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State/Territory Name: CA

State Plan Amendment (SPA) #: 21-0004

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 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

February 23, 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 21-0004

Dear Ms. Cooper:

We have reviewed the proposed California State Plan Amendment (SPA) to Attachment 4.19-B, CA-21-0004, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 20, 2021. This SPA, effective January 1, 2021, extends the time-limited supplemental program for certain physician services past the previously approved sunset date of December 31, 2021.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

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,

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 <u>2 1 — 0 0 0 4</u>	2. STATE <u>CA</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2022
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5. FEDERAL STATUTE/REGULATION CITATION <u>Title 42 CFR 447 Subpart F</u>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>26,611,500</u> b. FFY <u>2023</u> \$ <u>39,482,000</u>
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7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Supplement 27 to Attachment 4.19-B pages 4-5</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Supplement 27 to Attachment 4.19-B page 4</u>
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9. SUBJECT OF AMENDMENT
Extend the time-limited supplemental payments for certain physician services funded by Proposition 56 Tobacco Tax Funds past the current sunset date of December 31, 2021, effective January 1, 2022.

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:

11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO Department of Health Care Services Attn: Director's Office P.O. Box 997413, MS 0000 Sacramento, CA 95899-7413
12. TYPED NAME <u>Jacey Cooper</u>	
13. TITLE <u>State Medicaid Director</u>	
14. DATE SUBMITTED <u>December 20, 2021</u>	

FOR CMS USE ONLY

16. DATE RECEIVED <u>December 20, 2021</u>	17. DATE APPROVED <u>February 23, 2022</u>
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL <u>January 1, 2022</u>	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL <u>Todd McMillion</u>	21. TITLE OF APPROVING OFFICIAL <u>Director, Division of Reimbursement Review</u>

22. REMARKS
For Box 10 "Other, As Specified," please note: The Governor's Office does not wish to review the State Plan Amendment.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: CALIFORNIA

2. Base rates for physician 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:

<https://files.medi-cal.ca.gov/Rates/RatesHome.aspx>

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

D. Supplemental Reimbursement Methodology – General Provisions for services provided on or after January 1, 2022.

1. The supplemental payment amounts are fixed at the amounts listed in the chart below for each eligible physician service listed by Current Procedural Terminology (CPT) Code. The supplemental payment is paid on a per claim basis. Eligible physician services include new and established patient office/outpatient visits, psychiatric diagnostic evaluations, psychiatric diagnostic evaluation with medical services, and psychiatric pharmacological management services.

CPT Code	Supplement Amount	CPT Code	Supplement Amount
99202	\$35.00	99381	\$77.00
99203	\$43.00	99382	\$80.00
99204	\$83.00	99383	\$77.00
99205	\$107.00	99384	\$83.00
99211	\$10.00	99385	\$30.00
99212	\$23.00	99391	\$75.00
99213	\$44.00	99392	\$79.00
99214	\$62.00	99393	\$72.00
99215	\$76.00	99394	\$72.00
90791	\$35.00	99395	\$27.00
90792	\$35.00	90863	\$5.00

TN: 21-0004
Supersedes
TN: 19-0021

Approval Date: 2/23/2022 Effective Date: January 1, 2022

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: CALIFORNIA

2. Base rate for physician services are the rates established by the Department of Health Care Services (Department) for each CPT Code, as described on page 1, paragraph C, of Attachment 4.19-B.
3. Providers eligible for the supplemental payments under this section do not include Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs), and other providers that are reimbursed on a cost-based system.

TN: 21-0004

Supersedes

TN: NEW

Approval Date: 2/23/2022 Effective Date: January 1, 2022