DEPARTMENT OF HEALTH CARE SERVICES
NOTICE OF GENERAL PUBLIC INTEREST
RELEASE DATE: MAY 2, 2019

PROPOSED STATE PLAN AMENDMENT TO THE MEDI-CAL DENTAL PROGRAM, CURRENT DENTAL TERMINOLOGY (CDT) CODE SET POLICIES.

This notice provides information of public interest regarding a proposed State Plan Amendment (SPA) by the Department of Health Care Services (DHCS). The proposed SPA, #19-0039, will implement policy changes to the current CDT-13 code set in several releases between June and July 2019. DHCS requests input from beneficiaries, providers, and other interested stakeholders concerning the proposed SPA #19-0039, which is attached.

For dates of service (DOS) on and after June 1, 2019, the following changes to CDT-13 procedure codes will be effective:

- D0210 Intraoral- Complete series of Radiographic Images
- D0340 Cephalometric Radiograph Image
- D1320 Tobacco Counseling
- D1510 Fixed Space Maintainer
- D1515 Fixed Space Maintainer
- D1520 Removable Space Maintainer
- D1525 Removable Space Maintainer
- D2940 Protective Restoration
- D7410 Excision of Benign Lesion
- D7411 Excision of Benign Lesion

<u>D0210 Intraoral- Complete series of Radiographic Images</u>
A benefit only for patients age 11 or over. For patients age 10 or under, medically necessary radiographs taken shall be billed separately using the following CDT-13 procedure codes: D0220, D0230, D0240, D0270, D0272 and D0274.

This change is for clinical appropriateness, as most patients 10 and under do not have second molars and require fewer radiographs than what is required for billing D0210.

<u>D0340 Cephalometric Radiograph Image</u>
A benefit once in a 24-month period per provider.

Previous criterion stated this was a benefit twice in a 12-month period per provider. The change in criterion from twice in a 12-month period to once in a 24-month

period is based on the fact that allowing this benefit twice in a 12-month period is medically unnecessary and will expose the patient to unnecessary radiation.

D1320 Tobacco Counseling for the Control and Prevention of Oral Disease
A new benefit that will be billed in conjunction with D0120 Periodic Oral Evaluation and D0150 Comprehensive Oral Evaluation.

New Adjudication Reason Code (ARC) 004A – *Procedure D1320 is only a benefit when billed on the same date of service as procedure D0150 or D0120 by the same provider*. Effective for DOS on and after June 1, 2019.

D1510, D1515, D1520 and D1525 Space Maintainers
Current criterion states that radiographs for payment need a diagnostic pre-operative periapical or bitewing radiograph to verify there is enough space to allow the eruption of the permanent teeth. The new criterion will be revised to state that it will no longer be necessary to document the presence of the erupting permanent tooth/teeth; however, the radiographs must still show there is sufficient space for the erupting permanent tooth/teeth.

Old Adjudication Reason Code (ARC) 190 - *Radiographs do not depict the erupting permanent tooth/teeth.* This ARC will no longer be effective for DOS on and after June 1, 2019.

D2940 Protective Restoration
Criterion change from a benefit once per tooth in a six-month period per provider to a benefit per date of service regardless of the number of teeth treated.

D7410 and D7411 Excision of Benign Lesion
Criterion addition that these procedures are included in the fee for an apicoectomy (D3410, D3421, D3425 and D3426) and are not payable separately.

D1206 and D1208 Topical Application Fluoride Varnish

For DOS on and after June 1, 2019, the frequency of procedures D1206 and D1208 will be increased to once every four months for patients up to the age of six in alignment with the American Academy of Pediatric Dentistry (AAPD) guidelines. The revised CDT-13 procedure codes will be as follows:

- D1206: Topical application of fluoride varnish (allowed every 4 months for patients age 6 and under)
- D1208: Topical application of fluoride varnish (allowed every 4 months for patients age 6 and under)

New Adjudication Reason Code (ARC) 020I - *Patients under age 6, fluoride procedures are allowable once in a 4-month period and prophylaxis procedures are allowable once in a 6-month period.* Effective for DOS on and after June 1, 2019.

All Medi-Cal dental Provider Bulletins related to these policy updates will be identified on page 5-1 of the Medi-Cal Dental Provider Handbook at https://www.denti-cal.ca.gov/DC_documents/providers/provider_handbook/handbook.pdf

DHCS estimates that the annual aggregate Medi-Cal expenditures for the dental procedures listed above will decrease by $552,624.00 Total Funds.

The effective date of the proposed SPA is June 1, 2019. 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 #19-0039 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 #19-0039 will be published at the following internet address:

https://www.dhcs.ca.gov/formsandpubs/laws/Pages/PendingStatePlanAmendments.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 #19-0039 or a copy of submitted public comments related to SPA #19-0039 by requesting it in writing to the mailing or email addresses listed below. Please indicate SPA #19-0039 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. Please indicate SPA #19-0039 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 1, 2019. Please note that comments will continue to be accepted after June 1, 2019, but DHCS may not be able to consider those comments prior to the initial submission of SPA #19-0039 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, Manual Criteria and Schedule of Maximum Allowances, of the Medi-Cal Dental Program Provider Handbook, which will be updated on June 1, 2019 and are effective for services on or after that date. The link to the Medi-Cal Dental Program Provider Handbook is as follows:

https://www.denti-cal.ca.gov/DC_documents/providers/provider_handbook/handbook.pdf#page=135