

September 23, 2024

*THIS LETTER SENT VIA EMAIL*

Mr. James G. Scott, Director  
Division of Program Operations  
Medicaid and CHIP Operations Group  
Centers for Medicare & Medicaid Services  
601 East 12th Street, Suite 0300  
Kansas City, MO 64106-2898

STATE PLAN AMENDMENT 24-0034: INCREASE REIMBURSEMENT RATES FOR  
THE PRENATAL SCREENING PROGRAM AND NEWBORN SCREENING  
PROGRAM

Dear Mr. Scott:

The Department of Health Care Services (DHCS) is submitting State Plan Amendment (SPA) 24-0034 for your review and approval. This SPA seeks federal authority to increase the Medi-Cal Fee-For-Service (FFS) reimbursement rates for the Prenatal Screening (PNS) program and Newborn Screening (NBS) program. DHCS seeks an effective date of July 1, 2024, for this SPA.

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). DHCS is submitting SPA 24-0034 to implement a corresponding Medi-Cal FFS rate increase for CPT codes 81420 and 0327U to \$344.00 to align reimbursement with the participation fee that CDPH charges for cell-free DNA (cfDNA) screening, effective July 1, 2024. Additionally, DHCS is submitting SPA 24-0034 to implement a corresponding Medi-Cal FFS rate increase for code S3260 to \$226 to align reimbursement with the participation fee that CDPH charges for Newborn Metabolic Screening Panel fee, effective July 1, 2024.

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

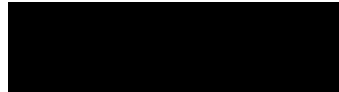
- CMS 179 - Transmittal and Notice of Approval of State Plan Material
- Page 3Q of Attachment 4.19-B (Redline and Clean)
- CMS Standard Funding Questions
- Budget Impact

Mr. Scott  
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A Notice of Public Interest SPA 24-0034 was published on June 21, 2024, on the DHCS website. On August 23, 2024, CMS informed DHCS that a tribal notice is not required for this SPA.

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

Sincerely,



Tyler Sadwith  
State Medicaid Director

Enclosures

cc: Lindy Harrington  
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**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

15. RETURN TO

**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

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, 2024, 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 (CDPH) as of July 1, 2024.

Rate Table:

Procedure Code	Rate	Effective Date
Newborn Metabolic Screening Panel, code S3620	\$226.00	July 1, 2024

2. Prenatal Screening (PNS) Program: Notwithstanding any other provision in this Attachment, effective July 1, 2024, the reimbursement rate for the PNS Program's cell-free DNA (cfDNA) Screening (code 81420) and Proprietary Laboratory Analyses (PLA) cfDNA Screening (code 0327U), as described in Attachment 3.1-A, section 13c, will be in accordance with the rate table below.

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	\$344.00	July 1, 2024
Proprietary Laboratory Analyses (PLA) cfDNA Screening Program, code 0327U	\$344.00	July 1, 2024

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 rate for the Newborn Metabolic Screening Panel, are published at:  
<https://mcweb.apps.prd.cammiis.medi-cal.ca.gov/rates>