

**DEPARTMENT OF HEALTH CARE SERVICES  
NOTICE OF GENERAL PUBLIC INTEREST  
RELEASE DATE: MAY 21, 2021**

**PROPOSED STATE PLAN AMENDMENT TO THE MEDI-CAL DENTAL PROGRAM,  
CURRENT DENTAL TERMINOLOGY CODE SET POLICIES**

This notice provides information of public interest regarding proposed State Plan Amendment (SPA) 21-0029 by the Department of Health Care Services (DHCS), which will update the DHCS' dental fee schedule and rate updates as published under Section 5, Manual of Criteria and Schedule of Maximum Allowances, of the Medi-Cal Dental Program Provider Handbook. The proposed SPA will implement the Current Dental Terminology (CDT) 2021 dental code set in one release on October 1, 2021. The CDT-21 code set will replace the CDT-20 code set, which is outdated and does not reflect current federal code standards and dental standards as defined by the American Dental Association. It will also update the list of codes which are eligible for Proposition 56 supplemental payments as certain existing eligible codes have been replaced with new codes under the CDT-21 code set. DHCS requests input from beneficiaries, providers, and other interested stakeholders concerning the proposed SPA 21-0029, which is enclosed.

For dates of service on and after October 1, 2021, the following CDT procedure codes will be removed and the associated Schedule of Maximum Allowances (SMA) rate/fee will no longer be payable:

Removed codes:

- D3427 – periradicular surgery without apicoectomy
- D6052 – semi-precision attachment abutment
- D7960 – frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure

For dates of service on and after October 1, 2021, the following new CDT 21 procedure codes with the associated SMA rates/fee will be payable:

- D3471 – surgical repair of root resorption – anterior, SMA \$100
- D3472 – surgical repair of root resorption – premolar, SMA \$100
- D3473 – surgical repair of root resorption – molar, SMA \$100
- D6191 – semi-precision abutment – placement, SMA “by report”
- D6192 – semi-precision attachment – placement, SMA “by report”
- D7961 – buccal / labial frenectomy (frenulectomy), SMA \$200
- D7962 – lingual frenectomy (frenulectomy), SMA \$200
- D7993 – surgical placement of craniofacial implant – extra oral, SMA “by report”
- D7994 – surgical placement: zygomatic implant, SMA “by report”

All Medi-Cal Dental Provider Bulletins related to these policy updates will be identified in section 5-1 of the Medi-Cal Dental Provider Handbook at

[https://dental.dhcs.ca.gov/DC\\_documents/providers/provider\\_handbook/handbook.pdf#page=135](https://dental.dhcs.ca.gov/DC_documents/providers/provider_handbook/handbook.pdf#page=135).

DHCS estimates that the annual aggregate Medi-Cal expenditures for the dental procedures listed above will have no cost impact to total funds. The existing codes are replaced with multiple codes that have more specific descriptions for the same services and retain the same rate of payment as the previous codes. Other new codes added are paid "by report" and used on a case-by-case basis.

The effective date of the proposed SPA is October 1, 2021. All proposed SPAs are subject to approval by the federal Centers for Medicare and Medicaid Services (CMS).

### **PUBLIC REVIEW AND COMMENTS**

The proposed changes included in draft SPA 21-0029 are enclosed in this notice for public comment. DHCS is requesting stakeholder input on the impact, if any, on access to services as a result of the proposed action.

Upon submission to CMS, a copy of the proposed SPA 21-0029 will be published at the following internet address:

[https://www.dhcs.ca.gov/formsandpubs/laws/Pages/Pending\\_2021.aspx](https://www.dhcs.ca.gov/formsandpubs/laws/Pages/Pending_2021.aspx)

If you would like to view the SPA in person once it becomes available, please visit your local county welfare department. You may also request a copy of proposed SPA 21-0029 or a copy of submitted public comments related to SPA 21-0029 by requesting it in writing to the mailing or email addresses listed below. Please indicate SPA 21-0029 in the subject line or message.

Written comments may be sent to the following address:

Department of Health Care Services  
Medi-Cal Dental Services Division  
Attn: Alani Jackson  
P.O. Box 997413, MS 4900  
Sacramento, California 95899-7413

Comments may also be emailed to [PublicInput@dhcs.ca.gov](mailto:PublicInput@dhcs.ca.gov). Please indicate SPA 21-0029 in the subject line or message.

To be assured consideration prior to submission of the SPA to CMS, comments must be received no later than June 21, 2021, but DHCS may not be able to consider those comments prior to the initial submission of SPA 21-0029 to CMS.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: California

---

**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)

TN 21-0029  
Supersedes  
TN 20-0015

Approval Date: \_\_\_\_\_

Effective Date: October 1, 2021

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)

TN No. 21-0029  
Supersedes:  
TN No. 21-0001

Approval Date: \_\_\_\_\_

Effective Date: October 1, 2021