

PROPOSED STATE PLAN AMENDMENT TO IMPLEMENT SUPPLEMENTAL PAYMENTS FOR EMERGENCY DEPARTMENT (ED) PHYSICIAN EVALUATION & MANAGEMENT (E&M) SERVICES

This notice is to provide information of public interest about a proposed State Plan Amendment (SPA) by the Department of Health Care Services (DHCS). The proposed SPA 25-0005 is seeking federal authority to implement time-limited supplemental payments for ED Physician Evaluation and Management (E&M) Services, effective July 1, 2025, through December 31, 2025. DHCS requests input from beneficiaries, providers, and other interested stakeholders concerning proposed SPA 25-0005, which is attached below.

DHCS proposes that the supplemental payment will apply to the Current Procedural Terminology (CPT) Codes listed below, effective July 1, 2025, through December 31, 2025. The supplemental payments will be provided, in addition to Medi-Cal base rates, for the specified procedure codes on a per claim basis. The base rates for specified services will remain unchanged through this SPA.

Service Code	Description	Supplemental Payment
99282	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision making	\$14.63
99283	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making	\$26.76
99284	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making	\$41.01

Department of Health Care Services





Fee-For-Service Rates Development Division

Service Code	Description	Supplemental Payment
99285	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making	\$64.85

Only services rendered by a physician and billed on a professional claim (CMS 1500) will be eligible to receive these supplemental payments.

Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs), and other providers that are reimbursed through an all-inclusive rate or a cost-based system will not be eligible for these supplemental payments.

DHCS estimates the aggregate Medi-Cal Fee-For-Service (FFS) expenditures for ED Physician E&M services will increase by approximately \$12 million in total funds.

The effective date of the proposed SPA is July 1, 2025. All proposed SPAs are subject to approval by the Centers for Medicare & Medicaid Services (CMS).

Public Review and Comments

The proposed changes included in draft SPA 25-0005 are enclosed in this notice for public comment. DHCS is requesting stakeholder input on the impact, if any, on access to services as a result of the proposed action.

Upon submission to CMS, a copy of proposed SPA 25-0005 will be published at <u>https://www.dhcs.ca.gov/formsandpubs/laws/Pages/Pending-2025.aspx</u>

If you would like to view the SPA in person once it becomes available, please visit your local county welfare department. You may also request a copy of proposed SPA 25-0005 or a copy of submitted public comments related to SPA 25-0005 by requesting it in writing to the mailing or email address listed below. Please indicate SPA 25-0005 in the subject line or message.

Written comments may be sent to the following address:

Department of Health Care Services Fee-for-Service Rates Development Division Attn: Aditya Voleti P.O. Box 997413, MS 46600 Sacramento, California 95899-7417

Comments may also be emailed to <u>PublicInput@dhcs.ca.gov</u>. Please indicate SPA 25-0005 in the subject line or message.

To be assured consideration prior to submission of the SPA to CMS, comments must be received no later than July 28, 2025 Please note that comments will continue to be accepted after July 28, 2025, but DHCS may not be able to consider those comments prior to the initial submission of SPA 25-0005 to CMS.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE: <u>California</u>

TIME-LIMITED SUPPLEMENTAL PAYMENT PROGRAM FOR EMERGENCY DEPARTMENT (ED) PHYSICIAN EVALUATION & MANAGEMENT (E&M) SERVICES

This program provides supplemental reimbursement for eligible ED physician E&M services provided to Medi-Cal beneficiaries. The supplemental reimbursements will be provided for services rendered between the periods listed below. The supplemental reimbursements will be provided, above the base rates, for qualified ED physician E&M services rendered between the periods listed below. The base rates for ED physician E&M services will remain unchanged through this amendment.

- A. Supplemental Reimbursement Methodology General Provisions for services provided between July 1, 2025 December 31, 2025
 - 1. The supplemental payment amounts are fixed at the amounts listed in the chart below for each eligible ED physician E&M service listed by Current Procedural Terminology (CPT) Code. The supplemental payment is paid on a per claim basis.

CPT Code	Supplemental Payment
99282	\$14.63
99283	\$26.76
99284	\$41.01
99285	\$64.85

- 2. Eligible Providers
 - a. ED physician E&M services rendered by a physician who bill for the CPT codes listed above using the Health Insurance Claim Form (CMS-1500) are eligible for the supplemental payment established pursuant to this Supplement.
 - b. Providers eligible for the supplemental payment amounts under this Supplement do not include Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs), and other providers that are reimbursed through an all-inclusive rate or a cost-based system.

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3. Base rates for ED physician E&M services are the rates established by the Department of Health Care Services for each CPT Code, as published on the Medi-Cal Rates website: <u>https://mcweb.apps.prd.cammis.medi-cal.ca.gov/rates</u>.