



# Medi-Cal Tribal and Indian Health Program Designee Follow-Up Meeting

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# Telehealth

- Updates to the following Provider Manual sections - published on August 16, 2019
  1. “Medicine: Telehealth” (*medne tele*)
  2. “Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)” (*rural*)
  3. “Indian Health Services (IHS), Memorandum of Agreement (MOA) 638, Clinics” (*ind health*)
  4. “Benefits: Clinical Services Overview” (“*ben clinic*”)
- Provider Manuals available at:  
[http://files.medi-cal.ca.gov/pubsdoco/manuals\\_menu.asp](http://files.medi-cal.ca.gov/pubsdoco/manuals_menu.asp)



# Diabetes Prevention Program

- Welfare and Institutions Code §14149.9 requires DHCS to establish DPP as a Medi-Cal covered benefit consistent with the federal Centers for Disease Control and Prevention's (CDC's) guidelines.
- DPP providers must have either pending, preliminary, or full recognition by the CDC.
- Currently enrolled providers may request to become a DPP provider by submitting a completed Medi-Cal Supplemental Changes form (DHCS 6209) to DHCS.

For more information:

[www.dhcs.ca.gov/services/medi-cal/Pages/Diabetes-Prevention-Program.aspx](http://www.dhcs.ca.gov/services/medi-cal/Pages/Diabetes-Prevention-Program.aspx)



# Nonmedical transportation

- List of approved NMT providers is available at [www.dhcs.ca.gov/services/medical/Pages/Transportation.aspx](http://www.dhcs.ca.gov/services/medical/Pages/Transportation.aspx)
- Billing information is available in the “Medical Transportation – Ground” Provider Manual (*mc tran gnd*).
- NMT billing codes
  - A0120 – base rate for transport (\$17.65)
  - A0390 – Mileage rate per mile (\$1.30)
- Place of Service code 99



# Optional Benefits Exclusion (OBE)

Welfare and Institutions Code §14131.10 limits optometric and optician services, audiology/speech therapy, podiatric services, incontinence creams and washes, and chiropractic services to the following:

- Pregnant women
- Beneficiaries receiving long-term care in a nursing facility
- Beneficiaries under 21



# Optional Benefits Restoration

- Senate Bill 78 (Committee on Budget and Fiscal Review, Chapter 38, Statutes of 2019) restored the following optional benefits for all populations in all settings:
  - Optometric and optician services, including services provided by a fabricating optical laboratory
  - Audiology services
  - Speech therapy services
  - Podiatric services
  - Incontinence creams and washes

*(Note: chiropractic services were not restored)*



# OBE Restoration

- Effective January 1, 2020.
- SPAs 19-0046 and 19-0047 will remove the OBE restrictions in the State Plan.
- Continuation of these benefits beyond December 31, 2021, is dependent upon subsequent legislative action that will include an assessment of the State General Fund for Fiscal Years 2021-22 and 2022-23.



# Restoration of Podiatry

Podiatric services are also impacted by Assembly Bill 678 (Flora, Chapter 433, Statutes of 2019).

- Removes the two-visit monthly limit for services by podiatrists.
- Requires DHCS to have the same prior authorization, billing, and service policies for podiatrists as it does for physicians.
- Effective January 1, 2020

*Acupuncture, audiology, chiropractic, occupational therapy and speech therapy are still subject to the two-visit limit.*





# OBE & FQHCs/RHCs

- Podiatric and chiropractic services may be provided by Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) to all beneficiaries.
- Optometric and optician services, audiology/speech therapy, and incontinence creams and washes may be provided to all populations when medically necessary.
- Indian Health Services clinics may provide restored optional benefits to all beneficiaries.



# Developmental and Trauma Screenings

- Voters approved California Healthcare, Research and Prevention Tobacco Tax Act (commonly known as Prop. 56) in 2016.
  - Portion of tax revenue is allocated to DHCS for use as nonfederal share of health care expenditures.
- DHCS proposes to provide payments for developmental and trauma screenings in both the managed care and fee-for-service (FFS) delivery systems.
- The effective date will be January 1, 2020, with proposed end date of December 31, 2021.



# Developmental screenings

- Medi-Cal will provide fixed payments for developmental screenings given to children at 9, 18, and 30 months.
- Payments will be in addition to the amounts paid for the office visit that accompanies the screening.

CPT Code	Amount
96110	\$59.90



# FQHC/RHC/IHS Impact

- Subject to CMS approval, payment for developmental screenings to FQHCs, RHCs, and Indian Health Services Memorandum of Agreement (IHS/MOA) 638 clinics will be available as a FFS rate and will not impact reconciliation of their prospective payment system or their all-inclusive rates.



# Trauma screenings

- Medi-Cal providers must complete DHCS' training for trauma screenings in order to be eligible for payments.
- Payments will be in addition to the amount paid for the office visit that accompanies the screening.



# Trauma screenings

- Children under 21 years of age may receive periodic rescreening as determined appropriate and medically necessary, not more than once per year, per provider.
- No more than one screening per provider in an adult's lifetime.

HCPCS Codes	Amount
G9919 – positive screening with patient score of 4 or greater	\$29
G9920 – negative screening with patient score of 0-3	\$29



# FQHC/RHC/IHS Impact

- Subject to CMS approval, payment for trauma screenings to FQHCs, RHCs, and IHS/MOA 638 clinics will be available as a FFS rate and will not impact reconciliation of their prospective payment system or their all-inclusive rates.



# Questions?

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