



# **The Department of Health Care Services Medi-Cal Dental Services Rate Review**

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Submitted by the  
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Welfare & Institutions Code §14079

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## Introduction

[Welfare & Institutions \(W&I\) Code §14079](#) requires the Department of Health Care Services (DHCS) to annually review reimbursement levels for Medi-Cal dental services, specifically:

*“The director annually shall review the reimbursement levels for physician and dental services under Medi-Cal, and shall revise periodically the rates of reimbursement to physicians and dentists to ensure the reasonable access of Medi-Cal beneficiaries to physician and dental services. This annual review, as it relates to rates for physician services, shall take into account at least the following factors:*

- (a) Annual cost increases for physicians as reflected by the Consumer Price Index.*
- (b) Physician reimbursement levels of Medicare, Blue Shield, and other third-party payors.*
- (c) Prevailing customary physician charges within the state and in various geographical areas.*
- (d) Procedures reflected by the current Relative Value Studies (RVS).*
- (e) Characteristics of the current population of Medi-Cal beneficiaries and the medical services needed.”*

While W&I Code §14079 requires DHCS to review Medi-Cal reimbursement levels for dental services, and to periodically revise such rates to ensure “reasonable access” for Medi-Cal beneficiaries, DHCS must work within the state’s budgetary process in order to increase reimbursement rates. It is also important to note that several significant developments have occurred in the field of rates and access in the 25 years since the statute was last amended.

Most significantly, the courts have recognized that a reimbursement rate’s relationship to access is an exceedingly complicated and multi-faceted analysis. In *Managed Pharmacy Care v. Sebelius*<sup>1</sup>, for example, the Ninth Circuit noted that discretion should be afforded to the federal government’s review of DHCS’ rates, in large part, relying on a comprehensive 82 page access-monitoring plan. The plan identified 23 different measures that DHCS would study on a recurring basis to ensure the State Plan Amendment (SPA) that changed Fee-For-Service (FFS) reimbursement rates for a number of Medi-Cal provider categories, did not negatively affect beneficiary access. These measures addressed the three key factors that the federal Medicaid and Children’s Health Insurance Program Payment and Access Commission identified as affecting access: beneficiary data, provider availability data, and service utilization data.

Consistent with this federal regulatory approach, in 2015 the United States Supreme Court confirmed that this complex analysis, which applies to rate setting, means that Medicaid rate challenges do not allow a private right of action – by Medi-Cal providers or beneficiaries – or claim upon which legal relief can be granted.<sup>2</sup> Given these recent legal actions, DHCS must reiterate that a reimbursement rate and its relationship to beneficiary access is neither a strict nor a linear concept. Instead, the federal regulator, the Centers for Medicare and Medicaid Services (CMS), found that there are a multitude of factors that must be considered and addressed when ensuring appropriate access to covered services.

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<sup>1</sup> *Managed Pharmacy Care v. Sebelius*, 716 F.3d 1235, 1249 (9th Cir. 2013).

<sup>2</sup> See *Armstrong v. Exceptional Child Center*, 135 S.Ct. 1378 (March 31, 2015).

Consistent with this approach while maintaining compliance with W&I Code §14079, specific to dental services, DHCS compared and reviewed:

- 1) Current dental rates with four other comparable states' Medicaid Programs for the last two State Fiscal Years (SFY) 2016-17 and 2017-18;
- 2) Current dental rates with commercial rates from five different regions for the last two SFYs;
- 3) Dental service counts and reimbursement levels by delivery system, place of service, and age for the last two SFYs;
- 4) Children and adult beneficiary populations for the last two SFYs; and,
- 5) Provider participation numbers for the last two SFYs.

## Key Findings

A few key findings as a result of this rate review are:

- Medi-Cal average payments versus other comparable states' Medicaid Program's dental fee schedules increased an average of 20.1 percent between SFY 2016-17 and SFY 2017-18. This increase is largely due to additional Prop 56 supplemental payments. See [Appendix 2](#) and [Appendix 3a](#), respectively.
- Medi-Cal average payments versus regional commercial rates increased an average of 3.8 percent between SFY 2016-17 and SFY 2017-18. This increase is largely due to additional Proposition 56 (Prop 56) supplemental payments. See [Appendix 4](#) and [Appendix 5a](#), respectively.
- Medi-Cal's total service count increased 9.2 percent between SFY 2016-17 and SFY 2017-18, while the total reimbursement increased 28.6 percent. See [Appendix 6a](#), [Appendix 6b](#), [Appendix 7a](#), and [Appendix 7b](#), respectively.
- Medi-Cal's FFS total beneficiary population with at least three months of continuous eligibility decreased 1.8 percent between SFY 2016-17 and SFY 2017-18. See [Appendix 9a](#) and [Appendix 10a](#), respectively.
- Medi-Cal dental FFS provider enrollment data shows the number of enrolled active service offices increased by 4.7 percent and rendering providers decreased by 2.3 percent between SFY 2016-17 and SFY 2017-18. See [Appendix 11](#).

## Background

Medi-Cal dental services are provided through two delivery systems: Dental Managed Care (DMC) and FFS. DMC provides medically necessary dental services through DMC plan enrolled providers, and is a delivery model in two counties within California - Los Angeles County (optional to enroll in DMC or remain in FFS) and Sacramento County (mandatory enrollment). DMC plans receive a monthly per member, per month capitation rate. The capitation rates are actuarially sound and are reviewed and approved by CMS.

Medi-Cal dental FFS delivers services through FFS providers enrolled by DHCS' Dental Administrative Services Organization (ASO), Delta Dental of California, during SFY 2017-18. FFS providers are paid according to a Schedule of Maximum Allowances (SMA), which denotes the maximum dollar amount payable for each dental benefit of Medi-Cal. The SMA is defined in the DHCS dental Manual of Criteria (MOC), in accordance with W&I Code §14105.05. Throughout this review, these payments may also be referenced as reimbursement, expenditure, and/or payment rates. Adjustments to the MOC are established through DHCS' adoption of

regulations as specified in Title 22, California Code of Regulations §51501. These payment rates are periodically modified, and in the last 28 years, several adjustments to the payment rates have occurred.

In order for providers to bill Medi-Cal for covered dental services, providers use Current Dental Terminology (CDT) codes, developed by the American Dental Association (ADA) as the standard coding system to document and communicate accurate information about dental treatment procedures and services. Throughout this document, “CDT codes” will be used synonymously with “procedure codes.”

Medi-Cal offers a range of dental services to eligible members. The array of dental services include: diagnostic, preventive, restorative, and endodontic services, periodontics, removable and fixed prosthodontics, maxillofacial prosthetics, implant services, oral and maxillofacial surgery, and orthodontic and adjunctive services. The appropriateness of many of these dental benefits depends on a beneficiary’s eligibility, medical conditions, and age. Full scope services for adults were eliminated on July 1, 2009. However, a modified adult dental benefit was restored in May 2014 and approved by our federal partners in accordance with California State Plan Amendment (SPA) 13-018 and SPA 14-018. DHCS also received federal approval for SPA 17-027 and SPA 17-041 authorizing full restoration of Medi-Cal Dental benefits for beneficiaries ages 21 and over under Senate Bill (SB) 97 (Committee on Budget and Fiscal Review, Chapter 52, Statutes of 2017) effective January 1, 2018. Eligible children currently receive full scope benefits while eligible adults received a modified benefit package in SFY 2016-17 and the first half of SFY 2017-18, which included preventive, diagnostic, restorative, prosthetic, and other medically necessary services.

On November 8, 2016, California voters approved the California Healthcare, Research and Prevention Tobacco Tax Act (commonly known as [Prop 56](#)) and increased the excise tax rate on cigarettes and tobacco products. Under Prop 56, a specified portion of the tobacco tax revenue was allocated to DHCS for use as the nonfederal share of health care expenditures in accordance with the annual state budget process. Assembly Bill (AB) 120 (Chapter 22, Item 4260-101-3305, Statutes of 2017) amended the Budget Act of 2017 to appropriate Prop 56 funds for specified DHCS health care expenditures during SFY 2017-18. This included up to \$140,000,000 allocated for supplemental payments for dental services under the Medi-Cal program for providers who bill under the Dental Fiscal Intermediary or DMC plans. On November 22, 2017, CMS approved SPA 17-031 and authorized the time-limited supplemental payment program for certain dental services in effect for SFY 2017-18. The supplemental payment, effective July 1, 2017, through June 30, 2018, was at a rate equal to 40 percent of the Medi-Cal Dental SMA for specific restorative, endodontic, prosthodontic, oral and maxillofacial, adjunctive, and visits and diagnostic services. On September 11, 2018, CMS approved SPA 18-0024, to extend Prop 56 to June 30, 2019 which maintained supplement payments for all existing codes, increased payment amounts for eight of the codes, and added 23 new codes. The additional codes in SFY 2018-19 were included in the Prop 56 supplemental payments to expand the codes beyond specialty services and also as a strategy to drive provider participation and increase beneficiary access to the top 23 of the top 26 most frequently utilized Medi-Cal dental services. CMS approved SPA 19-0038 on August 14, 2019, which extended all of the existing dental Prop 56 supplemental payments through December 31, 2021.



On December 30, 2015, CMS approved the Medi-Cal 2020 Waiver, effective January 1, 2016, through December 31, 2020, which included the Dental Transformation Initiative (DTI). The DTI aims to increase the use of preventive dental services, prevention and treatment of early childhood caries, and continuity of care for children. The DTI covers four domains, with the first three domains strategically designed to cover different areas/scopes of Medi-Cal dental services: Domain 1 preventive services, Domain 2 caries risk assessment and disease management, and Domain 3 continuity of care. Domain 4 addresses the aforementioned domains through local dental pilot programs, and each pilot program is reimbursed for administrative expenditures on a quarterly basis. For Domain 1, participating service office locations can receive incentive payments for preventive services provided beyond the established benchmark and incentive payments for Domains 2 and 3 if they also meet the proper criteria. Effective January 1, 2019, Domain 2 was expanded to include 18 additional counties, for a total of 29 counties; and Domain 3 was expanded to include 17 additional counties, for a total of 36 counties. DTI incentive payments were not included in the rate review analysis within this report, as the DTI payments must be earned and are not an across the board increase like Prop 56. The rate review is strictly a comparison of SMA rates with other Medicaid state rates as well as ADA charges and therefore does not assess the inclusion of time-limited, accomplishment-based incentive opportunities, that could be earned in addition to the SMAs.

## **Scope and Methodology**

Since DMC Plans are paid per beneficiary and not by procedure code, this rate review only focuses on FFS rates and examines the top 25 most utilized dental procedure codes in SFYs 2016-17 and 2017-18. Both SFYs have the same 24 procedure codes with one different code in each SFY. Beginning in SFY 2017-18, Prop 56 supplemental payments increased the reimbursement amount of 23 of these top 25 procedures.

First, DHCS compared California's Medi-Cal dental reimbursements rates against other states of comparable Medicaid population size: Florida (FL), Illinois (IL), New York (NY), and Texas (TX). Then, DHCS compared rates in relation to commercial reimbursement rates from five different geographic regions around the nation: Pacific (CA) Division, Middle Atlantic (NY) Division, East North Central (IL) Division, South Atlantic (FL) Division, and West South Central (TX) Division. Some procedures in California and other states have reimbursement rates that vary based on the beneficiary's age. The rates are averaged across all age groups for each procedure included in the top 25 procedures for each SFY. [Appendix 1 CDT Procedure Code Description](#) provides the top 25 most utilized CDT procedure code descriptions. Specific rate averages across age groups are addressed on the footnotes of Appendices 2 to 5.

This review also examines utilization data in SFY 2016-17 and SFY 2017-18 by dental service counts and expenditures for the adult and children beneficiary population receiving services at dental offices and Safety Net Clinics (SNCs). Lastly, the review provides data on adult and children enrollment in various geographic locations throughout the state to examine access to dental services, as well as provider enrollment.

Please note, any policy changes that impacted dental rates and were implemented prior to SFY 2016-17 were published, and can be found, in earlier [rate review reports](#).

## **Medi-Cal Dental Reimbursement Rates Compared to Other States' Medicaid Programs**

DHCS compared the Medi-Cal reimbursement rates of the 25 most utilized procedure codes in dental FFS (see [Appendix 1 CDT Procedure Code Description](#)) to the same 25 procedure codes from other comparable states' Medicaid dental fee schedules. For California these 25 procedures made up approximately 91 percent of billed procedures in SFY 2016-17 and SFY 2017-18.

California's SMA for Medi-Cal dental FFS in SFY 2016-17, paid an average of 106.4 percent of IL, 100.4 percent of FL, 76.9 percent of NY, and 65.0 percent of TX Medicaid Program's dental fee schedule (see [Appendix 2 SFY 2016-17](#)). California's SMA for Medi-Cal dental FFS in SFY 2017-18, inclusive of Prop 56 supplemental payments, paid an average of 124.4 percent of FL, 125.4 percent of IL, 95.9 percent of NY, and 83.0 percent of TX Medicaid Program's dental fee schedules (see [Appendix 3a SFY 2017-18](#)). California's SMA for Medi-Cal dental FFS in SFY 2017-18, excluding Prop 56 supplemental payments, paid an average of 105.3 percent of FL, 101.6 percent of IL, 79.5 percent of NY, and 68.2 percent of TX Medicaid Program's dental fee schedules (see [Appendix 3b SFY 2017-18](#)).

## **Geographic Comparison of Medi-Cal Reimbursement Rates to Commercial Rates**

Prevailing customary dental charges within California were compared to Medi-Cal dental FFS rates using the ADA's 2016 Survey of Dental Fees for General Practitioners for SFY 2016-17 and the ADA's 2018 Survey of Dental Fees for General Practitioners for SFY 2017-18. DHCS compared the average payment rate of the same 25 most utilized procedure codes with five different geographical regions. The Pacific Division, which includes the State of California, was selected to represent the prevailing customary dental charges within California and the Pacific Region.

California's SMA for Medi-Cal dental FFS in SFY 2016-17 paid an average of 29.9 percent of National Average, 26.8 percent of CA Division Average, 30.7 percent of NY Division Average, 31.3 percent of IL Division Average, 29.0 percent of FL Division Average, and 32.0 percent of TX Division Average Regional Commercial Rates (see [Appendix 4 SFY 2016-17](#)).

California's SMA for Medi-Cal dental FFS in SFY 2017-18, inclusive of Prop 56 supplemental payments, paid an average of 33.9 percent of National Average, 31.7 percent of CA Division Average, 32.4 percent of NY Division Average, 35.3 percent of IL Division Average, 33.6 percent of FL Division Average, and 35.4 percent of TX Division Average Regional Commercial Rates (see [Appendix 5a SFY 2017-18](#)).

California's SMA for Medi-Cal dental FFS in SFY 2017-18, excluding Prop 56 supplemental payments, paid an average of 28.0 percent of National Average, 26.2 percent of CA Division Average, 26.8 percent of NY Division Average, 29.2 percent of IL Division Average, 27.3 percent of FL Division Average, and 29.3 percent of TX Division Average Regional Commercial Rates (see [Appendix 5b SFY 2017-18](#)).

## **Medi-Cal Beneficiary Population Characteristics**

As shown in [Appendix 6a SFY 2016-17 Total Medi-Cal Dental Population and Service Count](#) and [Appendix 6b SFY 2016-17 Total Medi-Cal Reimbursement](#), there were 14.9 million

beneficiaries who were enrolled in Medi-Cal for at least one month and eligible for dental services, 39.9 million services rendered, and approximately \$1.5 billion reimbursed to providers in SFY 2016-17. As shown in [Appendix 7b SFY 2017-18 Total Medi-Cal Reimbursement](#), there were 14.4 million beneficiaries who were enrolled in Medi-Cal for at least one month and eligible for dental services, 43.3 million services rendered, and approximately \$1.9 billion reimbursed to providers in SFY 2017-18. This total reimbursement amount is a combined total of DMC and FFS providers, and includes reimbursements to SNCs. The distribution of services and reimbursement between the adult and child populations of both DMC and FFS is displayed in [Appendix 6a SFY 2016-17 Total Medi-Cal Dental Population and Service Count](#), [Appendix 6b SFY 2016-17 Total Medi-Cal Dental Reimbursement](#), [Appendix 7a SFY 2017-18 Total Medi-Cal Dental Population and Service Count](#), and [Appendix 7b SFY 2017-18 Total Medi-Cal Reimbursement](#). On average, between SFY 2016-17 and SFY 2017-18, the majority of enrolled beneficiaries (92.3 percent), reimbursement (98.7 percent), and service counts (93.8 percent) fall under FFS. Medi-Cal FFS enrollment decreased by 3.3 percent while the number of services provided and the reimbursement to providers increased by 9.2 percent and 28.6 percent, respectively.

In addition, in Appendices 9 and 10, DHCS stratified beneficiary enrollment by children (ages 0-20) and adults (ages 21+) and examined the results between SFY 2016-17 and SFY 2017-18. Beneficiary enrollment numbers in these two Appendices differ from the figures in Appendices 6a and 7a because Appendices 9 and 10 include the number of unduplicated beneficiaries, who had full scope benefits, no share of cost, and three months or more of continuous eligibility in the measurement year. Moreover, data was compared by region using regions similar to the California Geographic Rating Areas established by CMS. A list of the regions and the county(s) included within each region can be located in [Appendix 8 California Geographic Rating Areas](#). [Appendix 9a SFY 2016-17 Total Enrollment in the Medi-Cal Dental FFS Program](#) illustrates statewide FFS Medi-Cal enrollment for children was approximately 5.5 million and 7.2 million for adults. [Appendix 9b SFY 2016-17 Percentage by Region Children's Enrollment in the Medi-Cal FFS Program](#) and [Appendix 9c SFY 2017-18 Percentage by Region Adult Enrollment in the Medi-Cal FFS Program](#) shows the distribution of enrolled children and adults throughout the state.

[Appendix 10a SFY 2017-18 Total Enrollment in the Medi-Cal Dental FFS Program](#) illustrates statewide Medi-Cal enrollment for children was approximately 5.4 million and 7.1 million for adults. [Appendix 10b SFY2017-18 Percentage by Region Children's Enrollment in the Medi-Cal FFS Program](#) and [Appendix 10c SFY 2017-18 Percentage by Region Adult Enrollment in the Medi-Cal FFS Program](#) shows the distribution of enrolled children and adults throughout the State.

## **Provider Network**

Rendering providers are dental providers who perform or render dental services in dental offices (service offices). As part of its contractual obligation, the DHCS Dental ASO updates the dental provider network on a daily basis as providers enroll in and out of the program, or when providers have not had claim activity for 12 months. SNCs are also part of the dental provider network. DHCS frequently monitors the number of SNCs providing dental services to Medi-Cal beneficiaries.

In SFY 2016-17, the average number of rendering providers enrolled in the Medi-Cal dental FFS network was 10,311, the average number of active service offices was 5,521, and the average number of SNCs that provided dental services to Medi-Cal beneficiaries was 552. In SFY 2017-18,



the average number of rendering providers enrolled in the Medi-Cal dental FFS network was 9,910, the average number of active service offices was 5,629, and the average number of SNCs that provided dental services to Medi-Cal beneficiaries was 550. Data shows a 3.9 percent average decrease in rendering providers, a 2.0 percent average increase in dental offices, and a 0.4 percent average decrease in the number of SNCs providing dental services to Medi-Cal beneficiaries between SFY 2016-17 and SFY 2017-18. The monthly counts of each provider type is shown in [Appendix 11 Medi-Cal Dental Provider Enrollment](#) .

### **Ongoing Program Improvement**

Below are several actions taken by DHCS during SFY 2017-18 in its ongoing effort to continuously improve utilization for beneficiaries, including efforts to expand the network of dental providers.

- Continued monitoring of the DTI, which aims, over a five-year period, to increase the use of preventive dental services for children, prevent and treat early childhood caries, increase continuity of care for children, and support local collaborations that are focused on these goals;
- Secured a contract with Mathematica to conduct an independent evaluation of DTI performance and outcomes;
- Continued monitoring of beneficiary utilization for children and adults through dental performance measures by age, county, race and ethnicity, as required by AB 2207 (Wood, Chapter 613, Statutes of 2016), specifically identifying children/adults who have not seen a dentist in the last fiscal year;
- Continued working with the DHCS Dental ASO to perform focused outreach to beneficiary and providers to offer greater access to preventive care and to mitigate administrative concerns impacting participation for the provider population; and
- Continued to issue timely Prop 56 supplemental payments to dental providers.

# **APPENDICES**

**Appendix 1 - SFY 2016-17 and SFY 2017-18 Medi-Cal Dental's Most Utilized CDT Procedure Codes**

<b>Procedure Code<sup>1</sup></b>	<b>CDT Procedure Code Description</b>
D0120	Periodic oral evaluation - established patient
D0150	Comprehensive oral evaluation - new or established patient
D0210	Intraoral - complete series (including bitewings)
D0220	Intraoral - periapical first film
D0230	Intraoral - periapical each additional film
D0272	Bitewings - two films
D0274	Bitewings - four films
D0350	Oral/facial photographic images
D1110	Prophylaxis - adult
D1120	Prophylaxis - child
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients
D1208	Topical application of fluoride
D1351	Sealant - per tooth
D2140	Amalgam - one surface, primary or permanent
D2150	Amalgam - two surfaces, primary or permanent
D2160 <sup>2</sup>	Amalgam - three surfaces, primary or permanent
D2330	Resin-based composite - one surface, anterior
D2391	Resin-based composite - one surface, posterior
D2392	Resin-based composite - two surfaces, posterior
D2930	Prefabricated stainless steel crown - primary tooth
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament
D4341 <sup>3</sup>	Periodontal scaling and root planing - four or more teeth per quadrant
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed

<sup>1</sup>DHCS included 26 CDT codes to account for the variance in most utilized codes between SFY 2016-2017 and 2017-2018.

<sup>2</sup>D2160 is one of 2016-17's Top 25 Most Utilized Procedure Codes, but not 2017-18.

<sup>3</sup>D4341 is one of 2017-18's Top 25 Most Utilized Procedure Codes, but not 2016-17.

**Appendix 2 - SFY 2016-17 - Percentage of 25 Most Utilized Medi-Cal Dental Procedures Reimbursement Rates in Relation to Other Comparable Medicaid Programs**

Procedure Code <sup>1</sup>	Medi-Cal Dental SMA <sup>2</sup>	New York <sup>3</sup>	Illinois <sup>4</sup>	Florida <sup>5</sup>	Texas <sup>6</sup>
D0120	\$15.00	\$25.00	\$22.11	\$22.29	\$28.85
D0150	\$25.00	\$30.00	\$21.05	\$19.90	\$35.32
D0210	\$40.00	\$50.00	\$30.10	\$39.79	\$70.64
D0220	\$10.00	\$8.00	\$5.60	\$4.98	\$12.56
D0230	\$3.00	\$5.00	\$3.80	\$3.73	\$11.51
D0272	\$10.00	\$14.00	\$9.40	\$13.38	\$23.38
D0274	\$18.00	\$24.00	\$16.90	\$16.35	\$34.61
D0350	\$6.00	\$12.00	N/A	\$10.40	\$18.38
D1110	\$40.00	\$45.00	N/A	\$26.75	\$54.88
D1120	\$30.00	\$43.00	\$33.20	\$20.81	\$36.75
D1206	\$10.67	\$30.00	\$20.43	\$16.35	\$14.70
D1208	\$10.67	\$14.00	\$20.43	\$16.35	\$14.70
D1351	\$22.00	\$35.00	\$36.00	\$19.32	\$28.24
D2140	\$39.00	\$50.00	\$30.85	\$46.08	\$64.41
D2150	\$48.00	\$67.00	\$48.15	\$60.94	\$85.71
D2160	\$57.00	\$82.00	\$58.05	\$75.80	\$109.19
D2330	\$55.00	\$50.00	\$34.60	\$50.53	\$77.75
D2391	\$39.00	\$50.00	\$30.85	\$46.08	\$82.40
D2392	\$48.00	\$67.00	\$48.15	\$60.94	\$108.00
D2930	\$75.00	\$116.00	\$73.40	\$101.07	\$152.94
D3220	\$71.00	\$87.00	\$52.70	\$74.32	\$86.20
D7140	\$41.00	\$50.00	\$39.12	\$33.57	\$65.70
D7210	\$85.00	\$85.00	\$57.40	\$49.73	\$100.75
D9230	\$25.00	N/A	\$26.00	\$34.81	\$27.81
D9430	\$20.00	\$20.00	N/A	N/A	\$14.70
<b>Average Percent<sup>7</sup></b>		<b>76.9%</b>	<b>106.4%</b>	<b>100.4%</b>	<b>65.0%</b>

<sup>1</sup> See Appendix 1 for description of procedure codes.

<sup>2</sup> California Medi-Cal Dental SMA: Dental Program Provider Handbook, Section 5  
 Medi-Cal Dental [Provider Handbook](#)

Rates are averaged for D1206 & D1208 (\$18.00 for age 0-5, \$8.00 for age 6-20, \$6.00 for age 21+)

<sup>3</sup> New York State Medicaid Dental Fee Schedule effective 01/2017.

[New York Dental Fee Schedule](#)

D9230 not a benefit

<sup>4</sup> Illinois HFS Dental Program Fee Schedule effective 07/01/2017.

[Illinois Dental Fee Schedule](#)

D0350 & D1110 not a benefit

Rates are averaged for D0120 (\$28.00 for age 0-18, \$16.20 for age 19-20);

D1120 (\$41.00 for age 0-18, \$25.40 for age 19-20);

D1206 & D1208 (\$26.00 for age 0-18, \$14.85 for age 19-20)

<sup>5</sup> Florida Dental General Fee Schedule effective 01/01/2017.

[Florida Dental Fee Schedule](#)

D9430 not a benefit

Rates are averaged for D0150 (\$23.78 for age 0-20, \$16.00 for age 21+);

D0210 (\$47.56 for age 0-20, \$32.00 for age 21+); D0220 (\$5.95 for age 0-20, \$4.00 for age 21+);

D0230 (\$4.46 for age 0-20, \$3.00 for age 21+); D7140 (\$40.13 for age 0-20, \$27.00 for age 21+);

D7210 (\$59.45 for age 0-20, \$40.00 for age 21+); D9230 (\$41.62 for age 0-20, \$28.00 for age 21+)

<sup>6</sup> Texas Medicaid Fee Schedule – Dental Effective 01/13/2017.

[Texas Dental Fee Schedule](#)

<sup>7</sup> Average Percentage Medi-Cal Dental Pays of Other States' Medicaid Rates.

The 2018 report contained a calculation error on the percentages, which has now been corrected.

[Return to Medi-Cal Dental Reimbursements Rates Compared to Other Medicaid Programs](#)



**Appendix 3a - SFY 2017-18 - Percentage of 25 Most Utilized Medi-Cal Dental Procedures Reimbursement Rates in Relation to Other Comparable Medicaid Programs Inclusive of Prop 56 Supplemental Payments**

Procedure Code <sup>1</sup>	Medi-Cal Dental SMA including Prop 56 <sup>2</sup>	New York <sup>3</sup>	Illinois <sup>4</sup>	Florida <sup>5</sup>	Texas <sup>6</sup>
D0120	\$21.00	\$25.00	\$28.00	\$22.29	\$28.85
D0150	\$35.00	\$30.00	\$21.05	\$19.89	\$35.32
D0210	\$40.00	\$50.00	\$30.10	\$39.78	\$70.64
D0220	\$10.00	\$8.00	\$5.60	\$4.98	\$12.56
D0230	\$3.00	\$5.00	\$3.80	\$3.73	\$11.51
D0272	\$10.00	\$14.00	\$9.40	\$13.38	\$23.38
D0274	\$18.00	\$24.00	\$16.90	\$16.35	\$34.61
D0350	\$6.00	\$12.00	N/A	\$10.40	\$18.38
D1110	\$40.00	\$45.00	\$41.00	\$26.75	\$54.88
D1120	\$30.00	\$43.00	\$41.00	\$20.81	\$36.75
D1206	\$10.67	\$30.00	\$26.00	\$16.35	\$14.70
D1208	\$10.67	\$14.00	\$26.00	\$16.35	\$14.70
D1351	\$22.00	\$35.00	\$36.00	\$19.32	\$28.24
D2140	\$54.60	\$50.00	\$30.85	\$46.08	\$62.80
D2150	\$67.20	\$67.00	\$48.15	\$60.94	\$83.57
D2330	\$77.00	\$50.00	\$34.60	\$50.53	\$75.81
D2391	\$54.60	\$50.00	\$30.85	\$46.08	\$80.34
D2392	\$67.20	\$67.00	\$48.15	\$60.94	\$105.30
D2930	\$105.00	\$116.00	\$73.40	\$101.07	\$149.12
D3220	\$99.40	\$87.00	\$52.70	\$74.32	\$84.05
D4341	\$60.00	\$45.00	\$122.00	\$29.73	\$53.75
D7140	\$57.40	\$50.00	\$39.12	\$33.57	\$64.06
D7210	\$119.00	\$85.00	\$57.40	\$49.73	\$98.23
D9230	\$35.00	N/A	\$26.00	\$34.81	\$27.11
D9430	\$28.00	\$20.00	N/A	N/A	\$14.33
<b>Average Percent<sup>7</sup></b>		<b>95.9%</b>	<b>125.4%</b>	<b>124.7%</b>	<b>83.0%</b>

<sup>1</sup>See Appendix 1 for description of procedure codes

<sup>2</sup>California Medi-Cal Dental SMA: Dental Program Provider Handbook Section 5 effective April 2019  
Medi-Cal Dental [Provider Handbook](#)

Rates are averaged for D1206 & D1208 (\$18.00 for age 0-5, \$8.00 for age 6-20, \$6.00 for age 21+);  
D4341 (\$70.00 for beneficiaries residing in a Skilled Nursing Facility (SNF) or

*Intermediate Care Facility (ICF),*

*\$50.00 for beneficiaries not residing in a SNF or ICF)*

*Prop 56 SFY 2017-2018 Rate Increase: D0120;D0150;D2140;D2150;D2330;D2391;D2392;  
D2930;D3220;D7140;D7210;D9230;D9430*

<sup>3</sup>*New York State Medicaid Dental Fee Schedule effective 1/1/2019*

[NY Dental Fee Schedule](#)

*D9230 not a benefit*

<sup>4</sup>*Illinois HFS Dental Program Fee Schedule effective 1/1/2019*

[Illinois Dental Fee Schedule](#)

*D0350 & D9430 not a benefit*

<sup>5</sup>*Florida Dental General Fee Schedule effective 2019*

[Florida Dental Fee Schedule](#)

*D9430 not a benefit*

*Rates are averaged for D0150 (\$23.78 for age 0-20, \$16.00 for age 21+);*

*D0210 (\$47.56 for age 0-20, \$32.00 for age 21+); D0220 (\$5.95 for age 0-20, \$4.00 for age 21+);*

*D0230 (\$4.46 for age 0-20, \$3.00 for age 21+); D7140 (\$40.13 for age 0-20, \$27.00 for age 21+);*

*D7210 (\$59.45 for age 0-20, \$40.00 for age 21+); D9230 (\$41.62 for age 0-20, \$28.00 for age 21+)*

<sup>6</sup>*Texas Medicaid Fee Schedule – Dental effective 4/2/2019*

[Texas Dental Fee Schedule](#)

<sup>7</sup>*Average Percentages Medi-Cal Dental Pays of Other States' Medicaid Rates*

[Return to Medi-Cal Dental Reimbursements Rates Compared to Other Medicaid Programs](#)

**Appendix 3b - SFY 2017-18 - Percentage of 25 Most Utilized Medi-Cal Dental Procedures Reimbursement Rates in Relation to Other Comparable Medicaid Programs**

<b>Procedure Code<sup>1</sup></b>	<b>Medi-Cal Dental SMA<sup>2</sup></b>	<b>New York<sup>3</sup></b>	<b>Illinois<sup>4</sup></b>	<b>Florida<sup>5</sup></b>	<b>Texas<sup>6</sup></b>
D0120	\$15.00	\$25.00	\$28.00	\$22.29	\$28.85
D0150	\$25.00	\$30.00	\$21.05	\$19.89	\$35.32
D0210	\$40.00	\$50.00	\$30.10	\$39.78	\$70.64
D0220	\$10.00	\$8.00	\$5.60	\$4.98	\$12.56
D0230	\$3.00	\$5.00	\$3.80	\$3.73	\$11.51
D0272	\$10.00	\$14.00	\$9.40	\$13.38	\$23.38
D0274	\$18.00	\$24.00	\$16.90	\$16.35	\$34.61
D0350	\$6.00	\$12.00	N/A	\$10.40	\$18.38
D1110	\$40.00	\$45.00	\$41.00	\$26.75	\$54.88
D1120	\$30.00	\$43.00	\$41.00	\$20.81	\$36.75
D1206	\$10.67	\$30.00	\$26.00	\$16.35	\$14.70
D1208	\$10.67	\$14.00	\$26.00	\$16.35	\$14.70
D1351	\$22.00	\$35.00	\$36.00	\$19.32	\$28.24
D2140	\$39.00	\$50.00	\$30.85	\$46.08	\$62.80
D2150	\$48.00	\$67.00	\$48.15	\$60.94	\$83.57
D2330	\$55.00	\$50.00	\$34.60	\$50.53	\$75.81
D2391	\$39.00	\$50.00	\$30.85	\$46.08	\$80.34
D2392	\$48.00	\$67.00	\$48.15	\$60.94	\$105.30
D2930	\$75.00	\$116.00	\$73.40	\$101.07	\$149.12
D3220	\$71.00	\$87.00	\$52.70	\$74.32	\$84.05
D4341	\$60.00	\$45.00	\$122.00	\$29.73	\$53.75
D7140	\$41.00	\$50.00	\$39.12	\$33.57	\$64.06
D7210	\$85.00	\$85.00	\$57.40	\$49.73	\$98.23
D9230	\$25.00	N/A	\$26.00	\$34.81	\$27.11
D9430	\$20.00	\$20.00	N/A	N/A	\$14.33
<b>Average Percent<sup>7</sup></b>		<b>79.5%</b>	<b>101.6%</b>	<b>105.3%</b>	<b>68.2%</b>

<sup>1</sup>See Appendix 1 for description of procedure codes

<sup>2</sup>California Medi-Cal Dental SMA: Dental Program Provider Handbook Section 5 effective April 2019  
 Medi-Cal Dental [Provider Handbook](#)

Rates are averaged for D1206 & D1208 (\$18.00 for age 0-5, \$8.00 for age 6-20, \$6.00 for age 21+);  
 D4341 (\$70.00 for beneficiaries residing in a Skilled Nursing Facility (SNF) or  
 Intermediate Care Facility (ICF),

\$50.00 for beneficiaries not residing in a SNF or ICF)

<sup>3</sup>New York State Medicaid Dental Fee Schedule effective 1/1/2019

[NY Dental Fee Schedule](#)

D9230 not a benefit

<sup>4</sup>Illinois HFS Dental Program Fee Schedule effective 1/1/2019

[Illinois Dental Fee Schedule](#)

D0350 & D9430 not a benefit

<sup>5</sup>Florida Dental General Fee Schedule effective 2019

[Florida Dental Fee Schedule](#)

D9430 not a benefit

Rates are averaged for D0150 (\$23.78 for age 0-20, \$16.00 for age 21+);

D0210 (\$47.56 for age 0-20, \$32.00 for age 21+); D0220 (\$5.95 for age 0-20, \$4.00 for age 21+);

D0230 (\$4.46 for age 0-20, \$3.00 for age 21+); D7140 (\$40.13 for age 0-20, \$27.00 for age 21+);

D7210 (\$59.45 for age 0-20, \$40.00 for age 21+); D9230 (\$41.62 for age 0-20, \$28.00 for age 21+)

<sup>6</sup>Texas Medicaid Fee Schedule – Dental effective 4/2/2019

[Texas Dental Fee Schedule](#)

<sup>7</sup>Average Percentages Medi-Cal Dental Pays of Other States' Medicaid Rates

[Return to Medi-Cal Dental Reimbursements Rates Compared to Other Medicaid Programs](#)

**Appendix 4 - SFY 2016-17 - Average Percentage Medi-Cal Dental Pays of Regional Commercial Charges based on 2016 ADA Survey of Dental Fees<sup>1</sup>**

Procedure Code <sup>2</sup>	Medi-Cal Dental SMA <sup>3</sup>	National Average	Pacific Division Average (CA)	Middle Atlantic Division Average (NY)	East North Central Division Average (IL)	South Atlantic Division Average (FL)	West South Central Division Average (TX)
D0120	\$15.00	\$49.94	\$59.24	\$49.67	\$47.69	\$48.95	\$46.98
D0150	\$25.00	\$79.89	\$87.29	\$76.35	\$78.30	\$85.67	\$76.20
D0210	\$40.00	\$133.12	\$140.87	\$132.59	\$130.21	\$134.63	\$126.86
D0220	\$10.00	\$28.39	\$33.15	\$25.18	\$27.96	\$29.10	\$25.46
D0230	\$3.00	\$22.72	\$23.30	\$20.19	\$23.01	\$24.50	\$20.79
D0272	\$10.00	\$45.20	\$50.82	\$42.72	\$43.65	\$45.73	\$41.79
D0274	\$18.00	\$63.59	\$71.03	\$61.54	\$61.45	\$64.10	\$60.14
D0350	\$6.00	\$50.77	\$59.46	\$41.70	\$51.13	\$52.04	\$51.12
D1110	\$40.00	\$91.09	\$106.05	\$94.63	\$85.16	\$89.77	\$83.40
D1120	\$30.00	\$67.90	\$80.57	\$70.33	\$62.71	\$67.23	\$62.76
D1206	\$10.67	\$39.23	\$44.13	\$41.70	\$37.35	\$38.00	\$35.44
D1208	\$10.67	\$36.48	\$41.17	\$39.24	\$35.20	\$35.34	\$32.43
D1351	\$22.00	\$52.72	\$59.35	\$50.68	\$51.46	\$53.71	\$49.02
D2140	\$39.00	\$136.49	\$148.86	\$133.47	\$130.16	\$143.57	\$130.04
D2150	\$48.00	\$169.09	\$182.47	\$168.03	\$161.87	\$176.36	\$163.18
D2160	\$57.00	\$201.70	\$215.60	\$199.36	\$193.64	\$211.00	\$198.35
D2330	\$55.00	\$160.07	\$179.99	\$151.85	\$151.71	\$166.53	\$155.01
D2391	\$39.00	\$174.83	\$195.79	\$167.77	\$168.16	\$181.45	\$167.34
D2392	\$48.00	\$223.97	\$252.29	\$219.35	\$213.85	\$226.68	\$216.31
D2930	\$75.00	\$262.67	\$263.62	\$266.96	\$272.68	\$278.21	\$248.38
D3220	\$71.00	\$181.50	\$185.32	\$176.91	\$185.10	\$199.48	\$174.10
D7140	\$41.00	\$169.65	\$181.05	\$183.51	\$162.90	\$175.23	\$160.25
D7210	\$85.00	\$271.01	\$291.65	\$282.98	\$264.04	\$275.27	\$258.31
D9230	\$25.00	\$62.28	\$71.96	\$57.91	\$58.38	\$75.23	\$52.29
D9430	\$20.00	\$60.40	\$78.62	\$48.98	\$48.38	\$62.97	\$58.15
<b>Average Percent<sup>4</sup></b>		<b>29.9%</b>	<b>26.8%</b>	<b>30.7%</b>	<b>31.3%</b>	<b>29.0%</b>	<b>32.0%</b>

<sup>1</sup> ADA's 2016 Survey of Dental Fees Charged by General Practitioners

[ADA Survey of Dental Fees 2016](#)

<sup>2</sup> See Appendix 1 for description of procedure codes.

<sup>3</sup> California Medi-Cal Dental SMA: Dental Program Provider Handbook, Section 5

[Medi-Cal Dental Provider Handbook](#)



*Rates are averaged for D1206 & D1208 (\$18.00 for age 0-5, \$8.00 for age 6-20, \$6.00 for age 21+)*

*<sup>4</sup>Average Percentage Medi-Cal Dental Pays of Other Region's Rates.*

*Percentages in the 2018 report contained a calculation error and have been corrected.*

[Return to Geographical Comparison of Medi-Cal Reimbursement Rates to Commercial Rates](#)

**Appendix 5a - SFY 2017-18 - Average Percentage Medi-Cal Dental Pays of Regional Commercial Charges based on 2018 ADA Survey of Dental Fees Inclusive of Prop 56 Supplemental Payments<sup>1</sup>**

<b>Procedure Code<sup>2</sup></b>	<b>Medi-Cal Dental SMA including Prop 56<sup>3</sup></b>	<b>National Average</b>	<b>Pacific Division Average (CA)</b>	<b>Middle Atlantic Division Average (NY)</b>	<b>East North Central Division Average (IL)</b>	<b>South Atlantic Division Average (FL)</b>	<b>West South Central Division Average (TX)</b>
D0120	\$21.00	\$53.01	\$59.26	\$55.56	\$51.08	\$53.36	\$51.38
D0150	\$35.00	\$83.97	\$88.77	\$86.19	\$80.93	\$84.18	\$82.51
D0210	\$40.00	\$140.82	\$146.74	\$145.77	\$139.47	\$139.44	\$131.98
D0220	\$10.00	\$29.87	\$32.61	\$29.87	\$28.32	\$29.19	\$29.02
D0230	\$3.00	\$24.40	\$23.56	\$23.57	\$23.51	\$24.58	\$24.36
D0272	\$10.00	\$48.87	\$53.97	\$51.16	\$46.24	\$49.01	\$45.33
D0274	\$18.00	\$68.63	\$74.91	\$73.34	\$64.82	\$68.56	\$64.65
D0350	\$6.00	\$55.53	\$54.18	\$41.70	\$63.68	\$56.94	\$55.00
D1110	\$40.00	\$96.04	\$108.99	\$101.73	\$89.35	\$95.91	\$90.17
D1120	\$30.00	\$71.54	\$83.03	\$72.41	\$66.53	\$71.70	\$67.13
D1206	\$10.67	\$41.47	\$44.62	\$45.86	\$41.09	\$40.66	\$38.55
D1208	\$10.67	\$38.42	\$40.80	\$41.14	\$38.74	\$37.08	\$36.55
D1351	\$22.00	\$56.77	\$60.19	\$62.55	\$53.86	\$57.22	\$53.12
D2140	\$54.60	\$145.77	\$157.64	\$151.54	\$135.66	\$150.21	\$140.05
D2150	\$67.20	\$181.40	\$193.37	\$193.95	\$168.22	\$185.38	\$173.64
D2330	\$77.00	\$174.52	\$192.76	\$187.95	\$164.47	\$175.76	\$167.73
D2391	\$54.60	\$189.73	\$208.00	\$197.68	\$179.74	\$192.25	\$181.71
D2392	\$67.20	\$241.59	\$259.82	\$249.93	\$228.90	\$246.85	\$230.13
D2930	\$105.00	\$279.81	\$272.35	\$309.61	\$280.85	\$299.36	\$267.90
D3220	\$99.40	\$193.61	\$186.26	\$206.40	\$197.83	\$207.73	\$189.82
D4341	\$60.00	\$264.13	\$266.30	\$278.60	\$258.82	\$272.68	\$258.32
D7140	\$57.40	\$187.36	\$201.35	\$214.22	\$176.60	\$192.12	\$183.73
D7210	\$119.00	\$290.00	\$298.10	\$318.24	\$289.27	\$294.92	\$288.55
D9230	\$35.00	\$67.08	\$69.15	\$83.81	\$66.60	\$73.56	\$59.70
D9430	\$28.00	\$58.55	\$70.53	\$48.02	\$50.57	\$50.59	\$59.04
<b>Average Percent<sup>4</sup></b>		<b>33.9%</b>	<b>31.7%</b>	<b>32.4%</b>	<b>35.3%</b>	<b>33.6%</b>	<b>35.4%</b>

<sup>1</sup>ADA's 2018 Survey of Dental Fees Charged by General Practitioners

[ADA's Survey of Dental Fees 2018](#)

*Fee for D0350 for the Middle Atlantic Division is from ADA 2016 Survey, as there is no fee listed in ADA 2018 Survey*

<sup>2</sup>*See Appendix 1 for description of procedure codes*

<sup>3</sup>*California Medi-Cal Dental SMA: Dental Program Provider Handbook Section 5 effective April 2019  
Medi-Cal Dental [Provider Handbook](#)*

*Rates are averaged for D1206 & D1208 (\$18.00 for age 0-5, \$8.00 for age 6-20, \$6.00 for age 21+);  
D4341 (\$70.00 for beneficiaries residing in a Skilled Nursing Facility (SNF) or  
Intermediate Care Facility (ICF),  
\$50.00 for beneficiaries not residing in a SNF or ICF)*

<sup>4</sup>*Average Percentage Medi-Cal Dental Pays of Other Region's Rates*

*Prop 56 SFY 2017-2018 Rate Increase: D0120;D0150;D2140;D2150;D2330;D2391;D2392;  
D2930;D3220;D7140;D7210;D9230;D9430*

[Return to Geographical Comparison of Medi-Cal Reimbursement Rates to Commercial Rates](#)

**Appendix 5b - SFY 2017-18 - Average Percentage Medi-Cal Dental Pays of Regional Commercial Charges based on 2018 ADA Survey of Dental Fees<sup>1</sup>**

Procedure Code <sup>2</sup>	Medi-Cal Dental SMA <sup>3</sup>	National Average	Pacific Division Average (CA)	Middle Atlantic Division Average (NY)	East North Central Division Average (IL)	South Atlantic Division Average (FL)	West South Central Division Average (TX)
D0120	\$15.00	\$53.01	\$59.26	\$55.56	\$51.08	\$53.36	\$51.38
D0150	\$25.00	\$83.97	\$88.77	\$86.19	\$80.93	\$84.18	\$82.51
D0210	\$40.00	\$140.82	\$146.74	\$145.77	\$139.47	\$139.44	\$131.98
D0220	\$10.00	\$29.87	\$32.61	\$29.87	\$28.32	\$29.19	\$29.02
D0230	\$3.00	\$24.40	\$23.56	\$23.57	\$23.51	\$24.58	\$24.36
D0272	\$10.00	\$48.87	\$53.97	\$51.16	\$46.24	\$49.01	\$45.33
D0274	\$18.00	\$68.63	\$74.91	\$73.34	\$64.82	\$68.56	\$64.65
D0350	\$6.00	\$55.53	\$54.18	\$41.70	\$63.68	\$56.94	\$55.00
D1110	\$40.00	\$96.04	\$108.99	\$101.73	\$89.35	\$95.91	\$90.17
D1120	\$30.00	\$71.54	\$83.03	\$72.41	\$66.53	\$71.70	\$67.13
D1206	\$10.67	\$41.47	\$44.62	\$45.86	\$41.09	\$40.66	\$38.55
D1208	\$10.67	\$38.42	\$40.80	\$41.14	\$38.74	\$37.08	\$36.55
D1351	\$22.00	\$56.77	\$60.19	\$62.55	\$53.86	\$57.22	\$53.12
D2140	\$39.00	\$145.77	\$157.64	\$151.54	\$135.66	\$150.21	\$140.05
D2150	\$48.00	\$181.40	\$193.37	\$193.95	\$168.22	\$185.38	\$173.64
D2330	\$55.00	\$174.52	\$192.76	\$187.95	\$164.47	\$175.76	\$167.73
D2391	\$39.00	\$189.73	\$208.00	\$197.68	\$179.74	\$192.25	\$181.71
D2392	\$48.00	\$241.59	\$259.82	\$249.93	\$228.90	\$246.85	\$230.13
D2930	\$75.00	\$279.81	\$272.35	\$309.61	\$280.85	\$299.36	\$267.90
D3220	\$71.00	\$193.61	\$186.26	\$206.40	\$197.83	\$207.73	\$189.82
D4341	\$60.00	\$264.13	\$266.30	\$278.60	\$258.82	\$272.68	\$258.32
D7140	\$41.00	\$187.36	\$201.35	\$214.22	\$176.60	\$192.12	\$183.73
D7210	\$85.00	\$290.00	\$298.10	\$318.24	\$289.27	\$294.92	\$288.55
D9230	\$25.00	\$67.08	\$69.15	\$83.81	\$66.60	\$73.56	\$59.70
D9430	\$20.00	\$58.55	\$70.53	\$48.02	\$50.57	\$50.59	\$59.04
<b>Average Percent<sup>4</sup></b>		<b>28.0%</b>	<b>26.2%</b>	<b>26.8%</b>	<b>29.2%</b>	<b>27.8%</b>	<b>29.3%</b>

<sup>1</sup>ADA's 2018 Survey of Dental Fees Charged by General Practitioners

[ADA's 2016 Survey of Dental Fees 2016](#)

Fee for D0350 for the Middle Atlantic Division is from ADA 2016 Survey, as there is no fee listed in ADA 2018 Survey

<sup>2</sup>See Appendix 1 for description of procedure codes

<sup>3</sup>California Medi-Cal Dental SMA: Dental Program Provider Handbook Section 5 effective April 2019  
Medi-Cal Dental [Provider Handbook](#)

Rates are averaged for D1206 & D1208 (\$18.00 for age 0-5, \$8.00 for age 6-20, \$6.00 for age 21+);  
D4341 (\$70.00 for beneficiaries residing in a Skilled Nursing Facility (SNF) or

Intermediate Care Facility (ICF),

\$50.00 for beneficiaries not residing in a SNF or ICF)

<sup>4</sup>Average Percentage Medi-Cal Dental Pays of Other Region's Rates

[Return to Geographical Comparison of Medi-Cal Reimbursement Rates to Commercial Rates](#)



## Appendix 6a - SFY 2016-17 Total Medi-Cal Dental Population & Service Count

Delivery System & Age Group	Total Enrolled <sup>1</sup>	Service Count Dental Office <sup>2</sup>	Service Count SNC <sup>3</sup>	Total Service Count
FFS Children Age 0-20	6,094,226	26,730,303	1,298,806	28,029,109
FFS Adults Age 21+	7,630,685	7,730,295	1,556,130	9,286,425
<b>FFS Total</b>	<b>13,724,911</b>	<b>34,460,598</b>	<b>2,854,936</b>	<b>37,315,534</b>
DMC Children Age 0-20	524,948	1,847,214	2,001	1,849,215
DMC Adults Age 21+	674,360	688,322	2,654	690,976
<b>DMC Total</b>	<b>1,199,308</b>	<b>2,535,536</b>	<b>4,655</b>	<b>2,540,191</b>
<b>Grand Total</b>	<b>14,924,219</b>	<b>36,996,134</b>	<b>2,859,591</b>	<b>39,855,725</b>

Data Source: DHCS Data Warehouse MIS/DSS as of April 2018

<sup>1</sup>Beneficiaries enrolled in Medi-Cal for at least one month during the measurement period  
Some beneficiaries were counted for both DMC and FFS if they switched delivery systems

<sup>2</sup>Count of services in a dental office for CDT Codes D0100-D9999

<sup>3</sup>Count of dental encounters in a Safety Net Clinic (SNC)

## Appendix 6b - SFY 2016-17 Total Medi-Cal Dental Reimbursement

Delivery System & Age Group	Reimbursement Dental Office <sup>1</sup>	Reimbursement SNC <sup>2</sup>	Total Reimbursement
FFS Children Age 0-20	\$574,640,872	\$276,162,638	\$850,803,510
FFS Adults Age 21+	\$266,144,027	\$334,140,108	\$600,284,135
<b>FFS Total</b>	<b>\$840,784,899</b>	<b>\$610,302,746</b>	<b>\$1,451,087,645</b>
DMC Children Age 0-20	\$1,847,214	\$402,283	\$2,249,497
DMC Adults Age 21+	\$9,191,128	\$596,714	\$9,787,842
<b>DMC Total</b>	<b>\$11,038,342</b>	<b>\$998,997</b>	<b>\$12,037,339</b>
<b>Grand Total</b>	<b>\$851,823,241</b>	<b>\$611,301,743</b>	<b>\$1,463,124,984</b>

Data Source: DHCS Data Warehouse MIS/DSS as of April 2018

<sup>1</sup>Reimbursement to dental offices

DMC reimbursements are incomplete as not all DMC Plans submit provider payment information.

<sup>2</sup>Reimbursement to SNCs

DMC reimbursements are incomplete as not all DMC Plans submit provider payment information.

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### Appendix 7a - SFY 2017-18 Total Medi-Cal Dental Population & Service Count

Delivery System & Age Group	Total Enrolled <sup>1</sup>	Service Count Dental Office <sup>2</sup>	Service Count SNC <sup>3</sup>	Total Service Count
FFS Children Age 0-20	5,902,759	27,081,316	2,099,060	29,180,376
FFS Adults Age 21+	7,467,783	8,815,419	2,771,238	11,586,657
<b>FFS Total</b>	<b>13,370,542</b>	<b>35,896,735</b>	<b>4,870,298</b>	<b>40,767,033</b>
DMC Children Age 0-20	455,243	1,789,542	2,276	1,791,818
DMC Adults Age 21+	604,746	773,777	4,037	777,814
<b>DMC Total</b>	<b>1,059,989</b>	<b>2,563,319</b>	<b>6,313</b>	<b>2,569,632</b>
<b>Grand Total</b>	<b>14,430,531</b>	<b>38,460,054</b>	<b>4,876,611</b>	<b>43,336,665</b>

Data Source: DHCS Data Warehouse MIS/DSS as of April 2019

<sup>1</sup>Beneficiaries enrolled in Medi-Cal for at least one month during the measurement period

Some beneficiaries were counted for both DMC and FFS if they switched delivery systems

<sup>2</sup>Count of services in a dental office for CDT Codes D0100-D9999

<sup>3</sup>Count of dental encounters in a Safety Net Clinic (SNC)

### Appendix 7b - SFY 2017-18 Total Medi-Cal Dental Reimbursement

Delivery System & Age Group	Reimbursement Dental Office <sup>1</sup>	Reimbursement SNC <sup>2</sup>	Total Reimbursement
FFS Children Age 0-20	\$713,487,318	\$309,179,422	\$1,022,666,740
FFS Adults Age 21+	\$410,885,370	\$431,912,031	\$842,797,400
<b>FFS Total</b>	<b>\$1,124,372,688</b>	<b>\$741,091,453</b>	<b>\$1,865,464,140</b>
DMC Children Age 0-20	\$19,672,865	\$355,757	\$20,028,622
DMC Adults Age 21+	\$11,249,480	\$740,971	\$11,990,451
<b>DMC Total</b>	<b>\$30,922,345</b>	<b>\$1,096,728</b>	<b>\$32,019,073</b>
<b>Grand Total</b>	<b>\$1,155,295,033</b>	<b>\$742,188,181</b>	<b>\$1,897,483,213</b>

Data Source: DHCS Data Warehouse MIS/DSS as of April 2019

<sup>1</sup>Reimbursement to dental offices

DMC reimbursements are incomplete as not all DMC Plans submit provider payment information.

<sup>2</sup>Reimbursement to SNCs

DMC reimbursements are incomplete as not all DMC Plans submit provider payment information.

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## Appendix 8 - California Geographic Rating Areas

<b>Region</b>	<b>Counties Included in Region</b>
<b>Alameda</b>	Alameda
<b>Central Coast</b>	Monterey, San Benito, Santa Cruz
<b>Central Valley</b>	Mariposa, Merced, San Joaquin, Stanislaus, Tulare
<b>Contra Costa</b>	Contra Costa
<b>Greater Fresno</b>	Fresno, Kings, Madera
<b>Greater Sacramento</b>	El Dorado, Placer, Sacramento, Yolo
<b>Inland Desert</b>	Imperial, Inyo, Mono
<b>Inland Empire</b>	Riverside, San Bernardino
<b>Kern</b>	Kern
<b>Los Angeles</b>	Los Angeles
<b>North Bay</b>	Marin, Napa, Solano, Sonoma
<b>Northern</b>	Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, Yuba
<b>Orange</b>	Orange
<b>San Diego</b>	San Diego
<b>San Francisco</b>	San Francisco
<b>San Mateo</b>	San Mateo
<b>Santa Clara</b>	Santa Clara
<b>South Coast</b>	San Luis Obispo, Santa Barbara, Ventura

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**Appendix 9a – SFY 2016-17 Total Enrollment in the Medi-Cal Dental FFS Program<sup>1</sup>**

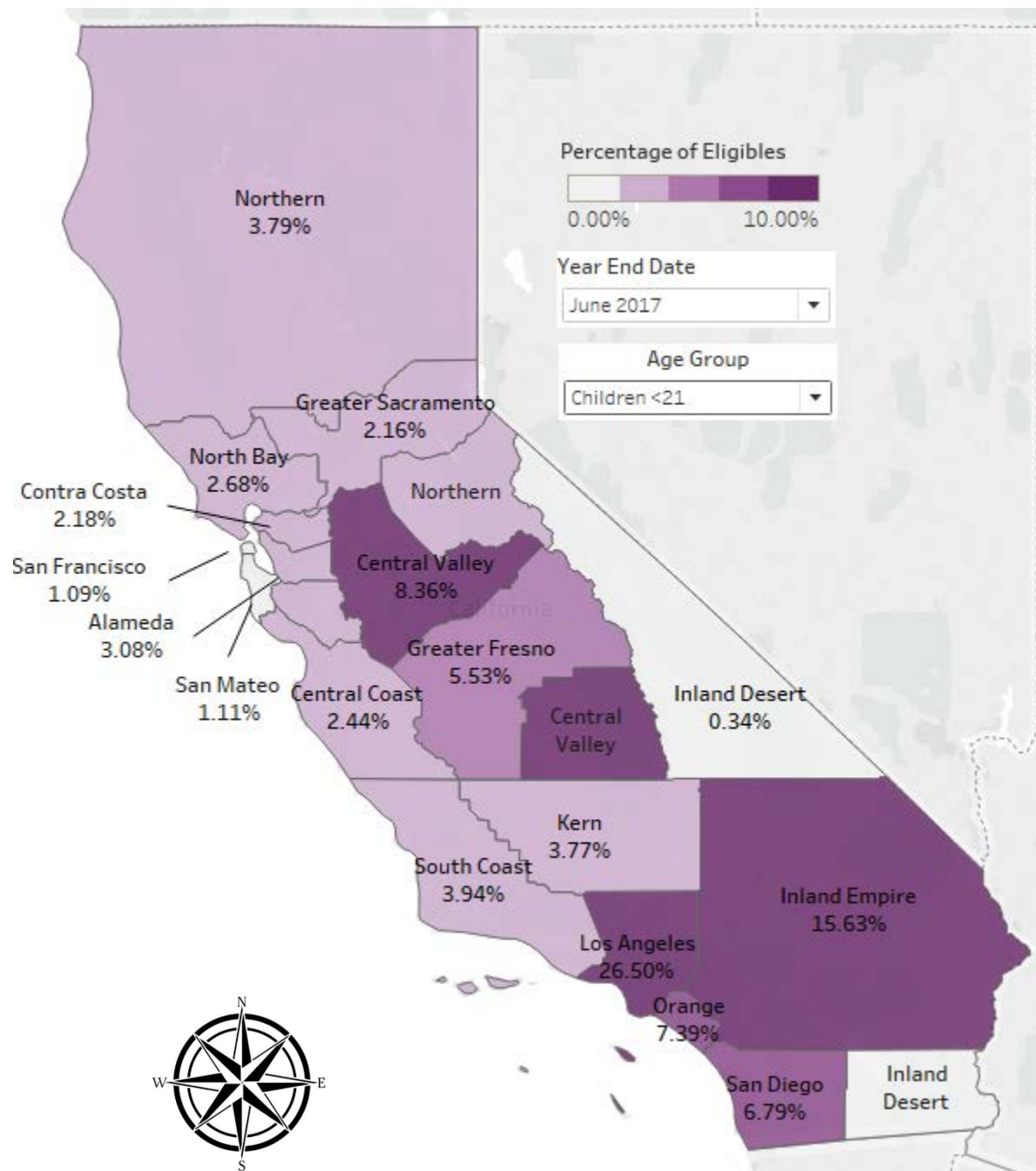
Region	SFY 16/17	SFY 16/17	SFY 16/17
	Children	Adults	Total
Alameda	170,964	282,342	453,306
Central Coast	135,049	130,665	265,714
Central Valley	463,663	500,254	963,917
Contra Costa	120,808	167,939	288,747
Greater Fresno	306,576	334,244	640,820
Greater Sacramento	119,852	219,577	339,429
Inland Desert	19,022	36,075	55,097
Inland Empire	866,941	943,202	1,810,143
Kern	209,282	212,741	422,023
Los Angeles	1,469,453	2,056,485	3,525,938
North Bay	148,737	192,255	340,992
Northern	210,332	326,987	537,319
Orange	409,981	514,165	924,146
San Diego	376,438	518,076	894,514
San Francisco	60,521	171,933	232,454
San Mateo	61,622	84,175	145,797
Santa Clara	177,301	261,662	438,963
South Coast	218,627	232,089	450,716
<b>Statewide Total</b>	<b>5,545,169</b>	<b>7,184,866</b>	<b>12,730,035</b>

*Data Source: DHCS Data Warehouse MIS/DSS. Data as of March 2018*

*<sup>1</sup>Number of enrolled with full scope benefits, no share of cost, and at least three months of continuous eligibility in FFS*

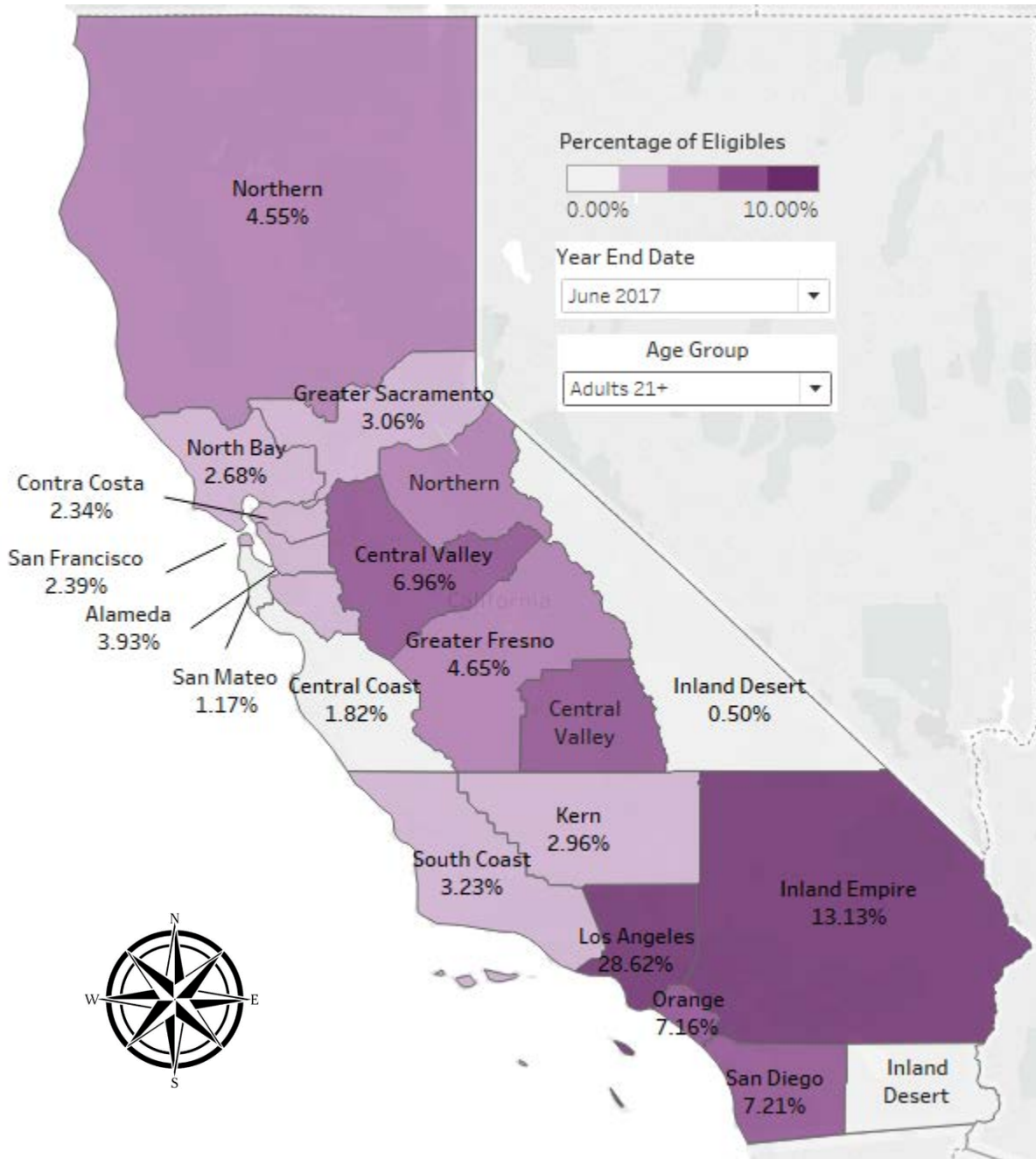
[Return to Medi-Cal Beneficiary Population Characteristics](#)

## Appendix 9b – SFY 2016-17 Percentage by Region Children’s Enrollment in the Medi-Cal Dental FFS Program



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**Appendix 9c – SFY 2016-17 Percentage by Region Adult Enrollment in the Medi-Cal Dental FFS Program**



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**Appendix 10a – SFY 2017-18 Total Enrollment in the Medi-Cal Dental FFS Program<sup>1</sup>**

<b>Region</b>	<b>SFY 17/18</b>	<b>SFY 17/18</b>	<b>SFY 17/18</b>
	<b>Children</b>	<b>Adults</b>	<b>Total</b>
<b>Alameda</b>	167,667	279,830	447,497
<b>Central Coast</b>	133,605	132,254	265,859
<b>Central Valley</b>	462,124	501,840	963,964
<b>Contra Costa</b>	118,188	165,648	283,836
<b>Greater Fresno</b>	304,486	336,373	640,859
<b>Greater Sacramento</b>	117,221	220,810	338,031
<b>Inland Desert</b>	18,277	35,425	53,702
<b>Inland Empire</b>	851,075	950,326	1,801,401
<b>Kern</b>	209,743	216,657	426,400
<b>Los Angeles</b>	1,421,767	1,973,602	3,395,369
<b>North Bay</b>	144,351	190,517	334,868
<b>Northern</b>	209,505	327,749	537,254
<b>Orange</b>	395,724	508,127	903,851
<b>San Diego</b>	367,464	514,526	881,990
<b>San Francisco</b>	58,611	167,601	226,212
<b>San Mateo</b>	59,430	81,048	140,478
<b>Santa Clara</b>	165,895	250,237	416,132
<b>South Coast</b>	214,528	229,732	444,260
<b>Statewide Total</b>	<b>5,419,661</b>	<b>7,082,302</b>	<b>12,501,963</b>

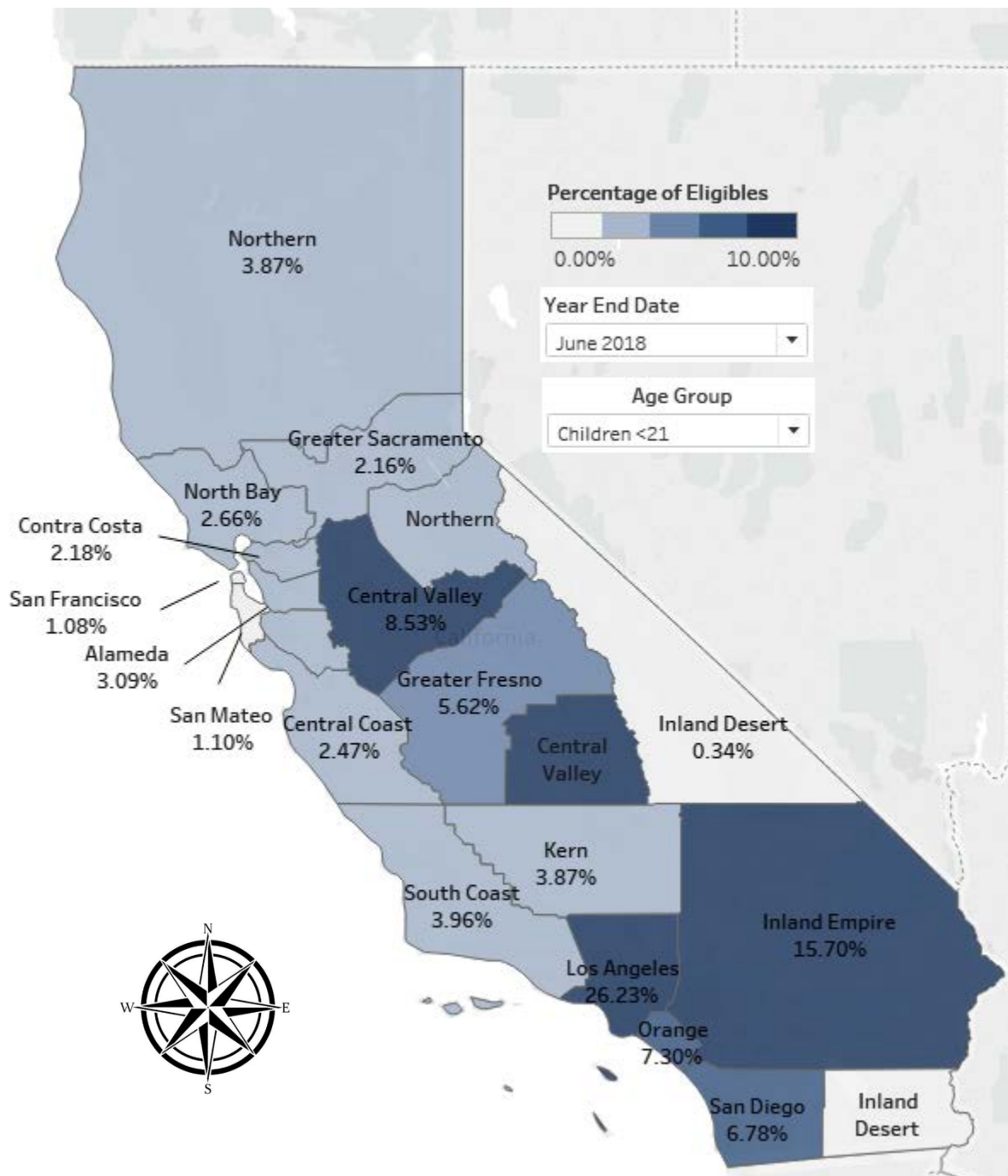
*Data Source: DHCS Data Warehouse MIS/DSS. Data as of April 2019*

*<sup>1</sup>Number of enrolled with full scope benefits, no share of cost, and at least three months of continuous eligibility in FFS*

[Return to Medi-Cal Beneficiary Population Characteristics](#)



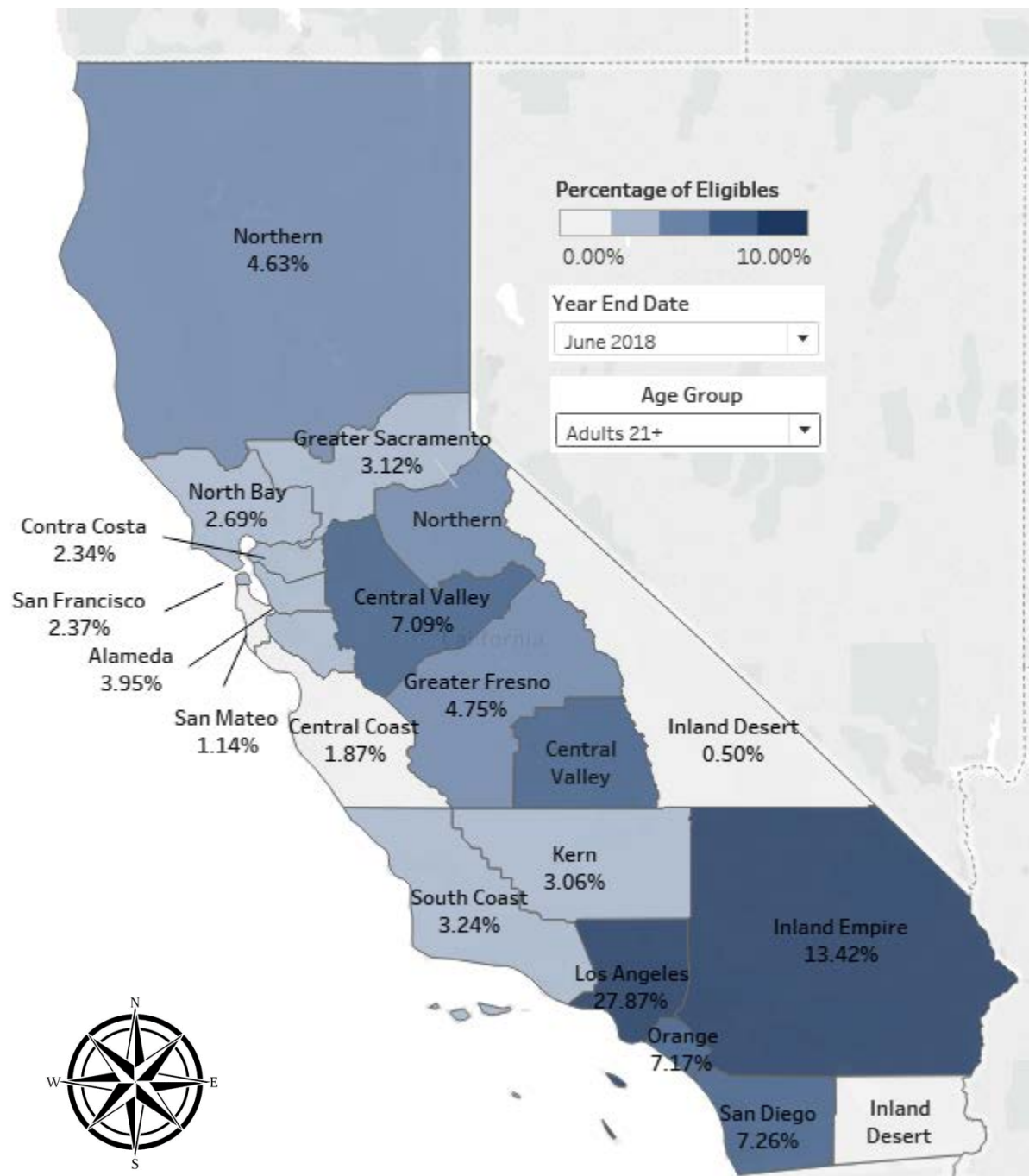
**Appendix 10b – SFY 2017-18 Percentage by Region Children’s Enrollment in the Medi-Cal Dental FFS Program**



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**Appendix 10c – SFY 2017-18 Percentage by Region Adult Enrollment in the Medi-Cal Dental FFS Program**



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## Appendix 11 – Medi-Cal Dental Provider Enrollment

Month/Year	Rendering Providers <sup>1</sup>	Active Service Offices <sup>2</sup>	Safety Net Clinics <sup>3</sup>
July 2016	10,443	5,471	535
August 2016	10,482	5,485	537
September 2016	10,599	5,501	536
October 2016	10,658	5,517	540
November 2016	10,721	5,537	544
December 2016	10,771	5,559	547
January 2017	10,776	5,511	552
February 2017	10,801	5,531	559
March 2017	9,699	5,531	564
April 2017	9,577	5,529	567
May 2017	9,607	5,525	568
June 2017	9,597	5,550	574
July 2017	9,626	5,564	532
August 2017	9,710	5,574	529
September 2017	9,801	5,598	530
October 2017	9,847	5,620	561
November 2017	9,907	5,621	549
December 2017	9,865	5,622	553
January 2018	9,857	5,593	552
February 2018	9,914	5,610	556
March 2018	9,986	5,648	561
April 2018	10,067	5,674	554
May 2018	10,128	5,697	555
June 2018	10,208	5,730	562

<sup>1</sup>PS-O-008A Monthly Enrollment Report

<sup>2</sup>PS-O-008B Monthly Enrollment Report

<sup>3</sup>Number of SNCs based on claims data

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