

Preferred IPA of California Provider Notice

Claims Payments

A. Fee Schedule. Claims are paid at the current contracted rate as outlined on the fee schedule exhibit of your current contract with Preferred IPA. If you need a copy of the current fee schedule exhibit to your contract, please contact Preferred IPA at (818) 265-0800.

Current Medi-Cal rates are available in both viewable and downloadable formats at the following Internet address:

<http://files.medi-cal.ca.gov/pubsdoco/rates/rateshome.asp>

Current Medicare rates are available in both viewable and downloadable formats at the following Internet address:

<https://www.cms.gov/apps/physician-fee-schedule/overview.aspx>

- To obtain the correct rate for a valid procedure code that has been billed apply the following formula:

$$\frac{\text{Contracted \% of published fee schedule}}{\text{Contract rate}} \times \text{Current fee schedule rate} =$$

B. Payment Methodologies. Preferred IPA utilizes the National Correct Coding Initiative edits published by the Centers for Medicare and Medicaid Services to make payments consistent with nationally accepted claims processing standards. These edits clearly identify services, which are components of a major service, mutually exclusive services, and other applicable edits.

C. Global Services. Global services related to surgery, services which are inclusive in a previously billed service or globally covered per the contract provisions will be processed consistent with the latest Current Procedural Terminology (CPT) and other applicable industry standard processing methodologies.

D. Multiple Surgeries: Claims for multiple surgery performed in the same operative session are cut down according to the following schedule:

- 1st Surgical procedure – 100% of contractually allowed amount
- 2nd and subsequent Surgical procedures – 50% of contractually allowed amount
- The following codes are exceptions to the reduced rate for multiple surgeries, in most instances these codes will not be paid at the reduced rate:

11001	20922	33518	44203	63035
11101	20924	33519	44500	63043
11201	20926	33521	44701	63044
11720	20930	33522	44955	63048
11721	20931	33523	47001	63057
11732	20936	33530	47550	63066
11922	20937	33572	48400	63076
11975	20938	33924	48554	63078
11977	20974	34808	49568	63082
13102	20975	34813	49905	63086
13122	20979	34826	51725	63088
13133	21088	35390	51726	63091
13153	21089	35400	51736	63308
15000	22103	35500	51741	64472
15001	22116	35572	51772	64476
15101	22216	35600	51784	64480
15121	22226	35681	51785	64484
15201	22328	35682	51792	64550
15221	22522	35683	51795	64623
15241	22585	35685	51797	64627
15261	22614	35686	54240	64727
15343	22632	35700	54250	64778
15351	22840	36218	56606	64783
15401	22841	36248	58300	64787
15787	22842	36488	58346	64832
16036	22843	36489	58611	64837
17003	22844	36490	59050	64859
17004	22845	36491	59051	64872
17304	22846	36550	59525	64874
17305	22847	36620	60512	64876
17306	22848	36625	61055	64901
17307	22851	36660	61107	64902
17310	26125	36823	61210	65767
19001	26861	37195	61316	66990
19126	26863	37206	61517	67225
19291	27358	37250	61609	67320
19295	27692	37251	61610	67331
19340	31500	38102	61611	67332
20660	32000	38746	61612	67334
20690	32002	38747	61795	67335
20692	32020	38792	62148	67340
20900	32501	43635	62160	69300
20902	33141	44015	62252	69990
20910	33225	44121	62284	
20912	33508	44128	62367	
20920	33517	44139	62368	

E. **Assistant Surgeon:** Payments made to assistant surgeons will be paid at 20% of the primary surgeon's payment. The 2nd and subsequent surgical procedures will be paid at the reduced fee of: 50% of the contractually allowed amount.

F. **Coding Changes:** Claims billed with codes that are mutually exclusive or included in a comprehensive procedure will be processed according to the National Correct Coding Initiative (NCCI) edits published by the Centers for Medicare and Medicaid Services to make payments consistent with nationally accepted claims processing standards. Current NCCI edits are available on the Centers for Medicare and Medicaid Services website at:

<https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html?redirect=/nationalcorrectcodinited/>

G. **Immunizations and injectable medications:** Payments for immunizations and injectable medications will be made in accordance with the current health plan guidelines and at the current contracted rates.

H. **Modifiers:** Claims are processed consistent with the current industry standards for modifiers as described in the Current Procedural Terminology, by The Centers for Medicare and Medicaid Services, and the current Medi-Cal Provider Manual.