



Policy: FF.1002
Title: **CalOptima Health Medi-Cal Fee Schedule**
Department: Coding Initiatives
Section: Not Applicable

CEO Approval: /s/ Michael Hunn 06/20/2024

Effective Date: 10/01/2006

Revised Date: 06/01/2024

Applicable to: ☒ Medi-Cal
☐ OneCare
☐ PACE
☐ Administrative

I. PURPOSE

This policy defines the process by which CalOptima Health shall establish and maintain the CalOptima Health Medi-Cal Fee Schedule.

II. POLICY

- A. CalOptima Health shall maintain a Medi-Cal Fee Schedule to determine payments to Providers and Practitioners, as applicable.

III. PROCEDURE

- A. The Department of Health Care Services (DHCS) provides a complete file of the Medi-Cal Fee-for-Service (FFS) Fee Schedule to the public on a monthly basis.
- B. CalOptima Health shall update the CalOptima Health Medi-Cal Fee Schedule on a monthly basis based on the monthly file released by DHCS used to update the Medi-Cal Fee-for-Service (FFS) Fee Schedule.
1. Monthly updates to the CalOptima Health Medi-Cal Fee Schedule shall be effective the first day of the month following CalOptima Health's receipt of the monthly file released by DHCS.
- C. DHCS provides rates for Child Health and Disability Prevention (CHDP) services and medical and incontinence supplies to the public through the Medi-Cal Provider Manuals. DHCS updates the manuals based on subsequent rate changes.
1. For dates of service on or after July 1, 2018, rates for CHDP will be included in the Medi-Cal FFS Fee Schedule rather than in the Provider Manuals.
- D. The CalOptima Health Medi-Cal Fee Schedule is based on the following:
1. DHCS FFS reimbursement rates as included in the Medi-Cal FFS Fee Schedule;
2. DHCS FFS reimbursement rates as referenced in the Medi-Cal Provider Manual for medical and incontinence supplies;

3. DHCS FFS reimbursement rates based on prospective and retroactive rate revisions as referenced in the published DHCS All Plan Letters (APLs), Medi-Cal Bulletins, and NewsFlash when DHCS provides sufficient information to implement the rate revisions, including the effective date, reimbursement rate, Healthcare Common Procedure Coding System (HCPCS) codes, Current Procedural Terminology (CPT) codes and any modifiers, as necessary. CalOptima Health shall implement FFS reimbursement rates received via published DHCS APLs, Medi-Cal Bulletins, and NewsFlash to the extent the FFS reimbursement rate is not reflected in the Medi-Cal Fee Schedule; and
4. DHCS FFS reimbursement rates are based on expected rates as referenced in the pending State Plan Amendment filed with the Centers for Medicare & Medicaid Services (CMS) for Proposition 56 directed payments if instructed, in writing, by DHCS. In the event the expected rates are not approved by CMS, CalOptima Health shall recoup Overpayments and refund underpayments, as applicable, in accordance with CalOptima Health Policy FF.1003: Payments for Covered Services Rendered to a Member for which CalOptima Health is Financially Responsible.
 - a. Effective January 1, 2024, CalOptima Health shall reimburse eligible Providers at an increased rate for the applicable procedure codes.
 - b. For dates of service January 1, 2017, through December 31, 2023, CalOptima Health shall reimburse an Add-On Payment to eligible Providers for the applicable procedure codes.
- E. CalOptima Health shall reimburse Providers and Practitioners for Covered Services provided to CalOptima Health Direct members based on the CalOptima Health Medi-Cal Fee Schedule in effect on the date the claim is processed for date(s) of service submitted, unless otherwise required by law or contract in accordance with CalOptima Health Policy FF.1003: Payments for Covered Services Rendered to a Member for which CalOptima Health is Financially Responsible.
 1. In the event DHCS issues a retroactive adjustment to a previously published, mandated rate, CalOptima Health shall reprocess a non-contracted Provider's or Practitioner's claim and recoup Overpayments, to the extent possible, and refund underpayments, as applicable.
 2. In the event DHCS issues a retroactive adjustment to a previously published, mandated rate, CalOptima Health shall reprocess a contracted Provider's or Practitioner's claim and recoup Overpayments, to the extent possible, and refund underpayments, as applicable, as required by law or contract.
 3. A Provider or Practitioner, whether contracted or non-contracted, shall have the right to file a complaint in accordance with CalOptima Health Policies FF.2001: Claims Processing for Covered Services for which CalOptima Health is Financially Responsible, and HH.1101: CalOptima Health Provider Complaint.
- F. CalOptima Health may, in its sole discretion, update the CalOptima Health Medi-Cal Fee Schedule between the regularly scheduled updates.
- G. A Provider and Practitioner shall submit claims for Covered Services rendered to a CalOptima Health Direct member in accordance with CalOptima Health Policy FF.2001: Claims Processing for Covered Services for which CalOptima Health is Financially Responsible.
- H. The Medi-Cal Fee-for-Service (FFS) Fee Schedule and Provider Manuals are available by accessing the Medi-Cal website.

IV. ATTACHMENT(S)

Not Applicable

V. REFERENCE(S)

- A. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
- B. CalOptima Health Contract for Health Care Services
- C. CalOptima Health Policy FF.1003: Payment for Covered Services Rendered to a Member for which CalOptima Health is Financially Responsible
- D. CalOptima Health Policy FF.2001: Claims Processing for Covered Services for which CalOptima Health is Financially Responsible
- E. CalOptima Health Policy HH.1101: CalOptima Health Provider Complaint
- F. Medi-Cal Fee-For-Service Rates: <https://www.dhcs.ca.gov/services/medi-cal/Pages/Rates.aspx>
- G. Medi-Cal Provider Manual: <https://www.dhcs.ca.gov/formsandpubs/publications/Pages/Medi-CalProviderManuals.aspx>
- H. Department of Health Care Services (DHCS) State Plan Letter (SPA) 23-0035: Targeted Provider Reimbursement Methodology for Primary/General Care, Obstetric Care, Doula, And Non-Specialty Outpatient Mental Health Services

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
03/14/2011	Department of Health Care Services (DHCS)	Approved as Submitted

VII. BOARD ACTION(S)

Date	Meeting
06/07/2018	Regular Meeting of the CalOptima Board of Directors
06/04/2020	Regular Meeting of the CalOptima Board of Directors

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	10/01/2006	FF.1002	CalOptima Medi-Cal Fee Schedule	Medi-Cal
Revised	04/01/2011	FF.1002	CalOptima Medi-Cal Fee Schedule	Medi-Cal
Revised	04/01/2016	FF.1002	CalOptima Medi-Cal Fee Schedule	Medi-Cal
Revised	06/01/2017	FF.1002	CalOptima Medi-Cal Fee Schedule	Medi-Cal
Revised	06/07/2018	FF.1002	CalOptima Medi-Cal Fee Schedule	Medi-Cal
Revised	05/01/2019	FF.1002	CalOptima Medi-Cal Fee Schedule	Medi-Cal
Revised	06/04/2020	FF.1002	CalOptima Medi-Cal Fee Schedule	Medi-Cal
Revised	06/01/2021	FF.1002	CalOptima Medi-Cal Fee Schedule	Medi-Cal
Revised	02/01/2022	FF.1002	CalOptima Medi-Cal Fee Schedule	Medi-Cal
Revised	01/01/2023	FF.1002	CalOptima Health Medi-Cal Fee Schedule	Medi-Cal
Revised	04/01/2024	FF.1002	CalOptima Health Medi-Cal Fee Schedule	Medi-Cal
Revised	06/01/2024	FF.1002	CalOptima Health Medi-Cal Fee Schedule	Medi-Cal

IX. GLOSSARY

Term	Definition
Add-On Payment	A Directed Payment that funds a supplemental payment for certain Qualifying Services at a rate set forth by DHCS that is in addition to any other payment, fee-for-service or capitation, a specified Designated Provider receives from CalOptima Health.
CalOptima Health Direct (COHD)	A direct health care program operated by CalOptima Health that includes both COHD- Administrative (COHD-A) and CalOptima Health Community Network (CHCN) and provides services to Members who meet certain eligibility criteria as described in Policy DD.2006: Enrollment in/Eligibility with CalOptima Health Direct.
CalOptima Health Medi-Cal Fee Schedule	Fee schedule adopted by CalOptima Health for reimbursement of Covered Services rendered to Medi-Cal Members for which CalOptima Health is responsible.
Child Health and Disability Prevention (CHDP) Program	California's Early Periodic Screening, Detection, and Treatment (EPSDT) program as defined in the Health and Safety Code, Section 12402.5 et seq. and Title 17 of the California Code of Regulations, Sections 6842 through 6852, that provides certain preventive services for children eligible for Medi-Cal. For CalOptima Health Members, the CHDP Program is incorporated into CalOptima Health's Pediatric Preventive Services Program.
Covered Services	<p>Those health care services, set forth in W&I sections 14000 et seq. and 14131 et seq., 22 CCR section 51301 et seq., 17 CCR section 6800 et seq., the Medi-Cal Provider Manual, the California Medicaid State Plan, the California Section 1115 Medicaid Demonstration Project, this Contract, and APLs that are made the responsibility of Contractor pursuant to the California Section 1915(b) Medicaid Waiver authorizing the Medi-Cal managed care program or other federally approved managed care authorities maintained by DHCS. Covered Services do not include:</p> <ol style="list-style-type: none"> 1. Home and Community-Based Services (HCBS) program as specified in Exhibit A, Attachment III, Subsections 4.3.15 (Services for Persons with Developmental Disabilities), 4.3.20 (Home and Community-Based Services Programs) regarding waiver programs, 4.3.21 (In-Home Supportive Services), and Department of Developmental Services (DDS) Administered Medicaid Home and Community-Based Services Waiver. HCBS programs do not include services that are available as an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) service, as described in 22 CCR sections 51184, 51340 and 51340.1. EPSDT services are covered under this Contract, as specified in Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services), Subsection F4 regarding services for Members less than 21 years of age. Contractor is financially responsible for the payment of all EPSDT services; 2. California Children's Services (CCS) as specified in Exhibit A, Attachment III, Subsection 4.3.14 (California Children's Services), except for Contractors providing Whole Child Model (WCM) services; 3. Specialty Mental Health Services as specified in Exhibit A, Attachment III, Subsection 4.3.12 (Mental Health Services); 4. Alcohol and SUD treatment services, and outpatient heroin and other opioid detoxification, except for medications for addiction treatment as specified in Exhibit A, Attachment III, Subsection 4.3.13 (Alcohol and Substance Use Disorder Treatment Services);

Term	Definition
	<ol style="list-style-type: none"> 5. Fabrication of optical lenses except as specified in Exhibit A, Attachment III, Subsection 5.3.7 (Services for All Members); 6. Direct Observed Therapy for Treatment of Tuberculosis (TB) as specified in Exhibit A, Attachment III, Subsection 4.3.18 (Direct Observed Therapy for Treatment of Tuberculosis); 7. Dental services as specified in W&I sections 14131.10, 14132(h), 14132.22, 14132.23, and 14132.88, and EPSDT dental services as described in 22 CCR section 51340.1(b). However, Contractor is responsible for all Covered Services as specified in Exhibit A, Attachment III, Subsection 4.3.17 (Dental) regarding dental services; 8. Prayer or spiritual healing as specified in 22 CCR section 51312; 9. Educationally Necessary Behavioral Health Services that are covered by a Local Education Agency (LEA) and provided pursuant to a Member's Individualized Education Plan (IEP) as set forth in Education Code section 56340 et seq., Individualized Family Service Plan (IFSP) as set forth in California Government Code (GC) section 95020, or Individualized Health and Support Plan (IHSP). However, Contractor is responsible for all Medically Necessary Behavioral Health Services as specified in Exhibit A, Attachment III Subsection 4.3.16 (School-Based Services); 10. Laboratory services provided under the State serum alpha-feto-protein-testing program administered by the Genetic Disease Branch of California Department of Public Health (CDPH); 11. Pediatric Day Health Care, except for Contractors providing Whole Child Model (WCM) services; 12. State Supported Services; 13. Targeted Case Management (TCM) services as set forth in 42 USC section 1396n(g), W&I sections 14132.48 and 14021.3, 22 CCR sections 51185 and 51351, and as described in Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services). However, if Members less than 21 years of age are not eligible for or accepted by a Regional Center (RC) or a local government health program for TCM services, Contractor must ensure access to comparable services under the EPSDT benefit in accordance with APL 23-005; 14. Childhood lead poisoning case management provided by county health departments; 15. Non-medical services provided by Regional Centers (RC) to individuals with Developmental Disabilities, including but not limited to respite, out-of-home placement, and supportive living; 16. End of life services as stated in Health and Safety Code (H&S) section 443 et seq., and APL 16-006; and 17. Prescribed and covered outpatient drugs, medical supplies, and enteral nutritional products when appropriately billed by a pharmacy on a pharmacy claim, in accordance with APL 22-012.
Department of Health Care Services (DHCS)	The single State Department responsible for administration of the Medi-Cal program, California Children Services (CCS), Genetically Handicapped Persons Program (GHPP), and other health related programs as provided by statute and/or regulation.
Medi-Cal Fee-For-Service (FFS) Amounts	For the purposes of this policy amounts adopted by CalOptima Health for reimbursement to hospitals, physicians and other providers for medical services rendered (other than on a capitated payment basis) to Medi-Cal beneficiaries for which CalOptima Health is responsible.

Term	Definition
Medi-Cal Fee-For-Service (FFS) Fee Schedule	The fee schedule used by the Department of Health Care Services (DHCS) to reimburse Medi-Cal Fee-For-Service Providers.
Medi-Cal Provider Manual	The multi-part document identifying Medi-Cal benefits and billing codes published and maintained by DHCS at https://files.medi-cal.ca.gov/pubsdoco/Manuals_menu.aspx .
Overpayment	Any payment made by CalOptima Health to a Provider to which the Provider is not entitled to under Title XIX of the Social Security Act, or any payment to CalOptima Health by DHCS to which CalOptima Health is not entitled to under Title XIX of the Social Security Act.
Practitioner	A licensed independent Practitioner including, but not limited to, a Doctor of Medicine (MD), Doctor of Osteopathy (DO), Doctor of Podiatric Medicine (DPM), Doctor of Chiropractic Medicine (DC), Doctor of Dental Surgery (DDS), Doctor of Psychology (PhD or PsyD), Licensed Clinical Social Worker (LCSW), Marriage and Family Therapist (MFT or MFCC), Nurse Practitioner (NP), Nurse Midwife, Physician Assistant (PA), Optometrist (OD), Registered Physical Therapist (RPT), Occupational Therapist (OT), or Speech and Language Therapist, furnishing Covered Services.
Provider	Any individual or entity that is engaged in the delivery of services, or ordering or referring for those services, and is licensed or certified to do so.