

**DEPARTMENT OF HEALTH CARE SERVICES  
NOTICE OF GENERAL PUBLIC INTEREST  
AND REQUEST FOR PUBLIC INPUT  
RELEASE DATE: SEPTEMBER 29, 2022**

**STATE PLAN AMENDMENT 22-0064 PROPOSES TO ADJUST THE REIM-  
BURSEMENT RATES FOR THE PRENATAL SCREENING PROGRAM**

This notice is to provide information of public interest about a proposed State Plan Amendment (SPA) by the Department of Health Care Services (DHCS). The proposed SPA 22-0064 is seeking federal authority to adjust the Medi-Cal Fee-For-Service (FFS) reimbursement rate for the Prenatal Screening (PNS) Program's cell-free DNA (cfDNA) screening using Current Procedural Terminology (CPT) code 81420, effective October 1, 2022. DHCS requests input from beneficiaries, providers, and other interested stakeholders concerning proposed SPA 22-0064, which is attached below.

In California, the PNS Program is administered by the California Department of Public Health (CDPH). Pursuant to Health & Safety Code section 124977, CDPH periodically adjusts the PNS Program fee to fully support the Genetic Disease Screening Program (GDSP). CDPH plans to split GDSP's current conventional biochemical screening for chromosome abnormalities between a cfDNA Screening Program that screens for chromosomal abnormalities (CPT code 81420) and a MSAFP Screening Program that screens for neural tube defects (CPT code 82105). CDPH charges a fee for performing these screening tests. DHCS is submitting SPA 22-0063 to seek federal authority to adjust reimbursement for CPT code 82105 to align with the participation fee that CDPH charges for MSAFP screening. This SPA seeks to implement a corresponding Medi-Cal Fee-For-Service (FFS) rate adjustment for CPT code 81420 from \$607.24 to \$232.00 to align reimbursement with the participation fee that CDHP charges for cfDNA screening, effective October 1, 2022.

The proposed SPA is subject to approval by CMS.

DHCS estimates that the annual aggregate Medi-Cal expenditures for the PNS Program will decrease by approximately \$7.3 million in total funds, based on the most recent available data at this time.

**PUBLIC REVIEW AND COMMENTS**

The proposed changes included in draft SPA 22-0064 are enclosed in this notice for public comment. DHCS is requesting stakeholder input on the impact, if any, on access to services as a result of the proposed action.

Upon submission to CMS, a copy of proposed SPA 22-0064 will be published at:

<https://www.dhcs.ca.gov/formsandpubs/laws/Pages/Pending-2022.aspx>

If you would like to view the SPA in person once it becomes available, please visit your local county welfare department. You may also request a copy of the proposed SPA or a copy of submitted public comments related to SPA 22-0064 using the mailing address or e-mail address below. Please indicate SPA 22-0064 in the subject line or message.

Written comments may be sent to the following address:

Department of Health Care Services  
Fee-For-Service Rates Development Division  
Attn: Provider Rates Section  
P.O. Box 997413, MS 4600  
Sacramento, California 95899-7417

Comments may also be emailed to [PublicInput@dhcs.ca.gov](mailto:PublicInput@dhcs.ca.gov). Please indicate SPA 22-0064 in the subject line or message.

To ensure consideration prior to submission of the SPA to CMS, comments must be received no later than 5 p.m. on October 31, 2022.

Please note that comments will continue to be accepted after October 31, 2022, but DHCS may not be able to consider those comments prior to the initial submission of SPA 22-0064 to CMS.

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) and the cell-free DNA (cfDNA) Screening (code 81420), as described in Attachment 3.1-A, section 13c, will be in accordance with the rate table below. The rate for the MSAFP and cfDNA 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
Cell-Free DNA (cfDNA) Screening Program, code 81420	\$232.00	October 1, 2022

3. The ten percent payment reduction, described in paragraph (13) on page 3.3 of this Attachment, shall apply to reimbursement for this GDSP services if billed by a non-exempt provider as described on pages 3.4 and 3.5.

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TN: 22-0064

Supersedes

TN: 22-0063

Approval Date: \_\_\_\_\_

Effective Date: October 1, 2022

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
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4. All Medi-Cal Fee-For-Service rates, including the rate for the Newborn Metabolic Screening Panel, are published at: <https://files.medi-cal.ca.gov/rates/rateshome.aspx>.

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Approval Date: \_\_\_\_\_

Effective Date: October 1, 2022