
REIMBURSEMENT FOR INDIAN HEALTH SERVICES
AND TRIBAL 638 HEALTH FACILITIES

California will reimburse federally recognized tribal "638" facilities in accordance with the most recent rate published in the Federal Register.

1. IHS/Tribal 638 facilities are reimbursed at the all-inclusive rate for each encounter.
2. An IHS clinic encounter is defined as:
 - A. A face-to-face encounter provided between a tribal patient and the health professional (as specified on page 2) of the clinic or the center;
 - B. An audio-only encounter which takes place between a tribal patient and the health professional (as specified on page 2) of the clinic or center when the service meets all of the associated requirements of a face-to-face visit except the physical presence of the tribal patient.
3. The IHS MOA clinics may bill for up to three visits a day for one patient, if one is a medical visit, one is an ambulatory visit (as defined in Item D, page 2 of this Supplement), and one is a mental health visit.
4. Encounters with the health professionals listed on page 2 may be billed under the IHS all-inclusive rate.
5. Drug and alcohol visits (subject to Medi-Cal provider participation requirements as described on page 2 Paragraph D).

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A. Below is a list of health professionals that may bill under the IHS all-inclusive rate:

- Physician
- Physician Assistant
- Nurse Practitioner
- Nurse Midwife
- Registered Dental Hygienist
- Registered Dental Hygienist in Extended Functions
- Registered Dental Hygienist in Alternative Practice
- Clinical Psychologist
- Clinical Social Worker
- Marriage and Family Therapist
- Licensed Professional Clinical Counselor
- Acupuncturist
- Visiting Nurse
- Under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, the services of Licensed Marriage, Family, and Child Counselors are available as “other health visit” to persons under 21 years of age, as a result of an EPSDT screening which identifies the need for a service which is necessary to correct or ameliorate a mental illness or condition.

B. Comprehensive Perinatal Service Program providers who are licensed and/or certified practitioners who are able to render covered services in accordance with their scope of practice as identified in California statute. A September 17, 1985, HCFA letter allows these services as a physician or clinic service.

C. In addition, below is a list of associates and interns that may provide Medi-Cal psychology services:

- Associate Marriage and Family Therapist
- Associate Professional Clinical Counselor
- Associate Clinical Social Worker
- Psychological Associate

Associates and assistants must be under the supervision of a licensed mental health professional, in accordance with their scope of practice and applicable state laws.

D. Except for the services specified under Item E below, the following other ambulatory services, but not limited to, provided by health professionals can be billed under the IHS all-inclusive rate.

- Acupuncture
- Medical and surgical services provided by a doctor of dental medicine or dental surgery which, if provided by a physician, would be considered physician services
- Physical Therapy
- Occupational Therapy
- Podiatry
- Drug and alcohol visits (subject to Medi-Cal provider participation requirements as described in Paragraph A above)
- Telemedicine and teledentistry (no additional live transmission costs will be reimbursed)
- Optometry

E. Chiropractic services are covered only for the following beneficiaries:

- Pregnant women, if the chiropractic service is part of their pregnancy-related services or services for a condition that might complicate the pregnancy.
- Individuals who are eligible for the Early and Periodic Screening, Diagnostic, and Treatment benefit.

F. Doula services provided by Indian Health Services and Tribal 638 Health Facilities can be billed according to the reimbursement methodology described on page 3u of Attachment 4.19-B.

REIMBURSEMENT FOR INDIAN HEALTH SERVICES TRIBAL 638 HEALTH FACILITIES

Supplemental Payments for COVID-19 Vaccine Administration

a. Reimbursement:

- i. Payment for a COVID-19 vaccine administration given during a COVID-19 vaccine-only visit will be a separate supplemental payment to the applicable All-Inclusive Rate (AIR) for a medical visit as described in Supplement 6 Attachment 4.19-B. This additional reimbursement is necessary to account for the increase in vaccine-only visits due to COVID-19 vaccine administration not included in the AIR.
- ii. The supplemental payment will be available at the applicable fee schedule rates for COVID-19 vaccine administration when the COVID-19 vaccine is administered during a COVID-19 vaccine-only visit. COVID-19 vaccine reimbursement will be paid at 100% of the Medicare national equivalent rates, without any geographic adjustment, in effect at the time that the service is provided. Reimbursement for the supplemental payment will occur at time of billing.
- iii. When the COVID-19 vaccine is administered as part of an otherwise billable IHS-MOA 638 provider encounter described in Supplement 6 Attachment 4.19-B, the encounter is reimbursed under the existing AIR and no supplemental payment will be made.

b. Supplemental Payment Term:

- i. Date of service is January 1, 2023.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: California

REIMBURSEMENT FOR INDIAN HEALTH SERVICES TRIBAL 638 HEALTH
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Supplemental Payments for Monkeypox (Mpox) Vaccine Administration

a. Reimbursement:

- i. The supplemental payment for the Mpox vaccine administration when administered during a Mpox vaccine-only visit will be a separate supplemental payment to the applicable All-Inclusive Rate (AIR) for a medical visit as described in Supplement 6 Attachment 4.19-B. This additional reimbursement is necessary to account for the increase in vaccine only visits due to Mpox vaccine administration not included in the AIR.
- ii. The supplemental payment will be available at the applicable fee-for-service rate for Mpox vaccine administration when the Mpox vaccine is administered during a Mpox vaccine-only visit. Reimbursement for the supplemental payment will occur at time of billing.
- iii. Administration of the Mpox vaccine during a billable encounter, as described in Supplement 6 Attachment 4.19-B, will be reimbursed at the AIR and no supplemental payment will be made.

b. Supplemental Payment Term:

- i. Dates of service from August 17, 2022, through the end of the State public health emergency that was declared on August 1, 2022, as a result of the Mpox outbreak.

c. Eligible Services:

- i. Mpox vaccine administration pursuant to section 319 of the Public Health Service (PHS) Act, Public Health Emergency (PHE) Determination as the Result of the Consequences of Monkeypox when administered during a Mpox vaccine-only visit.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: California

REIMBURSEMENT FOR INDIAN HEALTH SERVICES TRIBAL 638 HEALTH
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Payment for Dyadic Services for Indian Health Service-Memorandum of Agreement
(IHS-MOA clinics)

- a. This supplemental payment authorizes payment for dyadic services, as defined in the March 11, 2016 CMCS Informational Bulletin, provided by IHS-MOA clinics, which would be in addition to the Medi-Cal member's All-Inclusive Rate (AIR) visit rate.
- b. Supplemental Reimbursement:
 - i. Payment for dyadic IHS-MOA clinic services will be reimbursed at the applicable Fee-For-Service (FFS) rate in addition to the Medi-Cal member's visit, which is reimbursed at the AIR, pursuant to existing visit limitations.
 - ii. If IHS-MOA clinics have met their visit per day limitation, then dyadic services provided to a Medi-Cal eligible member (child or parent/caretaker) by a billable practitioner will be reimbursed at the applicable FFS rate.
 - iii. Any dyadic services that are provided to a non-Medi-Cal eligible parent/caregiver for the direct benefit of a Medi-Cal eligible child will be reimbursed at the FFS rate.
- c. Payment Term:
 - i. For dates of service on or after March 15, 2023, the reimbursement rates for dyadic services will be established based on Medi-Cal FFS fee schedule rate.
 - ii. Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers of dyadic services. All Medi-Cal FFS rates are published at <https://mcweb.apps.prd.cammis.medi-cal.ca.gov/rates?tab=rates>.
- d. Eligible Dyadic Services:
 - i. Behavioral Health Well-Child Visits
 - ii. Comprehensive Community Support Services
 - iii. Psychoeducational Services
 - iv. Family Training and Counseling for Child Development
 - v. Caregiver Services

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The Implantable contraceptive kit (Norplant) will continue to be reimbursed on a fee-for-service basis.

Non-medical transportation and pharmacy are not included as part of the IHS/MOA visit rate and are reimbursed separately under Medi-Cal fee-for-service.

Supplemental Incentive Payments for Developmental Screenings

Effective January 1, 2020, a separate fixed rate supplemental incentive payment for developmental screenings will be paid, as described on Page 6X of Attachment 4.19-B, when rendered in Indian Health Services Memorandum of Agreement (IHS-MOA) 638 clinics between the dates listed. These supplemental incentive payments will be in addition to the amounts paid for the office visit that accompanies the screening. For IHS-MOA clinics, these supplemental incentive payments will be available at the fee-for-service rate and will not impact their all-inclusive rate.

CPT Code	Amount
96110	\$59.90

Supplemental Incentive Payments for Trauma Screenings

Effective January 1, 2020, a separate fixed rate supplemental incentive payment for trauma screenings will be paid, as described on Page 6Y of Attachment 4.19-B, when rendered in Indian Health Services Memorandum of Agreement (IHS-MOA) 638 clinics between the dates listed. Providers of trauma screenings are only eligible to receive the supplemental incentive payment one time per beneficiary.

The Healthcare Common Procedure Coding System (HCPCS) codes and payment rates are fixed at the amount listed in the chart below for each eligible trauma screening (per Supplement 32 to Attachment 4.19-B, Page 1). These supplemental incentive payments will be in addition to the amounts paid for the office visit that accompanies the screening. For IHS-MOA clinics, these supplemental incentive payments will be available at the fee-for-service rate and will not impact their all-inclusive rate.

HCPCS Codes	Amount
G9919 – positive screening with patient score of 4 or greater	\$29.00
G9920 – negative screening with patient score of 0-3	\$29.00

Alternative Payment Methodology (APM) for Tribal Federally Qualified Health Centers (Tribal-FQHC)

1. Tribal facilities operating in accordance with section 1905(l)(2)(B) of the Social Security Act (the Act) and the Indian Self-Determination Act (Public Law 93-638) that enroll in Medi-Cal as a Tribal-FQHC will be paid using an Alternative Payment Methodology (APM) that is the All-Inclusive Rate (AIR) for services published annually in the Federal Register. Individual Tribal FQHCs must agree to receive the APM.
2. Medi-Cal will establish an APM utilizing the Prospective Payment System (PPS) methodology for Tribal FQHCs so that DHCS can determine on an annual basis that the published AIR is higher than the PPS rate. The PPS rate will be established by reference to payments to one or more other clinics with similar caseloads. The Tribal FQHCs would not be required to report FQHC reportable costs for the purposes of establishing a PPS rate.
3. Tribal FQHCs will be reimbursed for up to three visits per day, per beneficiary, in any combination of medical, mental health, dental, and ambulatory visits.
4. Tribal FQHCs that furnish services under a contract with a managed care plan, as defined in Section 1932(a)(1)(B) of the Act, will receive supplemental payments from the State, equal to the difference between what was paid by the managed care entity for FQHC services and the amount they are entitled to under the PPS or APM rate, as required by Section 1902(bb)(5) of the Act. The wrap around supplement payment shall be made no less frequently than every four month and reconciled no less than annually. Payments related to yearly reconciliations will be made within the two [1] year payment requirement at 42 CFR Section 447.45 and 45 CFR Section 95, Subpart A.

Alternative Payment Methodology (APM) for Tribal Federally Qualified Health Centers (Tribal FQHCs) for Dyadic Services

- a. This APM authorizes payment for dyadic services, as defined in the March 11, 2016, CMCS Informational Bulletin, provided by Tribal FQHCs, which would be in addition to the Medi-Cal member's All-Inclusive Rate (AIR) visit rate.
- b. APM Reimbursement:
 - i. Payment for dyadic Tribal FQHC services will be reimbursed at the applicable Fee-For-Service (FFS) rate in addition to the Medi-Cal member's visit, which is reimbursed at the APM (which is set at the AIR), pursuant to existing visit limitations.
 - ii. If Tribal FQHCs have met their visit per day limitation, then dyadic services provided to a Medi-Cal eligible member (child or parent/caretaker) by a billable practitioner will be reimbursed at the applicable FFS rate.
 - iii. Any dyadic services that are provided to a non-Medi-Cal eligible parent/caregiver for the direct benefit of a Medi-Cal eligible child will be reimbursed at the FFS rate.
- c. Payment Term:
 - i. For dates of service on or after March 15, 2023, the reimbursement rates for dyadic services will be established based on Medi-Cal FFS fee schedule rate.
 - ii. Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers of dyadic services. All Medi-Cal FFS rates are published at <https://mcweb.apps.prd.cammis.medi-cal.ca.gov/rates?tab=rates>.
- d. Eligible Dyadic Services:
 - i. Behavioral Health Well-Child Visits
 - ii. Comprehensive Community Support Services
 - iii. Psychoeducational Services
 - iv. Family Training and Counseling for Child Development
 - v. Caregiver Services

REIMBURSEMENT FOR INDIAN HEALTH SERVICES
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Dental services will continue to be reimbursed at the federal All-Inclusive Rate (AIR).

Supplemental Incentive Payments for Select Preventive Dental Services

Effective January 1, 2022, a separate supplemental incentive payment for select preventive dental services will be paid, as described on Page 6Z.1 of Attachment 4.19-B, when rendered in Indian Health Services Memorandum of Agreement (IHS-MOA) 638 clinics. These supplemental incentive payments will be in addition to the AIR for the office visit that accompanies the service. Payments are issued in a monthly lump sum based on claims received from the previous month; the supplemental incentive payment is only available one time per date of service. For IHS-MOA clinics, these supplemental incentive payments will be available at the rate of 75% of the dental Schedule of Maximum Allowances (SMA) rate and will not impact the clinics' AIR. Services eligible for the supplemental incentive payment are listed below.

Preventive services Current Dental Terminology (CDT) codes (children under age 21):

- | | | |
|---------|---------|---------|
| • D1120 | • D1516 | • D1553 |
| • D1206 | • D1517 | • D1556 |
| • D1208 | • D1526 | • D1557 |
| • D1351 | • D1527 | • D1558 |
| • D1352 | • D1551 | • D1575 |
| • D1510 | • D1552 | |

Preventive services CDT codes (adults age 21 and over):

- D1320
- D1999

For reference, the SMA effective dates and a link to the dental SMA fee schedule are located in Attachment 4-19.B, Page 20b of California's State Plan.

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Dental services will continue to be reimbursed at the AIR.

Supplemental Incentive Payments for Select Annual Dental Exam Services

Effective January 1, 2022, a separate fixed-rate supplemental incentive payment for select annual dental exam services will be paid, as described on Page 6Z.1 of Attachment 4.19-B, when rendered in Indian Health Services Memorandum of Agreement (IHS-MOA) 638 clinics. These supplemental incentive payments will be in addition to the AIR for the office visit that accompanies the service. Payments are issued in a monthly lump sum based on claims received from the previous month. The supplemental incentive payment is only available one time per year for each member who received an eligible dental exam and received an eligible dental exam the previous year from the same dental office. For IHS-MOA clinics, these supplemental incentive payments will be available at the rate of \$55 and will not impact the clinics' AIR. Services eligible for the supplemental incentive payment are listed below.

Dental exam services CDT codes (all ages):

- D0120
- D0145
- D0150

For reference, the SMA effective dates and a link to the dental SMA fee schedule are located in Attachment 4-19.B, Page 20b of California's State Plan.