy", "Paste", "Print", "About", and function keys "PA1", "PA2", "PA3", "Dup", "FM", "Clear", "Erase", and "Eof". The main display area contains the following text:

```
LOGON ID:  zcm0w
PASSWORD:  *****

ENTER REQUESTED INFORMATION THEN PRESS ENTER KEY
```

At the bottom right of the window, there is a status bar showing "ONLINE" and "3.18".

8. Select PF1: MUS499 Provider Relations Subarea

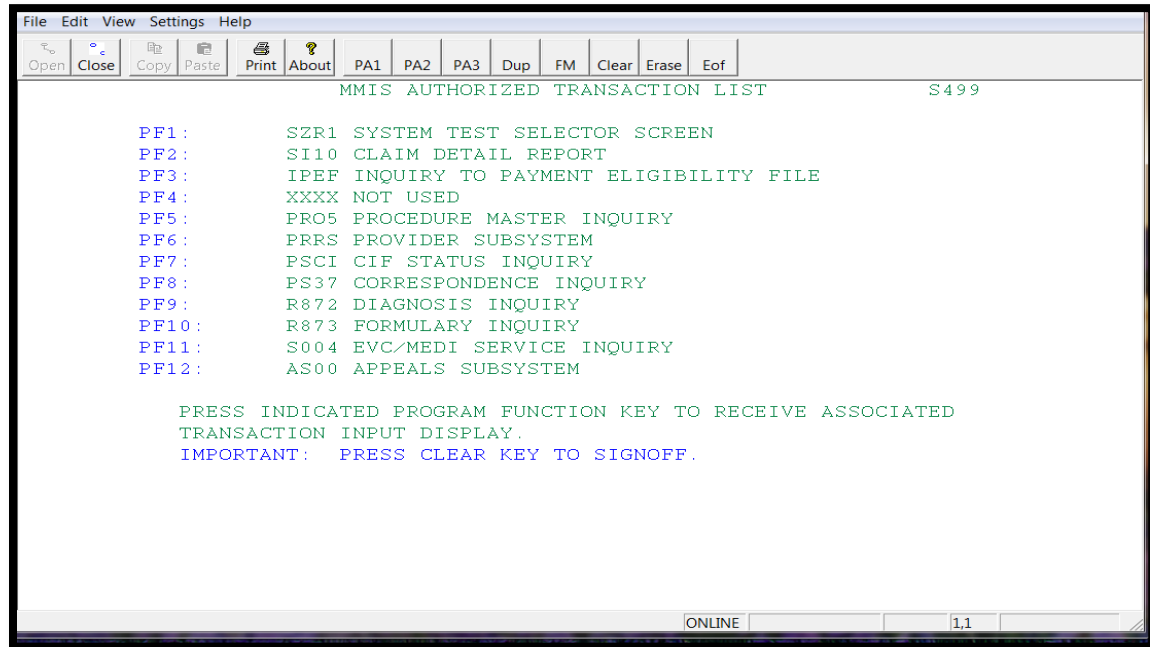
The screenshot shows a terminal window titled "MMIS AUTHORIZED TRANSACTION LIST". The menu bar includes "File", "Edit", "View", "Settings", and "Help". Below the menu bar is a toolbar with icons for "Open", "Close", "Copy", "Paste", "Print", "About", and function keys "PA1", "PA2", "PA3", "Dup", "FM", "Clear", "Erase", and "Eof". The main display area contains the following text:

```
PF1:  MUS499 PROVIDER RELATIONS SUBAREA
PF2:  R900 CCS COUNTY ALLOCATIONS
PF3:  R910 GHPP FISCAL YEAR ALLOCATIONS
PF4:  P211 CCS/GHPP INCLUSION SERVICE CODE GROUPING
PF5:  RFS8 CCS/GHPP SERVICE AUTHORIZATION INQUIRY SELECTION
PF6:  P212 CCS/GHPP EXCLUSION SERVICE CODE GROUPING

PRESS INDICATED PROGRAM FUNCTION KEY TO RECEIVE
ASSOCIATED TRANSACTION INPUT DISPLAY
IMPORTANT: PRESS CLEAR KEY TO SIGNOFF
```

At the bottom right of the window, there is a status bar showing "ONLINE" and "1.1".

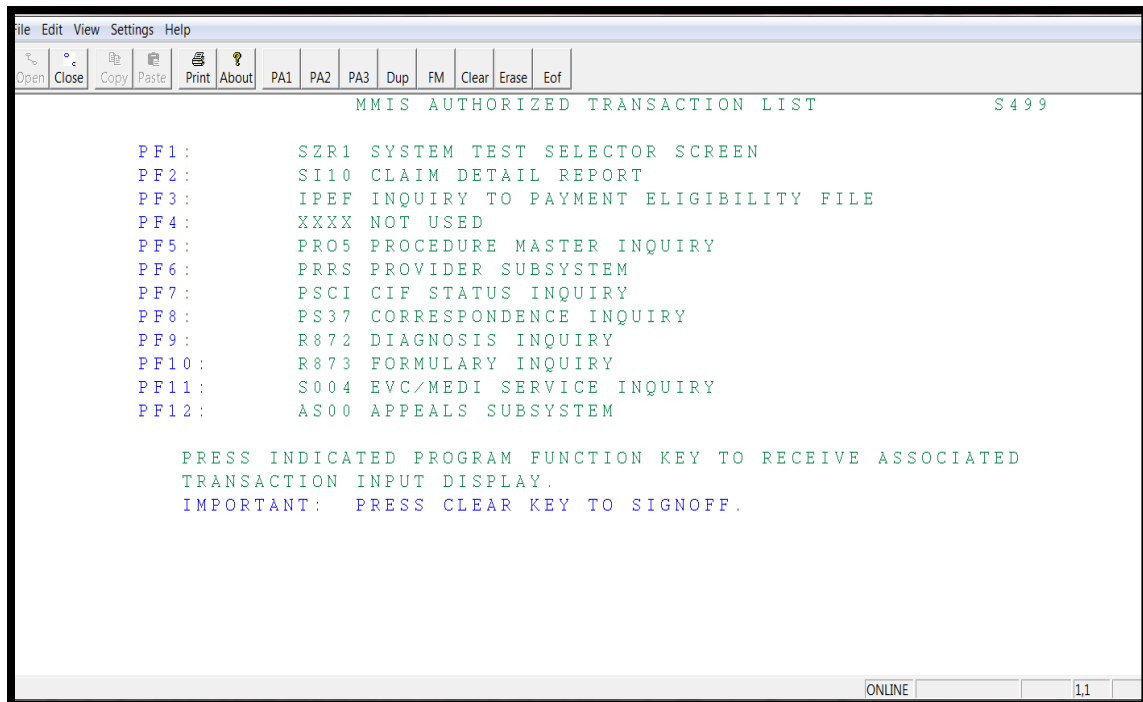
9. This is the Home screen. MMIS Authorized Transaction List.
You can start searches for a variety of processes from here.



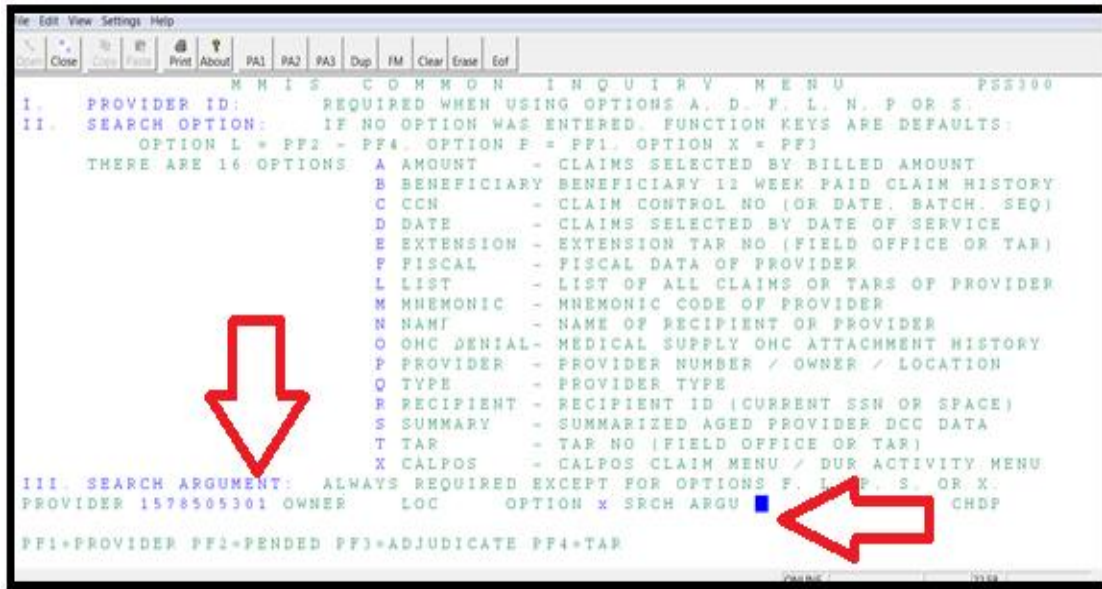
CalPos Pharmacy Claim History

The CALPOS system provides a real time look at pharmacy denials. Denials messages received by the pharmacy will often be different from the information you will find in CalPos.

1. From ACSNet Home Screen select PF6 Provider Subsystem



2. Enter the Pharmacy NPI
3. Enter an X in the Option Field
4. Enter



5. Enter the client's CIN number at Recipient ID (actual client data omitted per HIPAA)
6. Enter today's date (or actual date the pharmacy tried to process the claims)
7. A date range can also be entered if a specific billing is being researched
8. Press PF4 for Rejected Claims

KPS007

DATE: 08/03/15
TIME: 09:43:00

CALPOS CLAIM INQUIRY

PROVIDER ID: 1578505301 PROVIDER NAME: LONGS DRUG STORE CAL LLC

RECIPIENT ID : CIN # (REQUIRED)

DATE OF SERVICE FROM: MM/DD/YY (REQUIRED)
 TO: (IF USED, VIEW LIST OF CLAIMS BETWEEN DATES)

PRESCRIPTION NUMBER : (IF USED, VIEW CLAIM DIRECTLY)

PF3=EXIT PF4=REJ PF5=PAID PF6=HIST CLEAR=MAIN

This is the **'rejection history'** showing the number of times the pharmacy tried to bill for this RX on the given date. In this example, the pharmacy tried to bill the Penicillin 3 times.

File Edit View Tools Help
KPS014A DATE: 03/03/17 TIME: 09:42:01

CALPOS
REJECTED CLAIM LIST

RECIPIENT ID : [REDACTED] RX DATE FROM : 03/01/17
NUMBER OF LINES : 03 RX DATE TO : 03/03/17

LN	EOB	RX NO	PH	CC	IC	OC	LABEL NAME	SERV DT
01	0667	0140473					PENICILLIN VK 250 MG TABLET	03/01/2017
02	0006	0140473					PENICILLIN VK 250 MG TABLET	03/01/2017
03	0667	0140473					PENICILLIN VK 250 MG TABLET	03/01/2017

LN NO(S): [REDACTED]

PF1=FWD PF2=BKWD PF3=EXIT PF4=REJ PF5=PAID PF6=HIST PF8=DTL CLEAR=MAIN

10. Enter the line number you want to research. (Tip: start with the last one)
11. Press Enter

This is the Rejected Claim Detail screen

File Edit View Tools Help
KPS008A DATE: 03/03/17 TIME: 09:45:16

CALPOS
REJECTED CLAIM DETAIL

RECIPIENT ID : [REDACTED] AMOUNT BILLED : 138.69
PHARMACY : 1609100189 SOC AMOUNT APPLIED: 0.00
RX NUMBER : 0140473 OHC AMOUNT APPLIED: 0.00
DATE OF SERVICE: 03/01/2017 STERILE FEE BILLED:
DISCHARGE DATE : 00/00/0000 TAR CONTROL NUMBER:
NDC : 16714023401 PROCESS DATE : 03/01/2017
SMARTKEY : 190476039420600600010080 CODE 1 OVERRIDE : N
LABEL NAME : PENICILLIN VK 250 MG TABLET ROUTE OF ADMIN :
TAR IND : 0 DOSAGE FORM :
FM CODE 1 : N SEX : F PLACE OF SERVICE :
DAYS SUPPLY : 090 PRESCRIBER ID : 1841441243
QUANTITY : 180.000 DATE OF BIRTH : 03/28/2004
COMPOUND IND : 1 OHC CODE: 0 CONTAINER COUNT :
DUR ALERTS : N PRIM DIAGNOSIS CD : V4579
DENIAL REASON : 0667 0037 2ND DIAGNOSIS CD :
0667 - THE DATE OF ISSUE ENTERED DOES NOT MATCH
0037 - HEALTH CARE PLAN ENROLLEE OR MENTAL HEALTH PLAN RECIP

08

PF1=FWD PF2=BKWD PF3=EXIT PF4=REJ PF5=PAID PF6=HIST PF7=DUR CLEAR=MAIN

Tips and Common Corrections:

1. Verify the SAR number has been entered in the TAR Control Field. In the example above, the SAR was not entered.
 - a. Note the Denial Reason. In this case both denials seem random, but they are telling you there is a problem with the recipient's Medi-Cal.
 - b. In fact, there is no eligibility issue, only a missing SAR number which can appear as eligibility to the Medi-Cal system.

2. Was the SAR issued today and not yet uploaded to Medi-Cal? This may trigger an eligibility issue as well as a missing authorization denial.
3. Check the CIN number – is the pharmacy using the CIN that is on the SAR? (note – you will see the SSN not the BIC on this screen, but the pharmacy is using the BIC to bill)
 - a. No - Give the pharmacy the correct CIN (Follow-up with parent/guardian to present BIC card when receiving services).
 - b. Yes – do they have the current Issue Date? If not, go to MEDS for the current number.
 - i. Note – not all pharmacy software is the same. Some do not require the Issue Date.
4. Is the SAR NDC specific?
 - a. Is the pharmacy billing with the NDC on the SAR? This could trigger a 'no authorization' type of denial.
5. Exceeds Limit – the prescription has reached its maximum.
 - a. Check the SAR – were the units added correctly? If not – the SAR must be modified
 - b. SAR is ok? Go to ACSNET and check Units Used – the prescription may have been filled already
6. Is the denial for manual billing?
 - a. Each pharmacy's manual billing process is different. Check the Pharmacy section in your Toolkit for possible quick fixes.
 - i. Example CVS must use Condor Code 231 – they will know what that is
 - ii. Rite Aid must use 'the Off Line DME Card' – they will know what that is
 - b. Cannot resolve the problem? Call the corporate contact for the given pharmacy. The contact information is in the Toolkit. The corporate offices for the large chains are fast to respond and committed to CCS.
 - c. Small, independent pharmacy?
 - i. If they are willing to try, teach them to bill manually
 - ii. If they are not, have the prescription transferred to the chain pharmacy of the client's choice.
7. Error – No Claim Submitted After LAST FIN Process:
 - a. Getting the FIN denial means M/C is not seeing the claim (although the provider is getting a rejection that makes it appear the claim is being denied by M/C)
 - b. Check paid claims (if it was paid below acquisition cost a FUL SAR is needed)
 - c. Check History. The denial may show up there
 - d. Check your numbers to be sure dates and CINS are correct
 - e. If nothing works – ask the pharmacy to 'completely delete the billing from the system'.
 - i. Deleting the claim usually works. It is like rebooting a computer.
 - ii. If it does not, the pharmacy must contact their own Help Desk. Medi-Cal is not getting the submission and the issue is on the pharmacy side.
8. DUR – drug use response is an override the Pharmacist must enter. The Pharmacist should know what override code must be entered for that particular medication.
9. Code 1 Override – This is also a medication/gender/drug use override. The pharmacy should know what code to enter.
 - a. If they do not try: 7, 8 or 99 for payment of 'active ingredients only'
 - b. Compound denial try codes 7, 8 or 99

Formulary Inquiry

Use this procedure to determine if a product is on the Medi-Cal Formulary, its TAR designation and pricing.

1. Open the Provider Relations Sub-Area PF1 and select PF 10 Formulary Inquiry

MMIS AUTHORIZED TRANSACTION LIST S499

PF1:	SZR1	SYSTEM TEST SELECTOR SCREEN
PF2:	SI10	CLAIM DETAIL REPORT
PF3:	IPEF	INQUIRY TO PAYMENT ELIGIBILITY FILE
PF4:	XXXX	NOT USED
PF5:	PRO5	PROCEDURE MASTER INQUIRY
PF6:	PRRS	PROVIDER SUBSYSTEM
PF7:	PSCI	CIF STATUS INQUIRY
PF8:	PS37	CORRESPONDENCE INQUIRY
PF9:	R872	DIAGNOSIS INQUIRY
PF10:	R873	FORMULARY INQUIRY
PF11:	S004	EVC/MEDI SERVICE INQUIRY
PF12:	AS0	APPEALS SUBSYSTEM

PRESS INDICATED PROGRAM FUNCTION KEY TO RECEIVE ASSOCIATED TRANSACTION INPUT DISPLAY.
IMPORTANT: PRESS CLEAR KEY TO SIGNOFF.

ONLINE 14.24

3. Type in the Product NDC Code in the Primary CD Field: Enter

CA MMIS FORMULARY INQUIRY SCREEN RFS873

MESSAGE

PRIMARY CD	00078033705	LABEL	SEX
ALT CD		GENER	TAR IND
GTC	STC	HICL	IC IND
		STR	CONT CARE1
		DOSE	CONT CARE2
		RT	ORTHO IND
		PS	PMT IND
		UD	DRUG SCHD
BEGIN DATE		END DATE	CODE1 IND
PREV BGN DATE		PREV END DATE	CONTRACT CD
MIN AGE	MAX AGE	MIN QTY	DISP FEE
		MAX QTY	LGN IND
DAYS SUPPLY	THERA	PACKAGE	UNIT DESC
MIN	MAX	CLASS	
		QUANTITY	
		COMMENTS	
		GCN	PERC
		SEQ NO	DIFF
		000000	000
DATE	I/E	PLACES OF SERVICE	

PF1=FORWARD PF2=BACKWARD PF4=PRICING CLEAR=TERMINATE

ONLINE 13.52

4. This is the Formulary Screen
 - a. Check the TAR Indicator for TAR 0,1,2 or 3
 - b. Check the End Date: verify it has not been ended. If so, follow procedure for End Dated Pricing later in this procedure

ACSNET
File Edit View Tools Help
13:14 16179 CA MMIS FORMULARY INQUIRY SCREEN RFS873

MESSAGE FORMULARY RECORD FOUND - INQUIRY COMPLETE

PRIMARY CD 0078033705 LABEL TRILEPTAL 300 MG TABLET
ALT CD GENE OXCARBAZEPINE
GTC 44 STC 0275 NICL 11735 STR 0630 DOSE 600 RT 01 RS 008 UD 0

BEGIN DATE 20010401 END DATE 20691231
PREV BGN DATE 20000101

MIN AGE 00 MAX AGE 99 MIN QTY 00000 MAX QTY 00800

DAYS SUPPLY THERA PACKAGE GCN PERC
MIN MAX CLASS QUANTITY COMMENTS SEQ NO DIFF
000 100 0000 100.000 300 MG 027779 000

DATE I/E PLACES OF SERVICE
00000000
00000000
00000000

PF1=FORWARD PF2=BACKWARD PF4=PRICING CLEAR=TERMINATE

5. Check the Pricing: Select PF4. If there is no pricing in the first line, or the pricing is 'end dated', the claim must be billed manually

ACSNET
File Edit View Tools Help
14:14 16179 CA MMIS FORMULARY INQUIRY SCREEN-PAGE 2 RFS874

EFF DT	IND	FAC	AWP	MAIC	EAC	AWP-%	LOW COST
160615	3	.4510	00007.8553	-.0000	.0000	00006.5199	.4510
160615	3	.3931	00007.8553	-.0000	.0000	00006.5199	.3931
160415	3	.4114	00007.8553	-.0000	.0000	00006.5199	.4114
160105	3	00001.7100	00007.8553	-.0000	.0000	00006.5199	00001.7100
150707	3	00001.7100	00007.1477	-.0000	.0000	00005.9326	00001.7100
150106	3	00001.7100	00006.8927	-.0000	.0000	00005.7209	00001.7100
140103	3	00001.7100	00005.9988	-.0000	.0000	00004.9790	00001.7100
130103	3	00001.7100	00005.2208	-.0000	.0000	00004.3333	00001.7100
120105	3	00001.7100	00004.5438	-.0000	.0000	00003.7714	00001.7100
110106	3	00001.7100	00004.1345	-.0000	.0000	00003.4316	00001.7100
100106	3	00001.7100	00003.7620	-.0000	.0000	00003.1225	00001.7100
100105	3	00001.7100	00003.7620	-.0000	00003.1225	00003.1225	00001.7100
090926	3	00001.7100	00003.4231	-.0000	00002.8412	00002.8412	00001.7100

PF1=FORWARD PF2=BACKWARD PF3=RETURN CLEAR=TERMINATE

Look at the first line:

EFF DT is the date this pricing became effective.

IND: This is a Place of Service Code.

AWP-% and LOW COST are the high and low amounts payable

AWP may be applied in a pricing override or brand name override.

If there is NO PRICING – Medi-Cal has pulled the pricing and the provider will be required to bill manually using invoices as supporting documentation.

TAR 0 or 1	\$0.00 pricing	End Dated	Z5999	
TAR 0 or 1	Good Pricing	Pricing is End Dated	DOS is prior to End Date: Requires NDC Specific SAR	DOS is after End Date: Z5999
TAR 0 or 1	Good Pricing	Pricing is NOT End Dated	Use 01 or 02 SAR	
TAR 2	With or Without Pricing			Z5999
TAR 3				Payable w/out NDC specific SAR if part of a Compound
Cross Check CMS Formulary: if drug/product is listed in the CMS Formulary the NDC must be on the SAR.				

Remember: these guidelines are subject to regular change. Always follow latest guidelines issued by Medi-Cal in Information Notices and This Computes!

To determine the Medi/Cal reimbursement rate: (use this if the provider is not receiving adequate reimbursement. May indicate a FUL issue)

The screenshot shows a software interface with a menu bar (File, Edit, View, Tools, Help) and a toolbar with icons for file operations. The main display area shows the following information:

09:47 16180 CA MMIS FORMULARY INQUIRY SCREEN-PAGE 2 RFS874

PRIMARY CD 00078033705 LABEL TRILEPTAL 300 MG TABLET
ALT CD GENER OXCARBAZEPINE

EFF DT	IND	FAC	AWP	MAIC	EAC	AWP-%	LOW COST
160615	3	.4510	00007.8553	.0000	.0000	00006.5199	.4510
160515	3	.3931	00007.8553	.0000	.0000	00006.5199	.3931
160415	3	.4114	00007.8553	.0000	.0000	00006.5199	.4114
160105	3	00001.7100	00007.8553	.0000	.0000	00006.5199	00001.7100
150707	3	00001.7100	00007.1477	.0000	.0000	00005.9326	00001.7100
150106	3	00001.7100	00006.8927	.0000	.0000	00005.7209	00001.7100
140103	3	00001.7100	00005.9988	.0000	.0000	00004.9790	00001.7100
130103	3	00001.7100	00005.2208	.0000	.0000	00004.3333	00001.7100
120105	3	00001.7100	00004.5438	.0000	.0000	00003.7714	00001.7100
110106	3	00001.7100	00004.1345	.0000	.0000	00003.4316	00001.7100
100106	3	00001.7100	00003.7620	.0000	.0000	00003.1225	00001.7100
100105	3	00001.7100	00003.7620	.0000	00003.1225	00003.1225	00001.7100
090926	3	00001.7100	00003.4231	.0000	00002.8412	00002.8412	00001.7100

PF1=FORWARD PF2=BACKWARD PF3=RETURN CLEAR=TERMINATE

- Select the most current Effective Date.
- Find the current pricing in the Low Cost column

In this example: .4510

- Multiply the most current lowest cost by the quantity being dispensed

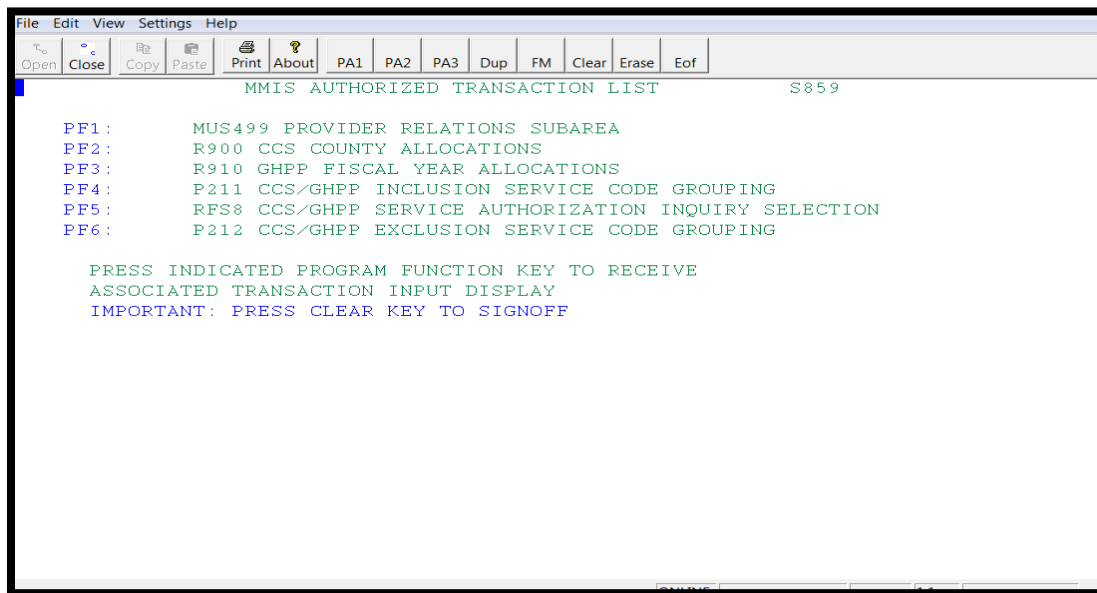
$$.4510 \times 100 = \$45.10$$

In this example the drug was dispensed with 100 doses. The Medi/Cal rate of reimbursement for this prescription is \$45.10

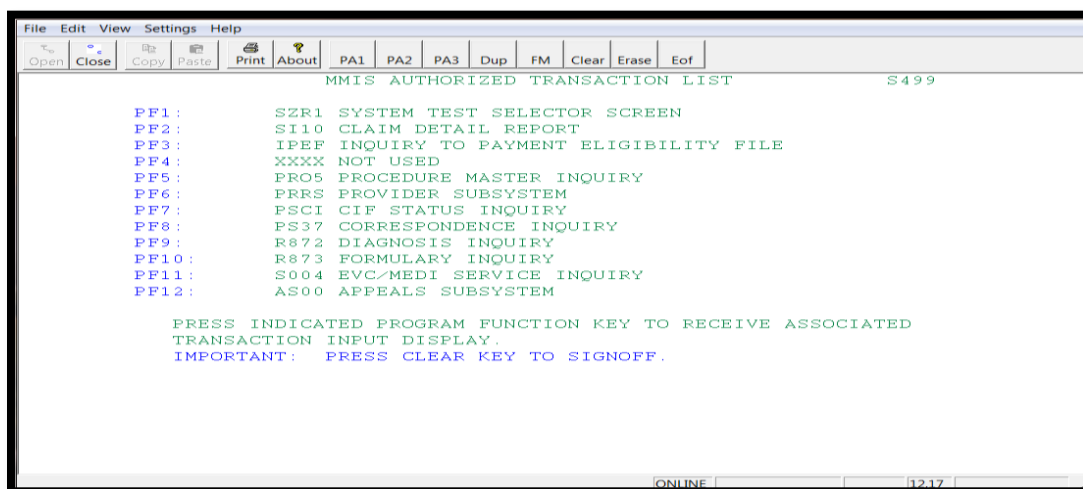
Procedure Code Inquiry Screen

Use this procedure to determine if a procedure code is payable and what SAR type must be used.

1. Open ACSNet
2. Go to the Provider Relations Sub-Area
3. Select PF1



4. Select PF5 – Procedure Master Inquiry



- The cursor will land where the arrow is pointing. **Do Not type anything in this space. TAB once.** The cursor is now in the correct place to enter code(example is CPT 61867). Either CPT or HCPCS can be entered here. Enter code and hit Enter

File Edit View Settings Help

Open Close Copy Paste Print About PA1 PA2 PA3 Dup FM Clear Erase Eof

PROCEDURE INQUIRY ENTRY SELECTION SCREEN RFS570

PROCEDURE STATUS A G E S E R V I C E
61867 BEGIN DATE MIN MAX SEX PERIOD FREQ LIMIT ERROR

MAX UVSP CONV BASIC UNIT UNIT R E N T A L S PRODUCT
VALUE FROM DATE THRU P/D TYPE

DATE SPECIFIC INDICATORS 80 SPLIT DIAGNOSTIC P/S/B PRINT
P/D ER/POS TAR I/E POS CUTBACK BILL INDICATOR IND DEST
S

PF8=NCCI EDITS
ENTER TO SEARCH PF12=MULTIPLIER TBL CLEAR=TERMINATES PF7=CROSSWALK MAP

ONLINE / 716

This is the summary screen.

File Edit View Settings Help

Open Close Copy Paste Print About PA1 PA2 PA3 Dup FM Clear Erase Eof

PROCEDURE INQUIRY SUMMARY SCREEN RFS572

LINE	PROCEDURE	PARTIAL NAME	CONV	UNIT	P/D	TAR	SERVICE	MAX	UVSP
01	K 61867	IMPLANT NEUROELECTRODE	04	0002145	0	3	000	00	0 S 01
02	O 61867	IMPLANT NEUROELECTRODE	04	0000429	0	0	000	00	0 S 01

ENTER LINE NUMBER TO VIEW MAIN DETAIL SCREEN 01

ENTER=DETAIL PF1=FORWARD PF2=BACKWARD PF3=RETURN PF8=NCCI EDITS
CLEAR=TERMINATES

ONLINE / 013

In this case, line 01 is a code Type K and line 02 is a code Type O. (Hint – you can run the code in CMSNet to help determine which line to select. But typically the type in line 1 is the code to select in CMSNet.

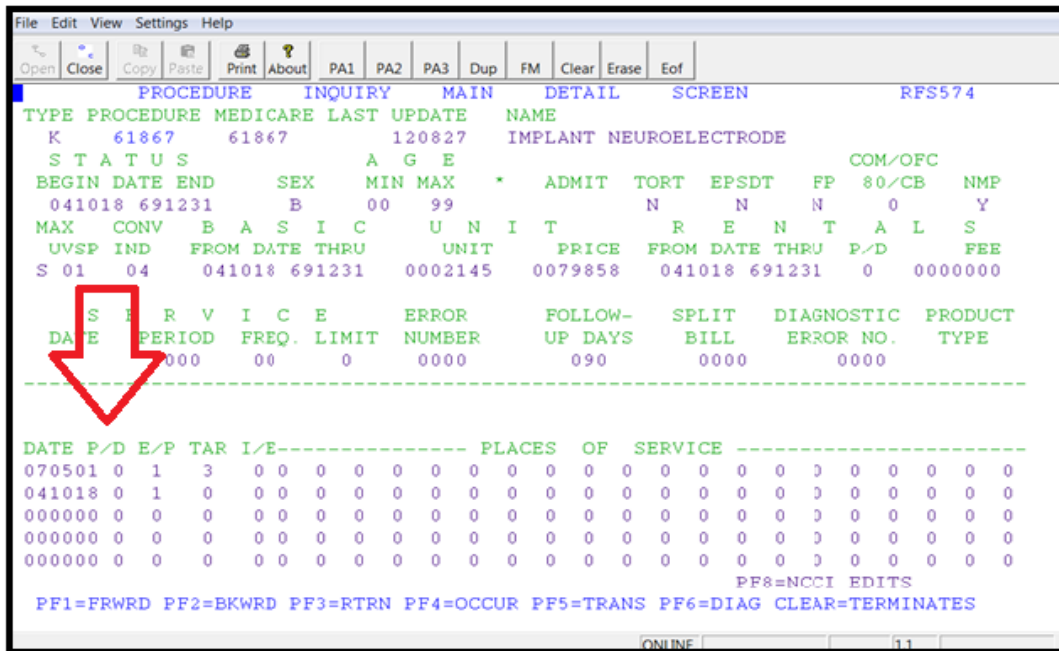
- Enter the line # at the cursor at the Detail Screen and enter.

Check the P/D column.

'0' - is a payable code.

'D' - indicates Deny Code (**payable if not end dated**). The provider must submit the claim with proof of medical necessity along with the SAR. It is not recommended this code be authorized unless the biller/provider is clear about the special billing requirements and understands CCS does not guarantee payment. This information should be included in the Special Instructions section of the SAR.

'T' - indicates a Terminated Code, not payable under any circumstance.



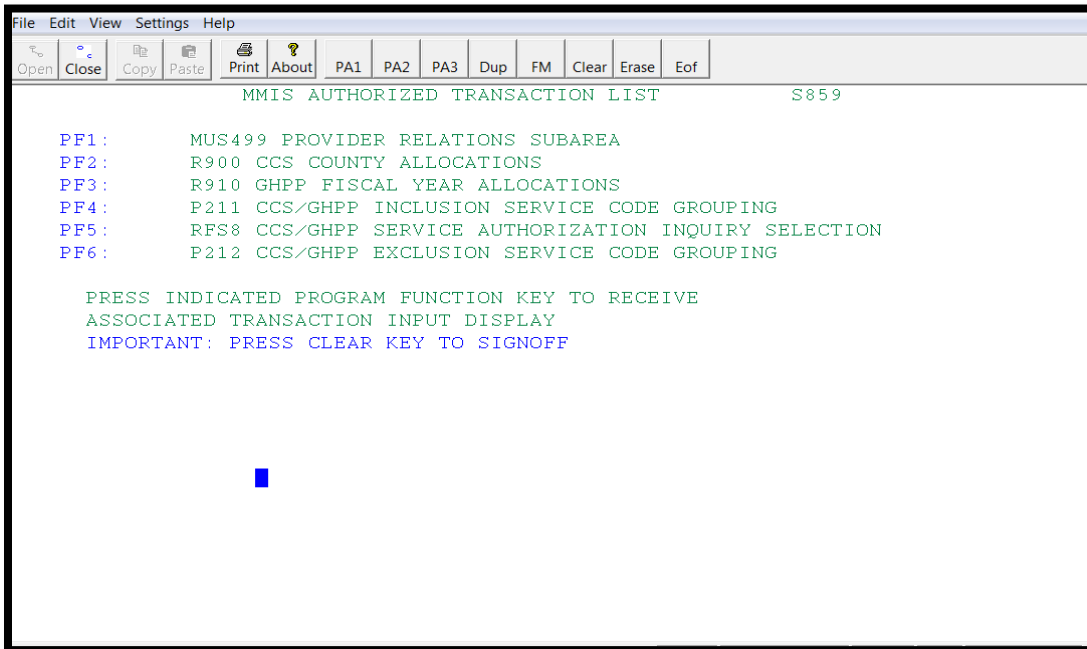
The screenshot displays the ACSNet Billing Screen interface. At the top, there is a menu bar with options: File, Edit, View, Settings, Help. Below the menu bar is a toolbar with icons for Open, Close, Copy, Paste, Print, About, PA1, PA2, PA3, Dup, FM, Clear, Erase, and Eof. The main window shows a procedure inquiry for 'IMPLANT NEUROELECTRODE' with details including TYPE, PROCEDURE, MEDICARE, LAST UPDATE, NAME, and STATUS. A red arrow points to the SARV section, specifically to the P/D column, which contains the value '0'. The SARV section also includes fields for DATE, PERIOD, FREQ, LIMIT, NUMBER, FOLLOW-UP DAYS, SPLIT BILL, DIAGNOSTIC ERROR NO., and PRODUCT TYPE. At the bottom, there are function key definitions: PF1=FRWRD, PF2=BKWRD, PF3=RTRN, PF4=OCCUR, PF5=TRANS, PF6=DIAG, and CLEAR=TERMINATES.

DATE	P/D	E/P	TAR	I/E	PLACES	OF	SERVICE
070501	0	1	3	00	00	00	00
041018	0	1	0	00	00	00	00
000000	0	0	0	00	00	00	00
000000	0	0	0	00	00	00	00
000000	0	0	0	00	00	00	00

Units Remaining

Use this procedure to determine how many units are left remaining for a prescription. (Tip: use this process when a SAR is good, the code is good and the CIN is correct but you are getting a 'no SAR' type denial.

1. From ACSNet, select the PF5 Service Authorization Inquiry Selection



File Edit View Settings Help

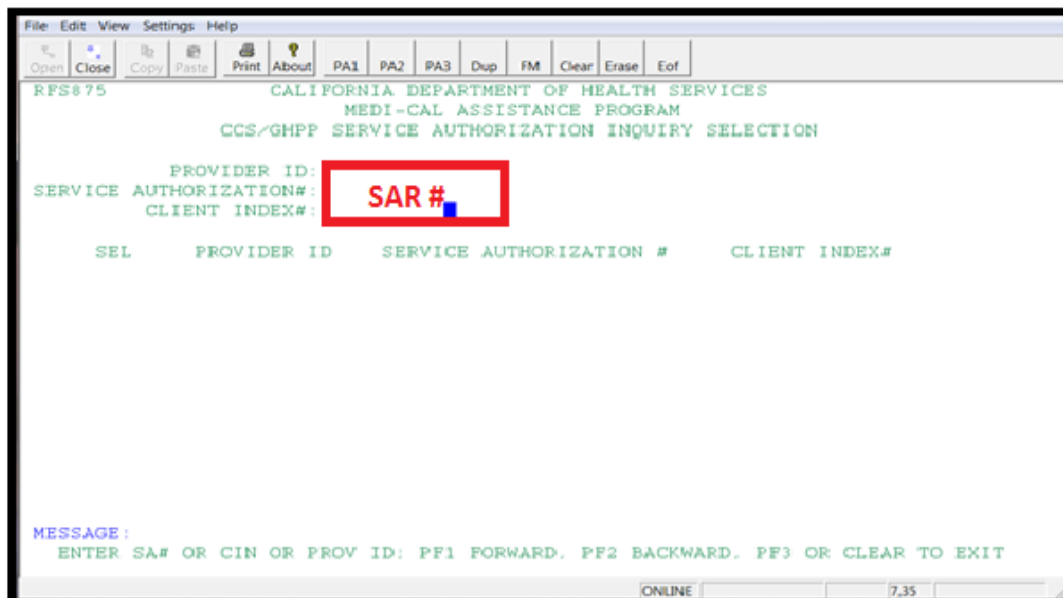
Open Close Copy Paste Print About PA1 PA2 PA3 Dup FM Clear Erase Eof

MMIS AUTHORIZED TRANSACTION LIST S859

PF1: MUS499 PROVIDER RELATIONS SUBAREA
 PF2: R900 CCS COUNTY ALLOCATIONS
 PF3: R910 GHPP FISCAL YEAR ALLOCATIONS
 PF4: P211 CCS/GHPP INCLUSION SERVICE CODE GROUPING
 PF5: RFS8 CCS/GHPP SERVICE AUTHORIZATION INQUIRY SELECTION
 PF6: P212 CCS/GHPP EXCLUSION SERVICE CODE GROUPING

PRESS INDICATED PROGRAM FUNCTION KEY TO RECEIVE
 ASSOCIATED TRANSACTION INPUT DISPLAY
 IMPORTANT: PRESS CLEAR KEY TO SIGNOFF

2. Enter the SAR # in the Service Authorization# Field - Enter



File Edit View Settings Help

Open Close Copy Paste Print About PA1 PA2 PA3 Dup FM Clear Erase Eof

RFS875 CALIFORNIA DEPARTMENT OF HEALTH SERVICES
 MEDI-CAL ASSISTANCE PROGRAM
 CCS/GHPP SERVICE AUTHORIZATION INQUIRY SELECTION

PROVIDER ID:
 SERVICE AUTHORIZATION#: SAR #
 CLIENT INDEX#:

SEL PROVIDER ID SERVICE AUTHORIZATION # CLIENT INDEX#

MESSAGE:
 ENTER SA# OR CIN OR PROV ID: PF1 FORWARD, PF2 BACKWARD, PF3 OR CLEAR TO EXIT

ONLINE 7.35

2. In this example, line 1 has our clients CIN number and the correct SAR number. The provider is a Center
3. Enter a 'S' in the SEL column. Hit Enter

FS875 CALIFORNIA DEPARTMENT OF HEALTH SERVICES
MEDI-CAL ASSISTANCE PROGRAM
CCS/GHPP SERVICE AUTHORIZATION INQUIRY SELECTION

PROVIDER ID: SAR # / CIN #
SERVICE AUTHORIZATION#:
CLIENT INDEX#:

SEL	PROVIDER ID	SERVICE AUTHORIZATION #	CLIENT INDEX#
S	7.02.21		
	1699782599		
	1104906569		
	1801963020		
	1235218785		
	1871541102		
	1821073727		
	1053366633		
	1407889819		
	1609011469		
	1811080526		
	1366481988		

MESSAGE: ENTER S OR X TO SELECT A RECORD
ENTER SA# OR CIN OR PROV ID: PF1 FORWARD, PF2 BACKWARD, PF3 OR CLEAR TO EXIT

4. The resulting screen will show the number of units authorized and the number of units used to date.

RFS880 CALIFORNIA DEPARTMENT OF HEALTH SERVICES 04/16/2015
MEDI-CAL ASSISTANCE PROGRAM
CCS/GHPP SERVICE AUTHORIZATION INQUIRY DETAIL

SERVICE AUTHORIZATION#: CIN & SAR
CLIENT INDEX#:
PROVIDER ID: 7.02.21
FUNDING CATEGORY: 2
LEGAL COUNTY: 34 UPDATE CNT: 01
NUMBER OF DAYS: 730

STATUS: M
TYPE: SCC
BEGIN DATE: 08/03/2009
END DATE: 08/02/2011
UPDATE DATE: 06/25/2010
NUMBER OF DAYS USED: 000

SEG #	SERVICE CODE	MODIFIER	UNITS	UNITS USED	QUANTITY	AMOUNT
01	02		0001	0000	0000000000	00000000

MESSAGE: THE END OF SAR TABLE HAS BEEN REACHED
ENTER SA# OR CIN OR PROV ID: PF1 FORWARD, PF2 BACKWARD, PF3 OR CLEAR TO EXIT

Look for the number of UNITS authorized and the number of UNITS USED
This will tell you if there are any units left on this SAR.
In the example above – 1 Unit was authorized and no units have been used yet.

If all units have been used and there is still time remaining on the SAR, there may not have been enough units authorized. Use this template to determine if the units were issued correctly:

Here is a key to how Units/Quantities should be configured on a SAR.

Service Code	Type	Modifier	Service Description	Units	Quantity	Amount
00193654621			MICROLET LANCETS	6	200.0	
00193288060			KETOSTIXREAGENT STRIPS	6	50.0	
A4215			STERILE NEEDLE	1200		

Line 1 – quantity of 200 lancets per month dispensed for 6 months

Line 2 – quantity of 50 strips per month dispensed for 6 months

Line 3 – total of 1200 needles dispensed for the life of the SAR

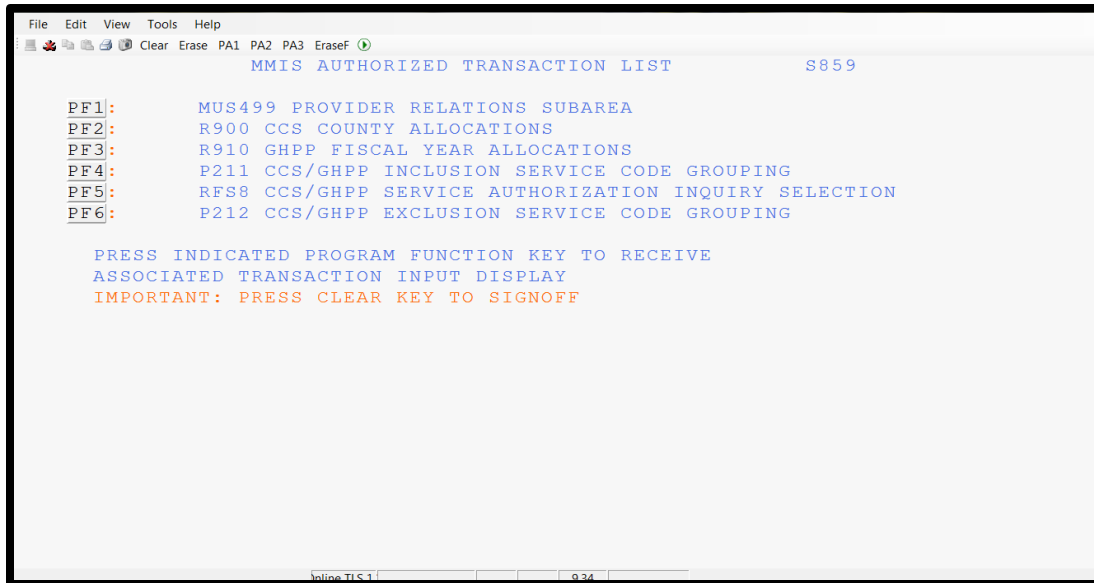
Provider Screens

Provider screens will give you access to a 12-week view of a providers payment history including denial codes and Warrant information. This is helpful when tracking a claim for a provider. When stumped by a providers denial, you can determine how that provider is registered in Medi-Cal, either as an independent biller or linked to a group. How they are linked effects how they bill. You can search a providers name and find their NPI number and the group whom they must bill through

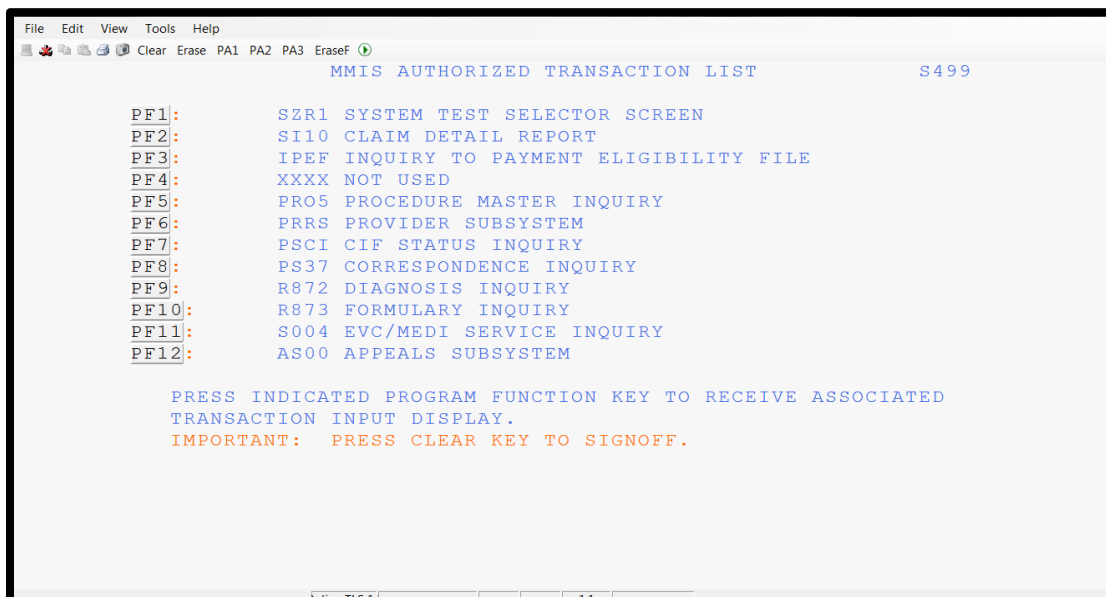
Find NPI by Physician's Name:

Use this procedure when you are unable to find the doctor by NPI or Medi-Cal number. This process will help determine if the doctor has an active link to Medi-Cal. Without an active link, the doctor cannot be paid by Medi-Cal, even with a CCS authorization.

1. Log on to ACSNet
2. Select PF1



3. Select PF6 Provider Subsystem and Enter



- Enter the provider's name in the Provider field
- Enter P in the Option field; Enter

```

File Edit View Tools Help
Clear Erase PA1 PA2 PA3 EraseF
M M I S COMMON INQUIRY MENU PSS300
I. PROVIDER ID: REQUIRED WHEN USING OPTIONS A, D, F, L, N, P OR S.
II. SEARCH OPTION: IF NO OPTION WAS ENTERED, FUNCTION KEYS ARE DEFAULTS:
    OPTION L = PF2, OPTION P = PF1, OPTION X = PF3
    THERE ARE 16 OPTIONS
    A AMOUNT - CLAIMS SELECTED BY BILLED AMOUNT
    B BENEFICIARY BENEFICIARY 12 WEEK PAID CLAIM HISTORY
    C CCN - CLAIM CONTROL NO (OR DATE, BATCH, SEQ)
    D DATE - CLAIMS SELECTED BY DATE OF SERVICE
    E EXTENSION - EXTENSION TAR NO (FIELD OFFICE OR TAR)
    F FISCAL - FISCAL DATA OF PROVIDER
    L LIST - LIST OF ALL CLAIMS OR TARS OF PROVIDER
    M MNEMONIC - MNEMONIC CODE OF PROVIDER
    N NAME - NAME OF RECIPIENT OR PROVIDER
    O OHC DENIAL- MEDICAL SUPPLY OHC ATTACHMENT HISTORY
    P PROVIDER - PROVIDER NUMBER / OWNER / LOCATION
    Q TYPE - PROVIDER TYPE
    R RECIPIENT - RECIPIENT ID (CURRENT SSN OR SPACE)
    S SUMMARY - SUMMARIZED AGED PROVIDER DCC DATA
    T TAR - TAR NO (FIELD OFFICE OR TAR)
    X CALPOS - CALPOS CLAIM MENU / DUR ACTIVITY MENU
III. SEARCH ARGUMENT: ALWAYS REQUIRED EXCEPT FOR OPTIONS F, L, P, S, OR X.
    PROVIDER Last Name OWNER LOC OPTION p SRCH ARGU CHDP
PF1=PROVIDER PF2=PENDED PF3=ADJUDICATE PF4=TAR
    
```

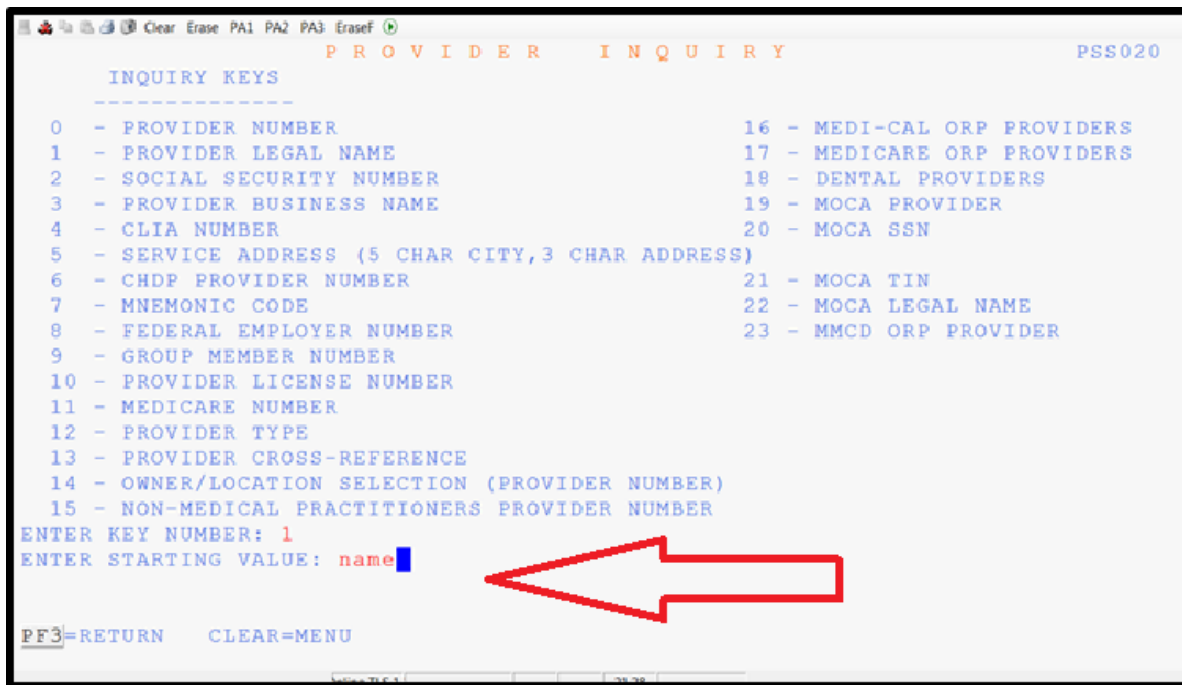
- A generic screen will come up

```

File Edit View Tools Help
Clear Erase PA1 PA2 PA3 EraseF
PROVIDER INQUIRY LIST BY PROVIDER NUMBERS PAGE 1 PSS028

PROVIDER OWN LOC TYP STAT LEGAL NAME SERVICE ADDRESS CITY
01 MET00650F 01 001 030 2 CTY OF DOUGLAS AMB 1400 E 10TH ST DOUGLAS
02 MIA3400SC 01 001 044 2 SACRAMENTO CO HLTH 3701 BRANCH CENTER SACRAMENTO
03 MIA34000G 01 001 022 2 SACRAMENTO COUNTY 3701 BRANCH CENTER SACRAMENTO
04 MIA34000L 01 001 009 2 SACRAMENTO COUNTY 3701 BRANCH CENTER SACRAMENTO
05 MIA34000P 01 001 024 2 SACRAMENTO COUNTY 3701 BRANCH CENTER SACRAMENTO
06 MIA343001 01 001 016 2 SACRAMENTO CO HLTH 3701 BRANCH CENTER SACRAMENTO
07 MIA343002 01 001 016 2 SACRAMENTO CO HLTH 3701 BRANCH CENTER SACRAMENTO
08 MIA343003 01 001 016 2 SACRAMENTO CO HLTH 3701 BRANCH CENTER SACRAMENTO
09 MIA343004 01 001 016 2 SACRAMENTO CO HLTH 3701 BRANCH CENTER SACRAMENTO
10 MIA343005 01 001 016 2 SACRAMENTO CO HLTH 3701 BRANCH CENTER SACRAMENTO
11 MIA343006 01 001 016 2 SACRAMENTO CO HLTH 3701 BRANCH CENTER SACRAMENTO
12 MIA343007 01 001 016 2 SACRAMENTO CO HLTH 3701 BRANCH CENTER SACRAMENTO
13 MIA344001 01 001 015 2 SACRAMENTO CO HLTH 3701 BRANCH CENTER SACRAMENTO
14 MIA344002 01 001 015 2 SACRAMENTO CO HLTH 3701 BRANCH CENTER SACRAMENTO
15 MIA344003 01 001 015 2 SACRAMENTO CO HLTH 3701 BRANCH CENTER SACRAMENTO
16 MIA344004 01 001 015 2 SACRAMENTO CO HLTH 3701 BRANCH CENTER SACRAMENTO
17 MIA344005 01 001 015 2 SACRAMENTO CO HLTH 3701 BRANCH CENTER SACRAMENTO
18 MIA344006 01 001 015 2 SACRAMENTO CO HLTH 3701 BRANCH CENTER SACRAMENTO
TYPE LINE NO(S) OR 'ALL' FOR DETAIL
CAN'T FIND MCNAMERA,00,000
PF1=PAGE AHEAD PF2=PAGE BACK PF3=RETURN CLEAR=MENU
    
```

5. Hit the Clear key, which will take you to Provider Inquiry
6. Enter '1' into the Key Number Field; Enter the doctor's last name into the Starting Value field: Enter



Clear Erase PA1 PA2 PA3 EraseF

PROVIDER INQUIRY PSS020

INQUIRY KEYS

0 - PROVIDER NUMBER	16 - MEDI-CAL ORP PROVIDERS
1 - PROVIDER LEGAL NAME	17 - MEDICARE ORP PROVIDERS
2 - SOCIAL SECURITY NUMBER	18 - DENTAL PROVIDERS
3 - PROVIDER BUSINESS NAME	19 - MOCA PROVIDER
4 - CLIA NUMBER	20 - MOCA SSN
5 - SERVICE ADDRESS (5 CHAR CITY, 3 CHAR ADDRESS)	
6 - CHDP PROVIDER NUMBER	21 - MOCA TIN
7 - MNEMONIC CODE	22 - MOCA LEGAL NAME
8 - FEDERAL EMPLOYER NUMBER	23 - MMCD ORP PROVIDER
9 - GROUP MEMBER NUMBER	
10 - PROVIDER LICENSE NUMBER	
11 - MEDICARE NUMBER	
12 - PROVIDER TYPE	
13 - PROVIDER CROSS-REFERENCE	
14 - OWNER/LOCATION SELECTION (PROVIDER NUMBER)	
15 - NON-MEDICAL PRACTITIONERS PROVIDER NUMBER	

ENTER KEY NUMBER: 1

ENTER STARTING VALUE: name

PF3=RETURN CLEAR=MENU

8. If the name does not come up initially, try changing the spelling. For instance McDonald may be entered into the system as Mc Donald.

- Type the line item you want into the Detail field and Enter. (In this case, we selected 10 because we knew the doctor worked out of Davis). Enter. This is the doctor we want at the address we want. You will likely need to look at each line item.

PROVIDER INQUIRY LIST BY PROVIDER NAME PAGE 1 PSS028

PROVIDER	OWN	LOC	TYP	STAT	LEGAL NAME	SERVICE ADDRESS	CITY
01 00A051870	01	001	026	2	MC	DELBE 317 W PUEBLO ST	SANTA BARBARA
02 00C149960	01	001	026	2	MC	E 118 W ALOSTA AVE	GLENDORA
03 USA031520	01	001	026	2	MC	J YELM MEM CLINIC	YELM
04 USA193050	01	001	026	2	MC	JOSEP 1301 PUNCHBOWL ST	HONOLULU
05 00A217510	01	001	026	2	MC	THOMA 2 BEHR AVE	SAN FRANCISCO
06 00C149970	01	001	026	2	MC	THOMA 801 17TH ST	MODESTO
07 YYY37935Y	01	001	022	2	MC	ID ROBI 541 S GLENDORA AVE	GLENDORA
08 HSP230754	01	001	016	2	MC	OSPITAL PO BOX 158	FAIRPLAY
09 AU0015090	01	001	003	2	MC	BETTY L 1207 FAIRCHILD CT	WOODLAND
10 1801955216	01	001	003	7	MC	BETTY L 2440 WEST COVELL B	DAVIS
11 00A051880	01	001	026	2	MC	ORIS M 317 W PUEBLO ST	SANTA BARBARA
12 00G866390	01	001	026	2	MC	EDWARD 725 WELCH RD	PALO ALTO
13 1902931249	01	001	026	7	MC	EDWARD 725 WELCH RD	PALO ALTO
14 XPY076330	01	001	026	2	MC	JOSEPH 1380 LUSITANA ST	HONOLULU
15 000G95850	01	001	026	4	MC	ROBERT 1905 MEMORIAL DR	CERES
16 CGP061265	01	001	080	2	MC	ROBERT 2828 TELEGRAPH AVE	BERKELEY
17 00A056450	01	001	026	2	MC	ROBER 2351 CLAY ST	SAN FRANCISCO
18 USA251650	01	001	026	2	MC	ROBER 3857 WOLVERINE ST	SALEM

TYPE LINE NO(S) OR 'ALL' FOR DETAIL 10

CAN'T FIND MC NAMARA

PF1=PAGE AHEAD PF2=PAGE BACK PF3=RETURN CLEAR=MENU

This is the physician's Provider Detail screen

PROVIDER INQUIRY - PROVIDER DETAIL PSS055

PROVIDER: 1801955216 OWNER: 01 LOCATION: 001

LEGAL NAME: MC BETTY

BUSINESS NAME: MC Name BETTY

APP DATE: 09/20/2013 PROV TYPE: 003 AUDIOLOGISTS PRACTICE: 51

DATE ADDED: 06/13/2003 LAST ADDED: 03/19/2014 REJT RSN: 00

TELEPHONE NO: 530-668-2600 STAT 8 INFORMATION CATEGORIES OF SERVICE

SOCIAL SECURITY: 568-29-9395 7 - 09/20/2013 048 09/01/2002 12/31/2069

FE EMP ID NO/TIN: 000000000 03/19/2014 777 01/01/2007 12/31/2069

CHDP PROV NO: 1 - 11/07/2005

FAC/CLINIC BASED: 3 - 03/08/2006

LIC: AU0001509 EFF: 07/20/1993 BOARD: 00 LAST FISCAL MO: 12

CLIA NO: CLIA TYP: 0 COUNTY CODE: 57 SPEC PROC TYPE:

PROVISIONAL ENROLL: 3A EFF: 03/19/2014 OUT STATE: 0 MNEMONIC: MC24DA

FE EMP IND: EFF: WARRANT: 0 AEVS: Y EFT: N

SERVICE ADDRESS: 2440 WEST COVELL BLVD

PAY-TO ADDRESS: 2440 WEST COVELL BLVD

STE 100 STE 100

DAVIS DAVIS CA 95616-5671 CA 95616-5671

INDICATORS: GRP= 0 LTC= N REV RATE= N LAB= N PHYS CERT= N NMP= N SP CT= N

CONTR= 0 AR TYPE= N MHEALTH= N TAXONOMY= N REV= 0 PREV/AKA= N MC-XREF= 0

PF3=RETURN PF4=KEY-LIST CLEAR=MENU TODAYS DATE: 06/20/2016

- Status 7 indicates the doctor works for a group. The group must do the billing for the doctor.

Status Information:

If the Number is 1= the doctor is registered as an Individual in Medi-Cal. The doctor's NPI must be used as the Billing Provider. It is not necessary to enter the doctor's NPI in the Rendering field, as well.

If the Number is 2= the NPI is **inactive** and **must** be restored through Medi-Cal. The doctor **cannot be paid** with an inactive number. The provider must contact Medi-Cal to accomplish this. CCS cannot help.

If the Number is 7 = the doctor is actively linked to a group. The group **must** bill for the doctor using the group number as primary and the doctor's number as either the **Rendering or Referring provider**. It will depend on whether the physician SAR is made to the doctor in question.

The difference between Provider Type and Category of Service:

Provider Type refers to the doctor's speciality. Example: Psychologist (31) or Physician (26).

Category of Service (COS) codes are related to **Service Code Groupings** and are designations given in Medi-Cal for the type of codes a Provider Type can bill for. Example: a Physician who bills for codes in SCG 01 or 02 will not be able to bill for codes from 07 (ortho) unless the physician is also an Orthopedic Surgeon provider type.

Category of Service questions: contact CMSNet Help Desk (916-617-5401 or (CMS)@DHCS CMSHelp@dhcs.ca.gov

Note: Medi-Cal does not release the translation for Provider Types or COS numbers. However, Provider Types should be consistent with the Provider Type screen in CMSNet. Contact the CMS Help Desk for a definition of the COS or Provider Type code if you are getting a denial 'Provider Not Eligible'. COS dates must be active on DOS for billing to be successful or for a SAR to be authorized or extended.

Note: The entries on list below have been identified through the process of resolving billing issues for various providers. **Any new type codes identified should be added to this list.**

Provider Type Codes			
03	Audiologist	22	Physician Group
19	Occupational Therapist	45	Physician Group
25	Physical Therapist	80	MTU Doctor
26	Physician (with psychiatry/neurology speciality)		
31	Psychologist		

Find the Doctor's Active Medi-Cal Number

Use this procedure if you need to determine if the physician has an active Medi-Cal number. Without an active link, the doctor cannot be paid by Medi-Cal, even with a CCS authorization.

1. Log on to ACSNet
2. From the Common Inquiry Menu: Enter NPI into Provider Field and P into Option Field: Press Enter

COMMON INQUIRY MENU PSS300

REQUIRED WHEN USING OPTIONS A, D, F, L, N, P OR S.

SEARCH OPTION: IF NO OPTION WAS ENTERED, FUNCTION KEYS ARE DEFAULTS:

OPTION L = PF2 - PF4, OPTION P = PF1, OPTION X = PF3

THERE ARE 16 OPTIONS

Option	Description
A	AMOUNT - CLAIMS SELECTED BY BILLED AMOUNT
B	BENEFICIARY - BENEFICIARY 12 WEEK PAID CLAIM HISTORY
C	CCN - CLAIM CONTROL NO (OR DATE, BATCH, SEQ)
D	DATE - CLAIMS SELECTED BY DATE OF SERVICE
E	EXTENSION - EXTENSION TAR NO (FIELD OFFICE OR TAR)
F	FISCAL - FISCAL DATA OF PROVIDER
L	LIST - LIST OF ALL CLAIMS OR TARS OF PROVIDER
M	MNEMONIC - MNEMONIC CODE OF PROVIDER
N	NAME - NAME OF RECIPIENT OR PROVIDER
O	OHC DENIAL - MEDICAL SUPPLY OHC ATTACHMENT HISTORY
P	PROVIDER - PROVIDER NUMBER / OWNER / LOCATION
Q	TYPE - PROVIDER TYPE
R	RECIPIENT - RECIPIENT ID (CURRENT SSN OR SPACE)
S	SUMMARY - SUMMARIZED AGED PROVIDER DCC DATA
T	TAR - TAR NO (FIELD OFFICE OR TAR)
X	CALPOS - CALPOS CLAIM MENU / DUR ACTIVITY MENU

III. SEARCH ALWAYS REQUIRED EXCEPT FOR OPTIONS F, L, P, S, OR X.

PROVIDER NPI OWNER LOC OPTION P SEARCH ARGU CHDP

PF1=PROVIDER PF2=PENDD PF3=ADJUDICATE PF4=TAR

3. Press PF6 (Do not enter a line number)

PROVIDER INQUIRY - SELECTION PAGE 1 PSS125

PROVIDER: 1801955216 OWNER: 01 LEGAL NAME: MC NAMARA, BETTY L

EFF DATE: 09/01/2002 TAX ID: 000000000 SOC SEC: 568-29-9395

LINE	LOC	ST	TYPE	BUSINESS NAME	SERVICE	ADDRESS
01	001	7	003	Name BETTY L		2440 WEST COVELL BLVD DAVIS CA

SELECT LINE NO AND PRESS DESIRED PF KEY: _

PF1=AHEAD PF2=BACK PF3=RETURN PF5=PROV DETAIL

PF6=OWNER PF7=LOCATION

4. Press PF5: Provider XREF

PROVIDER INQUIRY - OWNER PSS059

PROVIDER: 1801955216 OWNER: 01

LEGAL NAME: **Name** MC NAMARA, BETTY L

EFFECTIVE BEGIN DATE: 09/01/2002 EFFECTIVE END DATE: 12/31/2069

FED EMP ID NO/TIN: 000000000 SOCIAL SECURITY NO: 568-29-9395

TIN DATE: 06/13/2003 IRS UPDATE TYPE: I LAST FISCAL MO: 12

IRS WITHHOLD IND: N IRS NOTICE IND: 0 PREV IRS WITHHOLD IND:

FACILITY/CLINIC BASED: AEVS: Y EFT: N WARRANT: 0

MEDICARE NO: MEDICARE XREF: 0

SANCTIONS:

LAST ACTIVITY DATE: 03/19/2014 11:41:52 DATE NPI ADDED: 06/13/2003

PF3=RETURN PF4=LOCATION PF5=PROV XREF

CLEAR=MENU PF7=PROV STATISTICS

This is the Provider's Medi-Cal number:

PROVIDER INQUIRY - CROSS-REFERENCE DATA PAGE 1 PSS123

PROVIDER: 1801955216

LEGAL NAME: **Name** MC NAMARA, BETTY L

AU0015090 1801955216

PF1=PAGE AHEAD PF2=PAGE BACK PF3=RETURN

CLEAR=MENU

Find Billing Group Details by NPI The Providers Linked to that Group Details about the Individual Provider

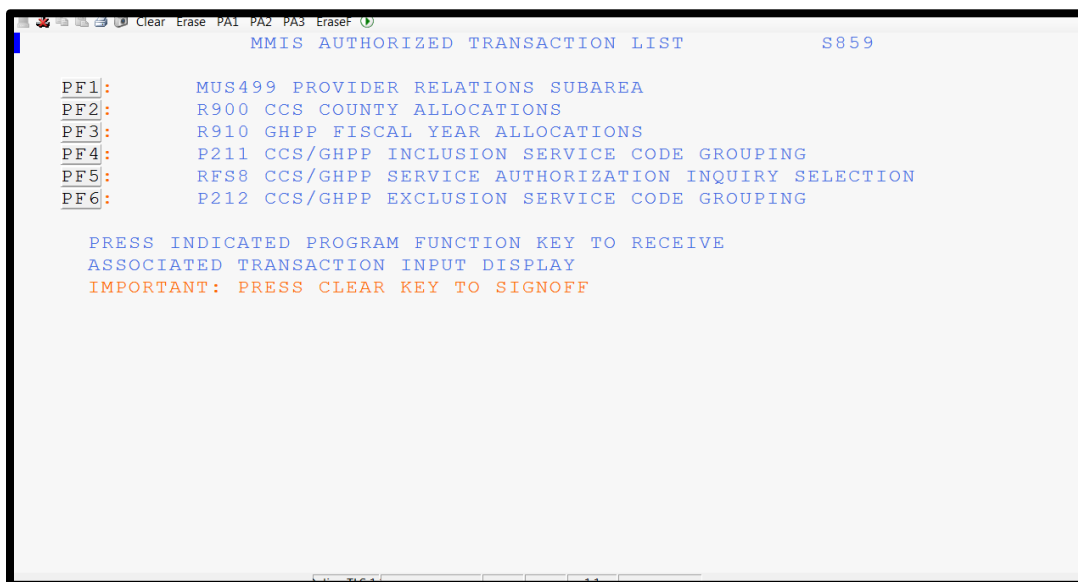
Use this procedure to research 'Provider Not Eligible' denials.

Provider Not Eligible/Provider Not Authorized:

When generating a SAR - These denials indicate that the Provider Type for the physician is not authorized to bill for the code you are trying to authorize.

When claims are being denied – May indicate that an incorrect line for the provider was selected in CMSNet when generating the SAR – when a group has multiple addresses you must find the address which the physician is linked to that group at.

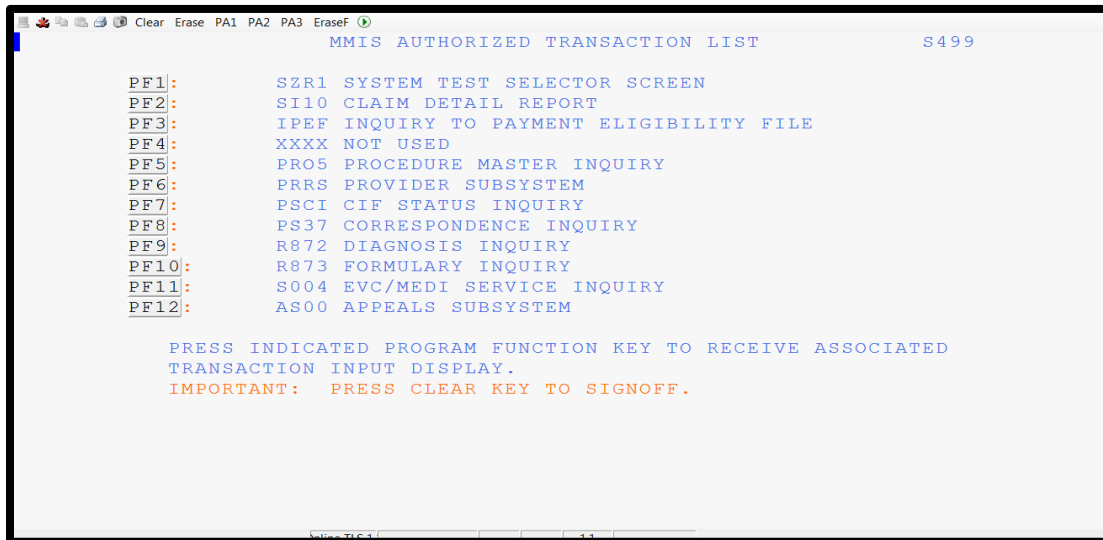
1. From MMIS Authorized Transaction List select PF1



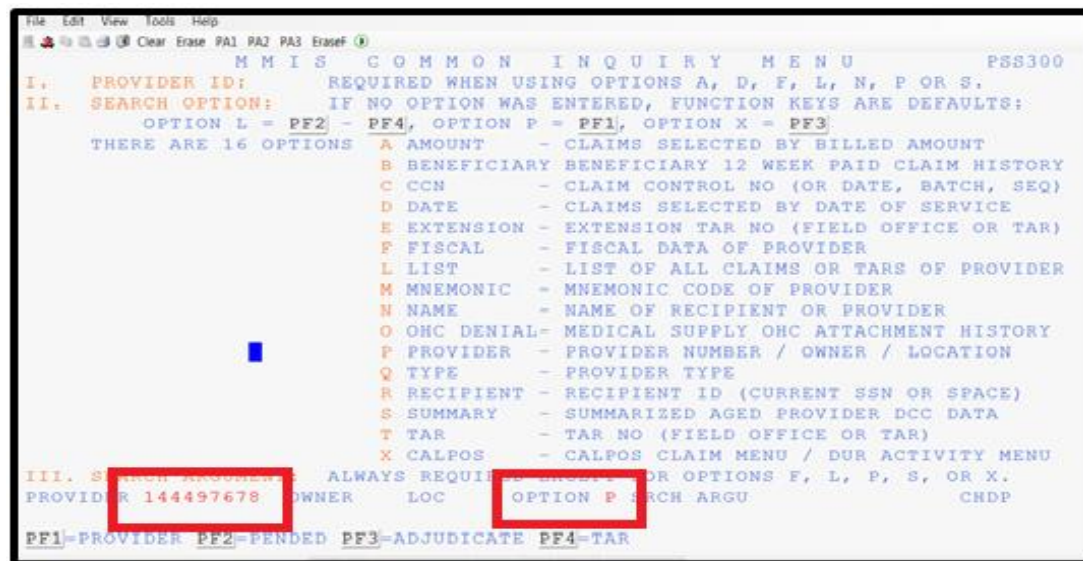
Note: When a physician is hired by a new Physician's Billing Group or a Hospital, the doctor's NPI must be unlinked from the previous employer and linked with the new employer. Until this happens, the physician cannot be billed for and any claims submitted will get a 'provider not eligible' classification of denial.

If you see this happening, check ACSNet for the current linkage. If incorrect, notify the hospital credentialing department (they will likely be working on it). Or notify the Physician Billing Group. They can contact **State Provider Enrollment at 916-323-1945**.

2. Select PF6 Provider Subsystem



3. Enter the **Group NPI** in the Provider Field and P in the Option field: Enter



These are all the addresses used by the group provider with this NPI.

LINE	LOC	ST	TYPE	BUSINESS NAME	SERVICE ADDRESS
01	001	1	027	WOODLAND CLINIC	632 W GIBSON RD WOODLAND CA
02	001	1	022	WOODLAND CLINIC	632 W GIBSON RD WOODLAND CA
03	002	1	045	WOODLAND CLINIC	515 FAIRCHILD CT WOODLAND CA
04	002	1	022	WOODLAND CLINIC	515 FAIRCHILD CT WOODLAND CA
05	003	1	022	WOODLAND CLINIC	1207 FAIRCHILD CT WOODLAND CA
06	004	1	023	WOODLAND CLINIC	1207 FAIRCHILD CT WOODLAND CA
07	005	1	045	WOODLAND CLINIC	1321 COTTONWOOD ST WOODLAND CA
08	006	1	022	WOODLAND CLINIC	2330 W COVELL BLVD DAVIS CA
09	007	1	022	WOODLAND HEALTHCARE	2440 WEST COVELL BLVD DAVIS CA
10	007	1	003	WOODLAND HEALTHCARE	2440 WEST COVELL BLVD DAVIS CA

SELECT LINE NO AND PRESS DESIRED PF KEY: 10

PF1=AHEAD PF2=BACK PF3=RETURN PF5=PROV DETAIL
PF6=OWNER PF7=LOCATION

In our example case, we are looking for the office the group uses for Audiology (Provider Type 03)

4. Type the line number into the Select Line No Field. (We are using line 10 for the example because we already know it is the correct line item.) You may need to look at each line using the steps below to determine which is correct. With large providers there may be multiple pages.

Line 10 is correct because it is a Provider Type 3
Service Address of 2440 West Covell Blvd

You can check for the provider type of the physician in CMSNet under Program Modules/Provider.

When you open the provider, you will see the Type.

This is the Provider Detail Screen for Line 10, Woodland Healthcare, 2440 West Covell Blvd, Davis, CA

PROVIDER INQUIRY - PROVIDER DETAIL PSS055

PROVIDER: [REDACTED] OWNER: 01 LOCATION: 007

LEGAL NAME: DIGNITY HEALTH MEDICAL

BUSINESS NAME: WOODLAND HEALTHCARE

APP DATE: 09/20/2013 PROV TYPE: 003 AUDIOLOGISTS PRACTICE: 56

DATE ADDED: 12/19/2013

TELEPHONE NO: 530-756-2364

SOCIAL SECURITY: 000-00-0000

FE EMP ID NO/TIN: [REDACTED]

CHDP PROV NO: 3 - 12/19/2013

FAC/CLINIC BASED: 3 - 12/19/2013

LIC: [REDACTED] EFF: [REDACTED] BOARD: 00 LAST FISCAL MO: 12

CLIA NO: [REDACTED] CLIA TYP: 0 COUNTY CODE: 57 SPEC PROC TYPE:

PROVISIONAL ENROLL: 3A EFF: 12/19/2013 OUT STATE: 0 MNEMONIC: DI24DA

RE-EMP IND: [REDACTED] PAY-TO: FOUNDATION

ADDRESS: 2440 WEST COVELL BLVD ADDRESS: PO BOX 748217

SUITE 100

DAVIS CA 94616-5671 LOS ANGELES CA 90074-8217

CONTR= 0 AR TYPE= N MHEALTH= N TAXONOMY= Y REV= 0 PREV/AKA= N MC-XREF=

PF3=RETURN PF4=KEY-LIST CLEAR=MENU TODAYS DATE: 06/21/2016

- a. In this example, the NPI belongs to Dignity Health, who is billing for doctor 'McName' (false information for doctor's privacy) (an audiologist Provider Type 3).

We know the doctor is active, paneled and works for Dignity at a Woodland clinic address in Davis. However Dignity has several billing groups called 'Woodland Clinic' in CMSNet from which to choose when generating the SAR.

They have been getting a Provider Not Authorized denial even though we were authorizing to the doctor. However we were selecting the wrong location for this doctor at Dignity.

Solution:

The SAR had to be generated to this doctor at this location. The doctor's NPI was used in the Rendering Field and the Referring Field on the claim. The Dignity NPI was used in the Billing Provider Field. The Woodland address was used in the Service Facility Field.

Status Line: number 1 indicates an active 'Group'. (The group must do the billing for all doctors linked to it. A provider linked to a group cannot bill for themselves).

The Provider Type field is 003 – Audiologist.

Now that you have the Group information, you can find the physicians linked to that group.

To Find the Physicians Linked To The Group

1. From the Provider Inquiry Screen (PF10, enter NPI, Option P)
 - a. Select line # and PF5

File Edit View Tools Help
 Clear Erase PA1 PA2 PA3 EraseF
 PROVIDER INQUIRY - SELECTION PAGE 1 PSS125
 PROVIDER: [REDACTED] OWNER: 01 LEGAL NAME: MC NAMARA, BETTY L
 EFF DATE: 09/01/2002 TAX ID: 000000000 SOC SEC: 568-29-9395
 LINE LOC ST TYPE BUSINESS NAME SERVICE ADDRESS
 01 001 7 003 [REDACTED] Y L 2440 WEST COVELL BLVD DAVIS CA
 SELECT LINE NO AND PRESS DESIRED PF KEY: ---
 PF1-AHEAD PF2-BACK PF3-RETURN PF5-PROV DETAIL
 PF6-OWNER PF7-LOCATION
 InLine T14.1 14.23

Note that this is the same Provider Detail screen we were using to look at the Group NPI.

This is Dr. McName's Detail screen. It tell us this doctor is linked to Dignity Health at this address. As a Status Type 7, only the group can bill for this doctor.

File Edit View Tools Help
 Clear Erase PA1 PA2 PA3 EraseF
 PROVIDER INQUIRY - PROVIDER DETAIL PSS055
 PROVIDER: [REDACTED] OWNER: 01 LOCATION: 001
 LEGAL NAME: [REDACTED]
 BUSINESS NAME: [REDACTED]
 APP DATE: 09/20/2013 PROV TYPE: 003 AUDIOLOGISTS PRACTICE: 51
 DATE ADDED: 06/13/2003 LAST ACTIVITY: 03/19/2014 TYPE REV: 0 REJT RSN: 00
 TELEPHONE NO: [REDACTED] STATUS INFORMATION CATEGORIES OF SERVICE
 SOCIAL SECURITY: [REDACTED] 7 - 09/20/2013 048 09/01/2002 12/31/2069
 FE EMP ID NO/TIN: 000000000 3 - 03/19/2014 777 01/01/2007 12/31/2069
 CHDP PROV NO: 1 - 11/07/2005
 FAC/CLINIC BASED: 3 - 03/08/2006
 7 - 09/01/2002
 LIC: AU0001509 EFF: 07/20/1993 BOARD: 00 LAST FISCAL MO: 12
 CLIA NO: CLIA TYP: 0 COUNTY CODE: 57 SPEC PROC TYPE:
 PROVISIONAL ENROLL: 3A EFF: 03/19/2014 OUT STATE: 0 MNEMONIC: MC24DA
 RE ENR IND: EFF: WARRANT: 0 AEVS: Y EFT: N
 SERVICE PAY-TO
 ADDRESS: 2440 WEST COVELL BLVD ADDRESS: 2440 WEST COVELL BLVD
 STE 100 STE 100
 DAVIS CA 95616-5671 DAVIS CA 95616-5671
 INDICATORS: GRP= 0 LTC= N REV RATE= N LAB= N PHYS CERT= N NMP= N SP CT= N
 CONTR= 0 AR TYPE= N MHEALTH= N TAXONOMY= N REV= 0 PREV/AKA= N MC-XREF= 0
 PF3=RETURN PF4=KEY-LIST CLEAR=MENU TODAYS DATE: 06/21/2016
 InLine T15.1 11

Status Information:

If the Number is 1= the doctor's individual, or the Group's NPI is active. This number **must be** used as the billing provider.

If the Number is 2= the NPI is **inactive** and **must** be restored through Medi-Cal. The doctor **cannot be paid** with an inactive number. The provider must contact Medi-Cal to accomplish this. CCS cannot help.

If the Number is 7 = the doctor is actively linked to a group. The group **must** bill for the doctor using the group number as billing provider and the doctor's number as **Rendering**.

The difference between Provider Type and Category of Service:

Provider Type refers to the doctor's speciality. Example: Psychologist (31) or Physician (26).

Category of Service (COS) codes are related to **Service Code Groupings** and are designations given in Medi-Cal for the type of codes a Provider Type can bill for. Example: a Physician who bills for codes in SCG 01 or 02 will not be able to bill for codes from 07 (ortho) unless the physician is also an Orthopedic Surgeon provider type.

Category of Service questions: contact CMSNet Help Desk (916-617-5401 or (CMS)@DHCS CMSHelp@dhcs.ca.gov

Note: Medi-Cal does not release the translation for Provider Types or COS numbers. However, Provider Types should be consistent with the Provider Type screen in CMSNet. Contact the CMS Help Desk for a definition of the COS or Provider Type code if you are getting a denial 'Provider Not Eligible'. **COS dates must be active on DOS for billing to occur or for a SAR to authorized or extended.**

Note: The attached list have been identified through the process of resolving billing issues for various providers. **Any new type codes identified should be added to this list.**

Provider Type Codes			
03	Audiologist	22	Physician Group
19	Occupational Therapist	45	Physician Group
25	Physical Therapist		
26	Physician (with psychiatry/neurology speciality)		
31	Psychologist		
37	Speech Therapist		
80	Physician (with physical medicine/rehap speciality)		
80	MTU doctors must be a type 80		

CMSNet

To generate a SAR for this doctor you must select the correct address in CMSNet.

This provider, Dignity Health, is using the same NPI for multiple clinics and provider types – 4 Physician Groups, 1 Optometrist Group, 1 Podiatrist and 1 Audiologist.

The Audiologist and one Physician Group are located at the same address. Be sure when generating the SAR to select the correct group.

[California Home](#)
[DHCS Home](#)
[DHCS Organization](#)
Tuesday, June 21, 2016 4:29:20 P.M.

Children's Medical Services

Caring for Children with Special Medical Needs...

[Manuals](#) | [Contact Us](#) | [FAQ](#) | [Help](#) | [Logout](#)

Current Logged in User : **Elly Fitzgerald**

[Home Page](#) | [Referral Tracking](#) | [Registration](#) | [Eligibility](#) | [Program Modules](#) | [Coverage](#) | [MEDS Inquiry](#) | [Reports](#) | [Administration](#)
My Web Messages (0)

List of Providers

Provider Name/Service Address	Provider Nr	Provider Type	County	Paneled
DIGNITY HEALTH MEDICAL 2440 WEST COVELL BLVD SUITE 100 DAVIS CA 95616	1144497678	Audiologist	YOLO	
DIGNITY HEALTH MEDICAL 632 W GIBSON RD WOODLAND CA 95695	1144497678	Physician group	YOLO	
DIGNITY HEALTH MEDICAL 515 FAIRCHILD CT WOODLAND CA 95695	1144497678	Physician group	YOLO	
DIGNITY HEALTH MEDICAL 1207 FAIRCHILD CT WOODLAND CA 95695	1144497678	Physician group	YOLO	
DIGNITY HEALTH MEDICAL 2330 W COVELL BLVD DAVIS CA 95616	1144497678	Physician group	YOLO	
DIGNITY HEALTH MEDICAL 2440 WEST COVELL BLVD SUITE 100 DAVIS CA 95616	1144497678	Physician group	YOLO	
DIGNITY HEALTH MEDICAL 1207 FAIRCHILD CT WOODLAND CA 95695	1144497678	Optometrist group	YOLO	
DIGNITY HEALTH MEDICAL 632 W GIBSON RD WOODLAND CA 95695	1144497678	Podiatrist	YOLO	

☐ Show All Statuses

Back

1-8 out of 8 Matching Records

[Back to Top of Page](#)

[Conditions of Use](#) | [Privacy Policy](#)
 Browser is connected to MCALCMSAPP01
 Version : 131 Deployment Date : 02/26/2016
 Copyright © 2016 State of California.

12 Week Payment History

This process can be used to find a payment or denial for a claim, including a RAD code, Warrant Number and Date of Warrant. It can also be used to track and verify payment for MTU doctors.

1. Select PF1 Provider Relations Subarea

The screenshot shows a terminal window titled "MMIS AUTHORIZED TRANSACTION LIST" with a session ID of "S859". The menu lists the following options:

- PF1: MUS499 PROVIDER RELATIONS SUBAREA
- PF2: R900 CCS COUNTY ALLOCATIONS
- PF3: R910 GHPP FISCAL YEAR ALLOCATIONS
- PF4: P211 CCS/GHPP INCLUSION SERVICE CODE GROUPING
- PF5: RFS8 CCS/GHPP SERVICE AUTHORIZATION INQUIRY SELECTION
- PF6: P212 CCS/GHPP EXCLUSION SERVICE CODE GROUPING

Below the menu, it states: "PRESS INDICATED PROGRAM FUNCTION KEY TO RECEIVE ASSOCIATED TRANSACTION INPUT DISPLAY" and "IMPORTANT: PRESS CLEAR KEY TO SIGNOFF". The bottom status bar shows "ONLINE" and "5.1".

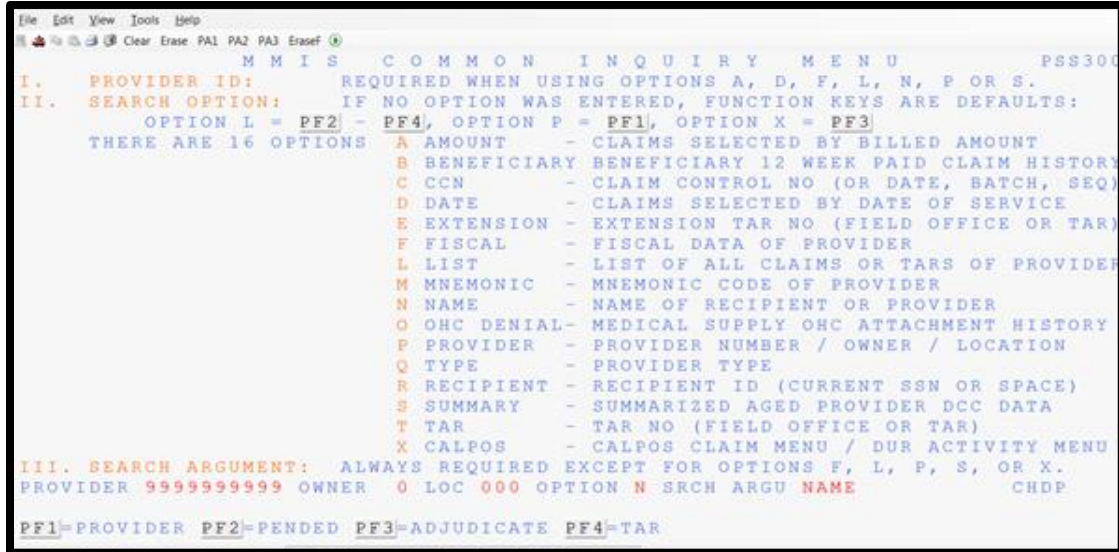
2. Select PF 6 Provider Subsystem

The screenshot shows a terminal window titled "MMIS AUTHORIZED TRANSACTION LIST" with a session ID of "S499". The menu lists the following options:

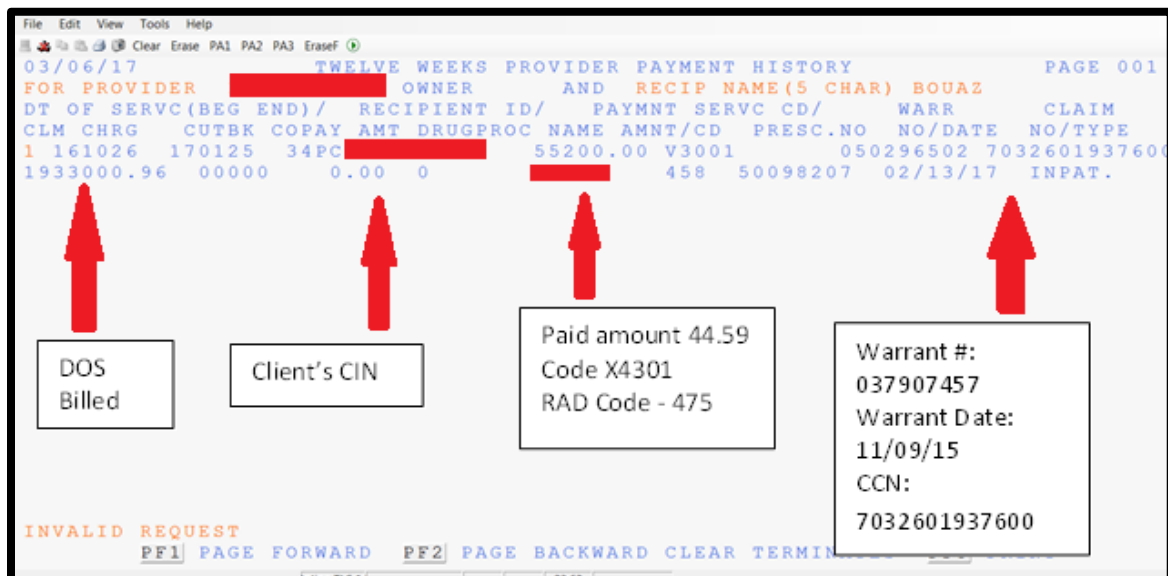
- PF1: SZR1 SYSTEM TEST SELECTOR SCREEN
- PF2: SI10 CLAIM DETAIL REPORT
- PF3: IPEF INQUIRY TO PAYMENT ELIGIBILITY FILE
- PF4: XXXX NOT USED
- PF5: PRO5 PROCEDURE MASTER INQUIRY
- PF6: PRRS PROVIDER SUBSYSTEM
- PF7: PSCI CIF STATUS INQUIRY
- PF8: PS37 CORRESPONDENCE INQUIRY
- PF9: R872 DIAGNOSIS INQUIRY
- PF10: R873 FORMULARY INQUIRY
- PF11: S004 EVC/MEDI SERVICE INQUIRY
- PF12: AS00 APPEALS SUBSYSTEM

Below the menu, it states: "PRESS INDICATED PROGRAM FUNCTION KEY TO RECEIVE ASSOCIATED TRANSACTION INPUT DISPLAY" and "IMPORTANT: PRESS CLEAR KEY TO SIGNOFF". The bottom status bar shows "ONLINE" and "1.1".

3. Enter the providers NPI #, Option N (Name) and the CCS client's last name.



4. Hit Enter. Select PF3 to see adjudicated claims. Or PF2 for pended claims.
5. This is a multi-hit screen and will have several records per screen. It will bring up all patients the provider has treated with the same last name. Be sure to verify the correct Medi-Cal #. This process only goes back 12 weeks.



For MTU Physician Payment History

Use the MTU doctor's NPI in Provider field
 Use Option D (date)
 Use the clinic date for the Srch Argu
 This will tell you if the doctor was paid for the clinic on that date.

6. **Pending Claims:** from the home screen select PF6
7. Enter Provider Number, Search Option N and Client Name/ Enter
8. Select PF 2 = Pended

MMIS COMMON INQUIRY MENU PSS300

I. PROVIDER ID: REQUIRED WHEN USING OPTIONS A, D, F, L, N, P OR S.

II. SEARCH OPTION: IF NO OPTION WAS ENTERED, FUNCTION KEYS ARE DEFAULTS:
 OPTION L = PF2 - PF4, OPTION P = PF1, OPTION X = PF3
 THERE ARE 16 OPTIONS

- A AMOUNT - CLAIMS SELECTED BY BILLED AMOUNT
- B BENEFICIARY BENEFICIARY 12 WEEK PAID CLAIM HISTORY
- C CCN - CLAIM CONTROL NO (OR DATE, BATCH, SEQ)
- D DATE - CLAIMS SELECTED BY DATE OF SERVICE
- E EXTENSION - EXTENSION TAR NO (FIELD OFFICE OR TAR)
- F FISCAL - FISCAL DATA OF PROVIDER
- L LIST - LIST OF ALL CLAIMS OR TARS OF PROVIDER
- M MNEMONIC - MNEMONIC CODE OF PROVIDER
- N NAME - NAME OF RECIPIENT OR PROVIDER
- O OHC DENIAL- MEDICAL SUPPLY OHC ATTACHMENT HISTORY
- P PROVIDER - PROVIDER NUMBER / OWNER / LOCATION
- Q TYPE - PROVIDER TYPE
- R RECIPIENT - RECIPIENT ID (CURRENT SSN OR SPACE)
- S SUMMARY - SUMMARIZED AGED PROVIDER DCC DATA
- T TAR - TAR NO (FIELD OFFICE OR TAR)
- X CALPOS - CALPOS CLAIM MENU / DUR ACTIVITY MENU

III. SEARCH ARGUMENT: ALWAYS REQUIRED EXCEPT FOR OPTIONS F, L, P, S, OR X.
 PROVIDER 999999999 OWNER LOC OPTION N SRCH ARGU Last Name CHDP

PF1=PROVIDER PF2=PENDED PF3=ADJUDICATE PF4=TAR

ONLINE 22,67

9. Select the line item and enter. There may be multiple line items. Each line represents an individual claim

03/03/17 PENDED CLAIMS HISTORY PAGE 1

RECIPIENT ID NUMBER AND NAME

LINE NO.	RECIPIENT ID NUMBER	NAME
1		

END OF BROWSING FOR NAME

TYPE LINE NO. IF RECIPIENT LOCATED

PF1 PAGES FORWARD PF2 PAGES BACKWARD CLEAR TERMINATES

Each line item is a line on the claim and can be looked at individually

STAT	CLAIM NO.	RECIPIENT ID	RECIPIENT NAME	CMSP SRVC DATE	AMOUNT
01	3 7046190	[REDACTED]	[REDACTED]	N 07-12-16	\$75.09
02	3 7046190	[REDACTED]	[REDACTED]	N 07-12-16	\$37.55
03	3 7046190	[REDACTED]	[REDACTED]	N 07-26-16	\$75.09
04	3 7046190	[REDACTED]	[REDACTED]	N 08-10-16	\$37.55
05	3 7046190	[REDACTED]	[REDACTED]	N 08-10-16	\$18.77
06	3 7046190	[REDACTED]	[REDACTED]	N 08-23-16	\$37.55
07	3 7046190	[REDACTED]	[REDACTED]	N 08-16-16	\$56.32
08	3 7046190	[REDACTED]	[REDACTED]	N 09-27-16	\$37.55

END OF BROWSING FOR RECIPIENT
 TYPE LINE NO(S) AND ",\" OR \"ALL\" FOR DETAIL
 PF1 PAGES FORWARD PF2 PAGES BACKWARD CLEAR TERMINATE

10. Select the line item and enter

STAT	CLAIM NO.	RECIPIENT ID	RECIPIENT NAME	CMSP SRVC DATE	AMOUNT
01	3 7046190200901	3430	[REDACTED]	N 07-12-16	\$75.09

CLAIM TYPE REV
 OUTPATIENT CD
 SRVC CODE X4100
 BEG DT 07-12-16
 END DT 07-12-16
 PATIENT NO. [REDACTED]
 CUTBACK 0000000
 DRUG 0
 STATUS DENIED
 TAR CONTROL NO [REDACTED]
 CLM PREV CTL NO 00000000000000
 DISPOSITION CURRENT DCC AND DATE
 PRIOR DCC AND DATE
 ORIGINAL CLAIM ADJUD. FOR DENIAL F 022717 RE-ENTRY ERR.CORR.-420 022717

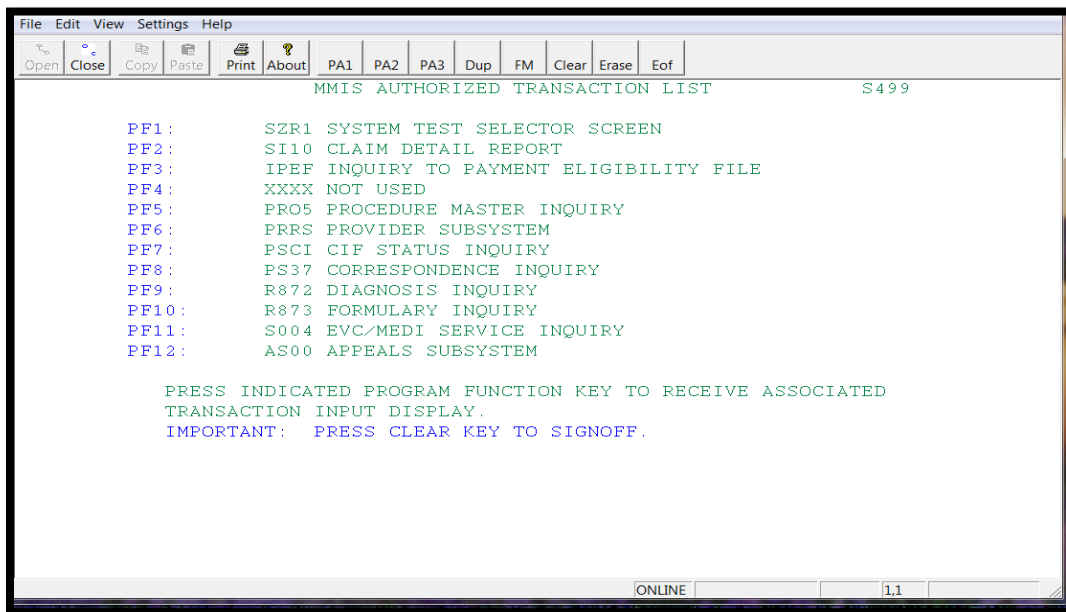
END OF BROWSING FOR
 PF1 PAGES FORWARD PF2 PAGES BACKWARD CLEAR TERMINATES

11. Look at the Disposition line and see that this claim is being adjudicated for Denial. Depending on the error type, it is not unusual to see claims sit in this status for weeks. If you are helping a provider get a difficult claim through, you can advise them to rebill immediately without waiting for an EOB.

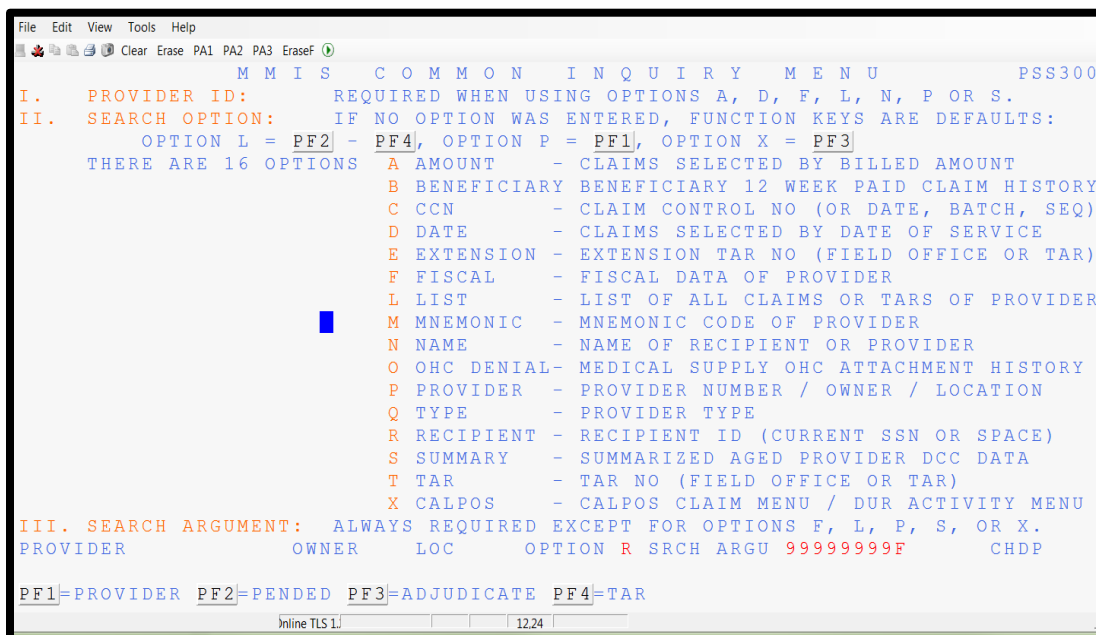
37 Month Medi-Cal History

This procedure can be helpful when researching older cases and the case history is needed.

1. From the ACSNet Home Page



2. Select PF 6



Leave the provider field blank. Option - use R; SRCH ARGU – use the client's CIN #

3. Select Option 7, Enter

```

File Edit View Tools Help
[Icons] Clear Erase PA1 PA2 PA3 EraseF
SCREEN
RSS023
CALIFORNIA DEPARTMENT OF HEALTH SERVICES
MEDI-CAL ASSISTANCE PROGRAM
FISCAL INTERMEDIARY ACCESS TO MEDS DATABASE (FAME)
TRAN
PRRS
SELECT A TYPE OF INQUIRY, ENTER A RECIPIENT ID THEN PRESS ENTER:
1 - FAME 16 MONTH ELIGIBILITY INQUIRY
2 - FAME HCP INQUIRY
3 - FAME RECIPIENT ID CROSS REFERENCE INQUIRY
4 - HAP FPACT ELIGIBILITY INQUIRY
5 - HAP CCS ELIGIBILITY INQUIRY (CIN, SSN, OR MEDS ID ONLY)
6 - HAP GHPP ELIGIBILITY INQUIRY (CIN, SSN, OR MEDS ID ONLY)
7 - FAME EXTENDED HISTORY (MONTHS 17 - 37)
8 - FAME EXTENDED HCP HISTORY (MONTHS 17 - 37)
9 - DAY-SPECIFIC ELIGIBILITY INQUIRY
ENTER TYPE OF INQUIRY DESIRED
VALID FORMATS ACCEPTED ARE:
9 DIGIT CIN, SSN, MEDS, OR HAP ID.
9 DIGIT FAMILY ID (COUNTY, 2 SPACES, 7 DIGIT PERSON CODE). A PERSON
CODE IS THE FIRST 7 OF THE LAST 10 DIGITS OF A 13 OR 14 DIGIT ID.
FAMILY ID CAN ONLY BE USED WITH THE FAME CROSS REFERENCE INQUIRY.
13 DIGIT BID (COUNTY, TENS OF AID, LAST 10 OF ID).
14 DIGIT BID (COUNTY, TENS AND UNIT OF AID, LAST 10 OF ID).
ENTER VALID RECIPIENT ID
MESSAGE: PLEASE ENTER YOUR SELECTION.
PF3 OR CLEAR: RETURN ENTER: PROCESS INQUIRY
    
```

4. 37 Month History includes Year, County, M/C Aid Code, Eligibility Status

```

File Edit View Tools Help
[Icons] Clear Erase PA1 PA2 PA3 EraseF
RS-S-022 FAME EXT HISTORY 17 - 32 MTHS ELIG DATE: 0117960 TIME: 0054533
NAME [REDACTED] L SEX M ALIEN A ETHNIC 3
COUNTY-ID 34 HIC BIRTH DATE [REDACTED]
MEDS-ID [REDACTED] PRIOR ID DEATH DATE
CHAINED ID CIN/BICID DEATH POSTED
CMS IND: 1 IN/OUT IND: N PAPER ISSUE DATE PLASTIC ISSUE DATE 080128
MONTH 11 10 09 08 07 06 05 04 03 02 01 12 11 10 09 08
YEAR 13 12 11 10 10 10 10 10 10 10 10 10 10 10 10 10
COUNTY 34 34 34 34 34 34 34 34 34 34 34 34 34 34 34
AID CODE 40 60 60 50 60 60 60 60 60 60 60 60 60 60 60
SOC AMOUNT
CERT DAY
PERCENT OBLIG
RESTRICT
MCARE/SFE/ONC N N N N N N N N N N N N N N N
ELIG STAT 401 401 401 401 401 401 401 402 402 401 401 401 401 401 401
1 STATUS 631 631 631 631 631 631 631 631 631 631 631 631 631 631 631
1 AID CODE 3K 3K 3K 3K 3K 3K 3K 3K 3K 3K 3K 3K 3K 3K 3L
2 STATUS
2 AID CODE
3 STATUS
3 AID CODE
MESSAGE: HISTORY DATA FOUND. PF4: PAGE FORWARD PF3 OR CLEAR: RETURN
    
```