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State/Territory Name: CA

State Plan Amendment (SPA) #: 26-0001

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
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

May 15, 2026

Tyler Sadwith
State Medicaid Director
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

RE: TN 26-0001

Dear Director Sadwith:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed California state plan amendment (SPA) to Attachment 4.19-B CA-26-0001, which was submitted to CMS on February 18, 2026. This plan amendment updates the the Current Dental Terminology (CDT) dental codes to align the CDT 2026 code set and updates the codes eligible for dental supplemental payment accordingly.

We reviewed your SPA submission for compliance with stsatutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of May 1, 2026. 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 via email at blake.holt@cms.hhs.gov,

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

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

1. TRANSMITTAL NUMBER
2 6 — 0 0 0 1

2. STATE
CA

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
May 1, 2026

5. FEDERAL STATUTE/REGULATION CITATION
42 U.S.C Section 1396a; 42C.F.R. 447, Subpart F **1905(a)(10)**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2026 \$ 91,587 ~~183,771~~
b. FFY 2027 \$ 366,347 ~~441,050~~

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B, Page 20b
Supplement 25 to Attachment 4.19-B Page 1


8. 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

9. SUBJECT OF AMENDMENT
Proposes to update the Current Dental Terminology (CDT) code set to CDT-26.

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


12. TYPED NAME
Tyler Sadwith

13. TITLE
State Medicaid Director and Chief Deputy Director

14. DATE SUBMITTED
February 18, 2026

15. RETURN TO
Department of Health Care Services
Attn: Director's Office
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413


FOR CMS USE ONLY

16. DATE RECEIVED
February 18, 2026

17. DATE APPROVED
May 15, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
May 1, 2026

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
4/14/26: State concurs with CMS pen and ink change to Box 5.
4/29/26: State concur with CMS pen and ink change to Box 6.

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 of the Medi-Cal Dental Program Provider Handbook, Manual of Criteria and Schedule of Maximum Allowances, which was updated on May 1, 2026, and are effective for services provided on or after that date. The Medi-Cal Dental Program Provider Handbook is published at:

https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/Provider_Handbook

TN No: 26-0001

Approval Date: May 15, 2026 Effective Date: May 1, 2026

Supersedes

TN No: 24-0016

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

Continuation of Proposition 56 Supplemental Payments for Certain Dental Services

The Medi-Cal Dental Program provides supplemental payments for certain dental services in the following dental categories: visits and diagnostics, preventive, restorative, endodontic, periodontic, prosthetic, oral and maxillofacial surgery, orthodontic, and adjunctive services.

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 was last updated on July 1, 2019, March 14, 2020, October 1, 2021, January 1, 2022, March 1, 2023, April 1, 2023, and May 1, 2026, for the procedure codes that are eligible for the dental supplement payments and can be found at this website:

https://www.dhcs.ca.gov/services/Documents/MDSD/Prop_56/Prop-56-Dental-FY19-Codes.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. The SMA and supplemental payments will be issued together on a claim line basis. The supplemental payments will be issued for the specified codes for dates of service effective on and after July 1, 2019, March 14, 2020, October 1, 2021, January 1, 2022, March 1, 2023, April 1, 2023, and May 1, 2026.

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

https://www.dental.dhcs.ca.gov/Providers/Medi_Cal_Dental/Provider_Publications/MocSmaVersions

For reference, the SMA is published in the Provider Services Handbook, Section 5, pages 5-106 through 5-126. This supplemental program makes no change to the underlying fee schedule rates.

TN No: 26-0001

Supersedes

TN No: 23-0001

Approval Date: May 15, 2026 Effective Date: May 1, 2026