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Director

State of California—Health and Human Services Agency
Department of Health Care Services



ARNOLD SCHWARZENEGGER
Governor

JUN 22 2010

MMCD All Plan Letter 10-003

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: AUGMENTED REIMBURSEMENT FOR FAMILY PLANNING SERVICES

This All Plan Letter (APL) provides additional rate information on payments the Medi-Cal program must make for the provision of family planning services, including comprehensive clinical family planning services, as required by Senate Bill (SB) 94 (Statutes of 2007). This information was published in December 2007 as APL 07-018, "SB 94 – Family Planning Services"; however this APL includes an additional rate table that was inadvertently omitted from APL 07-018. Medi-Cal managed care plans (Plans) must enact policies that ensure these augmented rates are paid in full to their contracted providers.

SB 94 requires that Medi-Cal increase its reimbursement rates, effective January 1, 2008, for office visits billed as:

- Comprehensive clinical family planning services using Current Procedural Terminology (CPT) codes 99201–99204 and 99211–99214 by healthcare providers under the waiver for the Family Planning, Access, Care, and Treatment (PACT) program; or as
- Family planning services by Medi-Cal providers using the CPT codes listed above plus a primary diagnosis code of V25.01–V25.09; V25.1; V25.2; V25.40–V25.49; V25.5; V25.8; V25.9; or V26.31–V26.35.

The required rate augmentation must be "equal to the weighted average of at least 80 percent of the amount that the federal Medicare program reimburses for these same or similar office visits...based on Medicare rates in effect on December 31, 2007." The augmented rates are shown in the two tables attached to this letter. Please note that Table 2 – Community Clinic Rates for Family Planning Services includes higher rates than those in Table 1 – Physician Office Rates for Family Planning Services; the rates in Table 2 are specific to community clinics.

If you have any questions regarding this letter, please contact your Contract Manager.

Sincerely,

A handwritten signature in black ink, appearing to read "Tanya Homman". The signature is written in a cursive style with a large, stylized initial "T".

Tanya Homman, Chief
Medi-Cal Managed Care Division

Enclosure

Medi-Cal Managed Care Health Plans
Attachment 1

Table 1 – Physician Office Rates for Family Planning Services

Procedure Code	Per-Visit Rate
99201	\$ 43.72
99202	\$ 65.48
99203	\$ 109.20
99204	\$ 131.53
99211	\$ 22.91
99212	\$ 34.55
99213	\$ 45.82
99214	\$ 71.59

Table 2 – Community Clinic Rates for Family Planning Services

Procedure Code	Per-Visit Rate
99201	\$ 54.12
99202	\$ 81.06
99203	\$ 135.18
99204	\$ 162.83
99211	\$ 28.36
99212	\$ 42.78
99213	\$ 56.72
99214	\$ 88.63