

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

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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](mailto:Cheryl.Young@cms.hhs.gov).

Sincerely,



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

1 9 — 0 0 21

2. STATE

California

3. PROGRAM IDENTIFICATION:

TITLE XIX OF THE SOCIAL SECURITY ACT

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

4. PROPOSED EFFECTIVE DATE

July 1, 2019

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

42 CFR 447, Subpart F

7. FEDERAL BUDGET IMPACT

a. FFY 2019 \$ 28,706,040

b. FFY 2020 \$ 114,824,160

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 27 to Attachment 4.19-B pages 1-4

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Supplement 27 to Attachment 4.19-B pages 1-4<sup>3</sup>

10. SUBJECT OF AMENDMENT

Extension of the time-limited supplemental payment for certain physician's services using California Healthcare, Research and Prevention Tobacco Tax Act (Commonly known as Proposition 56). The supplemental payment extension would be for services rendered on or after July 1, 2019 through December 31, 2021.

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

GOVERNOR'S OFFICE REPORTED NO COMMENT

OTHER, AS SPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. OFFICIAL

16. RETURN TO

Department of Health Care Services

Attn: Director's Office

P.O. Box 997413, MS 0000

Sacramento, CA 95899-7413

13. TYPED NAME

Mari Cantwell

14. TITLE

State Medicaid Director

15. DATE SUBMITTED

July 3, 2019

**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

For Box 11 "Other, As Specified," Please note: The Governor's Office does not wish to review the State Plan Amendment.

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

- 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

## 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.

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 |
| 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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: CALIFORNIA

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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.

TN: 19-0021

Supersedes

TN: None

Approval Date: August 15, 2019

Effective Date: July 1, 2019