Guide for Diabetes Prevention Providers New to Medi-Cal
This guide is designed for individuals planning to become Diabetes Prevention Program (DPP) providers who plan to bill Medi-Cal for reimbursement of DPP services. Information in this guide is organized in the general order in which providers will need it, as they progress from DPP enrollment to reimbursement by Medi-Cal for services rendered, including:

- The first steps to obtaining Centers for Disease Control and Prevention (CDC) guidance and becoming a DPP provider

- Subsequent steps to:

  - Enroll as a Medi-Cal provider

  - Explore the Medi-Cal website (www.medi-cal.ca.gov) and learn about monthly bulletins and provider manuals

  - Ensure a recipient is qualified to receive Medi-Cal services

  - Learn the types of codes used to bill Medi-Cal

  - Submit claims for reimbursement to Medi-Cal

  - Learn about billing Medicare first when a recipient is eligible for both Medicare and Medi-Cal

  - Understand standards for rendering telehealth services

  - Find maximum reimbursement rates by procedure code online

Enrolling to be a Diabetes Prevention Program (DPP) Provider	
Providers choosing to offer DPP services must first comply with CDC guidelines (CDC guidance) and obtain CDC recognition in connection with the National Diabetes Prevention Recognition Program. After providers receive CDC recognition, they may apply to become Medi-Cal providers who render DPP services, as follows:	
Facts	**Where to Find Help**
DPP providers who wish to newly enroll in Medi-Cal to render DPP services may qualify for enrollment by submitting all of the following to the Provider Enrollment Division of the Department of Health Care Services (DHCS):	Diabetes Prevention Program page on the DHCS website.
• A cover letter requesting enrollment as a DPP provider with a list of all DPP administrative location(s)	**Note:** At present DPP providers may not use Medi-Cal's Provider Application and Validation for Enrollment (PAVE) portal to enroll in Medi-Cal.
• A copy of the DPP applicant or provider's valid, current, CDC pending or preliminary recognition letter, or current valid copy of the Certificate of Full CDC Recognition	Provider Guidelines section in the Part 1 Medi-Cal provider manual.
• A typed roster of all peer coaches with each coach's full name, National Provider Identifier (NPI) number, full birth date and Social Security Number	Enrollment forms are available on the Medi-Cal website Provider Enrollment page (click "Application Information by Provider Type" or under the Provider Resources heading on the Provider Enrollment Division page of the DHCS website: https://dhcs.ca.gov/provgovpart/Pages/PED.aspx.
• A copy of a prefilled Department of Justice Request for Live Scan Service (BCIA 8016) form for each required individual, date stamped and showing verification that all fees have been paid by either a "PAID" stamp from the public Live Scan operator or a receipt of payment. More information is available on the state attorney general's Fingerprint Background Checks page.	
• The appropriate individual Medi-Cal enrollment application forms, for example:	Enrollment forms may also be requested through the Telephone Service Center (TSC) at 1-800-541-5555.
– *Medi-Cal Provider Application* (form DHCS 6204)	Contact Provider Enrollment Message Center at (916) 323-1945.
– *Medi-Cal Provider Agreement* (form DHCS 6208)	
– *Medi-Cal Disclosure Statement* (form 6207)	

Communication Between Medi-Cal and Providers	
Providers who are new to Medi-Cal will want to become acquainted with the Medi-Cal website at www.medi-cal.ca.gov. On the website, providers can find the monthly newsletters, referred to as bulletins, and the more than 25 Medi-Cal provider manuals tailored by provider and service types.	
Facts	**Where to Find Help**
• Providers will need to learn about the Medi-Cal provider manuals, which contain DPP policy • Medi-Cal provider manuals use an alphabetic page-order system (rather than numeric) • To simplify things for new DPP providers, it is suggested they refer to the General Medicine (GM) provider manual and GM monthly bulletin. These publications are geared toward medical professionals and are appropriate locations for DPP information.	*Manual Organization* section of the Medi-Cal provider manual *How to Use this Manual* section of the Medi-Cal provider manual Medi-Cal Publications web page
• The *Diabetes Prevention Program (DPP)* provider manual section contains current policy and billing information	*Diabetes Prevention Program (DPP)* section of the General Medicine, Part 2 Medi-Cal provider manual.
• There is a guide that helps providers become comfortable with the Medi-Cal website	The *Medi-Cal Quick Start Guide* contains information about computer system requirements, publications, transaction services and helpful resources

Recipient Eligibility	
Before rendering services to a recipient, DPP providers must determine if the recipient is eligible to receive Medi-Cal services.	
Facts	**Where to Find Help**
• Providers verify the ID number on the recipient's Benefits Identification Card (BIC) through the Point of Service (POS) network. • When a provider verifies an individual is eligible to receive Medi-Cal benefits, (by this act) the provider is accepting the individual as a Medi-Cal recipient. If the provider is unwilling to accept an individual as a Medi-Cal recipient, the provider has no authority to access confidential eligibility information. • In addition to verifying that an individual is eligible to receive Medi-Cal benefits, the provider must make a "good faith effort" to verify the recipient's identification by matching the recipient's name and signature on their BIC card against the signature on a valid California driver's license, a California identification card issued by the Department of Motor Vehicles, another acceptable picture ID card or other credible identification documentation. • The provider must document the "good faith effort" by making a copy of the BIC and of the picture identification card or other credible document of identification that was used to compare signatures. • During the check in process, providers have other obligations also, for example confirming whether the recipient must meet a Share of Cost (SOC) to receive services.	*Eligibility: Recipient Identification* section in the Part 1 Medi-Cal provider manual. *Billing Basics: Recipient Eligibility* workbook. (Workbooks are updated on a regular basis.)

Information Needed to Bill	
Providers need a variety of information before billing for DPP services; for example: whether the recipient qualifies for Medicare services, the place where the service was rendered, whether the recipient must pay a share of the costs before participating or is a member of a managed care plan.	
Facts	**Where to Find Help**
• The *Getting Started: Where to Find the Answers* section of the Part 1, Medi-Cal helps providers navigate provider manuals and find answers to recipient eligibility and billing questions.	*Getting Started: Where to Find the Answers* section of the Medi-Cal provider manual
• Medi-Cal provider training workbooks are used at various seminars held throughout the year. The workbooks contain helpful information for providers just starting out with Medi-Cal.	*Medi-Cal Provider Training Workbooks* on the Medi-Cal website, in particular the following: • Recipient Eligibility • Share of Cost • CMS-1500 Claim Form • Navigating the Medi-Cal website and Online Billing (all three items listed)
• Multiple training seminars are presented at various Northern and Southern California cities through the year and include helpful information for providers just starting out with Medi-Cal.	Seminar dates are listed on the Medi-Cal website "Outreach & Education" page.
• Other training is available at the online Medi-Cal Learning Portal (MLP), a learning center for billers and providers. First-time users must complete a one-time registration to have access to the MLP's resources, such as online tutorials, live and recorded webinars and seminar registration.	Medi-Cal Learning Portal

Claim Submission

Providers who render DPP services only and who are not affiliated with a clinic generally submit their claims on the *CMS-1500* national claim form. The following information is helpful in understanding how to enter information on the *CMS-1500*.

Facts	Where to Find Help
• Most DPP services are billed with a five-character, alpha-numeric HCPCS code (for example, G9873). • Policy and restrictions associated with the HCPCS codes are included in the *Diabetes Prevention Services (DPP)* provider manual section.	*Diabetes Prevention Services* section (available mid-June 2019 in the Part 2 General Medicine, Obstetrics, Clinics and Hospitals and Home Health Agencies/Home and Community-Based services provider manuals)
• Claims can be submitted hard copy.	Paper claims: Use claim completion instructions in the *CMS-1500 Completion* section of the appropriate Part 2 Medi-Cal provider manual.
• Claims can be submitted electronically (also referred to as Computer Media Claims [CMC]), including electronic submission of one claim at a time using the Internet Professional Claims Submission (IPCS) system. • Providers may also contract with billing vendors to submit their claims.	Electronic claims: Refer to the *CMC* and *CMC Enrollment Procedures* sections of the Part 1 Medi-Cal provider manual. The "Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS) workbook module. Module topics include IPCS overview, enrollment, system requirements and claim completion information. More detailed information is available in the *Internet Professional Claim Submission (IPCS) User Guide*. Medi-Cal Online Billing CMC & IPCS Recorded Webinar (MLP login is required first).
• Providers may also contract with billing vendors to submit their claims.	*CMC Developers, Vendors and Billing Services Directory* (last updated 2016)
• The "Enrolling Effectively in Medi-Cal to Bill Successfully" webinar informs participants how to avoid common errors that result in enrollment applications and warrants being returned, and claims denied	Enrolling Effectively in Medi-Cal to Bill Successfully Recorded Webinar (MLP login is required first).

Modifiers and Other Codes Needed for Claims

In addition to entering HCPCS codes on the *CMS-1500* claim form to identify the service performed, providers may need to submit other types of codes on the claim form. Information about common codes that may also be used on the *CMS-1500* are noted below.

Facts	Where to Find Help
• Place of Service codes indicate where the DPP services were rendered. • Modifiers are two character codes placed on a claim next to the service (procedure) code being billed. For DPP billing purposes, all modifiers will be national, HIPAA-compliant modifiers. Definitions can be found in the Medi-Cal provider manual or by purchasing a current HCPCS Code Book. The use of modifiers is an important part of billing for health care services. Modifiers are designed to give additional information for processing claims. For example, DPP claims may contain modifier 95, which shows the service was rendered via telehealth. • ICD-10-CM codes are used on claims to indicate the recipient's diagnosis. For example, one ICD-10-CM code for diabetes is E10.9. Definitions can be found by purchasing a current ICD-10-CM code book.	*CMS-1500 Completion* section of the Medi-Cal provider manual: • Place of Service codes list is on pages cms comp 16/17 • Modifier completion instructions are on page cms comp 18 (item 24D) Additional information about modifiers is available in the *Modifiers: Approved List* section in the Part 2 Medi-Cal provider manual.

Crossover Claims

For recipients who qualify for Medicare services as well as Medi-Cal DPP services, providers must generally bill Medicare prior to billing Medi-Cal. Below are some general guidelines about Medicare/Medi-Cal crossover claims.

Facts	Where to Find Help
• For crossover claims, DPP providers bill Part B Services to Part B Carriers. • Most claims must be submitted with a copy of the *Medicare Remittance Notice* (MRN), which shows Medicare was billed prior to Medi-Cal, and any Medicare payment information. • For most services rendered, Medicare requires a deductible and/or coinsurance that, in some instances, is paid by Medi-Cal. • California law limits Medi-Cal's reimbursement for a crossover claim to an amount that, when combined with the Medicare payment, does not exceed Medi-Cal's maximum allowed for similar services.	Crossover policy is located in the *Medicare/Medi-Cal Crossover Claims Overview* section of the Part 1 Medi-Cal provider manual. Additional helpful information for providers billing crossovers on the *CMS-1500* claim form is located in the *Medicare/Medi-Cal Crossover Claims: CMS-1500* section in the appropriate Part 2 Medi-Cal provider manuals, in particular information about "Part B Services Billed to Part B Carriers."

Telehealth	
Providers may render DPP services over interactive telecommunications equipment. Medi-Cal has specific requirements for providing services in this manner, including the following:	
Facts	**Where to Find Help**
• Health care providers are not required to document a barrier to an in-person visit for Medi-Cal to cover services provided via telehealth (*Welfare and Institutions Code*, Section 14132.72[d]) • The recipient's written consent to telehealth services is not required. Oral consent is required. • Telehealth services are subject to frequency restrictions.	NA

Reimbursement	
Providers are reimbursed for Medi-Cal covered services with warrants issued by the State Controller's Office (SCO). A *Remittance Advice Details* (RAD) is produced by SCO that lists providers' claims for a particular payment period. Providers also receive a summary sheet called the *Medi-Cal Financial Summary* that includes a State-issued Negotiable Warrant, a Direct Deposit Advice or a No Payment Advice.	
Facts	**Where to Find Help**
• A payment period is also known as a checkwrite • The RAD is available in PDF format online • A paper RAD is a two-sided, 8 1/2 x 11-inch form • Maximum reimbursement rates are available online	*Remittance Advice Details (RAD) and Medi-Cal Financial Summary* section in the Part 1 Medi-Cal manual Medi-Cal Rates web page

Note: This guide is geared toward providers new to Medi-Cal. Providers already enrolled in Medi-Cal are not automatically approved to render DPP services. They must submit a completed *Medi-Cal Supplemental Changes* form (DHCS 6209) to add DPP as a category for which they may render services. Additional information is available in the Medi-Cal Enrollment Requirements pdf.