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

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DEC 2 8 2010

MMCD All Plan Letter 10-014

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: CORRECTION TO ALL PLAN LETTER 10-003 REGARDING AUGMENTED REIMBURSEMENT FOR FAMILY PLANNING SERVICES

This Policy Letter (PL) provides a correction to an earlier All Plan Letter (APL) 10-003 which incorrectly stated that Managed Care health plans must enact policies that ensure the augmented reimbursement rates for family planning services enacted through Senate Bill (SB) 94 (Statutes of 2007) are paid in full to their contracted providers. The term contracted provider was incorrect. The augmented reimbursement rates must be paid to *all family planning providers* not just contracted providers. Despite this drafting error, Medi-Cal has been paying the correct capitation rates to the health plans. Consequently, all Managed Care health plans are required to comply with all the applicable laws and ensure the correct payments are made to family planning providers for all eligible services provided.

As a reminder, SB 94 required 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.

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

Original Signed by Stuart Busby for

Tanya Homman, Chief
Medi-Cal Managed Care Division

Enclosure

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