

CMSP Provider Training

Primary Care Benefit

Welcome Everyone!

We will be starting the Webinar at 10:05 to allow everyone to log on.

Audio Instructions for webinar:

- 1-844-621-3956 Call-in number (US/Canada)
- Access code: 924 226 113
- All participant lines should be on **mute** during the webinar
- Please send all messages to the host Marissa Steiner using the chat box.



CMSP 2018

Provider Training: **Important Updates**



CMSP
COUNTY MEDICAL
SERVICES PROGRAM

August 23, 2018

CMSP 2018 PROVIDER TRAINING

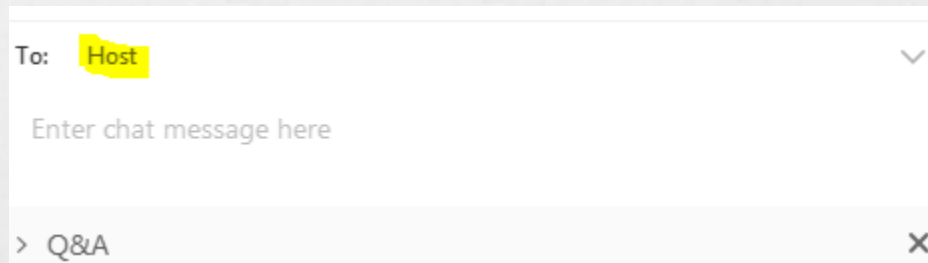
Presented by
Advanced Medical Management

Presenter:
Marissa Steiner, *CMSP Administration Manager*

Meeting Logistics

- Questions & Answers

- To ask a question, you will type your question into the “Chat” box in lower right section of the screen and hit “send” to the host (Marissa Steiner). All questions or technical assistance issues should be asked via the Chat box



The screenshot shows a chat interface. At the top, there is a 'To:' dropdown menu with 'Host' selected. Below this is a text input field with the placeholder text 'Enter chat message here'. At the bottom, there is a tab labeled 'Q&A' with a close button (X) to its right.

- Questions will be answered at the end of the presentation as time allows.

Q&A Test

- Using the Chat box, please type in your name, the Provider Name you are representing, your email address, and the number of webinar participants at **your** computer. Please make sure to select the host, Marissa Steiner, from the drop down selection each time you send your Chat message. Let's do a test run.
- For example:
 - Type & submit “ Stacy, ABC Clinic, stacy1@gmail.com - 1” if you are participating by yourself
 - Type & send “ Mary, Smith Family Practice, Mary5@gmail.com - 5” if you have five participants in a conference room watching the webinar
 - Thank you!

Meeting Logistics

Copies of this presentation will be available
Monday, August 27th on the following websites:

www.cmspcounties.org/news/webinars.html

<https://cmsp.amm.cc/providers>

Key Abbreviations

- **AMM** = Advanced Medical Management, Inc.
- **BIC** = Beneficiary Identification Card
- **CMSP** = County Medical Services Program
- **PCB** = Primary Care Benefit
- **SOC** = Share of Cost
- **TPA** = Third Party Administrator

Pertinent CMSP Aid Codes

Aid Code refers to the two-digit number which indicates the Aid Category under which a person is eligible.

| Aid Code | Beneficiary Description |
|-----------|--|
| 88 | CMSP no share of cost |
| 89 | CMSP with a share of cost |
| 50 | CMSP member is undocumented; emergency services only; with a share of cost |

For the purposes of this training, we will primarily focus on Aid Codes 50 and 89.



CMSP Provider Training

Agenda

- ❖ Background
- ❖ PCB Pilot Program Run-out
- ❖ CMSP 2018 Program Updates

Background

- The CMSP Primary Care Benefit (PCB) Program began as a pilot project in May 2016. Following the review of the two-year effort and with input of stakeholders, the CMSP Governing Board voted to incorporate the PCB into the Standard CMSP benefit with some simplifications.
- **These program enhancements will start September 1, 2018.**
- Counties will continue to process CMSP applications in the same manner.

Primary Care Benefit Run Out

CMSP Primary Care Benefit Program Run-Out

- **Primary Care Benefit Pilot ran from May 1, 2016 through August 31, 2018**
 - ❖ **Benefit Eligibility Period up to 6 months**
 - ❖ **No Share of Cost**
 - ❖ **Limited to Three (3) Visits within the benefit eligibility period**
 - ❖ **Includes PCP or Specialist office visits, Preventive Health Screenings, Laboratory Tests, Diagnostic tests, Minor Procedures, Physical Therapy, Prescriptions**
 - ❖ **Reservation Number is required to track visits and for claims payment**

Primary Care Benefit Run Out Details

- All PCB members will term on August 31, 2018
 - Services rendered with a reservation approved prior to or on August 31, 2018 can be billed to AMM for claims processing and payment
 - If a provider received a reservation prior to or on August 31, 2018 and services WERE NOT rendered by August 31st, the reservation will be voided effective September 1, 2018.
- August to September Eligibility
 - PCB ID numbers/members will term at the end of August. However, the member will still have future eligibility with CMSP. Aid code 50 and 89 members eligible with CMSP effective 9/1 will qualify for the integrated, no cost benefits.

****Please Note - Aid codes 88 and 8F eligibility and covered services under CMSP are not affected by these program changes.**

Provider Operations Manual PCB Transitional Addendum

For more details regarding the Primary Care Benefit Pilot Program Run out, providers should access and review the updated Primary Care Benefit Transitional Addendum located at:

https://cmsp.amm.cc/wp-content/uploads/2018/08/CMSP_PCB_Transitional_Addendum_2018.pdf

This Transitional Addendum includes detailed information regarding:

- Claims
- Appeals
- Eligibility
- Reservations and more

Sample Member Notification Letter

Members who received a PCB ID Card with eligibility beyond August 31, 2018 will receive a notification regarding their updated CMSP ID Card.

August 23, 2018

CMSP
COUNTY MEDICAL
SERVICES PROGRAM

Dear CMSP Member:

A few months ago, you were mailed your County Medical Services Program (CMSP) Primary Care Benefit (PCB) ID Card. The card you received states you are eligible from (date) to (date).

| | |
|--|---|
| <p>CMSP COUNTY MEDICAL SERVICES PROGRAM</p> <p>PRIMARY CARE BENEFIT Call PCB Information/Reservation Hotline: (800) 744-2760</p> <p>Member Name: John Smith PCB Member ID: PCB12345678A PCB Benefit Period: FROM 10/2017 - TO 4/2018</p> <p>Customer Service: (800) 744-2760 TTY Line: (424) 428-8162 Pharmacy: (909) 788-2949</p> <p>Medical Visit Copay: \$0 Pharmacy Copay: \$1 Rx Benefit Limit: 3 Visits, \$1,200 Rx</p> <p>Providers must check eligibility and obtain a reservation number prior to providing medical services by calling the CMSP PCB Hotline: (800) 744-2760.</p> <p>Please see the reverse side of the card for Important Medical and Pharmacy Coverage & Claims Details</p> | <p>AMM</p> <p>PCB Medical Benefit limited to (3) Primary Care or Specialist Visits, Adult Preventative Health Screenings, Selected Lab & Diagnostic Tests performed by contracted providers with no library of cost or copay. Providers must check eligibility and obtain a reservation number prior to providing medical services by calling the CMSP PCB Hotline: (800) 744-2760. For more information, please visit AMM website at amm.com.</p> <p>Claims: Advanced Medical Management, Inc. 2000 Airport Plaza Drive #150 Long Beach, CA 90815-1290</p> <p>Permitted for electronic claims: Enrollment - CMSP Office Adm - AMM01</p> <p>Megimpact</p> <p>PCB Pharmacy Benefit through Megimpact: not an AMM product. PCB Group No. 88146. PCB Pharmacy Benefit limited to \$1,000 for the PCB Benefit Period with \$0 copay per Rx. Network and formulary restrictions apply. Pharmacies contact Megimpact at (800) 788-2548 for coverage details.</p> |
|--|---|

Starting September 1, 2018, CMSP has made things simpler and has added these no-cost services and \$5 prescriptions to the regular CMSP benefit when you haven't met your monthly share of cost. Beginning September 1, 2018, you don't need to use your separate Primary Care Benefit ID Card. Also, your medical provider won't need to call for a visit reservation. You will get a new, updated CMSP ID card and program guide mailed to you to use for all health care services as long as you are enrolled in CMSP. The new card looks like this:

| | |
|--|---|
| <p>CMSP COUNTY MEDICAL SERVICES PROGRAM</p> <p>Member Name: John Smith Member ID: 12345678A</p> <p>Customer Service: (877) 589-6807 TTY Line: (424) 428-8162 Pharmacy: (909) 788-2949</p> <p>After Hours/Weekends: (424) 510-2143 Website: http://cmssp.amm.com</p> <p>Primary care or specialist visits, adult preventative health screenings, selected lab & diagnostic tests performed by contracted providers with no library of cost or copay. \$0 Rx and \$1,000 Rx maximum over 90 days.</p> <p>Please refer to the CMSP Member Guide for additional benefit information and list of covered services with no library of cost or copay.</p> | <p>AMM</p> <p>Hospitals: Hospitals must submit AMM within twenty-four (24) hours of admission by calling (877) 589-6807.</p> <p>Nonparticipating hospitals and providers: Non-participating providers in CA are designated higher rate areas may be considered for payment only for emergency care. They must submit AMM within 24 hours of providing service by calling (877) 589-6807.</p> <p>Out of State Hospitals and Providers: This service has no benefits from non-AMM CMSP providers except for emergency care in CA and within a 10 mile radius of the CA border in AZ, NV, and OR.</p> <p>Claims: Advanced Medical Management, Inc. 2000 Airport Plaza Drive #150 Long Beach, CA 90815-1290</p> <p>Permitted for electronic claims: Enrollment - CMSP Office Adm - AMM01</p> <p>* Prescription drug service through Megimpact (PCB Group No. 88146), not an AMM product.</p> |
|--|---|

Please be sure to keep your State of California Benefits Identification Card (BIC).

Should you have any questions regarding these changes and/or your eligibility, please call **CMSP Customer Service at (877) 589-6807**.

Sincerely,

Marissa Steiner, CMSP Administration Manager

AMM
ADVANCED MEDICAL MANAGEMENT, INC.

Advanced Medical Management, Inc.

5000 Airport Plaza Drive, Suite 150 | Long Beach, CA 90815

Program Comparisons

| ITEM | PCB PILOT 5/16-8/18 | PCB BEGINNING 9/18 |
|-----------------------------------|--|---|
| Identification Cards | Members were issued 3 cards: 1) State of California BIC 2) CMSP Standard ID 3) PCB ID | Members will be issued 2 cards: 1) State of California BIC 2) Updated CMSP ID |
| Member ID Number | PCB Prefix + 8 Numbers + Letter <i>Example: PCB98765432E</i> | 8 Numbers + Letter <i>Example: 98765432E</i> |
| Enrollment Period | Defined enrollment period began the month <u>following</u> the member's eligibility start date | Coverage begins on the first of the month of the beginning date of aid |
| Visit Limits | Up to three (3) medical office visits with an in-network primary care or specialty care provider with no co-pay or Share of Cost (SOC) | Unlimited in-network primary care or specialty care provider visits with no co-pay or Share of Cost (SOC) |
| Reservations | Providers had to call AMM to obtain a "visit reservation" | Reservations are <u>no longer</u> required |
| Prescription Drug Coverage | \$5 co-pay for prescription drugs at an in-network pharmacy | No change, \$5 co-pay for prescription drugs at an in-network pharmacy |

CMSP Benefits: Important Updates

Effective September 1, 2018

Updated Benefits for CMSP Aid Codes 50 and 89

- Effective September 1, 2018, CMSP aid code 50 and 89 members will be eligible to receive preventative/primary care services and specialist office visits with no Share of Cost (SOC). This no Share of Cost benefit is in addition to covered inpatient, outpatient, and emergent services (SOC may be applicable).
- Preventative/primary care services and specialist office visits will no longer require a reservation. Additionally, there is no limit to the number of preventative/primary care services and specialist office visits a member may receive from a contracted CMSP provider during the benefit period.
- Aid code 50 and 89 members will receive a pharmacy benefit up to \$1500 per benefit period. Members may receive medications listed on the MedImpact formulary at a \$5 copay.
 - To access the MedImpact formulary, please reference:
http://www.cmspcounties.org/benefits/prescription_drug.html

Benefit ID Cards

Members may qualify for CMSP benefits by submitting an application through their County Social Services Office.

Members will receive two (2) ID cards:

1. CMSP ID card
2. State of California BIC card

Please note, as of September 1, 2018, the member's PCB ID Card will no longer be valid for dates of service after August 31, 2018.

Updated ID Card for CMSP Aid Codes 50 and 89

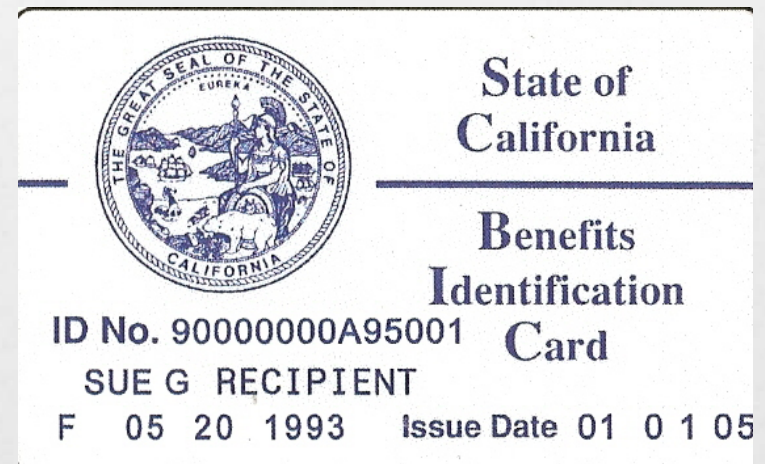
Effective September 1, 2018, CMSP aid code 50 and 89 members will receive only one card (see sample below) in addition to their Medi-Cal BIC.

| | |
|--|--|
| CMSP COUNTY MEDICAL SERVICES PROGRAM | AMM ADVANCED MEDICAL MANAGEMENT, INC. |
| Member Name: John Smith Member ID: 12345678A | |
| Customer Service: (877) 589-6807 TTY Line: (562) 429-8162 Pharmacy: (800) 788-2949 | After Hours/Weekends: (562) 310-2145 Website: http://cmssp.amm.cc |
| Primary care or specialist visits, adult preventative health screenings, selected lab & diagnostic tests performed by contracted providers with <u>no share of cost or copay</u> . \$5/Rx and \$1,500/Rx maximum may apply. | |
| Please refer to the CMSP Member Guide for additional benefit information and list of covered services with no share of cost or copay. | |

| | |
|--|--|
| AMM ADVANCED MEDICAL MANAGEMENT, INC. | Hospitals: Hospitals must notify AMM within twenty-four (24) hours of admission by calling (877) 589-6807 |
| Nonparticipating hospitals and providers: Non-contracting providers in CA or designated border state areas may be considered for payment only for emergency care. They must notify AMM within 24 hours of providing service by calling (877) 589-6807. | Out-of-State Hospitals and Providers: This member has no benefits from non-AMM/CMSP providers except for emergency care in CA and within a 30 mile radius of the CA borders in AZ, NV, and OR. |
| By using this card, you acknowledge that AMM is the health care benefits administrator for CMSP. | Claims: Advanced Medical Management, Inc. 5000 Airport Plaza Drive #150 Long Beach, CA 90815-1260 |
| This card is for identification purposes only and is not proof of coverage and/or eligibility. | PayerIDs for electronic claims: Emdeon - CMSP1 Office Ally - AMM15 |
| * Prescription drug services through MedImpact (PCN/Group No. 50145); not an AMM product. | |

CMSP Eligibility ID Card & California BIC

State of California MediCal Benefits Identification Card (BIC)

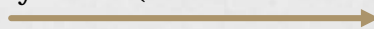


CMSP Eligibility Verification

Providers may use the BIC to verify eligibility in these ways:

- ❖ Swipe BIC in the **point-of-service (POS) device** to verify eligibility and determine if SOC applies
- ❖ Call the Automated Eligibility Voice System (AEVS) at **(800) 456-2387**
- ❖ Log on to the **Medi-Cal website** at:
medi-cal.ca.gov/Eligibility/Login.asp
- ❖ Contact AMM for CMSP Customer Service at **(877) 589-6807**

Sample eligibility messages corresponding to a member's eligibility status (Effective September 1, 2018).



| Aid Code | Eligibility Message |
|------------------------|--|
| 89 when SOC met | SUBSCRIBER LAST NAME: XXX. EVC #: XXXXXXXXXXXX. CNTY CODE: XX. PRMY AID CODE: XX. ELIGIBLE FOR CMSP MEDICAL/DENTAL SVCS. CALL AMM 1-877-589-6807. CMSP PHARMACY SVCS BY MEDIMPACT CALL 1-800-788-2949. |
| 50 with unmet SOC | SUBSCRIBER LAST NAME: XXX. CMSP EMERGENCY SVCS WITH SHARE OF COST OF \$XXX. ADDITIONAL PREVENTATIVE CARE BENEFIT WITHOUT SHARE OF COST. CALL AMM 1-877-589-6807. CMSP PHARMACY SVCS WITH \$5 COPAY FOR PREVENTATIVE CARE PHARMACY. CALL MEDIMPACT 1-800-788-2949. REMAINING SOC \$XXX.XX. |
| 50 with met SOC | SUBSCRIBER LAST NAME: XXX. EVC #: XXXXXXXXXXXX. CNTY CODE: XX. PRMY AID CODE: XX. ELIGIBLE FOR CMSP EMERGENCY SVCS. ADDITIONAL PREVENTATIVE CARE BENEFIT. CALL AMM 1-877-589-6807. CMSP PHARMACY SVCS BY MEDIMPACT 1-800-788-2949. |
| 85 & 89 with unmet SOC | SUBSCRIBER LAST NAME: XXX. CMSP MEDICAL/DENTAL SVCS WITH A SHARE OF COST OF \$XXX. ADDITIONAL PREVENTATIVE CARE BENEFIT WITHOUT SHARE OF COST. CALL AMM 1-877-589-6807. CMSP PHARMACY SVCS WITH \$5 COPAY FOR PREVENTATIVE CARE PHARMACY. CALL MEDIMPACT 1-800-788-2949. REMAINING SOC \$XXX.XX. |

Program Requirements for No Cost Benefit

- To submit claims for the no cost, preventative benefit, providers must be contracted with CMSP and rendering services in the office, clinic, laboratory, or outpatient setting.
 - If services are rendered as an inpatient or in the emergency room, the member is responsible for paying their monthly Share of Cost even if the code falls under the covered CPT list.
- Share of Cost is not required when:
 - Member is aid code 50 or 89 + services rendered fall under covered CPT list (https://cmsp.amm.cc/wp-content/uploads/2018/08/CMSP_CPT_Code_List.pdf) + provider is contracted + services rendered in office (11, 19), clinic (17, 49, 50, 71, 72) , laboratory (81), or outpatient (22) setting.
- Member is responsible for meeting monthly Share of Cost when:
 - Member is NOT aid code 88
 - Services rendered are not listed on covered CPT list
 - Provider is not contracted with CMSP
 - Any place of service that is NOT office (11, 19), clinic (17, 49, 50, 71, 72) , laboratory (81), or outpatient (22).

Provider Resources

- The updated CMSP Provider Operations Manual includes information regarding verifying eligibility, covered services, and billing instructions. This manual will be available on September 1st at the following website:

<https://cmsp.amm.cc/providers/>

- Providers are responsible for verifying a member's SOC obligation prior to services being rendered. For a list of covered services where SOC is not applicable, please refer to:

https://cmsp.amm.cc/wp-content/uploads/2018/08/CMSP_CPT_Code_List.pdf

CMSP Covered Benefits

| | |
|--|--|
| Acute inpatient hospital care (including acute inpatient rehabilitation and mental health) | Laboratory and radiology services |
| Adult day health care | Medical supplies dispensed by physicians, licensed pharmacies, or durable medical equipment dealers and prosthetic or orthotic providers |
| Blood and blood derivatives | Non-emergency medical transportation when medically necessary |
| Chronic hemodialysis services | Outpatient audiology services |
| Dental services (including diagnostic and preventative care, oral surgery and selected endodontic, restorative and prosthodontics services) | Outpatient occupational therapy services |
| Durable medical equipment (DME) | Outpatient physical therapy services |
| Emergency ambulance services and medically necessary transportation from the acute hospital to other facilities for medically necessary, specialized, or tertiary care | Outpatient rehabilitation services in a rehabilitation facility |
| Family planning services, including sterilization (when no other coverage, including F-PACT) | Outpatient speech pathology services |
| Hearing Aids | Physician services |
| Home Health Agency Services | Podiatry services |
| Hospital outpatient and outpatient clinic services | Prosthetic and orthotic appliances |
| Infusion therapy | Psychiatric services provided by a licensed psychiatrist |
| Inpatient and outpatient heroin detoxification services (excluding methadone maintenance) | Transplants (Except Aid Code 50) |

Summary of CMSP Benefits

Exclusions

- CMSP ***does not cover*** the following services:
 - Pregnancy-related services, infertility services, long-term care facility services, chiropractic services, acupuncture services, cosmetic services, sexual reassignment services, vision services, methadone maintenance, and services by a Psychologist, LCSW, MFT, or substance use disorder counselor
 - All services provided outside of the State of California and designated border state areas
 - Services provided by providers that do not participate in the CMSP network administered by Advanced Medical Management (excluding emergency services) and the MedImpact Healthcare Systems pharmacy network
 - Organ transplants for persons who are eligible for CMSP emergency services only under aid code 50

CMSP Approved Procedure Codes with No Share of Cost

| CPT Code | Procedure | CPT/HCPCS Code Description |
|----------|--|--|
| 10060 | Incision & drainage of abscess | Simple or single |
| 10061 | Incision & drainage of abscess | Complicated or multiple |
| 10160 | Incision & drainage of abscess | Puncture aspiration of abscess |
| 11200 | Removal of skin tags - 15 skin tags | Removal of skin tags, multiple fibrocuteaneous tags, any area, up to and including 15 lesions |
| 11201 | Removal of skin tags - each additional 10 skin tags | Removal of skin tags, multiple fibrocuteaneous tags, any area, up to and including 15 lesions; each addition 10 lesions, or part thereof (list separately in addition to code for primary procedure) |
| 11300 | Shaving of epidermal or dermal lesions - 0.5 cm or less | Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less |
| 11301 | Shaving of epidermal or dermal lesions - 0.6-1.0 cm | Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 cm to 1.0 cm |
| 12001 | Minor Laceration Repair - Simple Repair 2.5 cm or less | Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less |
| 12002 | Minor Laceration Repair - Simple Repair 2.6 cm to 7.5 cm | Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm |
| 12004 | Minor Laceration Repair - Simple Repair 7.6 cm to 12.5 cm | Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm |
| 12005 | Minor Laceration Repair - Simple Repair 12.6 cm to 20.0 cm | Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm |
| 12006 | Minor Laceration Repair - Simple Repair 20.1 cm to 30.0 cm | Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm |
| 12007 | Minor Laceration Repair - Simple Repair over 30.0 cm | Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm |
| 12011 | Minor Laceration Repair - Simple Repair 2.5 cm or less | Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less |
| 12013 | Minor Laceration Repair - Simple Repair 2.6 cm to 5.0 cm | Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm |
| 12014 | Minor Laceration Repair - Simple Repair 5.1 cm to 7.5 cm | Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm |
| 12015 | Minor Laceration Repair - Simple Repair 7.6 cm to 12.5 cm | Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm |
| 12016 | Minor Laceration Repair - Simple Repair 12.6 cm to 20.0 cm | Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm |
| 12017 | Minor Laceration Repair - Simple Repair 20.1 cm to 30.0 cm | Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm |
| 12018 | Minor Laceration Repair - Simple Repair Over 30.0 cm | Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; Over 30.0 cm |
| 12020 | Minor Laceration Repair - Simple Repair | Treatment of superficial wound dehiscence; simple closure |
| 12021 | Minor Laceration Repair - Simple Repair; with packing | Treatment of superficial wound dehiscence; simple closure; with packing |
| 13100 | Benign Skin Tag, mole, wart removal (no pathology needed) - Repair, complex, trunk; 1.1 cm to 2.5 cm | Repair, complex, trunk; 1.1 cm to 2.5 cm |
| 13101 | Benign Skin Tag, mole, wart removal (no pathology needed) - Repair, complex, trunk; 2.6 cm to 7.5 cm | Repair, complex, trunk; 2.6 cm to 7.5 cm |
| 11400 | Excision - benign lesions (trunk, arms and legs) 0.5 cm or less | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms, or legs; excised diameter 0.5 cm or less |
| 11401 | Excision - benign lesions (trunk, arms and legs) 0.6 to 1.0 cm | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms, or legs; excised diameter 0.6 cm to 1 cm |
| 11420 | Excision - benign lesions (scalp, neck, hands, feet) 0.5 cm or less | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less |
| 11421 | Excision - benign lesions (scalp, neck, hands, feet) 0.6 cm to 1.0 cm | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 cm to 1.0 cm |
| 11440 | Excision - benign lesions (face, ears, eyelids, nose, lips, mucous membrane) 0.5 cm or less | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less |
| 11441 | Excision - benign lesions (face, ears, eyelids, nose, lips, mucous membrane) 0.6 to 1.0 cm | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm |
| 17000 | Destruction, Benign or premalignant lesions- 1st lesion | Destruction (e.g., laser surgery, electro surgery, cryosurgery, chemosurgery, surgical curettment), premalignant lesions (e.g., actinic keratoses); first lesion |
| 17003 | Destruction, premalignant lesions - 2-14 lesions | Destruction (e.g., laser surgery, electro surgery, cryosurgery, chemosurgery, surgical curettment), premalignant lesions (e.g., actinic keratoses); second thru 14 lesions |
| 17004 | Destruction, premalignant lesions - 15 or more lesions | Destruction (e.g., laser surgery, electro surgery, cryosurgery, chemosurgery, surgical curettment), premalignant lesions (e.g., actinic keratoses); 15 or more lesions |
| 17110 | Destruction, Benign lesions - up to 14 lesions | Destruction (e.g., laser surgery, electro surgery, cryosurgery, chemosurgery, surgical curettment), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions |
| 17111 | Destruction, Benign lesions - 15 or more lesions | Destruction (e.g., laser surgery, electro surgery, cryosurgery, chemosurgery, surgical curettment), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions |
| 11765 | Ingrown toenail removal | Wedge excision of skin of nail fold (e.g. for ingrown toenail) |
| 20550 | Injection of tendon sheaths | Injection(s); single tendon sheath, or ligament, aponeurosis (e.g., plantar "fascia") |

Effective September 1, 2018

Contact AMM Customer Service at (877) 589-6807

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For the full list of CMSP Approved Procedure Codes with No Share of Cost, please visit: https://cmsp.amm.cc/wp-content/uploads/2018/08/CMSP_CPT_Code_List.pdf

Places of Service

- Services rendered at one of the following places of service do not require a Share of Cost:
 - 11 – Office
 - 17 – Walk-in Retail Health Clinic
 - 19 – Off Campus (Outpatient)
 - 22 – On Campus (Outpatient)
 - 49 – Independent Clinic
 - 50 – Federally Qualified Health Clinic (FQHC)
 - 71 – Public Health Clinic
 - 72 – Rural Health Clinic
 - 81 – Independent Laboratory

Processes Not Affected by Program Changes

- Claims Submission (paper or electronic)
- Timely Filing Window
 - Professional Claims have **150 calendar days** to submit a claim to AMM after services are rendered.
 - Institutional Claims have **180 calendar days** to submit a claim to AMM after services are rendered.
 - Claim Resubmissions must be received by AMM within **60 business days** of the denial date.

CMSP Claim Submission

- ❖ Submit the claim using the member's CMSP ID number
 - For dates of service prior to September 1, 2018, submit PCB related claims using the member's PCB ID number.
- ❖ Submit paper claims to:

CMSP - Advanced Medical Management, Inc.

Attn: Claims Department

5000 Airport Plaza Drive, Suite 150

Long Beach, CA 90815-1260

Claims Submission

Electronic claims submission Clearinghouses:

| Clearinghouse | PayerID | Support Phone# | Website |
|----------------|---------|--------------------------|---|
| Office Ally | AMM15 | (360) 975-7000 Opt. 1 | http://www.officeally.com |
| Emdeon/Capario | CMSP1 | (888) 363-3361 | https://cda.changehealthcare.com/portal/ |
| Claimremedi | CMSP | (800) 763-8484 | https://claimremedi.providersportal.com |

For a complete list of AMM CMSP clearinghouses,
please visit our website: [cmssp.amm.cc/providers/claims-billing](https://cmsp.amm.cc/providers/claims-billing)

Final Reminders

Copies of this presentation will be available August 27th on the following websites for your reference:

www.cmspcounties.org/news/webinars.html

<https://cmsp.amm.cc/providers/>

Contact Information

- CMSP/AMM website:

<http://cmssp.amm.cc/contact-us/>

- ❖ Par Pourzanjani, *CMSP Administrative Liaison*

(562) 766-2000 Ext 313

PPourzanjani@amm.cc

- ❖ Marissa Steiner, *CMSP Administration Manager*

(562) 766-2000 Ext 238

MSteiner@amm.cc

Other Important Numbers

AMM Customer Service

CMSP Third Party Administrator

(877) 589-6807

MedImpact Customer Service

CMSP Pharmacy Services Administrator

(800) 788-2949

Questions & Answers

To ask a question, please type your question into the “Chat” box in lower right section of the screen and hit “send” to the host (Marissa Steiner).

To: **Host** ▼

Enter chat message here

> Q&A ✕



Thank you for Attending!

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