

## **Protocols for Medical Supplies**

CenCal Health follows the State of California Medi-Cal guidelines for medical supplies. Please review those guidelines in the Durable Medical Equipment and Medical Supplies (DME) section of the Medi-Cal Provider Manual as published by the California Department of Healthcare Services (DHCS), [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov).

If providing incontinence supplies, please refer to the Protocols for Incontinence Supplies which can be found in the CenCal Health Provider Manual under the Allied Provider Obligations.

The below guidelines provide CenCal Health's criteria for completing authorizations and claim submissions. They are meant to assist you in ensuring a timely outcome for authorization and payment of medical supplies. If you have any questions regarding the information described in these Protocols, please refer to the Contact section at the end of this document.

### **Prescription**

A prescription is required for any provision of medical supplies for CenCal Health Members. The prescription should be kept on file in the member's medical chart and is subject to audit by the plan.

- The prescription is only valid for a six (6) month period, and it must be renewed every six (6) months for updated medical justification.
- The member's physician (Primary Care Physician or attending physician) must write individual prescriptions prior to the delivery of service, ordering only those supplies necessary for the care of that member.
- The physician's medical record must show each prescription with the anticipated rate of use for that specific item.
- A copy of the current prescription must accompany all authorization requests.

### **Limitations**

Medical Supplies have a quantity per period threshold. Please refer to the Medi-Cal Manual to determine the quantity allowed per timeframe.

Exceeding the quantity threshold as set forth in the Medi-Cal Manual requires approval through a Treatment Authorization Request (TAR) for members of the Santa Barbara Health Initiative (SBHI) and San Luis Obispo Health Initiative (SLOHI) programs or an Authorization Request (AR) for members of the Healthy Families (HF), Healthy Kids (HK), and Prenatal Plus 2 (PP2) programs.

### **Authorization (TAR/AR) Submission**

If exceeding the monthly quantity allowance, please complete an authorization. TARs/ARs may be completed using the standard 50-1 paper form and mailed to CenCal Health, Attn: Health Services Department, 4050 Calle Real, Santa Barbara, CA 93011. Authorizations may also be submitted electronically through the restricted area of our website, [www.cencalhealth.org](http://www.cencalhealth.org). To request a Username and Password to submit web authorizations, please contact the Webmaster at [webmaster@cencalhealth.org](mailto:webmaster@cencalhealth.org).

The maximum timeframe for a medical supply authorization is six (6) months.

All TARs/ARs require documentation of medical necessity as defined below:

- Request only those items that will exceed the quantity threshold.
- From and through dates not to exceed a six (6) month timeframe.
- The primary ICD-9-CM code should be entered in the diagnosis field.
- For requests over the quantity limitations, please provide, in addition to the prescription, written medical justification explaining why the member needs supplies in excess of the thresholds set by Medi-Cal. **This description should be in a narrative format.** The provider should inform the ordering physician of quantity limitations so that medical justification can properly address the specific condition of the member.
- Enter Units of Service and Quantity fields as indicated below.

#### Units vs. Quantity

The Units of Service field on a TAR/AR represents the number of months for which the item is being requested to not exceed six (6) months. The Quantity field on a TAR/AR represents the number of items being provided each month. Please do not calculate the total items being requested on the TAR/AR for the entire timeframe; that calculation will be handled internally upon the plan processing the authorization.

#### Example – Exceeding Quantity Limitations

Provider is requesting authorization for exceeding the quantity threshold for a solid skin barrier (A4362) which will be provided each month for six (6) months. Medi-Cal guidelines allow a quantity of 180 in an 81 day period; however, the provider is requesting 200 in an 81 day period. The Units of Service on the TAR/AR would be 6 (for 6 months), and the Quantity on the TAR/AR would be 20 (20 additional skin barriers over the 180 limit). Do not calculate the total overage for the entire timeframe of the authorization, i.e., 120 skin barriers (20 skin barriers for 6 months).

- The Health Services Department is required to process authorizations within five (5) business days of receipt of the authorization and all its necessary documentation. CenCal Health has fourteen (14) calendar days to make an initial determination on a medical authorization.
- If submitting authorization through CenCal Health's website, please ensure that the documentation required for the authorization is faxed to the plan on the same day as the submittal of the web TAR/AR. Please add the TAR/AR number to each page of the documentation to ensure the information being faxed is attached to the correct authorization. Paper authorization forms should be mailed or faxed with all supporting documentation included.
- If there is a delay in providing the required documentation, please notify the Health Services Department at (805) 562-1082 or directly to the plan staff member requesting the additional documentation needed to process the authorization.
- Email is the most effective means of communication for authorizations; if you are not already receiving email notifications for authorization submission or if you need to update your email address, please contact the Provider Services Department at (805) 562-1676.

**Claims Submission**

If billing for items which exceed the quantity limitations based on an approved authorization, please bill the additional items on a separate service line and ensure that the TAR/AR number is added to that service line only.

Examples: Using the quantity limitations authorization example above, service line 1 would be for the quantity allowed under Medi-Cal guidelines (quantity of 180) with no TAR/AR number entered whereas service line 2 would be for the quantity exceeded (quantity of 20) with the TAR/AR number entered for that service line only. This example assumes a monthly billing cycle.

- The Universal Product Number (UPN), a unique product identifier, as well as the UPN qualifier, a two-character code that distinguishes the type of UPN, are required for claim submissions. UPNs and their respective Qualifiers are to be entered as published in the appropriate section of the Medi-Cal Manual.

The UPN Qualifier is required on every service line that contains a UPN and both should be entered in the shaded area of Box 24A with the Qualifier preceding the UPN. The following is an example of how the claim should be submitted with UPNs and their Qualifiers:

EN0762123010327						UN0000030000					
04	01	09			12	A4362					

**Contact Information:**

For assistance with Prescription requirements and Authorization (TAR/AR) submissions, please contact: **Health Services Department**  
Phone: (805) 562-1082  
Fax: (805) 692-5140

For assistance with CenCal Health’s website or to request training for your office, please contact: **Provider Services Department**  
Phone: (805) 562-1676  
Fax: (805) 683-9203

For assistance with claims submission or corrections, please contact: **Claims Department**  
Phone: (805) 562-1083