DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES
Michelle Baass | Director

September 30, 2025

THIS LETTER SENT VIA EMAIL

Ms. Courtney Miller, Director
Division of Program Operations
Medicaid and CHIP Operations Group
Centers for Medicare & Medicaid Services
601 East 12th Street, Room 355
Kansas City, MO 64106

STATE PLAN AMENDMENT 25-0005: IMPLEMENT SUPPLEMENTAL PAYMENTS FOR EMERGENCY DEPARTMENT (ED) PHYSICIAN EVALUATION & MANAGEMENT (E&M) SERVICES

Dear Ms. Miller:

The Department of Health Care Services (DHCS) is submitting State Plan Amendment (SPA) 25-0005 for your review and approval. This SPA proposes to implement time-limited supplemental payments for ED physician E&M services, effective July 1, 2025, through December 31, 2025.

Contingent on federal approval, eligible providers will receive increased reimbursement through the application of a supplemental payment to the Medi-Cal fee-for-service fee schedule amounts for ED E&M services, effective for dates of service July 1, 2025, through December 31, 2025.

A Notice of Public Interest and Request for Public Input for SPA 25-0005 was published on June 26, 2025, on the DHCS website. DHCS requested public comments by July 28, 2025, and no public comments were received. CMS delegated authority to DHCS to determine when Tribal notice is required. In this instance, DHCS has determined that a Tribal notice is not necessary for this proposal. At time of SPA submission, no comments have been received.

DHCS is submitting the following SPA documents for your review and approval:

- CMS 179 - Transmittal and Notice of Approval of State Plan Material
- Supplement 42 to Attachment 4.19-B, Pages 1-2 (new)
- Public Notice
- CMS Standard Funding Questions
- Budget Impact Explanation

If you have any questions or need additional information, please contact Mr. Aditya Voleti, Chief, Fee-for-Service Rates Development Division, at (916) 345-8717 or by email at Aditya.Voleti@dhcs.ca.gov.

Sincerely,

[redacted]

Tyler Sadwith
State Medicaid Director
Chief Deputy Director, Health Care Programs
California Department of Health Care Services

Enclosures

cc: Lindy Harrington
Assistant State Medicaid Director
Director's Office
Department of Health Care Services
Lindy.Harrington@dhcs.ca.gov

Saralyn M. Ang-Olson, JD, MPP
Chief Compliance Officer
Office of Compliance
Department of Health Care Services
Saralyn.Ang-Olson@dhcs.ca.gov

Rafael Davtian
Deputy Director
Health Care Financing
Department of Health Care Services
Rafael.Davtian@dhcs.ca.gov

Alek Klimek
Assistant Deputy Director
Health Care Financing
Department of Health Care Services
Alek.Klimek@dhcs.ca.gov

Aditya Voleti, Chief
Fee-For-Service Rates Development Division
Department of Health Care Services
Aditya.Voleti@dhcs.ca.gov

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 25-0005

2. STATE: CA

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: July 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION: Title 42 CFR 447 Subpart F

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2025 $ 4,129,000
b. FFY 2026 $ 4,129,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 42 to Attachment 4.19-B, Pages 1-2

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

9. SUBJECT OF AMENDMENT
Emergency Department Evaluation & Management Services supplemental payment for dates of service July 1, 2025 through December 31, 2025

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
[redacted]

12. TYPED NAME
Tyler Sadwith

13. TITLE
State Medicaid Director and Chief Deputy Director

14. DATE SUBMITTED
September 30, 2025

15. RETURN TO
Department of Health Care Services
Attn: Director's Office
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

FOR CMS USE ONLY

16. DATE RECEIVED

17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

Instructions on Back

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

TIME-LIMITED SUPPLEMENTAL PAYMENT PROGRAM FOR EMERGENCY DEPARTMENT (ED) PHYSICIAN EVALUATION & MANAGEMENT (E&M) SERVICES

This program provides supplemental reimbursement for eligible ED physician E&M services provided to Medi-Cal beneficiaries. The supplemental reimbursements will be provided, above the base rates, for qualified ED physician E&M services rendered in the periods listed below. The base rates for ED physician E&M services are not changed by this Supplement.

A. Supplemental Reimbursement Methodology – General Provisions for services provided between July 1, 2025 – December 31, 2025

1. The supplemental payment amounts are fixed at the amounts listed in the chart below for each eligible ED physician E&M service listed by Current Procedural Terminology (CPT) Code. The supplemental payment is paid on a per claim basis.

CPT Code	Supplemental Payment
99282	$14.63
99283	$26.76
99284	$41.01
99285	$64.85

2. Eligible Providers

a. ED physician E&M services rendered by a physician who bills for the CPT codes listed above using the Health Insurance Claim Form (CMS-1500) are eligible for the supplemental payment established pursuant to this Supplement.

b. Providers eligible for the supplemental payment amounts under this Supplement do not include Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs), or other providers that are reimbursed through an all-inclusive rate or a cost-based system.

3. Base rates for ED physician E&M services are the rates established by the Department of Health Care Services for each CPT Code, as published on the Medi-Cal Rates website: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/rates.