



Medi-Cal Update

Inpatient Services | June 2022 | Bulletin 573

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1. Update: Second Booster Dose for Select COVID-19 Boosters Now a Benefit

Effective for dates of service (DOS) on or after March 29, 2022, the U.S. Food and Drug Administration (FDA) amended the Emergency Use Authorization (EUA) for the Pfizer-BioNTech COVID-19 vaccine and Moderna COVID-19 vaccine, to allow for use of a second booster dose, to be administered at least four months after initial booster dose, to the following groups for each respective vaccine:

Pfizer-BioNTech:

- Individuals 12 years of age or older with certain kinds of immunocompromise. This includes individuals who have undergone solid organ transplantation, or who are living with conditions that are considered to have an equivalent level of immunocompromise.
- Individuals 50 years of age and older.

Moderna:

- Individuals 18 years of age or older with certain kinds of immunocompromise. This includes individuals who have undergone solid organ transplantation, or who are living with conditions that are considered to have an equivalent level of immunocompromise.
- Individuals 50 years of age and older.

Providers may now submit claims for second booster dose administration using the following codes:

- Pfizer:
 - Administration Code 0004A for the originally authorized formulation (phosphate buffered saline)
 - Administration Code 0054A is for the Tris buffered formulation
- Moderna:
 - Administration Code 0064A
 - Administration Code 0094A for new booster formulation (50 mcg/0.5 ml)

Billing:

Providers can now bill for administration code 0094A. A booster dose of any manufacturer cannot be billed for the same recipient more than once on the same DOS.

For the most current information regarding Medi-Cal's COVID-19 response, see the [COVID-19 Medi-Cal Response](#) page on the Medi-Cal Provider website.

Provider Manual(s) Updates

| Provider Manual(s) | Page(s) Updated |
|---|--------------------------------------|
| Chronic Dialysis Clinics Clinics and Hospitals General Medicine Obstetrics Pharmacy Rehabilitation Clinics | immun (41, 42, 44, 45); immun cd (5) |

2. Updated: TAR Criteria for Inpatient Services

Effective for admissions on or after June 15, 2022, the *Treatment Authorization Request* (TAR) criteria for inpatient services has been updated.

Authorization shall be based upon medical necessity substantiated by the documents submitted with the TAR for each date of service requested.

TAR criteria for Acute Administrative Days (AAD)

Treatment Authorization Request (TAR) documentation requirements and criteria for fee-for-service AAD submitted with information regarding:

- Type of AAD
- Facility criteria
- Eligible aid codes

Administrative Days are reimbursable for Medi-Cal recipients within the following types of aid codes:

- Full scope aid codes and certain restricted aid codes with coverage for Long-Term Care (LTC) Services
- Full scope aid codes and certain restricted aid codes with coverage for pregnancy-related services
- Full scope aid codes and certain restricted aid codes with coverage for emergency services

AAD requires authorization with a TAR (18-1) or an eTAR, unless DHCS has waived the TAR requirement.

Acute Inpatient Intensive Rehabilitation (AIIR) Services

AIIR services require authorization with a *Treatment Authorization Request* (TAR) form 18-1 or an electronic TAR (eTAR), unless DHCS has waived the TAR requirement. A TAR for an AIIR admission is submitted by the facility providing AIIR services. The TAR should include the total number of acute inpatient intensive rehabilitation hospital days and be reflected in the *Number of Days* field (Box 17), as appropriate.

For those providers that require a TAR for AIIR services, refer to the [TAR Criteria for Acute Inpatient Intensive Rehabilitation \(AIIR\)](#) section in the Inpatient Services provider manual for AIIR document requirements and medical necessity criteria. For instructions on how to complete a TAR for AIIR services and additional information on, refer to the [TAR Request for Extension of Stay in Hospital \(Form 18-1\)](#) in the appropriate Part 2 manual.

Provider Manual(s) Updates

| Provider Manual(s) | Page(s) Updated |
|--------------------|--|
| Inpatient Services | admin (1, 2, 4); tar crit aad (1–5 new); tar comp (2); tar crit aiir (1); inp rehab (1); tar req ext (3) |

3. Policy Clarification for Select Rapid Whole Genome Sequencing Codes

In the December 2021 article titled “Rapid Whole Genome Sequencing Codes are Covered Benefits Per AB 133”, Medi-Cal erroneously announced that codes 0094U, 0212U, 0213U and 81425 thru 81427 could not be used for the purpose of inpatient billing. To clarify, these codes cannot be used for **outpatient** billing. Current policy for the aforementioned rWGS codes is as follows:

Effective for dates of service on or after January 1, 2022, per Assembly Bill (AB) 133. Rapid Whole Genome Sequencing (rWGS) CPT® codes 0094U, 0212U, 0213U and 81425 thru 81427 are a covered benefit for any Medi-Cal beneficiary who is one year of age or younger and is receiving inpatient hospital services in an intensive care unit. These codes cannot be used for the purpose of **outpatient** billing. For inpatient billing, refer to *Diagnosis Related Group Hospital Inpatient Payment Methodology*.

| CPT Code | Description |
|----------|---|
| 0094U | Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis |
| 0212U | Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband |
| 0213U | Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent, sibling) |
| 81425 | Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis |
| 81426 | Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings) |
| 81427 | Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome) |

4. American Rescue Plan Act Postpartum Care Extension Program Has Replaced the PPCE

The Provisional Postpartum Care Extension (PPCE) program was suspended on March 31, 2022. The information originally published on July 31, 2020 in the Medi-Cal update titled “[Provisional Postpartum Care Extension](#)” has been retired.

The legislature has implemented the American Rescue Plan Act (ARPA) Postpartum Care Extension (PCE) as an alternative program. For more information regarding the ARPA PCE, please visit the [Pregnancy](#) webpage on the Medi-Cal Provider website.

For information about other pregnancy-related services, providers may refer to the *Pregnancy: Early Care and Diagnostic Services* and the *Pregnancy: Postpartum and Newborn Referral Services* sections of the appropriate Part 2 Provider Manual.

Provider Manual(s) Updates

| Provider Manual(s) | Page(s) Updated |
|---|---|
| Clinics and Hospitals General Medicine | non spec mental (16); preg early (2); preg post (4) |
| Home Health Agencies/Home and Community-Based Services Inpatient Services | preg post (4) |
| Obstetrics | preg early (2); preg post (4) |

5. National Correct Coding Initiative Quarterly Update for July 2022

The Centers for Medicare & Medicaid Services (CMS) has released the quarterly National Correct Coding Initiative (NCCI) payment policy updates. These mandatory national edits have been incorporated into the Medi-Cal claims processing system and are effective for claims received on or after July 1, 2022.

For additional information, refer to [The National Correct Coding Initiative in Medicaid](#) page of the Medicaid website.

6. July 2022 Medi-Cal Provider “Coffee Break” Event

Medi-Cal's Outreach and Education department, along with the Department of Health Care Services is offering a “Coffee Break” event in July for category specific topics.

Topics discussed will include the following:

| Topic | Date |
|--|---------------------|
| Remittance Advice Details | July 5 and July 19 |
| Medi-Cal Resources | July 5 and July 19 |
| Claims Follow-up | July 6 and July 20 |
| Eligibility/Share of Cost (SOC) | July 6 and July 20 |
| Lab Services | July 7 and July 21 |
| Home Health/Early and Periodic Screening Diagnostic and Treatment (EPSDT) | July 7 and July 21 |
| Medical Transportation | July 12 and July 26 |
| Durable Medical Equipment and Medical Supplies (DME) | July 12 and July 26 |
| Inpatient Obstetrics (OB) | July 13 and July 27 |
| Family Planning, Access, Care and Treatment (Family PACT) | July 13 and July 27 |
| California Children's Services (CCS)/Genetically Handicapped Person's Program (GHPP) | July 14 and July 28 |
| Obstetrics (OB)/Comprehensive Perinatal Services Program (CPSP) | July 14 and July 28 |

Providers may visit the Medi-Cal Learning Portal (MLP) to view available coffee break times and to register in the [Event Calendar](#).

Providers are encouraged to bring questions relating to the “Coffee Break” session topic. This is an open forum, therefore, claim examples are not needed for this event.

For additional assistance, contact the Telephone Service Center (TSC) at [1-800-541-5555](tel:1-800-541-5555).

7. August 2022 Medi-Cal Provider Training Webinars

Outreach and Education (O&E) along with the Department of Health Care Services (DHCS) are offering category specific webinar sessions in August.

| Session | Date |
|--|----------------------|
| Medi-Cal Resources 101 | August 2 |
| Navigating the Medi-Cal Website and Online Billing | August 2 and 9 |
| Long Term Care | August 4 |
| Inpatient and Outpatient Services | August 9 |
| Claims Follow-Up | August 11 |
| Health Access Programs | August 16, 18 and 23 |
| Hospital Presumptive Eligibility | August 16 |
| Every Woman Counts | August 23 |
| Durable Medical Equipment & Medical Supplies | August 25 |
| Medical Transportation Service | August 25 |
| Home Health Services | August 30 |

A variety of courses will be offered in each of the categories listed. Providers must register through the [Medi-Cal Learning Portal \(MLP\) Event Calendar](#).

Providers will be able to print class materials and ask questions during the training sessions.

To view the webinars, providers must have internet access and a user profile in the MLP. Detailed instructions about the registration process and how to access webinar classes are available on the [Outreach & Education](#) page of the [Medi-Cal Providers website](#).

For additional assistance, contact the Telephone Service Center (TSC) at [1-800-541-5555](tel:1-800-541-5555).

8. Get the Latest Medi-Cal News: Subscribe to MCSS Today

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 shortly after urgent announcements and other updates post on the Medi-Cal website.

Subscribing is simple and free!

1. Go to the [MCSS Subscriber Form](#)
2. Enter your email address and ZIP code and select a subscriber type
3. Customize your subscription by selecting subject areas for *NewsFlash* announcements, *Medi-Cal Update* bulletins and/or System Status Alerts

After submitting the form, a welcome email will be sent to the provided email address. If you are unable to locate the welcome email in your inbox, check your junk email folder.

For more information about MCSS, please visit the [MCSS Help](#) page.

9. Provider Manual Revisions

Pages updated due to ongoing provider manual revisions:

[medne \(1-18\)](#)

[tar and non cd9 \(32\)](#)

Note: Download PDF (Portable Document Format) reader from the [Web Tool Box](#).