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Medi-Cal Laboratory Fee Reporting to DHCS Returns in 2022

Effective July 1, 2015, the California Department of Health Care Services (DHCS) implemented a new rate methodology in accordance with Assembly Bill 1494. This policy uses the average laboratory rates paid by third party payers, excluding commercial Medicare/Medicaid and their HMOs. DHCS began collecting data every 2 years and applies up to a 10% reduction to the Medicaid Fee Schedule based off this data. Rate reductions that were set to occur for 2021 were not implemented due to several relief bills related to the COVID-19 Pandemic, including Section 105(a) of the Further Consolidated Appropriations Act 2020 (FCAA) and Section 3718 of the CARES Act.

Certain providers are required to submit third-party payer rates and utilization data for dates of service in 2021 by the deadline of June 30, 2022. This data will be used to calculate rates that go into effect on July 1, 2023.

DHCS released NPIs of applicable labs that need to submit data. These groups meet the criteria set forth on DHCS' website, along with a list of applicable CPT codes that can be found here: [Clinical Laboratory or Laboratory Services](#).

APS utilized the listing of applicable NPIs and is creating the reporting to meet the required format. APS will submit the data to DHCS in early June allowing 2021 claims to be adjudicated and included in the reporting.

Should you have any questions, please contact your APS Practice Manager.