

## **Table of Contents**

**State/Territory Name: CA**

**State Plan Amendment (SPA) #: 22-0063**

This file contains the following documents in the order

- listed:
- 1) Approval Letter
  - 2) CMS 179 Form/Summary Form (with 179-like data)
  - 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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**Financial Management Group**

November 4, 2022

Jacey Cooper  
Chief Deputy Director, Health Care Programs  
California Department of Health Care Services  
P.O. Box 997413, MS 0000  
Sacramento, CA 95899-7413

RE: TN 22-0063

Dear Ms. Cooper:

We have reviewed the proposed California State Plan Amendment (SPA) to Attachment 4.19-B, CA-22-0063, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 30, 2022. This SPA increases the rate for the Prenatal Screening Program's Maternal Serum Alpha-Fetoprotein (MSAFP) screening billed with CPT code 82105.

Based upon the information provided by the State, we have approved the amendment with an effective date of September 19, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Blake Holt at 303-844-6218 or [blake.holt@cms.hhs.gov](mailto:blake.holt@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2. STATE

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX

XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

5. FEDERAL STATUTE/REGULATION CITATION

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY \_\_\_\_\_ \$ \_\_\_\_\_  
b. FFY \_\_\_\_\_ \$ \_\_\_\_\_

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT  
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:  
Please note: The Governor's Office does not wish to review the State Plan Amendment.

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

13. TITLE

14. DATE SUBMITTED  
September 30, 2022

15. RETURN TO

**FOR CMS USE ONLY**

16. DATE RECEIVED  
September 30, 2022

17. DATE APPROVED  
November 4, 2022

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
September 19, 2022

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL  
Todd McMillion

21. TITLE OF APPROVING OFFICIAL  
Director, Division of Reimbursement Review

22. REMARKS

10/19/22: State concurs with pen and ink change to Box 5 from "Title 42 CFR 447 Subpart F" to "1905(a)(13)(c)."  
10/21/22: State concurs with pen and ink change to Box 7 and 8 from "3t" to "3Q"

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE: California

REIMBURSEMENT METHODOLOGY FOR GENETIC DISEASE SCREENING  
PROGRAM SERVICES

1. Newborn Screening (NBS) Program: Notwithstanding any other provision in this Attachment, effective July 1, 2022, the Department of Health Care Services (DHCS) will establish the reimbursement rates for the NBS Program's Newborn Metabolic Screening Panel (code S3620), as described in Attachment 3.1-A, section 13c, in accordance with the rate table below. The rate for the Newborn Metabolic Screening Panel is established based on the participation fees providers are charged by the California Department of Public Health as of July 1, 2022.

Rate Table:

Procedure Code	Rate	Effective Date
Newborn Metabolic Screening Panel, code S3620	\$211.00	July 1, 2022

2. Prenatal Screening (PNS) Program: Notwithstanding any other provision in this Attachment, effective September 19, 2022, the reimbursement rate for the PNS Program's Maternal Serum Alpha-Fetoprotein (MSAFP) Screening (code 82105), as described in Attachment 3.1-A, section 13c, will be in accordance with the rate table below. The rate for the MSAFP Screening is based on the participation fees providers are charged by the California Department of Public Health as of September 19, 2022.

Rate Table:

Procedure Code	Rate	Effective Date
Maternal Serum Alpha-Fetoprotein (MSAFP) Screening Program, code 82105	\$85.00	September 19, 2022

3. The ten percent payment reduction, described in paragraph (13) on page 3.3 of this Attachment, shall apply to reimbursement for GDSP services if billed by a non-exempt provider as described on pages 3.4 and 3.5.
4. All Medi-Cal Fee-For-Service rates, including the rates for GDSP Services, are published at: <https://files.medi-cal.ca.gov/rates/rateshome.aspx>.