Introduction

Purpose

The purpose of this module is to provide an overview of the Medi-Cal Providers website.

Module Objectives

- Provide a walk-thru of the Medi-Cal Providers website and its functions
- Examine Medi-Cal Provider Communities
- Highlight common Medi-Cal transactions
- Review valuable references on the Medi-Cal Providers website

Acronyms

A list of acronyms is located in the Appendix section of each complete workbook.

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Medi-Cal Providers Homepage

The Medi-Cal Providers website homepage can be accessed by opening an internet browser, typing *mcweb.apps.prd.cammis.medi-cal.ca.gov* in the address bar and selecting **Enter.**

When there is an active System Status Alert, a banner will appear. The Learn More link will open the System Status page containing more information about the alert.

Remove the banner by "clicking" on the X located in the upper-right corner.

If the System Status Alert banner has been closed, details are accessible via the **System Status Alerts** links located in the Support section at the footer of the Medi-Cal Providers website.



Figure 1.1: The System Status alert appears at the top of the Medi-Cal Providers website by default and may be removed by clicking on the X.



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The first icon is a link to the website *www.ca.gov*. The house icon when selected will take the user back to the homepage from anywhere within the Medi-Cal Providers website. The next four icons are for social media and will display the corresponding California Department of Health Care Services page.



Figure 1 2: In the upper-left corner there are several icons for links to various websites including a house icon that takes the user back to the homepage.

If the **Settings** button is selected, options are shown how to change the website display such as showing the website in high contrast colors or increasing the font size of the text.



Figure 1.3: The Settings button displays options to adjust the color and font size for the Medi-Cal Providers website.

Navigation Bar

The navigation bar on the Medi-Cal Providers website homepage serves as the starting point for providers to access information and services by selecting one of the featured icons.



Figure 2.1: The navigation bar at the top of the Medi-Cal Providers website homepage.

Providers

When selecting the **Providers** tab from the navigation bar, a drop-down menu will display four detailed listings of pages to visit:

- **New Provider** Provides a step-by-step checklist, links and reference documents for newly enrolled Medi-Cal providers.
- **Outreach and Education** Provides information and resources regarding claim billing assistance and training services available to Medi-Cal providers and billers.
- **Publications –** Access to Medi-Cal Provider Manuals, Provider Bulletins, and the News area.
- **Medi-Cal Subscription Service** Free subscription service to keep providers up to date with the latest Medi-Cal news.



Figure 3.1: The Providers drop-down menu.

Provider Portal

The Provider Portal drop-down menu displays two options for users to login to the Provider Portal or legacy Transaction Services.



Figure 4.1: The Provider Portal drop-down menu.

Resources



Figure 5.1: The Resources tab is located within the navigation bar.

Medi-Cal References has an assortment of helpful links to facilitate participation in the Medi-Cal program.

HCS Medi-Cal Prov	iders	Ø Search
Providers • Provider Portal •	Resources - Contact Us	
Resources		
	Looking for something specific? Select from one of the topics or use the search bar to search all resources.	
	Ø Search	
References FAQs 🧐		
Topics	Rates	
Rates	Medi-Cal Rates	
Billing		
Forms		
HIPAA	Billing	
Policy	APR-DRG 0	
Programs	CMC Submission Instructions	
Provider Enrollment	CMC Technical Manual and Technical Publications Erroneous Payment Corrections (EPC) Letters	
Provider Portal	National Correct Coding Initiative (NCCI) National Days Codes (NDC)	
Additional References	National Drug Codes (NDC) National Provider Identifier (NPI)	
	Ordering, Referring and Prescribing (ORP) Remittance Advice Details (RAD) Code Repository	
	User Guides	
	Forms	
	• Forms	
	- roms	

Figure 5.2: Links under Medi-Cal References.



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The Specialty Programs link contains several Medi-Cal programs. Providers can select program(s) of interest and obtain detailed program information regarding the selected program.

Providers • Provider Portal • Resc	surces + Contact Us	
	Looking for something specific? Select from one of the topics or use the search bar to search all resources.	
	Ø seach	
References FAQs Ø		
Topics	Rates	
Rates	Medi-Cal Rates	
Billing		
Forms		
HIPAA	Bitting	
Policy	APR-DRG @ Rilling Tins	
Programs	CMC Submission Instructions	
Provider Enrollment	CMC Technical Manual and Technical Publications Erroneous Payment Corrections (EPC) Letters	
Provider Portal	National Correct Coding Initiative (NCCI) National Data Code (NDC)	
Provider Ponal	National Drug (Jodes (NDL) National Provider Identifier (NPI)	
	Ordering, Referring and Prescribing (ORP) Remittance Advice Details (RAD) Code Repository	
Additional.References	User Guides	
Provider Portai		
Additional References Provider Portal	Forms	
T A MARKAN C MARK	• LOTINS	
	HIPAA	
	Health Insurance Portability and Accountability Act (HIPAA)	
Addition Agrees	Code Conversions Compliance	
r vUVrGrav v"Uttada	HIPAA Overview - Final and Proposed Rules HIPAA ECO	
	• <u>HIMACTAUS</u> • <u>ICO-10</u>	
	LIC Claim Form and Code Conversion Links	
Arldutber H&Rdamment	Overview - Standardized Transactions	
Additional References Provider Portal	Privacy Regulations Standardized National Code Sets	
r i Uviñer i Utidi	Policy	
n i UVi Gici i 101 dii	roncy	
	Adverse Childhood Experiences (ACEs) Provider Training Attestation COVID-19 Medi-Cal Response	
Landstream shares	Janssen COVID-19 Vaccine	
a suvider Porce	Moderna COVID-19 Vaccine Novavax COVID-19 Vaccine	
Arblitüler əldî tát	Prizer-BioNTech COVID-19 Vaccine Deules Technics Medi Cal Resultors	
Additional References	Fraud and Abuse d	
· · · · · · · · · · · · · · · · · · ·	Managed Care d Medi-Cal and Telehealth d	
Additional References	Monkeypox Medi-Cal Response	
Provider Portal	Payment Error Rate Measurement (PERM) Provider-Preventable Conditions	
Addition Adress		
n i Ulticici i "Ulticai	Brograms	
	Programs	
Additional References	Diabetes Prevention Program (DPP) Eamily Planning Access Care and Treatment (Eamily DACT)	
	Hearing Aid Coverage for Children Program (HACCP) d	
	Pregnancy Presumptive Eligibility (PE) Programs	
	Breast and Cervical Cancer Treatment Programs (BCCTP)	
	EPSDT/CHDP Every Woman Counts (EWC)	
	Hospital Presumptive Eligibility (HPE) Presumptive Eligibility (FPE)	
	 Presumptive Eugonity for Pregnant Women (PE4PW) Quality and Accountability Supplemental Payment (QASP) Program 	

Figure 5.3: The Specialty Programs link contains several Medi-Cal programs.

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HCS Medi-Cal Prov	viders	Ø Search
Providers • Provider Portal •	Resources 👻 Contact Us	
Resources		
	Looking for something specific? Select from one of the topics or use the search bar to search all resources.	
	Search	
References 🖡 🛛 FAOs 🖓		_
Topics	Billing	
Billing	Medi-Cal Coverage of Aduhelm: Frequently Asked Questions	
Programs	Billing Tips: California Children's Services (CCS)	
Programs	Billing Tips: California Children's Services (CCS) Billing Tips: Durable Medical Equipment (DME)	
Programs HIPAA	 Billing Tips: California Children's Services (CCS) Billing Tips: Durable Medical Equipment (DME) Billing Tips: Family PACT (Planning, Access, Care and Treatment) 	
Programs HIPAA Provider Portal	 Billing Tips: California Children's Services (CCS) Billing Tips: Durable Medical Equipment (DME) Billing Tips: Family PACT (Planning, Access, Care and Treatment) Billing Tips: Eligibility 	
Programs HIPAA Provider Portal Additional FAQs	Billing Tips: California Children's Services (CCS) Billing Tips: Durable Medical Equipment (DME) Billing Tips: Family PACT (Planning, Access, Care and Treatment) Billing Tips: Eligibility Billing Tips: Managed Care Plans Billing Tips: Managed Care Plans	
Programs HIPAA Provider Portal Additional FAQs	Billing Tips: California Children's Services (CCS) Billing Tips: Durable Medical Equipment (DME) Billing Tips: Family PACT (Planning, Access, Care and Treatment) Billing Tips: Eligibility Billing Tips: Managed Care Plans Billing Tips: Medical Supplies Billing Tips: Durlicate Claim Denials	
Programs HIPAA Provider Portal Additional FAQs	Billing Tips: California Children's Services (CCS) Billing Tips: Durable Medical Equipment (DME) Billing Tips: Family PACT (Planning, Access, Care and Treatment) Billing Tips: Eligibility Billing Tips: Managed Care Plans Billing Tips: Medical Supplies Billing Tips: Duplicate Claim Denials Billing Tips: Paper Claims	
Programs HIPAA Provider Portal Additional FAQs	Billing Tips: California Children's Services (CCS) Billing Tips: Durable Medical Equipment (DME) Billing Tips: Family PACT (Planning, Access, Care and Treatment) Billing Tips: Eligibility Billing Tips: Managed Care Plans Billing Tips: Medical Supplies Billing Tips: Duplicate Claim Denials Billing Tips: Paper Claims Billing Tips: Treatment Authorization Requests	

Figure 5.4: FAQs under Medi-Cal Resources.

Contact Us

Contact Us provides contact numbers and addresses for communicating with Medi-Cal personnel.



Figure 6.1: The Contact Us webpage provides contact numbers, information and addresses for communicating with Medi-Cal personnel.

Additional Medi-Cal Provider References

The **Additional Medi-Cal Provider References** tiles contains links to other related resource and program websites. The sites include:

- Department of Health Care Services (DHCS)
- Medi-Cal Rx
- Medi-Cal Dental Program
- Family Planning, Access, Care and Treatment (Family PACT)
- California Department of Aging
- Medi-Cal Managed Care

PHCS	And Col Du	Madi Cal Dantal Brazzan
Department of Health Care Services (DHCS) mission is to provide Californians with access to affordable, integrated, high-quality health care, including medical, dental, mental health, substance use treatment services and long-term care.	Medi-Cal Rx operates all administrative services related to Medi-Cal pharmacy benefits billed on pharmacy claims from the existing Medi-Cal fee- for-service or Managed Care Plan (MCP) intermediaries have transitioned to Medi-Cal Rx.	Medi-Cal Dental Program provides dental services as one of the program's many benefits. Under the guidance of the California Department of Health Care Services, the Medi-Cal Dental Program aims to provide Medi-Cal members with access to high- quality dental care.
	Visit Site	Visit Site

Figure 7.1: Additional Medi-Cal Provider references tiles.

Footer

The footer of the Medi-Cal Providers homepage contains helpful links to Categories such as: Transactions, Support and Statewide Campaigns.

Transactions	Support	Statewide Campaigns
Provider Portal	Contact Us	Register to Vote of
Transaction Services	Resources	Save Our Water &
Services Available	MCSS &	Report Medi-Cal Fraud 岱
Enrollment Requirements	System Status Alerts	<u>Flex Alert ਹ</u>
	Website Accessibility Certification f	
Contact Us Conditions of Use Privations	cy Policy Non-Discrimination Policy and Language Access Acce	ssibility
		Copyright © 2023 State of California

Figure 8.1 Additional Medi-Cal Provider references tiles.

Transactions Log In

1. Navigate to the Medi-Cal Provider Portal. Enter the email address and select Next.

Medi-Cal Provider Portal	
Enter email to login or register a new account.	
NOTE: Provider Portal is currently in early access and by invitation only.	
Email Address	
> Next	



2. On the Login screen, enter the password and select Log In.

Provider Portal Login
Enter an email and password to login.
Note: Provider Portal is currently in early access and by invitation only.
Email Address
Pessword
Forgot password? Log In
If you have an invitation or you are provisioned by your organization, select Join Medi-Cal Provider Portal.
Join Medi-Cal Provider Portal

Figure 9.2: Provider Portal Login screen.

3. Read the System Use Notification, check the "I confirm that I have read and agree to the above," then select **Next**.

1	Welcome to the Medi-Cal Provider Portal. Please read and agree to the Terms and Conditions to proceed to the portal.
	WARNING: This computer system is for official use by
	authorized users and may be monitored and/or restricted at any time. Confidential information may not be accessed
	or used without authorization. Unauthorized or improper
	use of this system may result in administrative discipline, civil and/or criminal penalties. By using this system, you
	are acknowledging and consenting to these terms and
1	conditions.
	do not agree to the conditions in this warning.
1	I confirm that I have read and agree to the above

Figure 9.3: System Use Notification screen.

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4. If the user that is logging in is a member of several organizations a Select an organization screen will appear. The organizations displayed are determined by an Admin when a user's account is set up. If the user is assigned to a single organization, the Provider Portal homepage appears.

quent Organiza	tions				Show 5	Sho
MEDI-CAL F 00455	PROVIDER NAME (MEDI-CAL PROVIDER NAME 00442	MEDI-CAL PROVIDER NAME 00441			
Provider	Submitter					
Search By NPI ▼ Se	earch			Q		
АВСД	EFGH	IJKLMNOP	QRSTUVWXY	Z # &		
Search By NPI ▼ Se	earch D E F G H	IJKLMNOP	QRSTUVWXY	Q Z # &		

Figure 9.4: Select an organization screen.

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5. Navigate to the **Transaction Center.**

U.cov					\$10	ogin 🗘 Settings
CS Medi-Cal Providers	Providers *	Beneficiaries	Kesources *	® Related ≁	Contact Us	Q Search
lcome,	Sign Out				MEDI-CAL P Add or Switch Or	ROVIDER NAME 00431 granuation +
Provider Portal Settings Update: Password Length - Users must use passwords with a minimum Y A C C O U N T	of 15 characters. Please reac	h out to your organization	n administrator with any qu	estions.)
My Profile and Preferences Edit	t Notifications Reminder: User	s	View All	PIN Mana Q. Sea	agement rch by provider name or NPI	View All
	Provider Portai					
Organization: MEDI-CAL PROVIDER NAME Role: Processor Email:	User user_nam Provider Portal	e has completed their registr	ation to the Medi-Cal	MEDI-CAL	PROVIDER NAME	Manage
Organization: MEDI-CAL PROVIDER NAME Role: Processor Email: Business Phone: Mobile Phone:	User user_nam Provider Portal Your organizatic user_name	e has completed their registr on has been enrolled in elect <u>±1 more</u>	ation to the Medi-Cal >	MEDI-CAL	PROVIDER NAME	Manage Manage Manage
Organization: MEDI-CAL PROVIDER NAME Role: Processor Email: Business Phone: Mobile Phone: Communication Center Micro Q. Search for Correspondence EP. New Correspondence	your patian User user_nam Provider Portal Your organizati user_name	e has completed their registr on has been enrolled in elect <u>±1 more</u> ion Center d Bulletin	ation to the Medi-Cal ronic 1099s by	MEDI-CAL	PROVIDER NAME	Manage Manage
Organization: MEDI-CAL PROVIDER NAME Role: Processor Email: Business Phone: Business Phone: Mobile Phone Mobile Phone: Mean Q: Search for Correspondence Mean Q: Next Correspondence Mean Q: Recent Searches Mean Q: Recent Searches Mean	younder pota User user_nam Provider Portal Your organizati user_name Transact5 ST: News and O Frequent	e has completed their registr on has been enrolled in elect <u>±1 more</u> d Bulletin ty Asked Questions	ation to the Medi-Cal onic 1999s by	MEDI-CAL MEDI-CAL	PROVIDER NAME	Manage Manage

Figure 9.5: Provider Portal homepage.

6. From the drop-down menu, choose the desired NPI then select **Enter Transaction Services.**

Transaction Center	
Please check back soon to access our brand-new transaction center! You'll be able to complete all of your transactions and stay on top of your tasks here with our new and improved features.	
 Quick lookup for eligibility 	
 Access all your claims 	
 Transaction status 	N T
Select an NPI to access transaction services.	
NPI	
Choose an NPI 🔹	
Note: You can't select an NPI to gain access to Transaction Services until one (1) business day after registration in the Provider Portal.	
Enter Transaction Services	
Access Transaction Testing Center	

Figure 9.6: Transaction Center.

7. The user will be directed to **Medi-Cal Transaction Services** on the Medi-Cal Providers website to perform secure transactions. The specific transaction options available are based on the provider/submitter enrollment type.

Medi-Cal Rx is live on January 1, 2022. Please visit the Medi-Cal Rx site for additional information Eligibility Eligibility Benefit Inquiry (270) Eligibility Benefit Response (271) Multiple Subscribers Eligibility Eligibility Benefit Response (271) Multiple Subscribers Eligibility Eligibility Benefit Response (271)		Medi-Cal Transaction Service	es
Eligibility igibility Benefit Inquiry (270) Eligibility Benefit Response (271) Multiple Subscribers ingle Subscriber Share of Cost (SOC)/Second Down Clearance	Medi-Cal Rx is live on J	anuary 1, 2022. Please visit the <u>Medi-Cal Rx</u> site	for additional information
inglo inty benefit inquiry (210) Englointy benefit response (211) Multiple Subscribers	Eligibility	Elizibility Pagafit Despanse (271)	Uultiala Cuberribara
Share of Cost (SOC)/Spend bown clearance	ingle Subscriber	Share of Cost (SOC)/Spend Down Clearan	nce
Claims	2 Claims		
ppeal Status Inquiry Claim Status Inquiry Claim Status Request (276)	opeal Status Inquiry	Claim Status Inquiry	Claim Status Request (276)

Figure 9.7: Transaction Services.

Eligibility Section

Transaction Services are available to all Medi-Cal providers and allows providers to perform secure transactions. The specific transaction options available are based on the provider/submitter enrollment type.

HCS Me	di-Cal Providers	rs • Beneficiaries	Resources -	® Related →	Contact Us	S				
e Transactio	on Services									
		Medi-Cal Transacti	on Services							
	Medi-Cal Rx is live on January 1, 2022. Please visit the Medi-Cal Rx site for additional information									
Г	Ligibility									
	Eligibility Benefit Inquiry (270) Single Subscriber	Eligibility Benefit Response Share of Cost (SOC)/Spend	(271) Mu Down Clearance	Iltiple Subscribers						
				ć						
	🗳 Claims									
	Appeal Status Inquiry	Claim Status Inquiry	Cla	aim Status Request (27	<u>(6)</u>					
	Claim Status Response (277)	Current Remittance Advice	Detail His	storical Remittance Ad	vice Detail					
	Lab Services Reservation System	Medical Services Reservation	on							
	Electronic Treatment Authorization F	Request (eTAR)								
	Inquire Only	Medical Services	Ph	armacy - Submit to Me	edi-Cal Rx					
	TAR 3 Attachment Form									
	🔓 Enrollment									
	Breast and Cervical Cancer Treatment Program	Every Woman Counts	Fai	mily PACT						
	Presumptive Eligibility for Pregnant Wom	en COVID-19 Uninsured Group								
	a Provider Services									
	Blood Factor Rates	Case Status Inquiry	Co	ntinuing Care Inquiry						
	Medical Supply Code Inquiry	National Drug Code Inquiry	Pro	ocedure Code Inquiry						
	Construction of the second									

Figure 10: The Eligibility section is available from the Transaction Services webpage.

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Eligibility Verification

Providers should verify a beneficiary's eligibility by obtaining their Beneficiary Identification Card (BIC) prior to rendering service. Providers can verify eligibility online through **Transaction Services**.

1. Under Eligibility, select Single Subscriber

SDHCS M	ledi-Cal Providers	a Providers →	Beneficiaries	X Resources +	® Related ←	Contact Us	Q Search
Home Transac	ction Services						
			Medi-Cal Transacti	on Services			
	Medi-Cal Rx i	s live on January 1, 2	022. Please visit the Med	i-Cal Rx site for additio	nal information		
	Ligibility Eligibility Benefit Inquiry (27 Single Subscriber	0) E S	ligibility Benefit Response hare of Cost (SOC)/Spend	(271) Mu Down Clearance	Itiple Subscribers		

Figure 11.2: Single Subscriber link on the Transaction Services page.

2. All of the *asterisk fields are required to verify beneficiary eligibility. Fill out the form, and press Submit.

\$ 1	HCS	Medi-Cal	Providers	₽ roviders -	Beneficiaries	X Resources -	© Related →	Contact Us	Q Search	
	<	Home	Transaction Services	Single Subscriber						
🖨 Eligibility	>				Single	Subscriber				
Laims	>						* Indic	ates required field		
et AR	>		Single Sub	scriber Eligibility						
Senrollment	>		* Subsci	riber ID						
Services	>		Subso	riber ID						
			* Subsci	riber Birth Date	• Issue Date mm / dd / yy	99	• Service Date mm / dd / yyyy	Submit		

Figure 11.3: Single Subscriber Eligibility information.

Eligibility Responses

The Eligibility Verification Responses are much like traffic lights. For example, if a beneficiary has full-scope, fee-for-service eligibility with no Share of Cost indicated in the eligibility beneficiary's message is displayed in green. It is recommended to make a screenshot of the response for the beneficiary's medical records.

Green banner: Subscriber is eligible for services.

ility transaction performed by provider:	on Wednesday, January 12, 2022 at 11:36:44 AM
Eligibility Message: SUBSCRIBER LAST N ELIGIBLE W/ NO SOC/SPEND DOWN.	NAME: . EVC #: 901J9V7MM9. CNTY CODE: 02. PRMY AID CODE: 60. MEDI-CAL
Name:	Subscriber ID:
Service Date: 12/01/2021	Subscriber Birth Date:
issue Date: 03/08/2013	Primary Aid Code: 60
First Special Aid Code:	Second Special Aid Code:
Third Special Aid Code:	Subscriber County: 02-Alpine
HIC Number:	

Figure 12.1: An eligibility message with a green banner will appear when a beneficiary has full-scope, fee-for-service eligibility with no Share of Cost indicated.

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When an eligibility response is returned with a yellow banner. Providers should use caution and read the eligibility message carefully. It may indicate that the beneficiary is a member of a health plan. If the provider is not a member of the health plan, providers must advise the patient that they should seek services from the health plan indicated in the eligibility response or let them know that the visit will be on a cash basis.

Yellow banner: Subscriber is eligible under certain conditions.

bility transaction performed by provid	er: on Thursday, January 13, 2022 at 11:23:00 AM
Eligibility Message: SUBSCRI SPECIAL AID CODE: 7H. AID CO ELIGIBLE FOR O/P TUBERCUL A.	BER LAST NAME: . EVC #: 3314R432TC. CNTY CODE: 02. PRMY AID CODE: 84. 2ND DDE NO LONGER IN USE. CALL ADVANCED MEDICAL MANAGEMENT 1-877-589-6807. MEDI-CAL OSIS RELATED SVCS W/ NO SOC/SPEND DOWN. OTHER HEALTH INSURANCE COV UNDER CODE
Name:	Subscriber ID:
Service Date: 10/01/2021	Subscriber Birth Date:
Issue Date: 10/18/1993	Primary Aid Code: 84
First Special Aid Code:	Second Special Aid Code: 7H
Third Special Aid Code:	Subscriber County: 02-Alpine
HIC Number:	
Primary Care Physician Phone #	Service Type

Figure 12.2: An eligibility message with a yellow banner will appear to suggest providers use caution and read the eligibility message carefully.

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If the Eligibility Message indicates: **SUBSCRIBER NOT FOUND**, then the beneficiary is not eligible for Medi-Cal benefits.

Red banner: Subscriber is not eligible for benefits.

bility transaction performed by provider:	on Tuesday, January 11, 2022 at 10:55:51 AM
Eligibility Message: NO RECORDED EL	IGIBILITY FOR REQUESTED DATE OF SERVICE 01/05/2022.
Subscriber ID:	
Service Date: 01/05/2022	Subscriber Birth Date:
Issue Date: 05/01/1999	Primary Aid Code:
First Special Aid Code:	Second Special Aid Code:
Third Special Aid Code:	Subscriber County: -unknown
HIC Number:	
Primary Care Physician Phone #:	Service Type:

Figure 12.3: An eligibility message with a red banner will appear to indicate a beneficiary is not eligible for Medi-Cal benefits.

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Side Bar Menu

When any link is selected from Eligibility, Claims, Enrollment or Provider Services this side bar menu will appear. It provides the links for those sections without having to return to Transaction Services.



Figure 13.1: Side Bar Menu.

	STHCS Medi-Cal Providers	a Providers →	Beneficiaries	Resources -	⊘ Related -	Contact Us	Q Search
<	Home Transaction Services Single Subscribe	r					
🕹 Eligibility 🗸 🗸			Single Subs	criber			
 270 Inquiry 271 Response Multiple Subscribers 	Single Subscriber Eligibility					* Indicates required field	
- Single Subscriber - SOC	* Subscriber ID						
-₽ Claims ~	Subscriber ID						
- Appeal Status	* Subscriber Birth Date		Issue Date		Service Date		
- <u>Claim Status</u> - <u>276 Request</u>	mm/dd/yyyy		mm/dd/yyyy		mm/dd/yyyy		
- 277 Response - Current RAD - Historical RAD - LSRS - Medi-Services						Submit	
a etar 🗸 🗸							
 Inquire Only Medical Services Pharmacy TAR 3 Attachment 							
🖲 Enrollment 🗸 🗸							
 BCCTP COVID-19 Uninsured Group 							
- <u>EWC</u> - <u>Family PACT</u> - <u>PE4PW</u>							
🕬 Provider Services 🛛 🗸							
Blood Factor Rates Case Status Continuing Care Medical Supply Code NDC Procedure Code							

Figure 13.2: Expanded Side Bar Menu.

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Share of Cost/Spend Down Transactions

Some Medi-Cal beneficiaries must pay or agree to pay (obligate) a monthly dollar amount toward their medical expenses before they qualify for Medi-Cal benefits.

This dollar amount is called Share of Cost (SOC) also known as Spend Down.

If a beneficiary has paid or obligated a SOC, it must be cleared via the Point of Service (POS) network. Providers can do this by logging into **Transaction Services** and clicking the **SOC (Spend Down) Transactions** link.

	ledi-Cal Providers	8 Providers →	Beneficiaries	X Resources →	® Related ←	Contact Us	Q Search
Home Transa	ction Services						
			Medi-Cal Transactio	on Services			
	Medi-Cal Rx i	s live on January 1, 2	022. Please visit the <mark>Med</mark> i	-Cal Rx site for additio	onal information		
	Bigibility Eligibility Benefit Inquiry (27	0) <u>E</u>	ligibility Benefit Response	271) <u>M</u>	ultiple Subscribers		
	Single Subscriber	<u>s</u>	hare of Cost (SOC)/Spend I	own Clearance			

Figure 14.1: The SOC (Spend Down) Transactions link is located on the Transaction Services webpage under the Eligibility tab.

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Share of Cost/Spend Down Transactions

Providers have the option of applying or reversing a Share of Cost (SOC), also known as Spend Down, by indicating which transaction they want to complete. The provider can only reverse a SOC if the total SOC has not been cleared. All fields marked with a **red asterisk** are required fields. Complete the SOC transaction by entering the information below and press **Submit**.

- Subscriber ID
- Subscriber Birth Date (MM/DD/YYYY format)
- Issue Date (MM/DD/YYYY format)
- Service Date (MM/DD/YYYY format)
- Procedure Code
- Total Claim Charge Amount
- SOC (Spend Down) Amount Applied

Shared	of Cost (SOC)/Spend Down	Clearance
		* Indicates required fiel
SOC Application/Reversal		
⊙ SOC (Spend Down) Application	○ SOC (Spend Down)	Reversal
SOC (Spend Down) Transaction Deta	hil	
* Subscriber ID	* Subscriber Birth Date	* Issue Date
Subscriber ID	mm / dd / yyyy	mm / dd / yyyy
* Service Date	* Procedure Code	* Total Claim Charge Amount
mm / dd / yyyy	Procedure Code	Total Claim Charge Amount
Case Number	SOC (Spend Down) Amount Ap	pplied
Case Number	SOC (Spend Down) Amount A	

Figure 14.2: Providers may have the option of applying or reversing the Share of Cost (SOC) of a transaction by entering the required information.

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Share of Cost/Spend Down Response

The following SOC (Spend Down) Response indicates the subscriber has a SOC spend down amount obligation amount of 68 dollars on service date January 5, 2022. Spend down amount applied was 10 dollars leaving a remaining SOC balance amount 58 dollars.

(Spend I	Down) Amount transaction performed by provider:	on 1/13/2022 at 11:20 AM
ġ.	Eligibility Message: SUBSCRIBER LAST NAME: DOWN \$58.00. SOC/SPEND DOWN CLEARANCE APPL ELIGIBILITY REPORTED RETROACTIVELY.	SOC/SPEND DOWN AMT DEDUCTED: \$ 10.00. REMAINING SOC/SPEN IED. MEDI-CAL SUBSCRIBER HAS A \$00068 SOC/SPEND DOWN.
Name:		Subscriber ID:
Service	Date: 01/05/2022	Subscriber Birth Date:
Issue Da	te: 03/01/2021	Procedure Code: 99211
Total Cla	aim Charge Amount: 10.00	Case Number:
SOC (Sp	end Down) Amount Applied: 10.00	Primary Aid Code:
First Sp	ecial Aid Code:	Second Special Aid Code:
Third Sp	ecial Aid Code:	Subscriber County:
HIC Nun	nber:	
SOC (Sp	end Down) Amount Obligation: \$68.00	Remaining SOC (Spend Down) Amount: \$58.00
Traca No	under (Eligibility Verification Confirmation (EVC) Nu	mber).

Figure 14.3: The Eligibility Message displayed in the SOC (Spend Down) Response indicates 10 dollars Spend Down was applied to the subscribers SOC obligation amount 68 dollars, leaving a remaining SOC balance of 58 dollars.

Claims Section

Under the Claims section, there are links to obtain information regarding claims as well as links to reservation systems.

DHCS Med	i-Cal Providers	Providers +	Beneficiaries	Resources -	® Related →	Contact Us	Searc	
Home Transaction	Services							
			Medi-Cal Transactio	n Services				
	Medi-Cal Rx is live on January 1, 2022. Please visit the Medi-Cal Rx site for additional information							
	Eligibility			100				
	iligibility Benefit Inquiry (270) Single Subscriber) E S	ligibility Benefit Response (hare of Cost (SOC)/Spend D	0000 (271) Mit Mit Stearance	ultiple Subscribers			
	₽ Claims					5		
					A Second Second and an and second			
-	Appeal Status Inquiry	C	laim Status Inquiry	CI	aim Status Request (276)			

Figure 15.1: The Claims Section on the Transaction Services page.

Claim Status Inquiry

When checking the claim status in Transactions, providers can receive information for both claims in process or claims adjudicated by entering a Claim Control Number (CCN) or subscriber information.

DHCS N	Nedi-Cal Providers	& Providers ≁	Beneficiaries	X Resources →	® Related ←	Contact Us	Search
Home Transa	iction Services						
			Medi-Cal Transactio	n Services			
	Medi-Cal Rx i	is live on January 1, 2	022. Please visit the Medi-	Cal Rx site for additio	nal information		
	📽 Eligibility						
	Eligibility Benefit Inquiry (27 Single Subscriber	70) E S	ligibility Benefit Response (2 hare of Cost (SOC)/Spend D	71) Mu wn Clearance	Itiple Subscribers		
	🔍 Claims						
	Appeal Status Inquiry Claim Status Response (277		laim Status Inquiry urrent Remittance Advice De	tail His	im Status Request (27 storical Remittance Ad	oj vice Detail	
	Lab Services Reservation Sy	stem M	ledical Services Reservation				

Figure 15.2: The Claims Status Inquiry Link on the Transaction Services page.

For completing a claim status transaction, follow the steps below.

- 1. Enter Payer CCN.
- 2. Select Submit or press Enter.

Or

1. Enter Subscriber Identifier.

Example: 12345678A

- 2. Enter Claim Service Period From/To in MM/DD/YYYY format.
- 3. Enter Total Claim Charge Amount (Optional).
- 4. Select **Submit** or press **Enter**.

Section 2017 Medi-Cal Providers	Providers -	Beneficiaries	X Resources →	? Related →	Contact Us	Q Search
Home Transaction Services Claim Status						
		Claim Status In	iquiry			
Claim Status Inquiry on Pro	vider Number	~		*1	ndicates required field	
* Payer Claim Control N	umber					
Payer Claim Control Nu	umber					
OR						
* Subscriber Identifier		Claim Service Period Fro	m	Claim Service Period To		
Subscriber Identifier		mm/dd/yyyy		mm/dd/yyyy		
Total Claim Charge Amo	unt					
Total Claim Charge Am	ount					
					SUBMIT	

Figure 15.3: Providers can obtain status of a claim by entering a Claim Control Number (CCN) or subscriber information.

Appeal Status Inquiry

Providers can inquire on the status of their appeals by logging into the Appeal Status Inquiry.



Figure 16.1: Appeal Status Inquiry link on the Transaction Services page.

Enter the appeal's Document Number and press Submit.

Section 2017 Medi-Cal Providers	Providers -	Beneficiaries	X Resources +	⊘ Related +	Contact Us	Q Search
Home Transaction Services Appeal Status						
		Appeal Status	s Inquiry			
Document Search			_			1
* Do	cument Number	Document #		Submit		

Figure 16.2: The Appeal Status Inquiry will inform on the status of an appeal.

Lab Services Reservation System

The Lab Services Reservation System (LSRS) is an online system used to schedule beneficiary lab services.

Medi-Cal Providers	8 Providers →	Beneficiaries	Resources +	® Related →	Contact Us	Q Search
Home Transaction Services						
		Medi-Cal Transactio	on Services			
Medi-Cal	Rx is live on January 1, 2	022. Please visit the <mark>Med</mark> i	Cal Rx site for additio	nal information		
🕯 Eligibility						
Eligibility Benefit Inquiry Single Subscriber	r <u>(270)</u> E S	ligibility Benefit Response hare of Cost (SOC)/Spend I	271) Mu rown Clearance	Itiple Subscribers		
-2 Claims						
Appeal Status Inquiry Claim Status Response (2	277) C	laim Status Inquiry urrent Remittance Advice I	etail His	aim Status Request (27 storical Remittance Ad	6] vice Detail	

Figure 17.1: LSRS link on the Transaction Services page.

LSRS – Make a Reservation

The following information is required when making a LSRS reservation:

- Provider Number (NPI)
- Recipient ID (enter the BIC exactly as shown on the card)
- Reservation Date (planned date of service for procedure)
- Procedure Code
- Service Modifier (if applicable)
- Select Reserve this Service

	Lab Services Reservation Sy	/stem (LSRS)	
Make a Reservation		1	ndicates require
* Provider Number	* Recipient ID	* Reservation Date	
		12/03/2021	ť
		Month Only	
	* Service Modifier		
* Procedure Code	Service induiter		

Figure 17.2: The LSRS Reservation System requires several pieces of beneficiary information in order to reserve services.

LSRS – Reservation Response

The LSRS online system:

- Processes one reservation at a time
- Requires all fields in the LSRS system to be completed for the reservation to be processed
- Deletes information completed during the web reservation if the application is left unattended for 20 minutes
- Protects the submitter ID, password and provider ID to prevent unauthorized reservations
- **Note:** Providers may call the Telephone Service Center (TSC) to request reservation changes or cancellations at 1-800-541-5555.

Reservation	n Complete	
Reference#	\$ 2204608341468	
Please note Reservatio	e your reference number! You can either click 'Print n' to make another reservation request	t' to print a copy of your reservation, or click 'New
		* Indicates rec
ke a Reservation		indicates rec
* Provider Number	* Recipient ID	* Reservation Date
E F		12/03/2021
		Month Only
* Procedure Code	* Service Modifier	
* Procedure Code	* Service Modifier No Modifier	÷

Figure 17.3: LSRS Reservation Complete message.

Page updated: September 2023

Medical Services Reservation (Medi-Services)

Medi-Cal beneficiaries are normally allowed two Medi-Service visits per month. Medi-Services are used by allied health, medical services, and outpatient providers. A Medi-Service should be reserved before billing for the following services:

- Acupuncture
- Audiology
- Chiropractic
- Occupational Therapy
- Podiatry
- Speech Pathology

Providers can make a reservation after logging into **Medi-Cal Transaction Services**, under the Claims section and selecting **Medical Services Reservation**.

STATES Medi-Cal Providers	Providers +	Beneficiaries	X Resources -	® Related ≠	Contact Us	Q Search
Home Transaction Services						
		Medi-Cal Transaction	Services			
Medi-Cal Rx	is live on January 1, 2	022. Please visit the Medi-C	al Rx site for additio	nal information		
🏶 Eligibility	220)	II-II-III Des Et Dessesso (2)		Web Coloribus		
Single Subscriber	<u>5</u>	hare of Cost (SOC)/Spend Do	wn Clearance	Ittiple Subscribers		
,_ [©] Claims						
Appeal Status Inquiry Claim Status Response (27)	<u>c</u>	laim Status Inquiry urrent Remittance Advice De	Cla tail His	aim Status Request (27 storical Remittance Ad	6) vice Detail	

Figure 18.1: Login to Transaction Services and select Medical Services Reservations (Medi-Service) to make a reservation.

Medical Services Reservation

Providers must enter information in all the fields listed below with the red asterisk

- Subscriber ID.
- Subscriber Birth Date
- Issue Date
- Service Date
- Procedure Code
- Select Submit or press Enter
- **Note:** Providers may perform a reversal of a Medi-Service reservation by selecting the Medical Services Reservation Reversal option.

м	edical Services Reservation (Me	edi-Services)
Aedical Services Reservation/Reversal		* Indicates required field
 Medical Services Reservation 	O Medical Services Re	servation Reversal
Aedi-Services Detail		
* Subscriber ID	* Subscriber Birth Date	* Issue Date
Recipient ID	mm / dd / yyyy	mm / dd / yyyy
* Service Date	* Procedure Code	
mm / dd / yyyy	Procedure Code	
		SUBMIT

Figure 18.2: Providers must enter all information marked with a red asterisk to process a Medical Services Reservation or Reversal.

Medical Services Reservation Response

In the **Medi-Services Response** below, the Medi-Service transaction indicates it is rejected because a Medi-Service reservation is not required for the service requested.

Home Transaction Services Medi-Services Response Medical Services Reservation (Medi-Services) Response Medical Services Reservation (Medi-Services) Response Medical Services Reservation transaction performed by provider: on 2/14/2022 at 2:52 PM Image: Subscriber ID: Service Date: 02/14/2022 Subscriber Birth Date: Issue Date: 03/01/2021 Procedure Code: 99211 Primary Aid Code: First Special Aid Code: Subscriber County: Medical Services Reservations Remaining: HIC Number: Primary Care Physician Phone #: Service Type: Trace Number (Eligibility Verification Confirmation (EVC) Number): Eligibility Verification Confirmation (EVC) Number):	S DHCS	Medi-Cal Providers	8 Providers →	Beneficiaries	Resources -	⊘ Related -	Contact Us	Q Search
Medical Services Reservation (Medi-Services) Response Medical Services Reservation transaction performed by provider: on 2/14/2022 at 2:52 PM Digibility Message: Subscriber ID: Service Date: 02/14/2022 Subscriber ID: Service Date: 02/14/2022 Subscriber Birth Date: Issue Date: 03/01/2021 Procedure Code: 99211 Primary Aid Code: First Special Aid Code: Subscriber County: Third Special Aid Code: Subscriber County: Medical Services Reservations Remaining: HIC Number: Primary Care Physician Phone #: Service Type: Trace Number (Eligibility Verification Confirmation (EVC) Number): Service Type:	Home Tra	nsaction Services Medi-Services	Medi-Services Res	ponse				
Medical Services Reservation transaction performed by provider: on 2/14/2022 at 2:52 PM Image: Image: Subscriber ID: Service Date: 02/14/2022 Subscriber Birth Date: Issue Date: 03/01/2021 Procedure Code: 99211 Primary Aid Code: First Special Aid Code: Second Special Aid Code: Third Special Aid Code: Subscriber County: Medical Services Reservations Remaining: HIC Number: Primary Care Physician Phone #: Service Type: Trace Number (Eligibility Verification Confirmation (EVC) Number):			Medical Ser	vices Reservation (Medi-Services) Re	sponse		
Eligibility Message: Subscriber ID: Service Date: 02/14/2022 Subscriber Birth Date: Issue Date: 03/01/2021 Procedure Code: 99211 Primary Aid Code: First Special Aid Code: Second Special Aid Code: Third Special Aid Code: Subscriber County: Medical Services Reservations Remaining: HIC Number: Primary Care Physician Phone #: Service Type:		Medical Services Reservation	n transaction perfor	med by provider:	on 2/14/2022 at 2	:52 PM		
Subscriber ID:Service Date: 02/14/2022Subscriber Birth Date:Issue Date: 03/01/2021Procedure Code: 99211Primary Aid Code:First Special Aid Code:Second Special Aid Code:Third Special Aid Code:Subscriber County:Medical Services Reservations Remaining:HIC Number:Primary Care Physician Phone #:Service Type:Trace Number (Eligibility Verification Confirmation (EVC) Number:Service Type:		Eligibility Mes	isage:					
Subscriber Birth Date: Issue Date: 03/01/2021 Procedure Code: 99211 Primary Aid Code: First Special Aid Code: Second Special Aid Code: Third Special Aid Code: Subscriber County: Medical Services Reservations Remaining: HIC Number: Primary Care Physician Phone #: Service Type: Trace Number (Eligibility Verification Confirmation (EVC) Number: Service Type:		Subscriber ID:		,	ervice Date: 02/14/2022	2		
Procedure Code: 99211 Primary Aid Code: First Special Aid Code: Second Special Aid Code: Third Special Aid Code: Subscriber County: Medical Services Reservations Remaining: HIC Number: Primary Care Physician Phone #: Service Type: Trace Number (Eligibility Verification Confirmation (EVC) Number: Service Type:		Subscriber Birth Date:			ssue Date: 03/01/2021			
First Special Aid Code: Second Special Aid Code: Third Special Aid Code: Subscriber County: Medical Services Reservations Remaining: HIC Number: Primary Care Physician Phone #: Service Type: Trace Number (Eligibility Verification Confirmation (EVC) Number): From Service Type:		Procedure Code: 99211			rimary Aid Code:			
Third Special Aid Code: Subscriber County: Medical Services Reservations Remaining: HIC Number: Primary Care Physician Phone #: Service Type: Trace Number (Eligibility Verification Confirmation (EVC) Number): Service Type:		First Special Aid Code:		3	econd Special Aid Code	e:		
Medical Services Reservations Remaining: HIC Number: Primary Care Physician Phone #: Service Type: Trace Number (Eligibility Verification Confirmation (EVC) Number):		Third Special Aid Code:		1	ubscriber County:			
Primary Care Physician Phone #: Service Type: Trace Number (Eligibility Verification Confirmation (EVC) Number):		Medical Services Reserv	ations Remaining:		IIC Number:			
Trace Number (Eligibility Verification Confirmation (EVC) Number):		Primary Care Physician	Phone #:	:	ervice Type:			
		Trace Number (Eligibilit	y Verification Confi	rmation (EVC) Number):				
		L						

Figure 18.3: Medical Services Reservation Response example. In the example image the Reservation has been rejected.

Provider Services

Under the Provider Services section, there are links to obtain financial information regarding claims, claim status and procedure code information.

DHCS	Medi-Cal Providers	aviders •	Beneficiaries	Resources -	® Related ≠	Contact Us	Sear
Home Trans	action Services						
			Medi-Cal Transacti	on Services			
	Medi-Cal Rx is live on	January 1, 2	022. Please visit the <mark>Med</mark>	i-Cal Rx site for additio	onal information		
	🍰 Eligibility						
	Eligibility Benefit Inquiry (270) Single Subscriber	El	igibility Benefit Response hare of Cost (SOC)/Spend	(271) Mu Down Clearance	ultiple Subscribers		
	- [©] Claims						
	Appeal Status Inquiry	C	laim Status Inquiry	Cla	aim Status Request (27)	6)	
	Claim Status Response (277)	Cr	urrent Remittance Advice	Detail Hi	storical Remittance Adv	vice Detail	
	Lab Services Reservation System	М	edical Services Reservatio	n			
	🖥 Electronic Treatment Authorizati	ion Request (eTAR)				
	Inquire Only	M	edical Services	Ph	narmacy - Submit to Me	edi-Cal Rx	
	TAR 3 Attachment Form						
	🔓 Enrollment						
	Breast and Cervical Cancer Treatment Program	t Ev	very Woman Counts	Fa	mily PACT		
	Presumptive Eligibility for Pregnant V	Nomen Co	OVID-19 Uninsured Group			_	
	화 Provider Services						
	Blood Factor Rates	C	ase Status Inquiry	Co	ontinuing Care Inquiry	211 - E	
	Medical Supply Code Inquiry	N	ational Drug Code Inquiry	Pro	ocedure Code Inquiry		
	Provider Checkwrite Inquiry						

Figure 19.1: Provider Services section on the Transaction Services page.

Case Status Inquiry

When a provider contacts the California Medicaid Management Information System (CA-MMIS) Fiscal Intermediary (FI) they will receive a Service Request (SR) or Issue Number that can be tracked under the **Case Status Inquiry** link.

DHCS Medi-Cal Provide	Providers •	Beneficiaries	Resources •	® Related →	Contact Us	Se
me Transaction Services						
		Medi-Cal Transacti	on Services			
🗩 Med	di-Cal Rx is live on January :	1, 2022. Please visit the Med	-Cal Rx site for additio	nal information		
🍰 Eligibility						
Eligibility Benefit I Single Subscriber	nquiry (270)	Eligibility Benefit Response Share of Cost (SOC)/Spend	(271) Mu Down Clearance	Itiple Subscribers		
-2 Claims						
Appeal Status Inqu	uiry	Claim Status Inquiry	Cla	aim Status Request (27	6)	
Claim Status Resp	onse (277)	Current Remittance Advice	Detail His	storical Remittance Ad	vice Detail	
Lab Services Reservices	rvation System	Medical Services Reservatio	n			
🖀 Electronic Trea	tment Authorization Reque	st (eTAR)				
Inquire Only		Medical Services	Ph	armacy - Submit to Me	edi-Cal Rx	
TAR 3 Attachment	Form					
🔓 Enrollment						
Breast and Cervica	I Cancer Treatment	Every Woman Counts	Fai	mily PACT		
Presumptive Eligit	ility for Pregnant Women	COVID-19 Uninsured Group				
😹 Provider Servic	es					
Blood Factor Rates	5	Case Status Inquiry	Co	ntinuing Care Inquiry		
Medical Supply Co	de Inquiry	National Drug Code Inquiry	Pro	ocedure Code Inquiry		
Provider Checkwri	te Inquiry					

Figure 20.1: Case Status Inquiry link on the Transaction Services page.

- 1. Enter the Issue Number or Service Request Number in the **Issue Number** field.
- 2. Select **Submit** or press **Enter**.

Section 24 Medi-Cal Providers	Providers -	Beneficiaries	Resources -	® Related →	Contact Us	Q Search
Home Transaction Services Case Status						
		Case Status I	nquiry			
Case Status Inquiry						k.
	* Issue Number	Issue #		Submit		

Figure 20.2: The Issue Status webpage tracks Service Requests (SRs) and Issue Numbers.

Procedure Code Inquiry

Providers may obtain code-specific information and the Medi-Cal maximum reimbursement rate through the **Procedure Code Inquiry** link.

SDHCS M	Medi-Cal Providers	Beneficiaries	Resources -	Related +	Contact Us	Search
Home Transa	action Services					
		Medi-Cal Transacti	on Services			
	Medi-Cal Rx is live on Janua	ary 1, 2022. Please visit the Med	i-Cal Rx site for additio	onal information		
	🕹 Eligibility		(271)			
	Eligibility Benefit Inquiry (270) Single Subscriber	Eligibility Benefit Response Share of Cost (SOC)/Spend	(271) Mu Down Clearance	ultiple Subscribers		
	-© Claims					
	Appeal Status Inquiry	Claim Status Inquiry	Cli	aim Status Request (27	6)	
	Claim Status Response (277)	Current Remittance Advice	Detail Hi	storical Remittance Ad	vice Detail	
	Lab Services Reservation System	Medical Services Reservation	n			
	Electronic Treatment Authorization Re	quest (eTAR)				
	Inquire Only	Medical Services	Ph	armacy - Submit to Me	edi-Cal Rx	
	TAR 3 Attachment Form					
	Chrollment					
	Breast and Cervical Cancer Treatment Program	Every Woman Counts	Fa	mily PACT		
	Presumptive Eligibility for Pregnant Wome	n COVID-19 Uninsured Group				
	a Provider Services					
	Blood Factor Rates	Case Status Inquiry	Co	ontinuing Care Inquiry		
	Medical Supply Code Inquiry	National Drug Code Inquiry	Pr	ocedure Code Inquiry	l	
	Provider Checkwrite Inquiry					

Figure 20.3: Procedure Code Inquiry link on the Transaction Services page.

To complete an inquiry for procedure codes, follow these steps:

- 1. Enter the procedure code in the **Procedure Code** box.
- 2. Select **Submit** or press **Enter**.

STACS Medi-Cal Providers	8 Providers →	Beneficiaries	Kesources -	® Related ►	Contact Us	Q Search
Home Transaction Services Procedure Cod	de					
		Procedure Cod	e Inquiry			
Procedure Code Inquiry						1
	* Procedure Code	Procedure Code		Submit		
						- ¹

Figure 20.4: Code specific information is available through the Procedure Code Inquiry Transaction webpage.

Procedure Code Inquiry Response

The Procedure Code Inquiry Response screen will populate the following information in the fields below.

- Procedure Code and Name
- Procedure Level
- Procedure Type
- Effective Date and End Date
- Follow Up Days
- Gender
- Minimum and Maximum Age Medi-Cal Max Allowable Amount
- Medi-Cal Max Allowable Amount
- Split-Bill professional percentage (if applicable)
- Miscellaneous information

SHCS Medi-Cal Providers	Providers -	Beneficiaries	Resources +	® Related →	Contact Us	Q Search
Home Transaction Services Procedur	re Code					
		Procedure Code	Inquiry			
Procedure Code Inqui	ry					
	* Procedure Code	59025		Submit		
Procedure Code Inqui	ry performed by provider: (0099211928 on Monday, F	ebruary 14, 2022 at 5:	47:01 PM	1	
		FETAL NONSTRES	TEST			
P	Procedure Level : CPT4 code	Procedure Type :	Surgery			
E	ffective Date : 08/01/2000	End Date : 12/31/2069	Follow Up	Days : 0		
G	Sender : Female Only	Min Age : 0	Max Age :	99		
N A	Iedi-Cal Max Allowable mount : \$22.80	Split Bill professional	oercentage : 0.4%			
Ν	Io TAR or medi-reservation	required.				

Figure 20.5: The Procedure Code Inquiry Response screen displays code specific information related to the procedure code entered.

Provider Checkwrite Inquiry

Providers can obtain financial information regarding adjudicated and pending claims by navigating to Provider Services and selecting the **Provider Checkwrite Inquiry** link.

DHCS	Medi-Cal Providers	• Beneficiaries	Resources -	Related +	Contact Us	Searc
Home Tran	saction Services					
		Medi-Cal Transacti	on Services			
	Medi-Cal Rx is live on Janu	ary 1, 2022. Please visit the Mec	li-Cal Rx site for additio	onal information		
	🍰 Eligibility					
	Eligibility Benefit Inquiry (270) Single Subscriber	Eligibility Benefit Response Share of Cost (SOC)/Spend	2 (271) Mu Down Clearance	ultiple Subscribers		
	- Claims					
	Appeal Status Inquiry	Claim Status Inquiry	Cla	aim Status Request (27	(6)	
	Claim Status Response (277) Lab Services Reservation System	Current Remittance Advice Medical Services Reservation	Detail His	storical Remittance Ad	vice Detail	
	Electronic Treatment Authorization Re	quest (eTAR)				
	Inquire Only	Medical Services	Ph	narmacy - Submit to M	edi-Cal Rx	
	TAR 3 Attachment Form					
	🔓 Enrollment					
	Breast and Cervical Cancer Treatment Program	Every Woman Counts	Fa	mily PACT		
	Presumptive Eligibility for Pregnant Wome	n COVID-19 Uninsured Group	i.			
	🕸 Provider Services					
	Blood Factor Rates	Case Status Inquiry	Co	ontinuing Care Inquiry		
	Medical Supply Code Inquiry	National Drug Code Inquiry	l Pro	ocedure Code Inquiry		
	Provider Checkwrite Inquiry					

Figure 21.1: Provider Checkwrite Inquiry link on the Transaction Services page.

The information includes:

- Last warrant date and amount
- Pending number of claims with the billed amount on the claim
- Claims currently in process with the provisional adjudicated amount

SHCS Medi-Cal Providers	Providers -	Beneficiaries	Resources -	⊘ Related -	Contact Us	Q Search
Home Transaction Services Provider Check	write					
		Provider Checkw	ite Inquiry			
Provider Checkwrite progra	ams					
🗆 Medi-Cal						
Abortion						
California Child Genetically Har	lren Services (CCS) ndicapped Persons Pr	ogram (GHPP)		eck the box the	<u>nat</u>	
🗆 Other Public He	ealth Program		ap		quiry	
🗆 Health Care Pla	n					
		Submit				

Figure 21.2: Providers can obtain financial information regarding adjudicated and pending claims on the Checkwrite Transaction webpage by checking the box next to the community that applies to the inquiry.

.

Publications

Publications contains links to all of the provider communities and the associated provider news, bulletins and manuals. Navigate to **Publications** from the Providers drop-down menu.



Figure 22.1: Access to Publications is accessible from the Providers drop-down on the Medi-Cal Providers homepage.

Medi-Cal Providers Publications

The Publications landing page contains links to all of the provider communities. Provider communities are services with published materials.



Figure 22.2: All provider communities may be accessed individually from the Medi-Cal Providers Publications homepage.

Publications Navigation Bar

The navigation bar on the Publications homepage serves as a starting point for providers to access published materials for all communities.

- News contains an ongoing list of important informational articles and updates.
- **Bulletins** is a collection of news articles tailored to each provider community published by the 16th of each month. The previous 12 months of bulletins are archived for providers to reference.
- **Manuals** contain valuable resources for providers including billing guidelines, claim form completion instructions, policy, references and more. The provider manuals are sorted into two parts: **Part 1 and Part 2**.

Medi-Cal Providers				Search
Providers • Provider Portal • Resources •	Contact Us			
Publications				
All Publications 2		News 40	Bulletins 🖡	Manuals 眠
Recent Communities	*	Ø Search		
Medi-Cal Program & Eligibility		Recent New	S	
Communities		2022-2023 Distinct-Part A	Adult Subacute Annual Rate Update	
All		Published 8/4/2023 COVID-	19 Rates	
Allied Health	>	Medi-Cal Providers Webs	site Update	
General	>	Published 8/4/2023 DHCS N	Notice	
Inpatient/Outpatient	>	Update to Provider Porta	al Login Requirements to Access Transaction Servic	ces
Long Term Care		Published 8/3/2023 DHCS N	Notice	
Medical Services	>	Reminder: Medi-Cal Rx B	illing Policy for Physician Administered Drugs	
Pharmacy		Published 8/2/2023 Billing	Pharmacy	
Specialty Programs	>	Pfizer-BioNTech Bivalent	t COVID-19 Vaccine Booster Approved for Children	6 Months Through 4 Years
Vision Care		Published 8/1/2023 COVID-	19 DHCS Notice	
		Update: Aid Code Master Published 7/31/2023	r Chart for Pregnancy Related Aid Codes	

Figure 22.3: Publications Navigation Bar.

Page updated: September 2023

Provider Communities

Provider communities are organized by Medi-Cal service types. Each community contains a list of Medi-Cal services. As shown below, Allied Health has several related provider communities listed.

Publications					
All Publications 🍣		News 🌵	Bulletins 耳	Manuals 🌃	
Recent Communities	*	Search			
General Medicine		Recent News	c		
Medi-Cal Program & Eligibility		Recent News	5		
AIDS Waiver Program		Reminder to Presumptive	e Eligibility Providers		
Family PACT		Published 9/13/2023 Progra	ams (DHCS Notice)		
Long Term Care		CCS Service Code Groupi	ngs Policy Update		
		Published 9/8/2023 Billing	(Programs)		
Communities	ė j	Bots Not Permitted for Us	se on the Medi-Cal Website		
All	î	Published 9/8/2023 System			
Allied Health	>	Correction: Reimburseme	ent Rates for Preventive Medicine		
Acupuncture		Published 9/8/2023 (Rates)	(DHCS Notice)		
Audiology and Hearing Aids		Notice to Providers Rega	rding the Special Billing of Elevidys Claim		
Chiropractic		Published 9/1/2023 DHCS N	lotice Claims		
Durable Medical Equipment and Medical Supr	lies	Frroneous Payment Corre	ection for DRG Claims Submitted for SEY 2023-24		
Medical Transportation		Published 9/1/2023 Billing	DHCS Notice		
	- 1	Abortion Supplemental F	Daymont Drogram		
Urtnotics and Prosthetics		Published 8/22/2023 DHCs	Notice Budget/Payment Reduction		
Psychological Services					
Therapies		New COVID-19 Vaccine Bo	ooster Administration Code is a Benefit for Select R	ecipients	

Figure 22.4: Individual provider communities are listed under each Medi-Cal service type.

Audiology and Hearing Aids Community

Once the desired provider community has been selected, the community page will appear which displays community-specific news, bulletins and manuals.

HCS Medi-Cal Providers				Search
Providers - Provider Portal - Resources	✓ Contact Us			
Publications				
All Publications 🏖	_	News 🐢	Bulletins 🖡	Manuals 🛤
Recent Communities	*	Ø Search		
Audiology and Hearing Aids		Audiology an	d Hearing Aids News	
Medi-Cal Program & Eligibility		/		
		Medi-Cal Providers Website	Update	
Communities	ė,	Published 8/4/2023 (DHCS Notic	ce_)	
All	Î.	Update to Provider Portal L	ogin Requirements to Access Transaction Servi	ices
Allied Health	>	Published 8/3/2023 DHCS Notice	ce)	
Acupuncture		Pfizer-BioNTech Bivalent C	OVID-19 Vaccine Booster Approved for Children	6 Months Through 4 Years
Audiology and Hearing Aids		Published 8/1/2023 COVID-19	DHCS Notice	
Chiropractic		Paper and Mail Documents	to be Replaced by Electronic Equivalents	
Durable Medical Equipment and Medical	Supplies	Published 7/28/2023 Billing	(DHCS Notice)	
Medical Transportation		Medi-Cal Providers Website	e and Access to Transaction Services Update	
Orthotics and Prosthetics		Published 7/20/2023 DHCS Not	tice Programs	
Psychological Services		COVID-19 Medi-Cal Respons	se Page Update and Vaccine Guideline Remova	l
Therapies		Published 7/14/2023 COVID-19	DHCS Notice	
General	>	Diagnosis Related Group (D	PRG) State Fiscal Year 2023 to 2024 Grouper Sett	ing Updates
	· ·			

Figure 22.5: Audiology and Hear Aids community page.

Part 1 – Medi-Cal Program and Eligibility

The Part 1 Provider Manual contains both program and eligibility information for all providers.

	· contact os			
ublications				
All Publications 🧶		News 🌵	Bulletins 🖡	Manuals 🛤
Recent Communities	*	Medi-Cal Pr	ogram & Eligibility Manu	al
Medi-Cal Program & Eligibility		O Search	· · · · · · · · · · · · · · · · · · ·	
Audiology and Hearing Aids		~		
Communities	ě;	Part 1 — Medi-Cal Prog	ram & Eligibility	Revision Date
All		Medi-Cal Program (00m	edi-cal) 📔	August 6, 2023
Allied Health	>			
General	>	How to Use This Manual	. (0B hw to use) 🖪	August 6, 2023
Inpatient/Outpatient	>	Getting Started: Where t	to Find the Answers (OC get start)	August 6, 2023
Long Term Care		AEVS: General Instructio	nne (aav gan)	August 6 2023
Medical Services	>			714540C 0, 2020
Pharmacy		AEVS: Transactions (aev	rtrn) 🖪	August 6, 2023
Specialty Programs	>			
Vision Care		Form: Automated Eligibi	ility Verification System (AEVS) Response Log (aev tr	rn1 form) 🖪 August 6, 2023

Figure 22.6: Part 1 provider manuals are located on each provider community's homepage under the Provider Manual tab.

Page updated: September 2023

Part 2 – Provider Manual

The Part 2 Provider Manuals are found within each provider community and contain provider community-specific information related to billing guidelines and other helpful information to assist providers in billing the Medi-Cal program.

HCS Medi-Cal Providers				Search
roviders • Provider Portal • Resources	S Contact Us			
ublications				
All Publications 🏖		News 🕫	Bulletins T	Manuals 👪
Recent Communities	*	Audiology ar	nd Hearing Aids Manual	
Audiology and Hearing Aids		Q Search	-	
Medi-Cal Program & Eligibility]
Communities	å ;	Part 2 — Audiology and H	learing Aids	Revision Date
All	*	Medi-Cal Program (00med	li-cal) 🔼	August 6, 2023
Allied Health	>		atomi - atomi	
Acupuncture		How to Use This Manual (0	JB hw to use) 🖪	August 6, 2023
Audiology and Hearing Aids		Getting Started: Where to I	Find the Answers (0C get start)	August 6, 2023
Chiropractic		Appeal Form Completion ((appeal form)	August 6, 2023
Durable Medical Equipment and Medica	l Supplies			
Medical Transportation		Audiological Services (aud	dio) 🖻	August 6, 2023
Orthotics and Prosthetics				
Psychological Services		Audiological Services: Billi	ing Codes and Reimbursement Rates (audio cd) 🛽 🖻	August 6, 2023
Therapies		Audiological Services Billir	ng Example: CMS-1500 (audio exc) 🛛 💈	August 6, 2023

Figure 22.7: Part 2 provider manuals are located on each provider community's homepage under the Provider Manual tab.

Page updated: September 2023

Family PACT

When selecting the link for **Family PACT**, providers can access Family PACT-specific bulletins, the Family PACT Policies, Procedures and Billing Instructions (PPBI) manual and corresponding news articles from the community's homepage.

HCS Medi-Cal Providers				Ø Search
Providers Provider Portal Resources	 Contact Us 			
Publications				
All Publications 🍣	_	News 🌘	Bulletins I	Manuals 🌃
Recent Communities	*	Search		
Family PACT		Family PACT	News	
Audiology and Hearing Aids		runny r Acr	iii iii iii iii iii iii iii iii iii ii	
Medi-Cal Program & Eligibility		Mpox Vaccine No Longer a Published 6/13/2023	Benefit for FQHC, RHC, IHS-MOA and Tribal FQHC	Providers
Communities		Billing Issue: ICD-10-CM Cc	des B37-1 and B37-2	
All		Published 5/19/2023 (ICD-10)	Billing	
Allied Health	>	Reminder: Mpox Vaccines	and Laboratory Tests are No Longer Family PACT I	Benefits
General	>	Published 5/16/2023 (Family P	ACT Billing	
Inpatient/Outpatient	>	DRG Payment System Upd	ate to Hospital Acquired Condition V40-1	
Long Term Care		Published 4/25/2023 Billing	(ICD-10)	
Medical Services	>	Medi-Cal Provider Portal C	offee Breaks in May 2023	
Pharmacy		Published 4/25/2023 DHCs No	Programs	
Specialty Programs	>	Policy Update of Mpox Vac	cines as a Medi-Cal Benefit	
Family PACT		Published 4/5/2023 Rates (DHCS Notice	

Figure 22.8: The Family PACT link is accessed from the Medi-Cal Providers Publications homepage.

Outreach and Education

The Outreach and Education (O&E) page directs providers to a variety of Medi-Cal support services such as:

- Medi-Cal Learning Portal (MLP)
- Provider Training Events
- List of scheduled Provider Training Schedule
- Provider Field Representatives
- Small Provider Billing Assistance and Training Program
- Medi-Cal Provider Training workbooks

All support services are training focused and help providers efficiently submit their Medi-Cal claims for reimbursement and to reduce billing errors.



Figure 23.1: Outreach and Education can be accessed from the Provider drop-down of the Medi-Cal Providers homepage.

Page updated: September 2023

Outreach and Education Services

The Outreach and Education team offers billing-specific education and support services to Medi-Cal providers and billers to assist in navigating Medi-Cal and receive timely reimbursement for services.

The Medi-Cal Learning Portal (MLP) offers self-paced online training about billing basics, policies, procedures, new initiatives and upcoming changes to the Medi-Cal program. Selecting **Launch the Medi-Cal Learning Portal** from the Outreach and Education Services page will connect to the MLP homepage. First-time MLP users need to complete a one-time registration to gain access to the MLP. Registered users will be able to access recorded webinars, the training calendar and the opportunity to enroll in live training sessions.

Provider training events offer basic and advanced billing courses for all provider types. Training events include webinars, in-person events, Virtual Claims Assistance Room (VCAR) and coffee breaks.

HCS	Medi-Cal Providers		Ø Search	ĺ.
Providers +	Provider Portal - Resources	 Contact Us 		
Home / Reference Outre	ach & Educa	ation		
The Outreach of for services.	& Education team offers billing	-specific educatio	and support services to Medi-Cal providers and billers, to help providers navigate Medi-Cal and receive timely reimbursement	
Outreach and events and on Cal claims for	Education support services inc line courses via the Medi-Cal Le payment using manual and ele	lude Provider Fiel earning Portal. The ectronic billing syst	Representative assistance, the Small Provider Billing Assistance and Training Program, and a variety of billing focused training free support services are structured to help providers to understand billing policies and processes, and how to submit Medi- ms.	
Medi-C	al Learning Poi	rtal		
The Medi-Cal L program.	earning Portal offers Medi-Cal	providers and bill	s self-paced online training about billing basics, policies, procedures, new initiatives and upcoming changes to the Medi-Cal	
• First-tin	ne users must complete a one-	time registration a	earn.medi-cal.ca.gov	
After los	gging in, you will be able to vie	w the course catal	, and sign up for training events.	
			nonuna Mananan	
 Refer to 	the Job Aide or User Guide for	detailed instructi	ls.	
Launch the Med	i-Cal Learning Portal			
Provide	er Training Eve	nts		
Described and all		Devidenteriaire		
Assistance Roc	om (VCAR), we offer free billing	assistance, and pi	vents oner basic and advanced billing courses for all provider types. At our Provider Seminars and in the virtual claims viders are encouraged to bring their billing issues to receive individual assistance from a Provider Field Representative.	
	unte will be needed in the Maure	ana at madi asl a	rev and as the Medi Cal Leaving Date! Event Calandar at least 20 days prior to the synth Diagon refer to the synth posisions	
for specific bill	ing topics. Providers interested	d in attending any	gov and on the Medi-Cai Learning Portai Event Calendar at least 30 days prior to the event. Please refer to the event postings aining must register through the Medi-Cal Provider Learning Portal Event Calendar.	
2023 Pro	vider Training Sch	edule:		
Date	Event	Location		
January 10 - 31	Billing Webinars	Virtual		
February 9	Meet & Greet	West Sacramento		
March 14	Meet & Greet	Rancho Cucamonga		
April 4 - 27	Coffee Break	Virtual		
May 2 - 31	Virtual Claims Assistance Room (VCAR)	Virtual		
June 6 – 29	Billing Webinars	Virtual		
July 12	Meet & Greet	Redding		
August 9 Sentember 5 - 28	Coffee Break	San Diego Metro		
October 3 - 26	Virtual Claims Assistance Room (VCAR)	Virtual		
4				
Provide	er Field Penres	entative		
. Iovia	er rieta Kepres	chicacive:		
Providers may	receive one-on-one assistance	from Provider Fie	Representatives throughout California. These representatives are available to visit providers in their office or virtually to	
assist with bill	ing needs or to conduct custon	n billing training fo	their office staff. To schedule an on-site visit call the Telephone Service Center at 1-800-541-5555 and request to be contacted	
by a Provider F	ield Representative.			
Small	Provider Billing	Accistan		
Small	Tovider bitting	Assistan		
The Small Prov year at no char	vider Billing Assistance and Tra rge. For more information abou	ining Program is a ut how to enroll in	ne-on-one billing assistance program available to providers who submit fewer than 100 claim lines per month for up to one e program, call <u>1-916-636-1275</u> or <u>1-800-541-5555</u> .	
Medi-C	al Provider Tra	ining Wo	kbooks	
The Medi-Cal F	Provider Training Workbooks a	re available for do	Iload. These workbooks are for use at the Medi-Cal provider seminars and other training events.	
	B. HOROOKS a		the second s	

Figure 23.2: Within the O&E Services page providers may connect to the MLP homepage, view the training schedule and other information.

Page updated: January 2023

Medi-Cal Subscription Service (MCSS)

MCSS is a free email-based subscription service that keeps providers up to date on the latest Medi-Cal news. Subscribers receive subject-specific emails for urgent announcements and other updates shortly after they post to the Medi-Cal Providers website.

MCSS subscribers can choose to receive one or more of the following:

- Medi-Cal Update Bulletins monthly bulletins containing the latest program and policy news
- Medi-Cal News articles that publish outside of a bulletin and on a daily, weekly timeline
- System Status Alerts a status list for the Medi-Cal Providers website



To subscribe online:

1. Navigate to the Sign up for MCSS section of the Medi-Cal Providers website and select **MCSS Signup**.

	Brouidare - Drouidar Bortal - Docource - Contact IIc	
	Flowings - Flowing Forum - Resources - Contact os	
	Medi-Cal Fee-For-Service Provider Support and Services The Medi-Cal Providers website provides access to Medi-Cal billing support services and to perform secure Medi-Cal Fee-for-Service and other associated health care program claims and transactions. Medi-Cal providers, submitters and other intermediaries may ogin to the Provider Portal.	
© ٤	Sign up as a Medi-Cal Provider	
P	Providers interested in becoming a Medi-Cal program provider can find enrollment information and enroll with the Provider application and Validation for Enrollment (PAVE) Portal.	
	Sign up today	
נ וי ני	Looking for Beneficiary Services? f you are a current Medi-Cal member or would like to become a Medi-Cal Member, the DHCS Individuals page has all the information for you. Member Services	
	Present Network Description of Network Advit Subacure Annual Rate Update The temporary COVID-19 Increased reimbursement rates for distinct-part subacute facilities have expired. Rates have been cubused to drates or service on or a the May 12, 2023. Provide Network Provide Network	Training Services & Medi-Cal Learning Portal Provider Training Events Service Training Morkbooks Training Workbooks e is arming Recorded Webinars Visit Outreach & Education
T	Sign up for MCSS The Medi-Cal Subscription Service (MCSS) is a free service that keeps you up to date on the latest Medi-Cal news. Subscribers eceive subject-specific emails for urgent announcements and other updates shortly after they post to the Medi-Cal website. MCSS Signup P2	

Figure 23.3: The MCSS can be subscribed to directly from the Medi-Cal Providers website homepage.

2. Select Start Here.

Chov n° f yr in ⊐
MCSS
Welcome to the Medi-Cal Subscription Service
The Medi-Cal Subscription Service (MCSS) is a free service that keeps you up-to-date on the latest Medi-Cal news. Subscribers receive subject-specific emails for urgent announcements and other updates shortly after they post to the Medi-Cal website.
MCSS is free and easy! Subscribe Today! Step 1: Enter your email address and ZIP code and select a subscriber type. Step 2: Customize your subscription by selecting subject areas for NewsFlash announcements, Medi-Cal Update bulletins and/or System Status Alerts. Start Here

Figure 23.4: To complete the MCSS Subscriber Form enter your name, email address, ZIP code and subscriber type(s) in the appropriate fields.

3. Fill out the Enrollment form, all fields with an asterisk are required. When form is complete, select **Submit.**

Salutation	First Na	ime*	Last Name*	Suffix	
E-mail*			Confirm E-mail*		
Subscriber Type			If "Other" please specify		
Preferred centerst method		~			
		~			
Address Line 1			Address Line 2		
City			State		
Zip Code*			Phone*		
			2		
Manage Subscripti	ons				
	NewsFlash	Medi-Cal Update Bulletins		NewsFlash	Medi-Cal Update Bullet
Allied Health			Outpatient Services		
Acupuncture			AIDS Waiver Program	0	O
Audiology and Hearing			Clinics and Hospitals	0	
Aids			Chronic Diatysis Clinics	o	
Chiropractic			Community-Based Adult		
Durable Medical Equipment and Medical Supplies			Services (formerly Adult Day Health Care Centers)		
Medical Transportation			Expanded Access to		
Orthotics and		D	Handa Data Katian	-	
Prostnetics	-	-	Herom Detoxincation	0	0
Psychological Services	U	U	Agencies/Home	U	U
Therapies			Services		
Inpatient Services	O		Hospice Care Program	O	
Long Term Care			Local Educational		
Medical Services			Agency		
General Medicine		D	Multipurpose Senior Service Program		
Obstetrics			Rehabilitation Clinics	0	0
Pharmacy			Additional Subject Areas		
Pharmacy	0	o	California Children's	D.	
Drug Use Review			Service		
Specialty Programs			Computer Media Claims/Electronic Data		
		-	Interchange		
Coverage	U	U	Federally Qualified Health Centers/Pural		
Family Pact Update			Health Clinics		
Vision Care		0	Indian Health Senices/Memorandum	0	
			of Agreement		
			System Status Alarte		
nter the characters you see			System Status Alefts		
lew Audio					
YERY					
0 800					

Figure 23.5: MCSS Subscriber Form Step 3.

Resource Information

Medi-Cal Providers website

- Provider Manuals
- Provider Bulletins
- Medi-Cal Subscription Service (MCSS)
- Medi-Cal Learning Portal (MLP)
- Telephone Service Center (TSC) 1-800-541-5555
- Provider Field Representatives
- Virtual Claims Assistance Room (VCAR)
- Small Provider Billing Assistance and Training (916) 636-1275