Medi-Cal Managed Care Division
Non-Capitated Services

	NON-CAPITATED SERVICES PROGRAM/ SERVICE/ DESCRIPTION √ Services are capitated for HCP	COHS PLANS									GMC										2 Plan Model																							
		501-CenCal Health (SLO) **502**-CenCal Health (SBHI) **503**-Health Plan of San Mateo **504**-Parnership Health Plan of Calif. Solano **505**-Central Cost Alliance for Health **506**-CalOPTIMA **507**-Partnership Health Plan of Calif. Napa **508**-Central Cost Alliance for Health **509**-Partnership HealthPlan of California Yolo									**29**-Community Hlth Grp Partnrshp **68**-Health Net Comm Solutions **79**-KP Cal **130**-Molina Healthcare Partner **131**-Molina Healthcare Partner **140**-WHA Community Health Plan **150**-Health Net Comm Solutions **167**-Care 1st Partner Plan **170**-KP Cal Sacto **190**-Anthem Blue Cross Partnrshp										**300**-Alameda Alliance for Health **301**-Contra Costa Health Plan **303**-Kern Health Systems **304**-LA Care **305**-Inland Empire Health Plan - Riverside **306**-Inland Empire Health Plan - San Bernardino **307**-San Francisco Health Plan **308**-Health Plan of San Joaquin **309**-Santa Clara Family Health **310**-Anthem Blue Cross Partnrshp **311**-Anthem Blue Cross Partnrshp **340**-Anthem Blue Cross Partnrshp **341**-Anthem Blue Cross Partnrshp **343**-Anthem Blue Cross Partnrshp **344**-Anthem Blue Cross Partnrshp **345**-Anthem Blue Cross Partnrshp **351**-Health Net Comm Solutions **352**-Health Net Comm Solutions **353**-Health Net Comm Solutions **355**-Molina Healthcare Partner **356**-Molina Healthcare Partner **358**-Anthem Blue Cross Partnrshp **360**-Health Net Comm Solutions **361**-Health Net Comm Solutions																				
		501	**502**	**503**	**504**	**505**	**506**	**507**	**508**	**509**	**29**	**68**	**79**	**130**	**131**	**140**	**150**	**167**	**170**	**190**	**300**	**301**	**303**	**304**	**305**	**306**	**307**	**308**	**309**	**310**	**311**	**340**	**341**	**343**	**344**	**345**	**351**	**352**	**353**	**355**	**356**	**358**	**360**	**361**
1	Acquired Immune Deficiency Syndrome (AIDS) (AIDS Waiver Program) Proc. Cde Z5000-Z5199																																											
2	Acupuncture Services Proc. Cde 97810-97814 2Plan Model Only	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√																								
3	Adult Day Heath Care (ADHC) program services Proc. Cde Z8500-Z8500 S5102 H2000 T1023 eff. 12/1/08																																											
4	Alcohol and drug treatment services available under the Short-Doyle/Medi-Cal program (**a**) COHS GMC & 2 Plan																																											
4	Early and Periodic Screening, Diagnosis and Treatment (EPSDT) individual outpatient drug-free counseling for alcohol and other drugs Proc. Cde Z5850 COHS GMC 2P																																											
5	Expanded Alpha-Fetoprotein Testing - Proc. Cde Z5218 Diag. Code V28.8 OIL #153-03 Expanded Alpha-Fetoprotein laboratory testing and blood collection/handling. Proc. Cde S3625 COHS GMC & 2 Plan																																										**(a)**	**(a)**
6	Assisted Living Waiver Pilot Project (ALWPP) Not Capitated in Los Angeles, Sacramento, and San Joaquin counties. Proc Cde G9001-G9002- T2031	√	√	√	√	√	√	√	√	√	√	√	√	**(b)**	√	**(b)**	**(b)**	√	**(b)**	**(b)**	√	√	√	**(b)**	√	√	√	**(b)**	√	√	√	√	√	√	√	√	√	**(b)**	√	√	√	**(b)**	√	√
7	California Children's Services (CCS) Not Capitated except 502,503, 504, 507, 509 MMCD Letter No. 96-02 GMC 2P		√	√	√			√		√																																		
8	Child Health and Disability Prevention (CHDP) program Capitated except 501, 502, and 503				√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
9	Chiropractic Proc. Cde 98940-98942 2 Plan Only	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√																									
10	Dental Services (a) separate claim processing system For FQHC procedure Cde 00003 COHS GMC 2P																																											
11	Directly Observed Therapy (DOT) for tuberculosis Proc. Cde Z0318																																											
12	Childhood Lead Poisoning Case Management Proc. Cde S3625																																											
12	EPSDT SS On-Site Investigation to detect the source of lead contamination. Proc. Cde Z5830 OIL # 298-99 COHS GMC 2 Plan																																											

√ **Services are capitated for HCP**

(**a**) procedure code not listed on the 242 table as a non-capitated service

(**b**) ALWPP procedure codes are not capitated on the 242 table for these plans in these specific counties

Medi-Cal Managed Care Division
Non-Capitated Services

	NON-CAPITATED SERVICES PROGRAM/DESCRIPTION	COHS PLANS									GMC										2 Plan Model																								
		501-CenCal Health (SLO) **502**-CenCal Health (SBHI) **503**-Health Plan of San Mateo **504**-Parnership Health Plan of Calif. Solano **505**-Central Cost Alliance for Health **506**-CalOPTIMA **507**-Partnership Health Plan of Calif. Napa **508**-Central Cost Alliance for Health **509**-Partnership HealthPlan of California Yolo									**29**-Community Hlth Grp Partnrshp **68**-Health Net Comm Solutions **79**-KP Cal **130**-Molina Healthcare Partner **131**-Molina Healthcare Partner **140**-WHA Community Health Plan **150**-Health Net Comm Solutions **167**-Care 1st Partner Plan **170**-KP Cal Sacto **190**-Anthem Blue Cross Partnrshp										**300**-Alameda Alliance for Health **301**-Contra Costa Health Plan **303**-Kern Health Systems **304**-LA Care **305**-Inland Empire Health Plan - Riverside **306**-Inland Empire Health Plan - San Bernardino **307**-San Francisco Health Plan **308**-Health Plan of San Joaquin **309**-Santa Clara Family Health **310**-Anthem Blue Cross Partnrshp **311**-Anthem Blue Cross Partnrshp **340**-Anthem Blue Cross Partnrshp **341**-Anthem Blue Cross Partnrshp **343**-Anthem Blue Cross Partnrshp **344**-Anthem Blue Cross Partnrshp **345**-Anthem Blue Cross Partnrshp **351**-Health Net Comm Solutions **352**-Health Net Comm Solutions **353**-Health Net Comm Solutions **355**-Molina Healthcare Partner **356**-Molina Healthcare Partner **358**-Anthem Blue Cross Partnrshp **360**-Health Net Comm Solutions **361**-Health Net Comm Solutions																																												
		501	**502**	**503**	**504**	**505**	**506**	**507**	**508**	**509**	**29**	**68**	**79**	**130**	**131**	**140**	**150**	**167**	**170**	**190**	**300**	**301**	**303**	**304**	**305**	**306**	**307**	**308**	**309**	**310**	**311**	**340**	**341**	**343**	**344**	**345**	**351**	**352**	**353**	**355**	**356**	**358**	**360**	**361**
13	Pediatric Day Health Care - EPSDT Supplemental Service Pediatric Day Health Care (PDHC) Proc. Cde Z5868 COHS GMC & 2 Plan	√**(c)**	√**(c)**																																										
14	Erectile Dysfunction Drugs																																												
15	Adult Day Health Centers (ADHC), Federal Qualified Health Center (FQHC), Indian Health Services (IHS) Rural Health Clinics (RHC)																																												
15	Acupuncture Proc Cde 00015	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√																									
15	ADHC Proc Cde 00006-00009																																												
15	Chiropractic Proc Cde 00016	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√																									
15	Dental Proc Cde 00003																																												
15	Differential Rate Proc Cde 00018-00021																																												
15	Heroin Detoxification Proc Cde 00017																																												
15	Medicare Crossover 00002																																												
15	Mental Health Proc Cde 00011-00014			√	√											√			√																										
16	Heroin Detoxification Services Proc. Cde Z6600 & Z6604 OIL # 278-99 COHS 2P																																												
17	Home and Community-Based Waiver Services - In-Home Operations (IHO) Waiver - Nursing Facility/Acute Hospital Waiver COHS For GMC and 2 Plan Model excluded enrollment, may not enroll in, or must disenroll from HCP										**(d)**	**(d)**	**(d)**	**(d)**	**(d)**	**(d)**	**(d)**	**(d)**	**(d)**	**(d)**	**(d)**	**(d)**	**(d)**	**(d)**	**(d)**	**(d)**	**(d)**	**(d)**	**(d)**	**(d)**	**(d)**	**(d)**	**(d)**	**(d)**	**(d)**	**(d)**	**(d)**	**(d)**	**(d)**	**(d)**	**(d)**	**(d)**	**(d)**	**(d)**
18	Hospital-Inpatient state and federal services state mental Instit. prison and federal military hosp. VA hosp.							**(e)**																																					
19	Local Education Agency (LEA) assessment services rendered to a member who qualifies for LEA services. COHS GMC 2P																																												

√ **Services are capitated for HCP**

"(**c**) Medi-Cal FFS Provider Manual shows this service is not capitated in the COHS, GMC and 2 Plan Model

(d)=Must be disenrolled from the Medi-Cal Managed Care plan

"**(e)** Nelson Holderman Hospital which includes Long Term Care and Pharmacy

Medi-Cal Managed Care Division
Non-Capitated Services

	NON-CAPITATED SERVICES PROGRAM/DESCRIPTION	COHS PLANS	GMC	2 Plan Model
		501-CenCal Health (SLO) **502**-CenCal Health (SB) **503**-Health Plan of San Mateo **504** Parnership Health Plan of Calif. Solano **505**-Central Coast Alliance for Health **506**-CalOPTIMA **507-**Partnership Health Plan of Calif. Napa **508-**Central Coast Alliance for Health **509-** Partnership HealthPlan of Calif. Yolo	**29**-Community Hlth Grp Partnrshp **68**-Health Net Comm Solutions **79**-KP Cal **81**-KP Cal **130**-Molina Healthcare Partner **131**-Molina Healthcare Partner **140**-WHA Community Health Plan **150**-Health Net Comm Solutions **167**-Care 1st Partner Plan **170**-KP Cal Sacto **190**-Anthem Blue Cross Partnrshp	**300-**Alameda Alliance for Health **301-**Contra Costa Health Plan **303-**Kern Health Systems **304-**LA Care **305-**Inland Empire Health Plan - Riverside **306-**Inland Empire Health Plan - San Bernardino **307-**San Francisco Health Plan **308-**Health Plan of San Joaquin **309-**Santa Clara Family Health **310-**Anthem Blue Cross Partnrshp **311-**Anthem Blue Cross Partnrshp **340-**Anthem Blue Cross Partnrshp **341-** Anthem Blue Cross Partnrshp **343-**Anthem Blue Cross Partnrshp **344-**Anthem Blue Cross Partnrshp **345-**Anthem Blue Cross Partnrshp **351-**Health Net Comm Solutions **352-**Health Net Comm Solutions **353-**Health Net Comm Solutions **355-**Molina Healthcare Partner **356-** Molina Healthcare Partner **358-**Anthem Blue Cross Partnrshp **360-**Health Net Comm Solutions **361-**Health Net Comm Solutions

		501	502	503	504	505	506	507	508	509	29	68	79	130	131	140	150	167	170	190	300	301	303	304	305	306	307	308	309	310	311	340	341	343	344	345	351	352	353	355	356	358	360	361
20	Long Term Care (LTC) – other than mental health services capitated for all HCPs except 503	√	√	√ (*)	√	√	√	√	√	√	(f)	(f)	(f)	(f)	(f)	(f)	(f)	(f)	(f)	(f)	(f)	(f)	(f)	(f)	(f)	(f)	(f)	(f)	(f)	(f)	(f)	(f)	(f)	(f)	(f)	(f)	(f)	(f)	(f)	(f)	(f)	(f)	(f)
21	Long Term Care (LTC) mental health services non-capitated for all HCPs except 504 and 170 LTC Accom Codes 11,12,31,& 32				√																																							
22	Mental Health - Psychiatric Inpatient Hospital				√														√																									
23	Mental Health Psychiatric services rendered by a Psychiatrist, Psychologist, Marriage, Family and Child Counselor, or Licensed Clinical Social Worker Psychological Services Procedure codes X9500-X9599			(g)	√										(g)	√		(g)	√																									
23	Mental Health Psychological Services Procedure codes Prov 31 AAAAA-99999			(h)	√											√(i)			√																									
23	Mental Health - Psychiatric Outpatient Provider Specialty 26 27 36 93 94				√											√			√																									
23	EPSDT Marriage, Family and Child Counselor and EPSDT Social Worker services Proc. Cde Z5814-Z5816 noncapitated for all HCPs except HCP 504 Not in GMC & 2 Plan			(J)	√											√(J)			√(J)																									
24	Mental Health - Psychiatric Drugs			√												√			√																								(k)	(k)
25	Mental Health - Anti-psychotic Injection procedure codes on the 242 Table are capitated for most HCPs OIL: 0153-03			√	√						√	√	√		√	√		√	√		√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
26	Multipurpose Senior Services Program (MSSP) Proc. Cde Z8550-Z8603 OIL 211-03 COHS GMC 2P																																											
27	Newborn Hearing Screening Program services (CCS) Proc. Cde Z9725-Z9749 COHS GMC 2P Model																																											
28	Prayer and Spiritual Healing (**a**) excluded from 2 Plan Model and GMC only	√	√	√	√	√	√	√	√	√																																		

√ Services are capitated for HCP

(**f**)=Must be disenrolled from the Medi-Cal Managed Care plan

(g) Not capitated Psychological Services Procedure Codes range missing in 242 Table for HCP 131, 167 and 503

(*)Effective February 1, 2010

"(h) Medi-Cal Provider manual shows this as a capitated service for HCP 503 OIL instructs EDS to make this a capitated service for HCP 140 and HCP 170

"(i) The 242 Table has these procedure codes as non-capitated for Western Health Advantage Community Health Plan if the place of service is inpatient hospital.

"(J) Medi-Cal Provider manual shows this as a non-capitated service except for HCP 504 OIL instructs EDS to make this a capitated service for HCP 140 and HCP 170

(k) Under psychiatric drug HCP 360 and 361 does not show smart key code for Olanzapine/Fluoxetine HCL, instead a smart key code value 25801

Medi-Cal Managed Care Division

Non-Capitated Services

		COHS PLANS									GMC										2 Plan Model																								
	NON-CAPITATED SERVICES PROGRAM/DESCRIPTION	**501**-CenCal Health (SLO) **502**-CenCal Health (SBHI) **503**-Health Plan of San Mateo **504-** Parnership Health Plan of Calif. Solano **505-** Central Cost Alliance for Health **506**-CalOPTIMA **507-**Partnership Health Plan of Calif. Napa **508-**Central Cost Alliance for Health **509-** Partnership HealthPlan of Calif. Yolo									**29**-Community Hlth Grp Partnrshp **68**-Health Net Comm Solutions **79**-KP Cal **130**-Molina Healthcare Partner **131**-Molina Healthcare Partner **140**-WHA Community Health Plan **150**-Health Net Comm Solutions **167**-Care 1st Partner Plan **170**-KP Cal Sacto **190**-Anthem Blue Cross Partnrshp										**300-**Alameda Alliance for Health **301-**Contra Costa Health Plan **303-**Kern Health Systems **304-**LA Care **305-**Inland Empire Health Plan - Riverside **306-**Inland Empire Health Plan - San Bernardino **307-**San Francisco Health Plan **308-**Health Plan of San Joaquin **309-**Santa Clara Family Health **310-**Anthem Blue Cross Partnrshp **311-**Anthem Blue Cross Partnrshp **340-**Anthem Blue Cross Partnrshp **341-** Anthem Blue Cross Partnrshp **343-**Anthem Blue Cross Partnrshp **344-**Anthem Blue Cross Partnrshp **345-**Anthem Blue Cross Partnrshp **351-**Health Net Comm Solutions **352-**Health Net Comm Solutions **353-**Health Net Comm Solutions **355-**Molina Healthcare Partner **356-** Molina Healthcare Partner **358-**Anthem Blue Cross Partnrshp **360-**Health Net Comm Solutions **361-**Health Net Comm Solutions																		
		501	502	503	504	505	506	507	508	509	29	68	79	130	131	140	150	167	170	190	300	301	303	304	305	306	307	308	309	310	311	340	341	343	344	345	351	352	353	355	356	358	360	361
29	Prescription Drugs- AIDS			√			√																																						
30	Prescription Drugs- Alcohol, Heroin Detox Drugs																																												
31	Prescription Drugs- Erectile Dysfunction Drugs																																												
32	Prison Industry Authority (PIA) optical lens Prov. Type 011 OIL # 124-06 capitated for all HCPs except 501, 502, 503	√	√	√																																									
33	Targeted Case Management Services Defined Title 22 CCR 51185 Specified 51351 Proc Z8600-Z8603																																												
34	Prescription Drugs- Immunization Injections	√	√	√	√	√	√	√	√	√	√	√	√	(I)	√	(I)	(I)	√	(I)	(I)	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
35	Excluded Optional Benefits																																												

√ Services are capitated for HCP

(I) Immunizations services not capitated when billed by Sacramento County Health Department