

**DEPARTMENT OF HEALTH CARE SERVICES
NOTICE OF GENERAL PUBLIC INTEREST
AND REQUEST FOR PUBLIC INPUT
RELEASE DATE: JUNE 9, 2022**

**PROPOSED STATE PLAN AMENDMENT 22-0016 TO UPDATE THE MEDI-CAL
FEE-FOR-SERVICE REIMBURSEMENT RATES FOR CERTAIN DENTAL
SERVICES**

This notice provides information of public interest regarding a proposed State Plan Amendment (SPA) by the Department of Health Care Services (DHCS). Proposed SPA 22-0016 will update the DHCS dental fee schedule and rates published under Section 5 of the Medi-Cal Dental Program Provider Handbook, Manual of Criteria and the Schedule of Maximum Allowances, for specific resin-based composite dental procedures. DHCS requests input from beneficiaries, providers, and other interested stakeholders concerning proposed SPA 22-0016.

For dates of service effective the first day of the month following 90 days after the approval date of SPA 22-0016, the Schedule of Maximum Allowances (SMA) will be updated as follows:

Service Code	Description	Current SMA	Proposed SMA
D2330	Resin-Based Composite – One Surface, Anterior	\$55.00	\$57.21
D2331	Resin-Based Composite – Two Surfaces, Anterior	\$60.00	\$57.21
D2332	Resin-Based Composite – Three Surfaces, Anterior	\$65.00	\$57.21

Currently, the three specific resin-based composite dental services, listed above, each have different rates of reimbursement. DHCS is proposing to update these three services to have one single rate of reimbursement because the services require similar labor and costs to perform. Additionally, the one single or 'blended rate' will eliminate the subjective and inconsistent system of payment that required manual adjudication. The three service codes above will continue to receive the Proposition 56 supplemental payment, in accordance with State Plan Attachment 4.19-B, Supplement 25, Page 1.

All Medi-Cal Dental Provider Bulletins related to this update will be identified in Section 5-1 of the Medi-Cal Dental Provider Handbook at, published at:
https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/Provider_Handbook/

DHCS estimates that the annual aggregate Medi-Cal expenditures for affected dental service rates will increase by approximately \$314,000 in total funds.

The proposed SPA is subject to approval by CMS.

PUBLIC REVIEW AND COMMENTS

The proposed changes included in draft SPA 22-0016 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 22-0016 will be published at the following internet address:

<https://www.dhcs.ca.gov/formsandpubs/laws/Pages/Pending-2022.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 22-0016 or a copy of submitted public comments related to SPA 22-0016 by requesting it in writing to the mailing or email addresses listed below. Please indicate SPA 22-0016 in the subject line or message.

Written comments may be sent to the following address:

Department of Health Care Services
Fee-For-Service Rates Development Division
Attn: Michelle Tamai
P.O. Box 997413, MS 4600
Sacramento, California 95899-7417

Comments may also be emailed to PublicInput@dhcs.ca.gov. Please indicate SPA 22-0016 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 July 11, 2022. Please note that comments will continue to be accepted after July 11, 2022, but DHCS may not be able to consider those comments prior to the initial submission of SPA 22-0016 to CMS.

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 the first day of the month following 90 days after the approval date of this page. The Medi-Cal Dental Program Provider Handbook is published at:

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