California NEWS ADVISORY

for LEA Billing Option Program Coordinators

Reimbursement Rates Increased

In compliance with State Plan Amendment (SPA) 03-024, the Department of Health Care Services (DHCS) is required to adjust LEA reimbursement rates for IEP/IFSP assessment and treatment services annually. On April 26, 2010, DHCS directed HP Enterprise Services to make a rate adjustment.

The new maximum claiming rates for fiscal year 2009-2010 are effective as of July 1, 2009. Special transportation, mileage, and targeted case management (TCM) services are excluded from this rate change.

The new rates were posted on DHCS' website May 5, 2010, and Leader responded immediately by updating its computer system May 6, 2010 to ensure proper claims submission. LEAs will see Error Processing Corrections (EPC) for claims already processed prior to when the rate increase was posted.

See the attached table for the new reimbursement rates. If you have questions, please contact your Leader Account Manager.



LEA Medi-Cal Billing Option Program Rate Inflation - SFY 2009/10 through Current

Rate Inflation - SFY 2009/10 through Current	
Audiological	Reimbursement
IEP/IFSP Audiological Assessment: Initial/Triennial	142.36
IEP/IFSP Audiological Assessment: Annual/Amended	106.78
IEP/IFSP Audiology, Individual Treatment - Initial (maximum 3 units)	65.25
IEP/IFSP Audiology, Individual Treatment - Unusual Procedural Services	17.79
IEP/IFSP Hearing Check	41.53
Health	Reimbursement
IEP/IFSP Health Assessment: Initial/Triennial	123.38
Performed by a Registered Credentialed School Nurse	70.50
IEP/IFSP Health Assessment: Annual/Amended Performed by a Registered Credentialed School Nurse	70.50
IEP/IFSP Health/Nutrition Assessment: Initial/Triennial	17.63
Performed by a Licensed Physician/Psychiatrist, (Billed in 15-minute increments)	17.00
IEP/IFSP Health/Nutrition Assessment: Annual/Amended	17.63
Performed by a Licensed Physician/Psychiatrist, (Billed in 15-minute increments)	
IEP/IFSP Nursing Services, (Billed in 15-minute increments)	17.63
IEP/IFSP LVN Services (Billed in 15-minute increments)	9.62
IEP/IFSP Trained Health Care Aide Services, (Billed in 15-minute increments)	7.40
Occupational Therapy	Reimbursement
IEP/IFSP Occupational Therapy Assessment: Initial/Triennial	205.04
IEP/IFSP Occupational Therapy Assessment: Annual/Amended	142.39
IEP/IFSP Occupational Therapy Individual Treatment - Initial	67.63
Billed in 15-minute increments, maximum of 3 units per initial services	17.00
IEP/IFSP Occupational Therapy Individual Treatment - Unusual Procedural Services	17.80
Physical Therapy	Reimbursement
IEP/IFSP Physical Therapy Assessment: Initial/Triennial	187.81
IEP/IFSP Physical Therapy Assessment: Annual/Amended	130.42
IEP/IFSP Physical Therapy Individual Treatment - Initial	52.17
Billed in 15-minute increments, maximum of 3 units per initial services	
IEP/IFSP Physical Therapy Individual Treatment - Unusual Procedural Services	16.31
Psychological - Counseling	Reimbursement
IEP/IFSP Psychological Assessment: Initial/Triennial	439.92
IEP/IFSP Psychological Assessment: Annual/Amended	146.64
IEP/IFSP Psychology Counseling, Individual Treatment - Initial	67.21
IEP/IFSP Psychology Counseling, Individual Treatment - Additional	18.33
IEP/IFSP Psychology Counseling, Group Treatment - Initial	14.87
IEP/IFSP Psychology Counseling, Group Treatment - Additional	3.06
IEP/IFSP Psychosocial status Assessment: Annual/Amended Billed in 15-minutes increments	19.21
IEP/IFSP Psychosocial Status Assessment: Initial/Triennial	19.21
Billed in 15-minute increments	
Speech Therapy	Reimbursement
IEP/IFSP Speech/Language Assessment: Initial/Triennial	207.51
IEP/IFSP Speech/Language Assessment: Annual/Amended	113.19
IEP/IFSP Speech Therapy, Individual Treatment - Initial	62.88
IEP/IFSP Speech Therapy, Individual Treatment - Additional	18.87
IEP/IFSP Speech Therapy, Group Treatment - Initial IEP/IFSP Speech Therapy, Group Treatment - Additional	23.06 6.29
TET /II OF Opecon Therapy, Group Treatment - Additional	0.29
Transportation	Reimbursement
Non-emergency transportation; encounter/trip	18.54
Targeted Case Management	Reimbursement
Targeted case management, each 15 minutes (Low)	12.38
Targeted case management, each 15 minutes (Medium)	14.40
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Targeted case management, each 15 minutes (High)

16.42