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Title 22@ Social Security

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Division 3@ Health Care Services

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Subdivision 1@ California Medical Assistance Program

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Chapter 3@ Health Care Services

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Article 7@ Payment for Services and Supplies

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Section 51503@ Physician Services

## **51503 Physician Services**

### **(a)**

Except as otherwise provided, reimbursement for physician services shall be the usual charges made to the general public not to exceed the maximum reimbursement rates listed in this section for each procedure performed by a physician.

### **(b)**

Except as set forth in (d), (e), (h), (k) and (l), the maximum reimbursement rates for physician services shall be the rates set forth in the "Schedule of Medi-Cal Physician Rates", published by the Department of Health Services, June 2002, herein incorporated by reference in its entirety.

### **(c)**

As used in (b), a given procedure listed in the "Schedule of Medi-Cal Physician Rates" means those procedures which are a benefit of the Medi-Cal program as determined by the Department.

### **(d)**

The maximum reimbursement for "By Report" procedures, and procedures not listed in the "Schedule of Medi-Cal Physician Rates" shall be based upon a review of such procedures to determine their relationship to other procedures for which reimbursement rates are established.

### **(e)**

The maximum reimbursement rate for professional services for immunizations shall be \$9.00. The maximum reimbursement rate for professional services for other injections shall be \$4.46.

**(f)**

Maximum reimbursement rates for anesthesia services shall be determined in accordance with this Section, except anesthesia services performed by a nurse anesthetist and billed by a physician shall be reimbursed in accordance with Section 51505.2. Physicians billing for anesthesia services performed by a nurse anesthetist shall indicate on the claim that such services were performed by a nurse anesthetist.

**(g)**

Reimbursement for services rendered on or after November 1, 1976 by physicians which were provided in hospital outpatient emergency, examining, and treatment rooms shall be reduced to 80 percent of the maximum reimbursement rates as set forth in (b) unless: (1) The physician is called from outside the outpatient department setting to provide emergency services. (2) The physician or group of physicians contract with a hospital and assume total financial responsibility for such outpatient services. (3) Specified medical procedures, as determined by the Department, when performed in a hospital outpatient setting may be reimbursed at the rates set forth in (b).

**(1)**

The physician is called from outside the outpatient department setting to provide emergency services.

**(2)**

The physician or group of physicians contract with a hospital and assume total financial responsibility for such outpatient services.

**(3)**

Specified medical procedures, as determined by the Department, when performed in a hospital outpatient setting may be reimbursed at the rates set forth in (b).

**(h)**

Pathology tests that are not listed in (b) shall be reimbursed in accordance with the provisions of section 51529.

**(i)**

In compliance with section 51501 and notwithstanding any provision of Title XVIII of the Social Security Act, Medi-Cal payments for a physician's services to outpatient dialysis patients shall be made only to providers of service.

**(j)**

The Medi-Cal program, through its intermediary, will pay allowable Medi-Cal rates for direct patient care services in a teaching setting when directly provided by teaching physicians only when such services are provided and billed in accordance with program policies and regulations of the Department of Health Services and when: (1) They are performed for necessary treatment of the patient; (2) They are not an exercise of teaching supervision without direct patient care services being provided; (3) They do not duplicate any medical services billed by any other provider; and (4) The teaching physician is not on salary or contract to the hospital for the direct patient care services provided. No professional fees are payable for services provided independently by residents or students in a teaching setting.

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**(4)**

The teaching physician is not on salary or contract to the hospital for the direct patient care services provided. No professional fees are payable for services provided independently by residents or students in a teaching setting.

**(k)**

Reimbursement for an early discharge follow up visit provided to a mother and her newborn shall be made when the conditions specified in Section 51327(b) are met. Each early discharge follow up visit shall be separately reimbursed when the physician providing service to the mother is different from the physician providing service to the newborn. Services provided to the mother and her newborn shall be billed using Evaluation and Management Code 99499 with the modifier "ZW."

**(l)**

Physician services provided under the California Children's Services program shall be reimbursed at rates which are 39.7 percent greater than the Medi-Cal rate which would otherwise be applicable.