Table of Contents

State/Territory Name: CA

State Plan Amendment (SPA) CA: 22-0006

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

April 29, 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 22-0006

Dear Ms. Cooper:

We have reviewed the proposed California State Plan Amendment (SPA) to Attachment 4.19-B, CA-22-0006, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 08, 2022. This SPA adjusts rates for Radiological services so that they do not exceed 80% of the corresponding Medicare rate.

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

CENTERS FOR MEDICARE & MEDICAID SERVICES	OWI NO. 0236 1 123
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT
	SECONTITACT (XIX XXI
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2022
5. FEDERAL STATUTE/REGULATION CITATION Title 42 CFR 447, Subpart F	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2022
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B Page 3k	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B Page 3k
9. SUBJECT OF AMENDMENT	_!
Medi-Cal reimbursement rates for Radiology Services	
10. GOVERNOR'S REVIEW (Check One)	
OGOVERNOR'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.
	15. RETURN TO Department of Health Care Services
12 TVDED NAME	Attn: Director's Office
Jacov Cooper	P.O. Box 997413, MS 0000
13. TITLE	Sacramento, CA 95899-7413
State Medicaid Director	
14. DATE SUBMITTED	
March 8, 2022	
FOR CMS USE ONLY	
16. DATE RECEIVED	17. DATE APPROVED
March 8, 2022	April 29, 2022
PLAN APPROVED - OI	NE COPY ATTACHED
18. EFFECTIVE DATE OF APPROVED MATERIAL	G OFFICIAL
January 1, 2022	
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion	21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review
22. REMARKS	
3/15/22: State concurrence for pen and ink change to Box 6, From "\$954,000" to "(\$954,000)" and "\$1,273,000" to "(\$1,273,000)".	

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

REIMBURSEMENT METHODOLOGY FOR RADIOLOGY SERVICES

- Except as otherwise noted in the State Plan, state-developed fee schedules are the same for both governmental and private providers of radiological services. Effective January 1, 2022, the department's fee schedule rates for radiology services will be adjusted. All Medi-Cal Fee for Service rates are published at: https://files.medi-cal.ca.gov/rates/rateshome.aspx
- 2) Effective January 1, 2022, the reimbursement rates for radiology services will continue to be set at no more than 80 percent of the corresponding Medicare 2022 Physician Fee Schedule rates. Any rate at or below 80 percent of the applicable Medicare rate will not be decreased.

TN: <u>22-0006</u> Supersedes

TN: <u>21-0009</u> Approval Date: <u>April 29, 2022</u> Effective Date: <u>January 1, 2022</u>