



Region IX
Division of Medicaid & Children's Health Operations
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706

JUN 17 2009

Toby Douglas
Chief Deputy Director of Health Care Programs
California Department of Health Care Services
1501 Capitol Avenue, MS 0002
P.O. Box 997413
Sacramento, CA 95899-7413

Dear Mr. Douglas:

Enclosed is an approved copy of California State plan amendment (SPA) No. 08-006, effective January 1, 2008. This SPA describes the reimbursement methodology for a payment increase for comprehensive family planning services.

If you have any questions please contact Michelle Baldi at (415) 744-3656.

Sincerely,

A handwritten signature in black ink, appearing to read "Gloria Nagle", with a horizontal line extending to the right.

Gloria Nagle, Ph.D., M.P.A.
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

cc: Kathryn Waje, California Department of Health Care Services
Christopher Thompson, Centers for Medicaid and State Operations
Mark Ross, Centers for Medicaid and State Operations

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
08-006

2. STATE
California

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2008

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:

None. California Welfare & Institutions Code section 14105.181

7. FEDERAL BUDGET IMPACT:

a. FFY 07-08 \$ 38.7 million

b. FFY 08-09 \$136.7 million

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

~~Attachment 4.19-B, Pages 2 and 21~~

Deleting pages 7 - 19 in Attachment 4.19-B

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Adding page 3g in Attachment 4.19-B

10. SUBJECT OF AMENDMENT:

Payment Increase for Comprehensive Family Planning Services

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. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

14. TITLE:

15. DATE SUBMITTED:

16. RETURN TO:

Toby Douglas, Chief Deputy Director
California Department of Health Care Svcs.
1501 Capitol Avenue, MS 0002
P.O. Box 997413
Sacramento, CA 95899-7413

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

March 28, 2008

18. DATE APPROVED:

6/17/2009

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2008

20. SIGNATURE OF REGIONAL OFFICIAL:

Gloria Nagle for Ph.D. Nagle

21. TYPED NAME:

Gloria Nagle, Ph.D., MPA

22. TITLE:

Associate Regional Administrator, CHMCHO

23. REMARKS:

**REIMBURSEMENT METHODOLOGY FOR ESTABLISHING
REIMBURSEMENT RATES FOR EVALUATION AND MANAGEMENT CODES
USED FOR COMPREHENSIVE FAMILY PLANNING SERVICES**

1. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of services.
2. The following are Evaluation and Management codes used for comprehensive family planning services:

99201	99211
99202	99212
99203	99213
99204	99214

3. The agency's rates for the Evaluation and Management codes specified in #2 that are used for comprehensive family planning services were set as of January 1, 2008, and are effective for services on or after that date. The basic rate for Evaluation and Management codes is posted on the Medi-Cal Rates web site at:

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

As of January 1, 2008, reimbursement for Evaluation and Management codes used for comprehensive family planning services as specified in #2 above is based on the Evaluation and Management codes base rate plus 90.9 percent.

TN No 08-006
Supersedes
TN No. NONE

Approval Date JUN 17 2009 Effective Date Jan 1, 2008

MAXIMUM STATEWIDE PAYMENT RATES -- FY 1997-98

Procedure Code	Procedure Description	Rate
A. PEDIATRIC PRACTITIONER SERVICES:		
99201	OFFICE VISIT, NEW, LEVEL 1	18.40
99202	OFFICE VISIT, NEW, LEVEL 2	27.60
99203	OFFICE VISIT, NEW, LEVEL 3	46.00
99204	OFFICE VISIT, NEW, LEVEL 4	55.38
99205	OFFICE VISIT, NEW, LEVEL 5, ADULT	64.40
99205	OFFICE VISIT, NEW, LEVEL 5, ADOLESCENT	50.50
99205	OFFICE VISIT, NEW, LEVEL 5, LATE CHILDHOOD	40.40
99205	OFFICE VISIT, NEW, LEVEL 5, EARLY CHILDHOOD	30.30
99205	OFFICE VISIT, NEW, LEVEL 5, INFANT	25.25
99211	OFFICE VISIT, EST., LEVEL 1	7.36
99212	OFFICE VISIT, EST., LEVEL 2	11.04
99213	OFFICE VISIT, EST., LEVEL 3	16.56
99214	OFFICE VISIT, EST., LEVEL 4	27.60
99215	OFFICE VISIT, EST., LEVEL 5, ADULT	46.00
99215	OFFICE VISIT, EST., LEVEL 5, ADOLESCENT	40.40
99215	OFFICE VISIT, EST., LEVEL 5, LATE CHILDHOOD	30.30
99215	OFFICE VISIT, EST., LEVEL 5, EARLY CHILDHOOD	25.25
99215	OFFICE VISIT, EST., LEVEL 5, INFANT	20.20
99241	OFFICE CONSULTATION, LEVEL 1	24.60
99242	OFFICE CONSULTATION, LEVEL 2	24.60
99243	OFFICE CONSULTATION, LEVEL 3	41.00
99244	OFFICE CONSULTATION, LEVEL 4	57.40
99245	OFFICE CONSULTATION, LEVEL 5	57.40
99271	CONFIRMATORY CONSULTATION, LEVEL 1	24.60
99272	CONFIRMATORY CONSULTATION, LEVEL 2	24.60
99273	CONFIRMATORY CONSULTATION, LEVEL 3	41.00
99274	CONFIRMATORY CONSULTATION, LEVEL 4	57.40
99275	CONFIRMATORY CONSULTATION, LEVEL 5	57.40
99341	HOME VISIT, NEW, LEVEL 1	33.12
99342	HOME VISIT, NEW, LEVEL 2	42.32
99343	HOME VISIT, NEW, LEVEL 3	53.36
99351	HOME VISIT, EST., LEVEL 1	17.48
99352	HOME VISIT, EST., LEVEL 2	28.52
99353	HOME VISIT, EST., LEVEL 3	34.96
99354	PROL PHYSICIAN SERV IN OFFICE/OTHER OUTP	33.92
99355	PROL PHYSICIAN SERV IN OFFICE/OTHER OUTP	15.76
99358	PROL EVAL AND MANAGEMENT SERV BEFORE AND	Non Benefit
99359	PROL EVAL AND MANAGEMENT SERV BEFORE AND	Non Benefit
99381	PREVENTIVE MED., NEW, INFANT	24.24
99382	PREVENTIVE MED., NEW, 1-4 YRS.	32.32
99383	PREVENTIVE MED., NEW, 5-11 YRS.	40.40
99384	PREVENTIVE MED., NEW, 12-17 YRS.	48.48
99391	PREVENTIVE MED., EST., INFANT	20.20
99392	PREVENTIVE MED., EST., 1-4 YRS.	24.24
99393	PREVENTIVE MED., EST., 5-11 YRS.	32.32
99394	PREVENTIVE MED., EST., 12-17 YRS.	40.40

TN. No. 97-004

Approval Date

6/16/97

Effective Date

7/1/97

Supersedes TN. No. 96-003

MAXIMUM STATEWIDE PAYMENT RATES -- FY 1997-98

Procedure Code	Procedure Description	Rate
99401	COUNSELING, INDIVIDUAL, 15 MIN.	Non Benefit
99402	COUNSELING, INDIVIDUAL, 30 MIN.	Non Benefit
99403	COUNSELING, INDIVIDUAL, 45 MIN.	Non Benefit
99404	COUNSELING, INDIVIDUAL, 60MIN.	Non Benefit
99411	COUNSELING, GROUP 30 MIN.	Non Benefit
99412	COUNSELING, GROUP, 60 MIN.	Non Benefit
99420	HEALTH RISK APPRAISAL	Non Benefit
99429	UNLISTED PREVENTIVE MED.	By Report
99432	NEWBORN CARE, OUTSIDE HOSPITAL	55.20
X5332	(90700) DTAP IMMUNIZATION	24.32
X5312	(90701) DIPHTHERIA/TETANUS TOXOID/PERTUSSIS-0.5ML	19.76
X5310	(90702) DIPHTHERIA/TETANUS TOXOID ADSORBED-0.5ML	9.43
X6954	(90703) TETNUS TOXOID, ABSORBED - 0.5ML	9.43
X5324	(90704) MUMPS VIRUS VACCINE LIVE SINGLE DOSE	24.15
X5300	(90705) MEASLES(RUBEOLA VIRUS VACCINE-LIVE	19.79
X5322	(90706) RUBELLA VIRUS VACCINE-LIVE SINGLE DOSE	23.00
X5320	(90707) MEASLES/MUMPS/RUBELLA VIRUS VACCINE LIVE	36.77
X5318	(90708) MEASLES(RUBEOLA)RUBELLA VIRUS VACCINE	29.00
X5302	(90709) RUBELLA/MUMPS VIRUS VACCINE LIVE SGL DOS	30.52
90749	(90710) MEASLES/MUMPS/RUBELLA VACCINE VARICELLA	By Report
90749	(90711) DTP and INJECTABLE POLIO	By Report
X5326	(90712) ORIMUNE DISPETTES - 0.5CC EA	18.98
X5328	(90712) ORIMUNE - 2 DROP DOSE/VIAL	16.17
X6774	(90713) POLIOMYELITIS VACCINE - 1CC AMP	27.44
X6990	(90714) TYPHOID VACCINE-5 ML	9.43
X7106	(90716) VARICELLA	47.44
X7024	(90717) YELLOW FEVER VAC-YELLOW FEVER VAC CONNAU	9.19
X6100	(90719) DIPHTHERIA TOXOID ADSORBED(PED-5ML	9.43
X5321	(90720) TETRAMUNE VACCINE 0.5CC DPT/HIB	33.63
90749	(90721) DIPHTHERIA, TETANUS, and ACELLULAR PERTUSSIS (DTaP) AND HEMOPHILUS INFLUENZA B (HIB) VACCINE	By Report
X6218	(90724) INFLUENZA VIRUS VACCINE(ADULT)0.5ML	11.61
X5938	(90725) CHOLERA VACCINE-1.5ML	9.89
X5936	(90725) CHOLERA VACCINE-20ML	8.49
90726	(90726) RABIES IMMUNIZATION	By Report
X6770	(90727) PLAGUE VACCINE-2 ML	12.99
X6768	(90727) PLAGUE VACCINE-20 ML	8.69
X5730	(90728) BCG VACCINE, PERCUTANEOUS	8.79
90749	(90730) HEPATITIS A VACCINE	By Report
X6772	(90732) PNEUMOCOCCAL VACCINE-0.5 ML	14.59
X6542	(90733) MENINGOCOCCAL POLYSACCHARIDE-GROUP A 10	8.49
X6270	(90737) HAEMOPHILUS INFLUENZAE VACCINE HIB TITER	22.00
X6268	(90737) H. INFLUENZAE B VACCINE-0.SML	14.35
X6272	(90737) H. INFL. VACCINE(PROHIBIT) 0.5 ML.	23.50
X6232	(90741) IMMUNE SERUM GLOBULIN-HUMAN-2ML	10.26
X6230	(90741) IMMUNE SERUM GLOBULIN-1ML	5.95

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MAXIMUM STATEWIDE PAYMENT RATES -- FY 1997-98

Procedure Code	Procedure Description	Rate
Specific Hyperimmune Serum Globulin:		
X6346 (90742)	MUMPS IMMUNE GLOBULIN(HUMAN)-1.5ML	9.99
X6344 (90742)	MUMPS IMMUNE GLOBULIN(HUMAN)-4.5ML	9.19
X6348 (90742)	PERTUSSIS IMMUNE GLOBULIN(HUMAN)1.25ML	20.19
X6280 (90742)	HEPATITIS B IMMUNE GLOBULIN(HUMAN)3ML	47.49
X6278 (90742)	HEPATITIS B IMMUNE GLOBULIN(HUMAN)4ML	47.49
X6276 (90742)	HEPATITIS B IMMUNE GLOBULIN(HUMAN)5ML	39.59
X5676 (90742)	TETANOS IMMUNE GLOBULIN(HUMAN)250 UNIT	8.53
X6098 (90742)	RHO(D)IMMUNE GLOBULIN(HUMAN)	50.24
X6350 (90742)	MICRO-GAM	33.04
X7088 (90744)	ENGERIX-B (PEDIATRIC) 10.0 MCG/0.5 ML.	30.95
X7092 (90744)	RECOMBIVAX HB (PEDIATRIC) 2.5 MCG/0.5 ML	25.50
X7098 (90744)	RECOMBIVAX HB (PEDIATRIC) 15.0 MCG/3.0 ML	39.83
X7090 (90745)	ENGERIX-B (ADULT TO 19 YEARS) 20.0 MCG/1.0 ML.	61.85
X7096 (90745)	RECOMBIVAX HB (ADULT) 10.0 MCG/1.0 ML	53.64
X7100 (90745)	RECOMBIVAX HB (ADULT) 30.0 MCG/3.0 ML	53.64
90749 (90749)	UNLISTED IMMUNIZATION, including 90710, 90711, 90716, 90730	By Report

B. OBSTETRICAL PRACTITIONER SERVICES:

59000	AMNIOCENTESIS	50.67
59012	FETAL CORD PUNCTURE PRENATAL	132.25
59015	CHORION BIOPSY	Non Benefit
59020	FETAL CONTRACTION STRESS TEST	50.67
59025	FETAL NON-STRESS TEST	20.27
59030	FETAL SCALP BLOOD SAMPLE	50.67
59050	FETAL MONITOR DURING LABOR BY CONS PHYSI	81.07
59051	FETAL MONITORING DURING LABOR BY CONSULT	74.48
59100	REMOVE UTERUS LESION	709.38
59120	TREAT ECTOPIC PREGNANCY	709.38
59121	TREAT ECTOPIC PREGNANCY	709.38
59130	TREAT ECTOPIC PREGNANCY	By Report
59135	TREAT ECTOPIC PREGNANCY	841.12
59136	TREAT ECTOPIC PREGNANCY	841.12
59140	TREAT ECTOPIC PREGNANCY	By Report
59150	TREAT ECTOPIC PREGNANCY	385.09
59151	TREAT ECTOPIC PREGNANCY	385.09
59160	D&C AFTER DELIVERY	202.68
59200	INSERTION OF CERVICAL DILATOR	Non Benefit
59300	EPISIOTOMY OR VAGINAL REPAIR	101.34
59320	REVISION CERVIX	By Report
59325	REVISION CERVIX	By Report
59350	REPAIR OF UTERUS	699.25
59400	OBSTETRICAL CARE	961.20
59409	VAG DELIVERY ONLY (WITH OR W/OUT EPISIOT	480.60
59410	VAGINAL DELIVERY ONLY	Non Benefit
59412	ANTEPARTUM MANIPULATION	Non Benefit

MAXIMUM STATEWIDE PAYMENT RATES – FY 1997-98

Procedure Code	Procedure Description	Rate
59414	DELIVER PLACENTA	By Report
59425	ANTEPARTUM CARE ONLY	Non Benefit
59426	ANTEPARTUM CARE ONLY	Non Benefit
59430	CARE AFTER DELIVERY	Non Benefit
59510	CESAREAN DELIVERY	961.27
59514	CESAREAN DELIVERY ONLY	480.64
59515	CESAREAN DELIVERY	Non Benefit
59525	RML UTERUS AFTER CESAREAN	211.15
59812	TREATMENT OF MISCARRAIGE	148.92
59820	CARE OF MISCARRIAGE	148.92
59821	TREATMENT OF MISCARRIAGE	148.92
59830	TREAT UTERUS INFECTION	By Report
59840	ABORTION	158.10
59841	ABORTION	223.38
59850	ABORTION	206.76
59851	ABORTION	206.76
59852	ABORTION	521.22
59855	INDUCED ABORTION BY ONE/MORE VAG/SUPP	178.85
59856	INDUCED ABORTION BY ONE/MORE VAG/SUPP	258.11
59857	INDUCED ABORTION BY ONE/MORE VAG/SUPP	589.35
59870	EVACUATE MOLE UTERUS	304.02
59899	MATERNITY CARE PROCEDURE	By Report

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Supersedes TN. No. 96-003

MEDI-CAL PROGRAM
OBSTETRICAL PRACTITIONER PARTICIPATION

FIELD OFFICE DISTRICT	(1) AVAILABLE OBSTETRICAL PRACTITIONERS	(2) PARTICIPATING OBSTETRICAL PRACTITIONERS	(3) PERCENT PARTICIPATION
Oakland	614	385	62.70
Sacramento	902	723	80.16
San Francisco	645	457	70.85
Fresno	625	655	104.80
San Diego	805	593	73.66
San Bernardino	654	561	85.78
Los Angeles	2,534	2362	93.21
San Jose	629	356	56.60
Total	7,408	6,092	82.24

- 1) Number of nonfederal office-based obstetricians, gynecologists, and family practitioners during calendar year 1996. SOURCE: American Medical Association (AMA), provided by special request.
- 2) Fee-for-service obstetricians, gynecologists, and family practitioners paid during calendar year 1996, weighted for group practices. Previous analysis of "rendering providers" in group practice settings reflect an average of 2.52 physicians per family practice group, and 3.51 physicians per obstetrics/gynecology group.
- 3) Percentages which exceed 100 indicate potential flaws in the database used for this table. Possible explanations include: a) a Medi-Cal physician could be double-counted if moving during the year from a private practice to a group practice; b) the statewide average number of physicians in group settings may be higher than the actual number for that county; or c) the AMA data may incompletely count office-based physicians.

Note: Data for the counties of Orange, San Mateo, Santa Barbara, Santa Cruz and Solano counties were excluded from this analysis because of the existence of county operated capitation programs and Geographic Managed Care arrangements.

MEDI-CAL PROGRAM
PEDIATRIC PRACTITIONER PARTICIPATION

FIELD OFFICE DISTRICT	(1) AVAILABLE PEDIATRIC PRACTITIONERS	(2) PARTICIPATING PEDIATRIC PRACTITIONERS	PERCENT PARTICIPATION
Oakland	737	472	64.04
Sacramento	930	678	72.90
San Francisco	727	482	66.30
Fresno	633	573	90.52
San Diego	852	738	86.62
San Bernardino	664	615	92.62
Los Angeles	2,666	2,281	85.56
San Jose	690	386	55.94
Total	7,899	6,225	78.81

- 1) Number of nonfederal office-based pediatricians and family practitioners during calendar year 1996. SOURCE: American Medical Association (AMA), provided by special request.
- 2) Fee-for-service pediatricians and family practitioners paid during calendar year 1996; weighted for group practices. Previous analysis of "rendering providers" in group practice settings reflect an average of 2.52 physicians per family practice group, and 4.58 physicians per pediatric group.

Note: Data for the counties of Orange, San Mateo, Santa Barbara, Santa Cruz and Solano counties were excluded from this analysis because of the existence of county operated capitation programs and Geographic Managed Care arrangements.

TN No. 97-004
Supersedes TN No. 96-003

Approval Date 6/16/97 Effective Date 7/1/97

HMO PEDIATRIC AND OBSTETRICAL SERVICES

The Department's actuarial staff regularly prepares a comprehensive report which presents detailed information on how capitation rates for HMOs (Prepaid Health Plans) and other prepaid at-risk providers are established under the Medi-Cal Program. Due to its size, the report has not been included as a part of this State Plan Amendment; however, copies are available upon request.

The process of determining capitation rates is based on an actuarial analysis of "fee-for-service" (FFS) equivalent costs. This means that capitation rates are calculated to reflect the estimated per capita amount that would be paid under the FFS program for the same services covered by the Prepaid Health Plan (PHP) contract. These rate calculations also include adjustments to ensure actuarial equivalence and to account for administrative costs and program savings goals. Since FFS rates directly influence FFS program costs, which, in turn, directly influence PHP rates, FFS rates are clearly taken into account in establishing PHP rates.

Accordingly, the Department assures that its FFS payment rates for pediatric and obstetrical practitioner services are taken into account in developing the payment rates for HMOs (Prepaid Health Plans) with Section 1903(m) Medicaid contracts.

STATEWIDE AVERAGE PAYMENTS--1995-96

Procedure Code	Medi-Cal Code	Procedure Description	Average Payment
90701	X5312	DIPHTHERIA/TETANUS TOXOID/PERTUSSIS-0.5ML	\$13.99
90701	X5314	DIPHTHERIA/TETANUS TOXOIDS/PERTUSSIS7.5ML	\$15.57
90701	X5316	DIPHTHERIA/TETANUS TOXOIDS/PERTUSSIS-7.5	\$16.38
90707	X5320	MEASLES/MUMPS/RUBELLA VIRUS VACCINE LIVE	\$25.30
90712	X5326	ORIMUNE DISPETTES - 0.5CC EA	\$13.71
90712	X5328	ORIMUNE - 2 DROP DOSE/IAL	\$12.16
90737	X6268	H. INFLUENZAE B VACCINE--0.SML	\$11.66
90737	X6270	HAEMOPHILUS INFLUENZAE VACCINE HIB TITER	\$19.17
90737	X6272	H. INFL. VACCINE(PROHIBIT) 0.5 ML.	\$17.82
90744-5	X7088	ENGERIX B 10 MCG/0.5 ML (EACH)	\$24.93
90744-5	X7090	ENGERIX B 20 MCG/1.0 ML	\$52.78
90744-5	X7092	RECOMBIVAX HB 2.5 MCG/0.5 ML (EACH)	\$19.41
90744-5	X7094	RECOMBIVAX HB 5 MCG/0.5 ML (EACH)	\$30.65
59400	59400	OBSTETRICAL CARE	\$963.42
59409	59409	VAG DELIVERY ONLY (WITH OR W/OUT EPISIOT	\$475.04
59410	59410	VAGINAL DELIVERY ONLY	\$473.30
59412	59412	EXTERNAL CEPHALIC VERSION	Non-Benefit
59414	59414	DELIVER PLACENTA	\$97.28
59425	59425	ANTEPARTUM CARE, ONLY	Non-Benefit
59426	59426	ANTEPARTUM CARE, ONLY	Non-Benefit
59430	59430	POSTPRUM CARE, ONLY	Non-Benefit
59510	59510	CESARIAN DELIVERY	\$958.62
59514	59514	CAESAREAN DELIVERY ONLY	\$473.11
59515	59515	CESAREAN DELIVERY	\$468.60
59525	59525	RML UTERUS AFTER CESAREAN	\$788.90
99201	99201	OFFICE VISIT, NEW, LEVEL 1	\$17.65
99202	99202	OFFICE VISIT, NEW, LEVEL 2	\$25.89
99203	99203	OFFICE VISIT, NEW, LEVEL 3	\$43.58
99204	99204	OFFICE VISIT, NEW, LEVEL 4	\$53.79
99205	99205	OFFICE VISIT, NEW, LEVEL 5	\$55.12
99211	99211	OFFICE VISIT, EST., LEVEL 1	\$7.49
99212	99212	OFFICE VISIT, EST., LEVEL 2	\$2.11
99213	99213	OFFICE VISIT, EST., LEVEL 3	\$16.34
99214	99214	OFFICE VISIT, EST., LEVEL 4	\$23.54
99215	99215	OFFICE VISIT, EST., LEVEL 5	\$33.24
99381	99381	PREVENTIVE MED., NEW, INFANT	\$23.95
99382	99382	PREVENTIVE MED., NEW, 1-4 YRS.	\$31.84
99383	99383	PREVENTIVE MED., NEW, 5-11 YRS.	\$40.00
99384	99384	PREVENTIVE MED., NEW, 12-17 YRS.	\$47.90
99391	99391	PREVENTIVE MED., EST., INFANT	\$20.07
99392	99392	PREVENTIVE MED., EST., 1-4 YRS.	\$24.11
99393	99393	PREVENTIVE MED., EST., 5-11 YRS.	\$32.11
99394	99394	PREVENTIVE MED., EST., 12-17 YRS.	\$40.03

TN. No. 97-004
Supersedes TN. No. 96-003

Approval Date 6/16/97

Effective Date 7/1/97

MEDI-CAL STATEWIDE AVERAGE PAYMENTS -- 1993-94

Procedure Code	Procedure Description	Average Payment
B. OBSTETRICAL PRACTITIONER SERVICES		
59400	Obstetrical care	959.68
59409	Vaginal delivery	Non Benefit*
59410	Vaginal delivery	475.94
59412	Antepartum manipulation	Non Benefit
59414	Deliver placenta	165.05
59425	Antepartum care only	Non Benefit
59426	Antepartum care only	Non Benefit
59430	Care after delivery	Non Benefit
59510	Obstetrical care	956.55
59514	Cesarean delivery	Non Benefit*
59515	Cesarean delivery	471.62
59525	Remove uterus after cesarean	204.55
Z1032	Initial pregnancy office visit	110.37
Z1032-ZL	Initial pregnancy office visit, if provided within 16 weeks of last menstrual period (Comprehensive Perinatal Service Providers only)	159.49
Z1034	Antepartum followup office visit	52.55
Z1036	Tenth and subsequent antepartum office visit (Comprehensive Perinatal Service providers only)	99.66
Z1038	Postpartum office visit	52.86

* New code in 1994 CPT, not covered during this payment period.

TN. No. 95-001. Approval date MAY 22 1995 Effective Date JUN 01 1995
Supersedes TN. No. 94-004.

THESE PAGES WERE REMOVED FROM THE STATE PLAN
PAGES 7-19

Attachment 4.19-B
Page 16

HMO PEDIATRIC AND OBSTETRICAL SERVICES

The Department's actuarial staff regularly prepares a comprehensive report which presents detailed information on how capitation rates for HMOs (Prepaid Health Plans) and other prepaid at-risk providers are established under the Medi-Cal program. Due to its size, the report has not been included as a part of this State Plan Amendment; however, copies are available upon request.

The process of determining capitation rates is based on an actuarial analysis of "fee-for-service" (FFS) equivalent costs. This means that capitation rates are calculated to reflect the estimated per capita amount that would be paid under the FFS program for the same services covered by the Prepaid Health Plan (PHP) contract. These rate calculations also include adjustments to ensure actuarial equivalence and to account for administrative costs and program savings goals. Since FFS rates directly influence FFS program costs, which, in turn, directly influence PHP rates, FFS rates are clearly taken into account in establishing PHP rates.

Accordingly, the Department assures that its FFS payment rates for pediatric and obstetrical practitioner services are taken into account in developing the payment rates for HMOs (Prepaid Health Plans) with Section 1903(m) Medicaid contracts.

TN No. 95-001. Approval Date MAY 22 1995 Effective Date JUL 01 1995
Supersedes TN No. 94-004.

THESE PAGES WERE REMOVED FROM THE STATE PLAN
PAGES 7-19

Attachment 4.19-B
Page 17

MEDI-CAL STATEWIDE AVERAGE PAYMENTS -- FY 1992-93

Procedure Code	Procedure Description	Average Paid*
X6278 (90742)	Hepatitis B, 4 ml	29.38
X6276 (90742)	Hepatitis B, 5 ml	32.54
X5676 (90742)	Tetanus, 250 units	8.41
X6098 (90742)	RHO (D), full dose	41.23
X6350 (90742)	RHO (D), mini dose	16.59

B. OBSTETRICAL PRACTITIONER SERVICES:

Maternity Care and Delivery

Incision		
59000	Amniocentesis	48.54
59012	Fetal cord puncture, prenatal	132.27
59015	Chorion biopsy	Non Benefit
59020	Fetal contract stress test	49.64
59025	Fetal non-stress test	20.24
59030	Fetal scalp blood sample	50.66
59050	Fetal monitor w/ report	80.67
59100	Remove uterus lesion	642.35
Excision		
59120	Treat ectopic pregnancy	691.84
59121	Treat ectopic pregnancy	697.51
59130	Treat ectopic pregnancy	596.00
59135	Treat ectopic pregnancy	841.00
59136	Treat ectopic pregnancy	823.67
59140	Treat ectopic pregnancy	Not Paid
59150	Treat ectopic pregnancy	402.94
59151	Treat ectopic pregnancy	374.86
59160	D&C after delivery	196.43
Introduction		
59200	Insert cervical dilator	Non Benefit
Repair		
59300	Episiotomy or vaginal repair	87.50
59320	Revision of cervix	198.61
59325	Revision of cervix	332.50
59350	Repair of uterus	674.25
Delivery, Antepartum and Postpartum Care		
59400	Obstetrical care	957.77

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PAGES 7-19

Attachment 4.19-B
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MEDI-CAL STATEWIDE AVERAGE PAYMENTS -- FY 1992-93

Procedure Code	Procedure Description	Average Paid*
59410	Obstetrical care	475.25
59412	Antepartum manipulation	Non Benefit
59414	Deliver placenta	70.34
59430	Care after delivery	Non Benefit
Cesarean Delivery		
59510	Cesarean delivery	955.94
59515	Cesarean delivery	471.35
59525	Remove uterus after cesarean	385.71
Abortion		
59812	Treatment of miscarriage	142.92
59820	Care of miscarriage	126.71
59821	Treatment of miscarriage	143.64
59830	Treat uterus infection	144.95
59840	Abortion	155.16
59841	Abortion	221.14
59850	Abortion	190.07
59851	Abortion	193.83
59852	Abortion	506.33
Additional Office Visit Procedures (Payable in addition to 59400-59525)		
Z1032	Initial pregnancy office visit	110.54
Z1032-ZL	Initial pregnancy office visit, if provided within 16 weeks of last menstrual period (Comprehensive Perinatal Service Providers only)	154.15
Z1036	Tenth and subsequent antepartum office visit (Comprehensive Perinatal Service providers only)	99.46

* Principal modifier

NOTE: Maximum payment rates for physician services under the Medi-Cal program are uniform throughout all areas of the State. Therefore, the average amounts reported above will vary only slightly, if at all, among different areas.

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ENCLOSURE

Revised Pages for:
CALIFORNIA MEDICAID STATE PLAN
Under Transmittal of
STATE PLAN AMENDMENT (SPA)

08-006*

All new pages will have this SPA* number identified as the new TN No., so it will not be repeated for each new insert pages.

Remove Page(s)	Insert Page (s)
Attachment 4.19-B, pages 7-19	After Attachment 4.19-B, page 3f, <i>insert</i> Attachment 4.19-B, page 3g