

CCS Program Billing Guidelines

For claims submitted **with** a Service Authorization Request (SAR) number beginning with “91” or “97.”

	CCS-Only Client/CCS HF Client *	CCS/Medi-Cal Client
Provider Number CMS-1500: Box 33A UB-04: Box 56 Pharmacy 30-1 or 30-4: Box 3 Pharmacy POS: NCPDP specified	National Provider Identifier Note: Do not use a CGP provider number.	National Provider Identifier Note: Do not use a CGP provider number.
Client ID CMS-1500: Box 1A UB-04: Box 60 Pharmacy 30-1 or 30-4: Box 6 Pharmacy POS: NCPDP specified	Client’s ID number as it appears on the plastic Benefits Identification Card (BIC), paper Medi-Cal ID card or SAR	Client’s ID number as it appears on the plastic Benefits Identification Card (BIC), paper Medi-Cal ID card or SAR
Service Authorization Request (SAR) CMS-1500: Box 23 UB-04: Box 63 Pharmacy 30-1: Boxes 27, 46, 65, 84 Pharmacy 30-4: Box 29 Pharmacy POS: NCPDP specified	11-Digit SAR Number (For example: 97123456780)	11-Digit SAR Number (For example: 97123456780)
Where Claims are Submitted for CCS-authorized Services.	<u>Medi-Cal/CHDP Fiscal Intermediary (FI)</u>	<u>Medi-Cal/CHDP Fiscal Intermediary (FI)</u> (If a CCS client resides in Napa, San Mateo, Santa Barbara, Solano or Yolo counties, submit claims per CCS county office policy)

* “CCS-only” clients are CCS children or CCS/Healthy Families Program children who are not eligible for full-scope, no Share of Cost Medi-Cal.

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Client ID CMS-1500: Box 1A UB-04: Box 60 Pharmacy 30-1 or 30-4: Box 6 Pharmacy POS: NCPDP specified	LEAVE FIELD BLANK	Client's ID number as it appears on the plastic Benefits Identification Card (BIC) or paper Medi-Cal ID card
Where Claims are Submitted for CCS-authorized Services.	Submit Claims per CCS County Office Policy	Submit Claims per CCS County Office Policy

* “CCS-only” clients are CCS children or CCS/Healthy Families Program children who are not eligible for full-scope, no Share of Cost Medi-Cal.