



Department of Health Care Services
MEMORANDUM

DATE: November 6, 2013

TO: Tribal Chairpersons, California Indian Health Programs and Urban Indian Organizations

FROM: Original Signed By
Sandra "Sam" Willburn, Chief, Primary and Rural Health Division

SUBJECT: Notice of Proposed Change to the Medi-Cal Program

The purpose of this memo is to provide information regarding a proposed change to the Department of Health Care Services' (DHCS) Medi-Cal Program that will be submitted to the Centers for Medicare and Medicaid Services (CMS). DHCS is forwarding this information for your review and comment.

DHCS is required to seek advice from designees of Indian Health Programs and Urban Indian Organizations on Medi-Cal matters having a direct effect on Indians, Indian Health Programs or Urban Indian Organizations per the American Recovery and Reinvestment Act of 2009 (ARRA). DHCS must solicit the advice of designees prior to submission to CMS of any State Plan Amendment, waiver requests or modifications, or proposals for demonstration projects in the Medi-Cal program.

State Plan Amendment (SPA) 13-018: Restoring Adult Dental Optional Benefits: Assembly Bill (AB) 82, (Chapter 23, Statutes of 2013) amended the Welfare and Institutions Code Sections 14131.10 and 14132.89 to restore Medi-Cal adult dental optional benefits. SPA 13-018 will implement changes as required by AB 82 to enable Medi-Cal beneficiaries ages 21 and older to receive a basic level of dental health services. Please see the enclosed summary of the SPA 13-018 for a detailed description and contact information for questions or comments.

QUESTIONS AND COMMENTS:

Indian Health Programs and Urban Indian Organizations may submit written comments or questions concerning this SPA within 30 days from the receipt of this notice. Comments or feedback may be sent by mail or email to the address below:

Contact Information:

Kathryn Waje
Administrative Support Unit
Utilization Management Division
1501 Capitol Avenue, MS 4506
Sacramento, CA 95814
Kathryn.Waje@dhcs.ca.gov

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In addition to this notice, DHCS plans to cover this SPA in the next quarterly Medi-Cal Indian Health webinar. Please note that Indian Health Programs and Urban Indian Organizations may also request a consultation on this proposal at any time as needed.

Enclosure

**Medi-Cal Dental Services Division
Department of Health Care Services (DHCS)
Restoring Adult Dental Optional Benefits
State Plan Amendment (SPA 13-018)**

Background

Assembly Bill (AB) 82, (Chapter 23, Statutes of 2013) amended Welfare and Institutions Code Sections 14131.10 and 14132.89, to restore Medi-Cal adult dental optional benefits. SPA 13-018 will implement changes as required by AB 82 to enable Medi-Cal beneficiaries ages 21 and older to receive basic dental care. DHCS is required by AB 82 to seek approval from the Centers for Medicare and Medicaid Services (CMS) for this change.

Description of SPA and Effective Date

SPA 13-018 will allow for the repair of existing teeth, but not the replacement of missing teeth (except for complete dentures), and will provide basic preventive services to keep these teeth. Under this "restore but not replace" approach, basic preventive, diagnostic, and repair services will be available to meet this goal. The requested effective date of implementing this SPA is May 1, 2014, pending CMS approval.

Restored benefits include the following Medi-Cal adult dental optional benefits for adults 21 years of age and older:

- Exams, x-rays, cleaning, fluoride treatments;
- Amalgam and composite fillings;
- Stainless steel, resin, and resin window crowns;
- Anterior root canal therapy;
- Complete dentures, including immediate dentures; and
- Complete denture adjustments, repairs, and relines.

Please see Attachment 1 for a complete list of restored optional adult dental benefits.

Impact to Indian Health Programs and Urban Indian Organizations

- **Impact on Indian Health Programs**
SPA 13-018 will restore the adult dental benefits referenced above to adults 21 years of age and older. Any Indian Health Program or Urban Indian Organization, who is able to provide these services, may provide the services and will bill in the same manner as they have always done for purposes of reimbursement of these services.
- **Impact on Indian Medi-Cal Beneficiaries**
Indian Medi-Cal Beneficiaries 21 years of age and older will now be able to receive the dental services referenced above as covered Medi-Cal benefits.

Response Date

Indian Health Programs and Urban Indian Organizations may submit written comments or questions concerning this SPA within 30 days from the receipt of this letter. Comments may be sent by email to Kathryn.Waje@dhcs.ca.gov or by mail to the address listed below:

Kathryn Waje
Utilization Management Division
Department of Health Care Services
1501 Capitol Avenue, MS 4506
P.O. Box 997413
Sacramento, CA 95899-7413

Attachment

ATTACHMENT 1 – LIST OF RESTORED OPTIONAL ADULT DENTAL BENEFITS

DIAGNOSTIC SERVICES

Procedure	Description
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
D0270	Bitewing - single film
D0272	Bitewings - two films
D0274	Bitewings - four films
D0330	Panoramic film
D0350	Oral/Facial photographic images

PREVENTIVE SERVICES

Procedure	Description
D1110	Prophylaxis – adult
D1204	Topical application of fluoride - adult
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients - adult 21 and over

RESTORATIVE SERVICES

Procedure	Description
D2140	Amalgam - one surface, primary or permanent
D2150	Amalgam - two surfaces, primary or permanent
D2160	Amalgam - three surfaces, primary or permanent
D2161	Amalgam - four or more surfaces, primary or permanent
D2330	Resin-based composite - one surface, anterior
D2331	Resin-based composite - two surfaces, anterior
D2332	Resin-based composite - three surfaces, anterior
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)
D2390	Resin-based composite crown, anterior
D2391	Resin-based composite - one surface, posterior
D2392	Resin-based composite - two surfaces, posterior
D2393	Resin-based composite - three surfaces, posterior
D2394	Resin-based composite - four or more surfaces, posterior
D2931	Prefabricated stainless steel crown - permanent tooth
D2932	Prefabricated resin crown
D2933	Prefabricated stainless steel crown with resin window
D2952	Post and core in addition to crown, indirectly fabricated
D2954	Prefabricated post and core in addition to crown

ENDODONTICS

Procedure	Description
D3310	Endodontic therapy, anterior tooth (excluding final restoration)
D3346	Retreatment of previous root canal therapy - anterior

PROSTHODONTICS (REMOVABLE) SERVICES

Procedure	Description
D5110	Complete denture – maxillary
D5120	Complete denture - mandibular
D5130	Immediate denture - maxillary
D5140	Immediate denture - mandibular
D5410	Adjust complete denture - maxillary
D5411	Adjust complete denture - mandibular
D5510	Repair broken complete denture base
D5520	Replace missing or broken teeth - complete denture (each tooth)
D5610	Repair resin denture base
D5730	Reline complete maxillary denture (chairside)
D5731	Reline complete mandibular denture (chairside)
D5750	Reline complete maxillary denture (laboratory)
D5751	Reline complete mandibular denture (laboratory)
D5850	Tissue conditioning, maxillary
D5851	Tissue conditioning, mandibular