

## **Table of Contents**

**State/Territory Name: California**

**State Plan Amendment (SPA) #: 19-0044**

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  
90 Seventh Street, Suite 5-300 (5W)  
San Francisco, CA 94103-6706



## **Regional Operations Group**

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November 19, 2019

Mari Cantwell  
Chief Deputy Director, Health Care Programs  
California Department of Health Care Services  
P.O. Box 997413, MS 0000  
Sacramento, CA 95899-7413

Dear Ms. Cantwell:

Enclosed is an approved copy of California State Plan Amendment (SPA) 19-0044, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 19, 2019. SPA 19-0044 allows the Department of Health Care Services to establish a supplemental payment program for Non-Emergency Medical Transportation (NEMT) services using Proposition 56-funded time-limited supplemental payments from July 1, 2019 through December 31, 2021.

The effective date of this SPA is July 1, 2019. Enclosed are the following approved SPA pages that should be incorporated into your approved state plan:

- Supplement 34 to Attachment 4.19-B, pages 1-6

If you have any questions, please contact Cheryl Young at 415-744-3598 or via email at [Cheryl.Young@cms.hhs.gov](mailto:Cheryl.Young@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of Richard C. Allen.

Richard C. Allen  
Director  
Center for Medicaid and CHIP Services  
Regional Operations Group

cc: Jacey Cooper, California Department of Health Care Services (DHCS)  
Lindy Harrington, DHCS  
Connie Florez, DHCS  
Michelle Tamai, DHCS  
Angeli Lee, DHCS  
Amanda Font, DHCS

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2. STATE

3. PROGRAM IDENTIFICATION:

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

5. TYPE OF PLAN MATERIAL (*Check One*)

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION

7. FEDERAL BUDGET IMPACT

a. FFY \_\_\_\_\_ \$ \_\_\_\_\_  
b. FFY \_\_\_\_\_ \$ \_\_\_\_\_

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

10. SUBJECT OF AMENDMENT

11. 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

OFFICIAL

16. RETURN TO

14. TITLE

15. DATE SUBMITTED

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED  
September 1, 2019

18. DATE APPROVED  
November 19, 2019

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL  
July 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME  
Richard C. Allen

22. TITLE  
Director, Western Regional Operations Group, Center for Medicaid  
and CHIP Services

23. REMARKS

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: CALIFORNIA**TIME-LIMITED SUPPLEMENTAL PAYMENT PROGRAM FOR NON-EMERGENCY  
MEDICAL TRANSPORTATION SERVICES**

This program provides a time-limited supplemental reimbursement for eligible non-emergency medical transportation (NEMT) services provided to Medi-Cal beneficiaries. The supplemental payment will be provided, above the base rates, for qualified NEMT services rendered during the applicable time period listed below. The base rates for NEMT services will remain unchanged through this amendment.

A. Supplemental Reimbursement Methodology – General Provisions for services provided between July 1, 2019 – December 31, 2021

1. The supplemental payment amounts are fixed at the amounts listed in the chart below for each eligible NEMT services listed by Current Procedural Terminology (CPT) Code. The supplemental payment is paid on a per claim basis for each eligible NEMT service.
2. Base rates for NEMT services are the rates established by the Department of Health Care Services (Department) for each CPT Code, as published on the Medi-Cal Rates website:  
<http://files.medi-cal.ca.gov/pubsdoco/rates/rateshome.asp>

<u>CPT Code</u>	<u>Supplemental Amount</u>	<u>CPT Code</u>	<u>Supplemental Amount</u>	<u>CPT Code</u>	<u>Supplemental Amount</u>	<u>CPT Code</u>	<u>Supplemental Amount</u>
A0130	\$4.41	73552	\$2.92	84436	\$0.60	93320	\$7.66
A0380	\$0.33	73560	\$1.90	84439	\$0.79	93325	\$7.79
00170	\$6.33	73562	\$2.34	84443	\$1.48	93351	\$24.73
00450	\$6.33	73564	\$2.77	84450	\$0.44	93880	\$15.66
00790	\$8.85	73565	\$1.90	84460	\$0.46	93925	\$9.69
00840	\$7.59	73590	\$2.08	84466	\$1.10	93926	\$8.49
00920	\$3.80	73600	\$1.90	84478	\$0.50	93970	\$16.82
01400	\$5.06	73610	\$2.51	84480	\$1.26	93971	\$8.46
01967	\$7.71	73620	\$1.73	84481	\$1.50	94060	\$4.50
01968	\$3.09	73630	\$2.42	84484	\$0.85	94375	\$2.32
10060	\$4.24	73650	\$1.90	84520	\$0.32	94640	\$1.17
10120	\$5.18	73660	\$1.56	84550	\$0.40	94664	\$0.86
11042	\$10.39	73700	\$16.18	84560	\$0.47	94727	\$3.76
11422	\$7.41	73701	\$20.45	84590	\$1.02	94729	\$4.82

TN: 19-0044  
Supersedes  
TN: N/A

Approval Date: November 19, 2019 Effective Date: July 1, 2019

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STATE: CALIFORNIA

<u>CPT Code</u>	<u>Supplemental Amount</u>	<u>CPT Code</u>	<u>Supplemental Amount</u>	<u>CPT Code</u>	<u>Supplemental Amount</u>	<u>CPT Code</u>	<u>Supplemental Amount</u>
11740	\$1.96	73721	\$39.05	84630	\$1.02	96360	\$5.13
11772	\$8.53	74018	\$2.46	84702	\$1.32	96361	\$1.46
11982	\$11.24	74019	\$3.01	84703	\$0.65	96365	\$6.26
12001	\$7.00	74021	\$3.51	85007	\$0.27	96366	\$1.93
12002	\$7.45	74022	\$3.94	85014	\$0.22	96367	\$3.11
12011	\$7.30	74160	\$20.88	85018	\$0.21	96368	\$1.80
12014	\$9.27	74170	\$23.76	85025	\$0.68	96372	\$1.88
12015	\$11.28	74176	\$17.90	85027	\$0.57	96374	\$4.98
12036	\$15.82	74177	\$28.18	85045	\$0.36	96375	\$2.13
12042	\$9.98	74178	\$31.92	85246	\$2.27	96413	\$2.86
12051	\$9.42	74220	\$3.81	85303	\$1.37	97597	\$4.21
13152	\$33.73	74240	\$10.20	85305	\$1.15	99000	\$0.36
16020	\$3.17	76536	\$5.97	85306	\$1.51	99070	\$0.00
16025	\$6.03	76641	\$9.77	85362	\$0.59	99153	\$1.01
16030	\$0.00	76642	\$8.01	85379	\$0.92	99201	\$2.29
20552	\$5.25	76700	\$8.32	85384	\$0.76	99211	\$1.20
20610	\$4.58	76705	\$6.07	85610	\$0.35	99212	\$1.81
23650	\$14.03	76770	\$8.07	85651	\$0.24	99213	\$2.40
24600	\$0.00	76775	\$5.14	85652	\$0.24	99215	\$5.72
25600	\$0.00	76801	\$7.84	85730	\$0.54	99221	\$3.43
26010	\$10.46	76805	\$9.43	86003	\$0.47	99222	\$7.32
26700	\$13.92	76811	\$16.24	86021	\$1.49	99223	\$8.01
27560	\$20.18	76815	\$6.30	86038	\$1.06	99231	\$2.75
27650	\$46.39	76816	\$5.18	86039	\$1.01	99232	\$3.78
27786	\$17.39	76817	\$8.22	86063	\$0.52	99233	\$4.58
27792	\$37.94	76830	\$6.77	86140	\$0.46	99238	\$3.76
27818	\$0.00	76856	\$6.77	86141	\$1.12	99239	\$5.34
28190	\$12.40	76870	\$5.98	86200	\$0.71	99244	\$8.14
29105	\$6.63	76881	\$10.51	86225	\$1.23	99281	\$1.52
29125	\$5.29	76882	\$2.63	86235	\$1.46	99282	\$1.92
29130	\$2.23	77065	\$12.21	86255	\$1.09	99283	\$4.46
29240	\$3.57	77066	\$15.48	86301	\$1.90	99284	\$5.38
29260	\$2.83	77067	\$12.53	86304	\$1.87	99285	\$10.81
29280	\$5.21	77073	\$3.24	86308	\$0.45	99291	\$12.16
29405	\$8.53	77080	\$3.75	86334	\$2.00	99460	\$4.72
29505	\$6.89	80047	\$0.82	86340	\$1.49	99462	\$2.52

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29515	\$5.66	80048	\$0.73	86376	\$1.30	A0225	\$17.99
29530	\$2.98	80051	\$0.62	86430	\$0.51	A0420	\$1.98
29540	\$1.75	80053	\$0.93	86431	\$0.50	A0422	\$1.00
29550	\$1.68	80055	\$3.58	86480	\$5.50	A0424	\$1.64
29881	\$55.10	80061	\$1.15	86592	\$0.38	A0425	\$0.36
31500	\$5.92	80069	\$0.76	86644	\$1.24	A0426	\$10.72
32551	\$13.14	80074	\$4.18	86645	\$1.44	A0427	\$11.82
36000	\$2.61	80076	\$0.64	86665	\$1.58	A0428	\$10.72
36558	\$13.56	80156	\$1.26	86677	\$1.30	A0429	\$11.82
36561	\$26.00	80158	\$1.61	86694	\$1.04	A0430	\$127.50
36569	\$5.75	80164	\$1.22	86695	\$1.18	A0431	\$180.00
36600	\$1.27	80165	\$1.34	86696	\$1.72	A0433	\$11.82
36680	\$5.21	80177	\$1.31	86703	\$1.20	A0434	\$11.82
42700	\$7.30	80178	\$0.60	86705	\$1.04	A0435	\$1.43
42820	\$16.87	80180	\$1.78	86706	\$0.95	A0436	\$2.21
42821	\$20.25	80197	\$1.24	86708	\$1.13	A4217	\$0.60
43239	\$23.42	80299	\$1.26	86709	\$0.99	A9576	\$0.00
43246	\$24.20	80305	\$1.20	86732	\$1.30	E0110	\$6.21
43247	\$25.54	80306	\$1.60	86735	\$1.16	G0480	\$6.40
43752	\$12.99	80307	\$6.39	86762	\$1.29	G0659	\$0.00
44970	\$5.47	81001	\$0.28	86765	\$1.15	J0153	\$0.52
45380	\$33.02	81002	\$0.22	86780	\$1.14	J0171	\$0.52
45385	\$40.02	81003	\$0.20	86787	\$1.14	J0330	\$0.64
45990	\$8.38	81025	\$0.28	86800	\$1.41	J0360	\$0.70
47562	\$46.61	81050	\$0.14	86803	\$1.26	J0456	\$0.72
49083	\$8.99	81220	\$18.00	86850	\$0.26	J0561	\$1.83
49505	\$34.40	82009	\$0.38	86870	\$1.65	J0690	\$0.53
49999	\$0.00	82010	\$0.72	86880	\$0.49	J0696	\$0.51
51700	\$7.86	82040	\$0.40	86900	\$0.24	J0702	\$1.14
51701	\$10.97	82043	\$0.51	86901	\$0.25	J0780	\$1.45
51702	\$9.95	82105	\$1.20	86920	\$0.00	J1100	\$0.46
54161	\$12.66	82140	\$1.32	87040	\$0.90	J1170	\$0.72
57460	\$18.70	82150	\$0.57	87045	\$0.83	J1200	\$0.50
58301	\$4.86	82172	\$1.32	87046	\$0.26	J1459	\$4.48
58670	\$42.14	82239	\$1.46	87070	\$0.75	J1580	\$0.62
58671	\$44.59	82247	\$0.41	87075	\$0.86	J1610	\$22.44

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59020	\$5.07	82248	\$0.44	87076	\$0.73	J1630	\$0.56
59025	\$2.28	82270	\$0.29	87077	\$0.71	J1644	\$0.47
59409	\$54.43	82271	\$0.35	87081	\$0.57	J1650	\$0.52
59514	\$54.47	82272	\$0.26	87086	\$0.72	J1815	\$0.54
59820	\$16.87	82274	\$1.43	87088	\$0.61	J1885	\$0.50
59870	\$30.40	82306	\$2.48	87150	\$2.31	J1940	\$0.53
64450	\$4.91	82310	\$0.41	87177	\$0.80	J1953	\$0.46
65220	\$14.41	82330	\$1.22	87184	\$0.42	J2001	\$0.45
69200	\$3.46	82340	\$0.60	87185	\$0.12	J2060	\$0.52
69205	\$8.04	82375	\$1.12	87186	\$0.76	J2175	\$0.85
69210	\$3.05	82378	\$1.73	87205	\$0.35	J2210	\$2.02
69436	\$12.06	82465	\$0.39	87209	\$1.62	J2250	\$0.46
70110	\$3.40	82525	\$1.23	87210	\$0.36	J2270	\$0.72
70140	\$2.60	82530	\$1.65	87220	\$0.37	J2310	\$2.22
70160	\$2.48	82550	\$0.58	87255	\$3.03	J2354	\$0.54
70360	\$1.73	82553	\$1.01	87301	\$1.01	J2370	\$1.05
70450	\$10.42	82565	\$0.43	87324	\$0.88	J2405	\$0.46
70470	\$17.27	82570	\$0.47	87328	\$0.86	J2550	\$0.65
70480	\$21.10	82575	\$0.86	87329	\$0.83	J2590	\$0.59
70486	\$12.63	82607	\$1.33	87338	\$1.29	J2704	\$0.46
70487	\$15.17	82652	\$3.32	87340	\$0.91	J2710	\$0.71
70491	\$21.29	82705	\$0.50	87341	\$1.02	J2765	\$0.64
70498	\$26.52	82728	\$1.21	87389	\$2.03	J2920	\$0.93
70544	\$35.89	82746	\$1.33	87400	\$0.58	J2930	\$1.14
70551	\$20.73	82784	\$0.61	87420	\$0.29	J3010	\$0.53
70553	\$34.09	82785	\$1.46	87425	\$0.89	J3105	\$0.71
71045	\$1.77	82800	\$0.67	87427	\$0.88	J3230	\$3.48
71046	\$2.75	82803	\$1.19	87430	\$0.82	J3301	\$0.62
71100	\$2.72	82805	\$2.43	87449	\$0.84	J3360	\$1.13
71101	\$3.23	82945	\$0.33	87483	\$45.74	J3370	\$0.87
71120	\$2.60	82947	\$0.33	87486	\$3.47	J3410	\$1.08
71250	\$16.27	82948	\$0.27	87490	\$1.72	J3430	\$0.87
71260	\$20.75	82950	\$0.42	87491	\$3.12	J3475	\$0.50
71275	\$27.09	82951	\$1.13	87493	\$2.86	J3489	\$1.72
72040	\$2.60	82952	\$0.35	87497	\$3.88	J3490	\$0.00
72050	\$4.00	82962	\$0.20	87502	\$7.70	J7030	\$0.70

TN: 19-0044  
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72070	\$2.80	82977	\$0.65	87507	\$41.16	J7040	\$0.57
72072	\$3.08	83010	\$1.10	87521	\$3.47	J7050	\$0.51
72080	\$2.99	83013	\$6.07	87522	\$3.87	J7060	\$0.69
72081	\$3.47	83020	\$1.09	87535	\$3.47	J7120	\$0.69
72100	\$3.03	83026	\$0.26	87581	\$3.47	J7611	\$0.02
72110	\$4.39	83036	\$0.85	87590	\$1.26	J7613	\$0.00
72114	\$5.64	83050	\$0.63	87591	\$3.11	P9016	\$18.52
72125	\$16.65	83516	\$0.86	87631	\$6.11	P9047	\$5.25
72128	\$16.28	83520	\$1.02	87633	\$38.84	Q0111	\$0.37
72131	\$16.18	83540	\$0.57	87653	\$3.05	Q9967	\$0.01
72141	\$20.11	83550	\$0.69	87798	\$3.02	S0020	\$0.95
72148	\$20.01	83605	\$0.94	87799	\$3.91	S0077	\$0.74
72170	\$2.16	83615	\$0.54	87804	\$0.89	S0164	\$0.95
72190	\$3.16	83655	\$1.06	87806	\$2.62	T2001	\$0.55
72192	\$13.14	83690	\$0.61	87810	\$1.01	T2005	\$2.63
72193	\$20.45	83695	\$1.28	87880	\$0.70	T2007	\$1.13
72202	\$2.96	83718	\$0.68	88304	\$3.05	X3908	\$2.12
73000	\$2.08	83735	\$0.60	88305	\$4.10	X3910	\$0.69
73010	\$2.48	83874	\$1.18	88312	\$3.28	X3920	\$3.48
73020	\$1.73	83880	\$3.02	88313	\$3.86	X3922	\$1.70
73030	\$2.59	83883	\$1.23	89051	\$0.49	X4100	\$3.48
73050	\$3.03	83970	\$3.48	90384	\$8.67	X4102	\$1.70
73060	\$2.08	84100	\$0.42	90675	\$29.44	X4110	\$2.12
73070	\$2.08	84132	\$0.34	90686	\$2.35	X4112	\$0.69
73080	\$2.60	84134	\$1.25	90715	\$3.68	Z7500	\$2.38
73090	\$2.08	84146	\$1.71	90732	\$11.22	Z7502	\$3.46
73110	\$2.51	84153	\$1.65	92586	\$6.65	Z7506	\$10.19
73120	\$1.73	84154	\$1.64	92950	\$11.50	Z7508	\$4.08
73130	\$2.51	84156	\$0.33	93000	\$2.87	Z7510	\$4.08
73140	\$1.56	84165	\$0.96	93005	\$1.64	Z7512	\$1.82
73218	\$33.20	84207	\$2.77	93010	\$1.23	Z7514	\$4.08
73221	\$21.30	84252	\$2.00	93041	\$0.51	Z7610	\$0.00
73502	\$3.73	84270	\$1.87	93225	\$2.98	Z9725	\$3.00
73521	\$3.56	84403	\$2.28	93226	\$5.59		
73522	\$4.39	84425	\$1.91	93306	\$23.98		

TN: 19-0044  
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: CALIFORNIA

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3. Providers eligible for the supplemental payments under this section do not include Rural Health Centers (RHCs), Local Educational Agency (LEA), and other providers that are reimbursed on a cost-based system.