

**DEPARTMENT OF HEALTH CARE SERVICES
NOTICE OF GENERAL PUBLIC INTEREST
RELEASE DATE: FEBRUARY 14, 2020**

**PROPOSED STATE PLAN AMENDMENT TO UPDATE THE CURRENT DENTAL
TERMINOLOGY CODES ASSOCIATED WITH DENTAL SERVICES ELIGIBLE FOR
SUPPLEMENTAL PAYMENTS USING PROPOSITION 56 FUNDS**

This notice provides information of public interest regarding the Department of Health Care Services' (DHCS') proposed State Plan Amendment (SPA) #20-0015, which would have an effective date March 14, 2020, with a proposed end date of December 31, 2021. SPA #20-0015 will update the list of Current Dental Terminology (CDT) dental codes associated with certain dental services eligible for supplemental payments using Proposition 56 (Prop. 56) funds. The proposed SPA is subject to approval by the Federal Centers for Medicare and Medicaid Services (CMS).

On November 8, 2016, California voters approved the California Healthcare, Research and Prevention Tobacco Tax Act (commonly known as Prop. 56) to increase the excise tax rate on cigarettes and tobacco products. Under Prop. 56, a specified portion of the tobacco tax revenue is allocated to DHCS for use as the nonfederal share of health care expenditures in accordance with the annual state budget process. In accordance with Assembly Bill 120 (Ch. 22, §3, Item 4260-101-3305, Statutes of 2017), Senate Bill 856 (Ch. 30, §3, Item 4260-101-3305, Statutes of 2018), and approved State Plan Amendments (SPA) 17-031 and SPA 18-0024, DHCS provided supplemental payments during Fiscal Year (FY) 2017-18, and FY 2018-19, as an increase to the current dental Schedule of Maximum Allowances (SMA) for specific dental procedures. The supplemental payment, effective July 1, 2017, through June 30, 2018, was at a rate equal to 40 percent of the SMA for specific restorative, endodontic, prosthodontic, oral and maxillofacial, adjunctive, and visits and diagnostic services. For FY 2018-19, the existing codes and supplemental payments were continued with the exception of 8 codes that were increased and 23 new codes were added (including general anesthesia, periodontal, and orthodontia) to receive supplemental payments which vary between 20-60 percent of the SMA, or a specific dollar increase effective July 1, 2018 through June 30, 2019.

Pursuant to Assembly Bill 74 (Chapter 23, Section 3, Item 4260-101-3305, Statutes of 2019), and approved SPA 19-0038, DHCS was authorized to continue the supplemental payments for the specified codes identified for FY 2018-19, for an additional 29 months effective July 1, 2019 through December 31, 2021.

Proposed SPA #20-0015 updates the list of procedure codes that have changed due to the CDT code updates under proposed SPA #20-0014. These codes will continue to receive supplemental payments through December 31, 2021, as authorized under approved SPA 19-0038.

For dates of service (DOS) on and after March 14, 2020, the following procedure codes will be included in the list of codes eligible for supplemental payments with Prop. 56 funds:

- D5511 repair broken complete denture base, mandibular (no change)
- D5512 repair broken complete denture base, maxillary (no change)
- D5611 repair resin partial denture base, mandibular (no change)
- D5612 repair resin partial denture base, maxillary (no change)
- D5621 repair cast partial framework, mandibular (no change)
- D5622 repair cast partial framework, maxillary (no change)
- D5863 overdenture – complete maxillary (no change)
- D5865 overdenture – complete mandibular (no change)
- D9222 deep sedation/general anesthesia – first 15 minutes (Prop. 56 supplemental payment \$76.82)
- D9223 deep sedation/general anesthesia – each 15 minute increment (Prop. 56 supplemental payment \$76.82)
- D9239 intravenous moderate (conscious) sedation/analgesia – first 15 minutes (Prop. 56 supplemental payment \$8.42)
- D9243 intravenous moderate (conscious) sedation/analgesia – each 15 minute increment (no change)

For DOS on and after May 16, 2020, the following procedure codes will be included in the list of codes eligible for supplemental payments with Prop. 56 funds:

- D7979 non-surgical sialolithotomy (new procedure code, Prop. 56 supplemental payment \$18.00)

Submission of SPA #20-0015 is contingent upon allocation of Prop. 56 funds in the enacted 2020-21 Budget for this purpose.

DHCS estimates that the annual aggregate Medi-Cal expenditures for specific applicable procedures within the aforementioned categories will decrease by \$4,061,463.92 in total funds.

PUBLIC REVIEW AND COMMENTS

DHCS is requesting stakeholder input on the impact, if any, on access to services as a result of the proposed SPA #20-0015.

Upon submission to CMS, a copy of the proposed SPA #20-0015 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 #20-0015 or a copy of submitted public comments related to SPA #20-0015 by requesting it in writing to the mailing or email addresses listed below. Please indicate SPA #20-0015 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: Carolyn Brookins
P.O. Box 997413, MS 4900
Sacramento, California 95899-7413

Comments may also be emailed to PublicInput@dhcs.ca.gov. Please indicate SPA #20-0015 in the subject line or message.

To assure consideration prior to submission of the SPA to CMS, comments must be received no later than March 14, 2020, but DHCS may not be able to consider those comments prior to the initial submission of SPA #20-0015 to CMS.