

**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**

June 11, 2020

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 20-0015

Dear Ms. Cooper:

We have reviewed the proposed California State Plan Amendment (SPA) to Attachment 4.19-B, CA-20-0015, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 23, 2020. This SPA, effective March 14, 2020, allows supplemental payments using funds from the California Healthcare, Research and Prevention Tobacco Tax Act (commonly known as Proposition 56 (Prop. 56)) for Current Dental Terminology (CDT) dental code set updates as proposed in SPA 20-0014, in alignment with current dental industry and federal code standards. SPA 20-0014 proposes to update existing CDT codes eligible for Prop. 56 supplemental payments with new CDT codes; therefore, this SPA will update the Prop. 56 funding applicable to the replacement CDT codes.

Based upon the information provided by the State, we have approved the amendment with an effective date of March 14, 2020. 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 415-744-3754 or [blake.holt@cms.hhs.gov](mailto:blake.holt@cms.hhs.gov).

Sincerely,

A solid black rectangular box used to redact 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 <u>20</u> — <u>00</u> <u>15</u>	2. STATE California
3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)	
4. PROPOSED EFFECTIVE DATE March 14, 2020	

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (*Check One*)

- NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

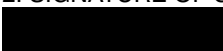
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION 42 C.F.R. Part 447, Subpart F	7. FEDERAL BUDGET IMPACT a. FFY 2020 (March-Sept.) \$ <del>(1,184,593.00)</del> (295,740) b. FFY 2021 \$ <del>(4,061,463.00)</del> (506,983)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 25 to Attachment 4.19-B, Page 1 <b>and 2</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ) Supplement 25 to Attachment 4.19-B, Page 1

10. SUBJECT OF AMENDMENT  
CURRENT DENTAL TERMINOLOGY (CDT) CODE SET UPDATE FOR PROCEDURES RECEIVING SUPPLEMENTAL PAYMENTS FROM PROPOSITION 56 FUNDS

11. GOVERNOR'S REVIEW (*Check One*)

- GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Department of Health Care Services Attn: Director's Office P.O. Box 997413, MS 0000 Sacramento, CA 95899-7413
13. TYPED NAME Jacey Cooper	
14. TITLE State Medicaid Director	
15. DATE SUBMITTED March 23, 2020	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED	18. DATE APPROVED 06/11/20
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL 03/14/20	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Todd McMillon	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.

**Pen and ink change made to Box 7 with 04/28/20 state concurrence. Pen and ink change made to Box 8 with 06/05/20 state concurrence.**

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 March 13, 2020, and updated eligible procedure codes for dates of service March 14, 2020 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 supplemental payments in effect on July 1, 2019 and updated on March 14, 2020 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 March 13, 2020 and updated eligible procedure codes for dates of service from March 14, 2020 through December 31, 2021.

The SMA website link can be found here:

[https://www.denti-cal.ca.gov/DC\\_documents/providers/provider\\_handbook/handbook.pdf#page=240](https://www.denti-cal.ca.gov/DC_documents/providers/provider_handbook/handbook.pdf#page=240)

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.