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State/Territory Name: California

State Plan Amendment (SPA) #: 19-021

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706



Regional Operations Group

August 15, 2019

Mari Cantwell
Chief Deputy Director, Health Care Programs
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Dear Ms. Cantwell:

Enclosed is an approved copy of California State Plan Amendment (SPA) 19-0021, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on July 3, 2019. SPA 19-0021 allows the California Department of Health Care Services (DHCS) to extend the Proposition 56-funded time-limited supplemental payment program for certain physician services from July 1, 2019 through December 31, 2021.

The effective date of this SPA is July 1, 2019. Enclosed are the following approved SPA pages that should be incorporated into your approved state plan:

- Supplement 27 to Attachment 4.19-B, pages 1, 2, 3 and 4

If you have any questions, please contact Cheryl Young at 415-744-3598 or via email at Cheryl.Young@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Richard C. Allen.

Richard C. Allen
Director
Centers for Medicaid and CHIP Services
Regional Operations Group

Cc: Jacey Cooper, California Department of Health Care Services (DHCS)
Rene Mollow, DHCS
Alani Jackson, DHCS
Carolyn Brookins, DHCS
Angeli Lee, DHCS
Amanda Font, DHCS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

| | |
|--------------------------------|----------|
| 1. TRANSMITTAL NUMBER _____ | 2. STATE |
| 3. PROGRAM IDENTIFICATION: | |

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

5. TYPE OF PLAN MATERIAL (*Check One*)

NEW STATE PLAN
 AMENDMENT TO BE CONSIDERED AS NEW PLAN
 AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION

7. FEDERAL BUDGET IMPACT

a. FFY _____ \$ _____

b. FFY _____ \$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

__3

10. SUBJECT OF AMENDMENT

11. GOVERNOR'S REVIEW (*Check One*)

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED

12. OFFICIAL

13. TYPED NAME

14. TITLE

15. DATE SUBMITTED

16. RETURN TO

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED
July 3, 2019

18. DATE APPROVED
August 15, 2019

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME
Richard C. Allen

22. TITLE
Director, Centers for Medicaid & CHIP Services, Regional Operations Group

23. REMARKS

Box 7: CA revised the FFY 2019 estimate to reflect a 3-month period and the FFY 2020 estimate to reflect 12 months on 7/26/19 per CMS request.

Box 9: CMS pen and ink change to correct list of superseded pages made on 8/9/19.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: CALIFORNIA**TIME-LIMITED SUPPLEMENTAL PAYMENT PROGRAM FOR CERTAIN PHYSICIAN SERVICES**

This program provides supplemental reimbursement for eligible physician services provided to Medi-Cal beneficiaries. The supplemental reimbursements will be provided for services rendered between the periods listed below. This program provides supplemental reimbursement for eligible physician services provided to Medi-Cal beneficiaries. The supplemental reimbursements will be provided, above the base rates, for qualified physician services rendered between the periods listed below. The base rates for physician services will remain unchanged through this amendment.

A. Supplemental Reimbursement Methodology – General Provisions for services provided between July 1, 2017 – June 30, 2018

1. The supplemental payment amounts are fixed at the amounts listed in the chart below for each eligible physician service listed by Current Procedural Terminology (CPT) Code. The supplemental payment is paid on a per claim basis. Eligible physician services include new and established patient office/outpatient visits, psychiatric diagnostic evaluations, psychiatric diagnostic evaluation with medical services, and psychiatric pharmacological management services.

| CPT Code | Supplement Amount |
|----------------------------|--------------------------|
| 90863 | \$5.00 |
| 99201, 99211 | \$10.00 |
| 99202, 99212, 99213 | \$15.00 |
| 99203, 99204, 99214, 99215 | \$25.00 |
| 90791, 90792 | \$35.00 |
| 99205 | \$50.00 |

TN: 19-0021

Supersedes

TN: 18-0033Approval Date: August 15, 2019Effective Date: July 1, 2019

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: CALIFORNIA

2. Base rates for physician services are the rates established by the Department of Health Care Services (Department) for each CPT Code, as published on the Medi-Cal Rates website:

<http://files.medi-cal.ca.gov/pubsdoco/rates/rateshome.asp>

3. Providers eligible for the supplemental payments under this section do not include Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs), and other providers that are reimbursed on a cost-based system.

B. Supplemental Reimbursement Methodology – General Provisions for services provided between July 1, 2018 – June 30, 2019

1. The supplemental payment amounts are fixed at the amounts listed in the chart below for each eligible physician service listed by Current Procedural Terminology (CPT) Code. The supplemental payment is paid on a per claim basis. Eligible physician services include new and established patient office/outpatient visits, psychiatric diagnostic evaluations, psychiatric diagnostic evaluation with medical services, and psychiatric pharmacological management services.

| CPT Code | | CPT Code | |
|----------|----------|----------|---------|
| 99201 | \$18.00 | 99381 | \$77.00 |
| 99202 | \$35.00 | 99382 | \$80.00 |
| 99203 | \$43.00 | 99383 | \$77.00 |
| 99204 | \$83.00 | 99384 | \$83.00 |
| 99205 | \$107.00 | 99385 | \$30.00 |
| 99211 | \$10.00 | 99391 | \$75.00 |
| 99212 | \$23.00 | 99392 | \$79.00 |
| 99213 | \$44.00 | 99393 | \$72.00 |
| 99214 | \$62.00 | 99394 | \$72.00 |
| 99215 | \$76.00 | 99395 | \$27.00 |
| 90791 | \$35.00 | 90863 | \$5.00 |
| 90792 | \$35.00 | | |

TN: 19-0021

Supersedes

TN: 18-0033

Approval Date: August 15, 2019

Effective Date: July 1, 2019

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STATE: CALIFORNIA

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C. Supplemental Reimbursement Methodology – General Provisions for services provided between July 1, 2019 – December 31, 2021

1. The supplemental payment amounts are fixed at the amounts listed in the chart below for each eligible physician service listed by Current Procedural Terminology (CPT) Code. The supplemental payment is paid on a per claim basis. Eligible physician services include new and established patient office/outpatient visits, psychiatric diagnostic evaluations, psychiatric diagnostic evaluation with medical services, and psychiatric pharmacological management services.

| CPT Code | | CPT Code | |
|----------|----------|----------|---------|
| 99201 | \$18.00 | 99381 | \$77.00 |
| 99202 | \$35.00 | 99382 | \$80.00 |
| 99203 | \$43.00 | 99383 | \$77.00 |
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3. Providers eligible for the supplemental payments under this section do not include Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs), and other providers that are reimbursed on a cost-based system.

TN: 19-0021

Supersedes

TN: None

Approval Date: August 15, 2019

Effective Date: July 1, 2019