

PROVIDER PAYMENT for SBHI & SLOHI

Payment to providers for CenCal Health Members who provide services to Santa Barbara Health Initiative (SBHI) and San Luis Obispo Health Initiative (SLOHI) Members, shall be paid at CenCal Health's rate in affect at the time of service, or at the State Medi-Cal fee schedule.

DEFINITIONS

Current Procedural Terminology (CPT) Codes

Descriptive terms and codes used for medical services and procedures performed by physicians and certain other providers for reporting on claim forms. Each service or procedure is identified with its own unique five (5) digit code.

HCFA Common Procedural Coding System (HCPCS)

A listing of services, procedures and supplies, and their associated codes, used by physicians and other providers in billing for services. HCPCS includes CPT codes, and national and local alpha-numeric codes. The national codes are developed by the CMS to supplement the CPT codes. They include physician services not included in CPT, as well as non-physician services such as ambulance, physical therapy and DME. The local codes are developed by local Medicare carriers in order to supplement the national codes. HCPCS codes are 5 digit codes with the first digit being a letter, followed by four numbers. HCPCS codes beginning with A through V are national, and those beginning with W through Z are local.

BILLING

Providers shall bill for services within the acceptable range of CPT/HCPCS billing codes as established in the most recently published American Medical Association's (AMA) CPT guide and the HCPCS guide as published by the federal Department of Health and Human Services (HHS).

PAYMENT

In general, CenCal Health follows the State Medi-Cal fee schedule to reimburse providers for their services, and may, if fiscally responsible to do so, increase the rate for its contracted providers above the State Medi-Cal rate. In the event there is no Medi-Cal code available, i.e. an "unlisted procedure", the payment allowances are determined by CenCal Health and are referred to as CenCal Health's fee schedule. As an example, CenCal Health has established Adult Preventive Care as a CenCal Health-Only Benefit, and because it is not a State Medi-Cal benefit there is no established allowable amount. In this case, the established rates have been included in CenCal Health's fee schedule, and CPT codes 99385-99387 and 99395-99397 rates have been included in the PCP Protocols Exhibit of the Provider Agreement. This arrangement allows for PCPs to receive payment on a fee-for-service basis for these valuable services that they provide to SBHI and SLOHI Members.

CenCal Health's fee schedule is determined as follows:

If an “unlisted procedure”, by definition, code is billed, CenCal Health performs a manual review/pricing by taking into account the service provided and correlating the unlisted procedure to an established like-kind procedure(s) from another source, i.e. the Medicare fee schedule. CenCal Health adjudication staff uses this information and manually prices the unlisted procedure.

For other standard CPT/HCPCS without an established Medi-Cal rate, CenCal Health establishes an internal fee schedule. CenCal Health may utilize published RVUs and/or RBRVS, along with the Medicare conversion factor for the applicable calendar year to derive so-called “Medicare-equivalent” base rates for these procedure codes.

CenCal Health will generally update its fee schedule each January. CenCal Health will give SBHI and SLOHI providers at least thirty days notice of any changes to CenCal Health’s fee schedule. Providers may terminate their participation with CenCal Health if they do not accept any changes to CenCal Health’s fee schedule.

CHECKING ALLOWABLES

Providers may obtain CPT code-specific allowances by checking CenCal Health’s website at www.cencalhealth.org. A password is necessary to enable providers to obtain specific payment rates as set forth in the Procedure Pricer in the “For Providers” section on the web page.

Additionally, the Explanation of Benefits that providers receive will normally indicate the allowed amount for each code billed, unless there is inadequate information to determine the service provided, or if the code billed is not a benefit.

Additional information on billing procedures may be found in the Claims section of this Provider Manual.