

## **Table of Contents**

**State/Territory Name: CA**

**State Plan Amendment (SPA) #: 22-0016**

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**

November 4, 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 22-0016

Dear Ms. Cooper:

We have reviewed the proposed California State Plan Amendment (SPA) to Attachment 4.19-B, CA-22-0016, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 27, 2022. This SPA updates the base rate for certain resin-based composite dental procedure codes and the supplemental payment amount for those codes.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 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](mailto: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  
2 2 — 0 0 1 6

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  
**July 1, 2022**

5. FEDERAL STATUTE/REGULATION CITATION  
Title 42 CFR 447, Subpart F

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2022 \$ 0  
b. FFY 2023 \$ 79,000

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)  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  
The purpose of this SPA is to establish one single reimbursement rate for three specific resin-based composite dental procedures: D2330, D2331 and D2332, effective the first day of the first month following 90 days from the approval date of SPA 22-0016.

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  
Jacey Cooper

13. TITLE  
State Medicaid Director

14. DATE SUBMITTED  
September 27, 2022

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

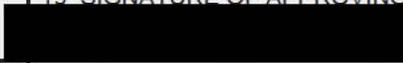
**FOR CMS USE ONLY**

16. DATE RECEIVED  
September 27, 2022

17. DATE APPROVED  
November 4, 2022

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
July 1, 2022

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  
10/18/22: State concurs with pen and ink change to Box 5 from "Title 42 CFR 447, Subpart F" to "1905(a)(10)"

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, and are effective for services provided the first day of the first month following 90 days from the approval date of this page and 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/](https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/Provider_Handbook/)

TN: 22-0016  
Supersedes  
TN: 22-0020

Approval Date: November 4, 2022

Effective Date: July 1, 2022

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

STATE: CALIFORNIA

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**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 in effect on July 1, 2019, March 14, 2020, October 1, 2021, January 1, 2022, and updated on the first day of the first month following 90 days from the approval date of SPA 22-0016, 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/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 July 1, 2019, March 14, 2020, October 1, 2021, January 1, 2022, and updated on the first day of the first month following 90 days from the approval date of SPA 22-0016.

For reference, the SMA is published in the Provider Services Handbook, Section 5. 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)

TN: 22-0016  
Supersedes  
TN: 21-0030

Approval Date: November 4, 2022 Effective Date: July 1, 2022