



State of California—Health and Human Services Agency  
Department of Health Care Services



GAVIN NEWSOM  
GOVERNOR

January 13, 2023

*THIS LETTER SENT VIA EMAIL*

Mr. James G. Scott, Director  
Division of Program Operations  
Medicaid and CHIP Operations Group  
Centers for Medicare & Medicaid Services  
601 East 12<sup>th</sup> Street, Suite 0300  
Kansas City, MO 64106-2898

STATE PLAN AMENDMENT 23-0001: CURRENT DENTAL TERMINOLOGY 2023  
CODE SET POLICY UPDATES

Dear Mr. Scott:

The Department of Health Care Services (DHCS) is submitting State Plan Amendment (SPA) 23-0001 for the review and approval of Centers for Medicare & Medicaid Services (CMS). This SPA proposes to update Attachment 4.19-B, Page 20b and Supplement 25 to Attachment 4.19-B, Page 1, which would allow the Current Dental Terminology (CDT) dental codes to be updated to the CDT 2023 (“CDT-23”) code set. SPA 23-0001 will also align Medi-Cal’s dental billing code set with the current industry and federal coding standards through CDT-23. DHCS seeks an effective date of April 1, 2023 for this SPA.

The policy change for the updated CDT-23 code set will be implemented in Medi-Cal’s California Dental Medicaid Management Information System (CD-MMIS) through one release on April 1, 2023. The updated CDT-23 codes are listed in the SPA’s public notice, which was available on DHCS’ website for public comment from December 2, 2022 until January 2, 2023. DHCS did not receive any comments during this public notice period. Also, DHCS received CMS’ approval for no tribal notice required for this SPA on October 11, 2022.

The documents enclosed with the SPA 23-0001 submission are as follows:

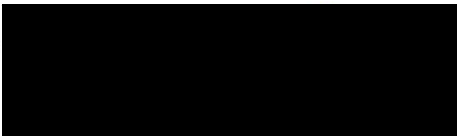
- CMS 179 Form
- Fiscal Impact Summary
- Public Notice
- Attachment 4.19-B, Page 20b (redline and clean)

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- Supplement 25 to Attachment 4.19-B, Page 1 (redline and clean)
- Standard Medicaid Funding Questions
- Draft Proposition 56 Table

If you have any questions or need additional information, please contact Adrianna Alcala-Beshara, JD, MBA, Chief, Medi-Cal Dental Services Division, at 916-345-8629 or by email at [Adrianna.Alcala-Beshara@dhcs.ca.gov](mailto:Adrianna.Alcala-Beshara@dhcs.ca.gov).

Sincerely,



Jacey Cooper  
State Medicaid Director  
Chief Deputy Director  
Health Care Programs

Enclosures

cc: René Mollow, MSN, RN  
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**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2. STATE

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

5. FEDERAL STATUTE/REGULATION CITATION

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY \_\_\_\_\_ \$ \_\_\_\_\_

b. FFY \_\_\_\_\_ \$ \_\_\_\_\_

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT

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

15. RETURN TO

12. TYPED NAME

13. TITLE

14. DATE SUBMITTED

January 13, 2023

**FOR CMS USE ONLY**

16. DATE RECEIVED

17. DATE APPROVED

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

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 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 No: 23-0001

Supersedes

TN No: 22-0016

Approval Date: \_\_\_\_\_ Effective Date: April 1, 2023

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, March 1, 2023, and April 1, 2023, 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, March 1, 2023, and April 1, 2023.

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)

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: 23-0001

Supersedes

TN No: 22-0016

Approval Date: \_\_\_\_\_ Effective Date: April 1, 2023