

Pages 7-19 are intentionally left blank.

These pages were deleted with the approval of State Plan Amendment 08-006 on June 17, 2009.

Payment for Local Education Agency (LEA) Services is found in Supplement 8 in Attachment 4.19-B

TN No. 03-024  
Supersedes  
TN No. 92-22

Approval Date ~~MAR 14 2005~~ Effective Date APR 01 2003

**Reimbursement Rates for Home Health (HH) as defined under 1905(a)(7) and Rehabilitative Services - Pediatric Day Health Care Services as defined under 1905(a)(13)(C)**

The State-developed fee schedule rates are the same for both public and private providers of Home Health and Pediatric Day Health Care (PDHC) services provided under Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services. The rates in effect on June 30, 2018 for Home Health and PDHC services will be increased by 50 percent, effective July 1, 2018, as shown in the table below. This paragraph supersedes any prior provisions concerning reimbursement for Home Health and/or PDHC services in the State Plan. All Medi-Cal Fee-for-Service rates are published at: <http://files.medi-cal.ca.gov/pubsdoco/rates/rateshome.asp>

Procedure Code	Medi-Cal Rate Effective July 1, 2018	Procedure Code	Medi-Cal Rate Effective July 1, 2018
Z5804	\$47.91	Z5834	\$44.12
Z5805	\$52.70	Z5835	\$48.53
Z5806	\$36.63	Z5836	\$68.15
Z5807	\$40.29	Z5838	\$28.35
Z5832	\$60.86	Z5840	\$53.66
Z5833	\$66.95	Z5868	\$44.12

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

**Payment for Dental Services**

The State-developed fee schedule rates are the same for both public and private providers of dental services. Dental services are paid based on procedure codes. The agency's dental fee schedule and rate updates are published under Section 5 of the Medi-Cal Dental Program Provider Handbook, Manual of Criteria and Schedule of Maximum Allowances, which was updated on July 1, 2024, and are effective for services on or after that date. The Medi-Cal Dental Program Provider Handbook is published at:

[https://dental.dhcs.ca.gov/Providers/Medi\\_Cal\\_Dental/Provider\\_Publications/ProviderHandbook](https://dental.dhcs.ca.gov/Providers/Medi_Cal_Dental/Provider_Publications/ProviderHandbook)

TN No: 24-0016  
Supersedes  
TN No: 23-0001

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

**Payment for Live Transmissions in the Medi-Cal Dental Program**

The State developed fee schedule rates apply to both public and private providers of dental services. Reimbursement for live transmission is limited to services provided upon patient request following a teledentistry encounter. The live transmissions rates for teledentistry services are published under Section 5, Manual Criteria, and Schedule of Maximum Allowances, of the Medi-Cal Dental Program Provider Handbook. The agency's fee schedule rates were set as of June 1, 2014, and are effective for services on or after that date. All live transmission rates are posted on the Denti-Cal website at:

<http://www.denti-cal.ca.gov/WSI/Publications.jsp?fname=ProvManual>

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