

## **Table of Contents**

**State/Territory Name: California**

**State Plan Amendment (SPA) #: 21-0029**

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



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**Financial Management Group**

September 9, 2021

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 21-0029

Dear Ms. Cooper:

We have reviewed the proposed California State Plan Amendment (SPA) to Attachment 4.19-B, CA-21-0029, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 23, 2021. This SPA, effective October 1, 2021, updates the Current Dental Terminology (CDT) dental codes set in alignment with current dental industry and federal codes standards and updates previous CDT codes eligible for Prop. 56 supplemental payments with new CDT codes.

Based upon the information provided by the State, we have approved the amendment with an effective date of October 1, 2021. 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](mailto:blake.holt@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

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 1 — 0 0 29

2. STATE

California

3. PROGRAM IDENTIFICATION:

Title XIX of the Social Security Act (Medicaid)

TO: REGIONAL ADMINISTRATOR

CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2021

5. TYPE OF PLAN MATERIAL (*Check One*)☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENTCOMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION

42 U.S.C. Section 1396a; 42 C.F.R. 447, Subpart F

7. FEDERAL BUDGET IMPACT

a. FFY 2022 \$ 0

b. FFY 2023 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, Page 20b  
Supplement 25 to Attachment 4.19-B, Page 19. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*)Attachment 4.19-B, Page 20b  
Supplement 25 to Attachment 4.19-B, Page 1

10. SUBJECT OF AMENDMENT

Current Dental Terminology (CDT) Code Set Update to CDT-21

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

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME

Jacey Cooper

14. TITLE

State Medicaid Director

15. DATE SUBMITTED

June 23, 2021

16. RETURN TO

Department of Health Care Services

Attn: Director's Office

P.O. Box 997413, MS 0000

Sacramento, CA 95899-7413

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED

June 23, 2021

18. DATE APPROVED

September 9, 2021

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

Todd McMillion

22. TITLE

Director, Division of Reimbursement Review

23. REMARKS

For Box 11 "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

**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, Manual of Criteria and Schedule of Maximum Allowances, of the Medi-Cal Dental Program Provider Handbook, which was updated on October 1, 2021, and are effective for services on or after that date. The link to the Medi-Cal Dental Program Provider Handbook is as follows:

[https://dental.dhcs.ca.gov/DC\\_documents/providers/provider\\_handbook/handbook.pdf#page=136](https://dental.dhcs.ca.gov/DC_documents/providers/provider_handbook/handbook.pdf#page=136)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: California

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**Extend the Time Limited Proposition 56 Supplemental Payments for Certain Dental Services**

The Medi-Cal Dental Program will continue to provide time-limited supplemental payments, applied to certain dental services in the following dental categories: restorative, endodontic, prosthodontic, oral and maxillofacial, adjunctive, visits and diagnostic services for dates of service for the period of July 1, 2019 through December 31, 2021.

These supplemental payment rates for the existing categories stated above will be between 20-60 percent of the Dental Schedule of Maximum Allowances (SMA), unless a proposed change to the procedure code is identified in the table referenced below.

For the previously identified top 26 utilized dental services, including general anesthesia, periodontal and orthodontia, the supplemental payments will continue to either reflect a specific dollar increase per the identified code or will be a percentage increase above the existing Medi-Cal SMA rate.

The table reflecting the rates in effect on July 1, 2019, March 14, 2020, and updated on October 1, 2021, for the procedure codes that are eligible for the dental supplement payments can be found at this website:

<https://www.dhcs.ca.gov/services/Documents/MDSD/Prop%2056/Prop56DentalFY1921Codes.pdf>

The supplemental payment for services in these categories will be reimbursed to providers who have the ability to bill for these services through the Dental Fiscal Intermediary, or Medi-Cal Dental providers who bill through the Dental Managed Care delivery system. The SMA and supplemental payment will be issued together on a claim line basis. The supplemental payments will be issued for the specified codes for dates of service during the period of July 1, 2019 through December 31, 2021.

For reference, the SMA is published in the Provider Services Handbook, Section 5, pages 5-106 through 5-126. The SMA website link can be found here:

[https://dental.dhcs.ca.gov/DC\\_documents/providers/provider\\_handbook/handbook.pdf#page=136](https://dental.dhcs.ca.gov/DC_documents/providers/provider_handbook/handbook.pdf#page=136)