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State/Territory Name: CA

State Plan Amendment (SPA) #: 22-0054

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



Financial Management Group

October 24, 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 22-0054

Dear Ms. Cooper:

Please find the enclosed technical correction as requested by California Department of Health Care Services. The technical correction carries the original approval dates. This SPA increases the rate for Newborn Metabolic Screening Panel (NMSP) procedure code S3620.

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

Sincerely,

[Redacted Signature]

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)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

15. RETURN TO

12. TYPED NAME

13. TITLE

14. DATE SUBMITTED

September 29, 2022

FOR CMS USE ONLY

16. DATE RECEIVED

September 29, 2022

17. DATE APPROVED

October 24, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 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)".

10/20/22: State concurs with pen and ink change to Box 7 from "3t" to "3Q".

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

REIMBURSEMENT METHODOLOGY FOR THE NEWBORN SCREENING
PROGRAM'S NEWBORN METABOLIC SCREENING PANEL

1. 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 Newborn Screening (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

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