

February 18, 2026

THIS LETTER SENT VIA EMAIL

Ms. Courtney Miller, Director
Division of Program Operations
Medicaid and CHIP Operations Group
Centers for Medicare & Medicaid Services
601 East 12th Street, Room 355
Kansas City, MO 64106

STATE PLAN AMENDMENT 26-0001: CURRENT DENTAL TERMINOLOGY 2026 CODE SET
POLICY UPDATES

Dear Ms. Miller:

The Department of Health Care Services (DHCS) is submitting State Plan Amendment (SPA) 26-0001 for your review and approval. SPA 26-0001 will align Medi-Cal's dental billing code set with the current industry and federal coding standards through CDT-26. DHCS seeks an effective date of May 1, 2026 for this SPA.

The policy change for the updated CDT-26 code set will be implemented in Medi-Cal's California Dental Medicaid Management Information System (CD-MMIS) through one release on May 1, 2026. 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 2026 ("CDT-26") code set. The updated CDT-26 codes are listed in the SPA's public notice, which was available on DHCS' website for public comment from December 18, 2025 until January 18, 2026. At the time of SPA submission, no comments were received. In this instance, DHCS has determined that a Tribal notice is not necessary for this proposal.

The documents enclosed with the SPA 26-0001 submission are as follows:

- CMS 179 Form
- Fiscal Impact Summary
- Public Notice
- Attachment 4.19-B, Page 20b (redline and clean)
- Supplement 25 to Attachment 4.19-B, Page 1 (redline and clean)

Director's Office

P.O. Box No. 997413 | MS 0000
Sacramento, CA 95899-7413
Phone (916) 440-7400 | www.dhcs.ca.gov

State of California
Gavin Newsom, Governor



Ms. Miller
Page 2
February 18, 2026

- Standard Medicaid Funding Questions
- Draft Proposition 56 Table

If you have any questions or need additional information, please contact Dana Durham, Chief of Med-Cal Dental Services Division, at 916-345-8209 or by email at Dana.Durham@dhcs.ca.gov.

Sincerely,



Tyler Sadwith
State Medicaid Director
Chief Deputy Director, Health Care Programs
California Department of Health Care Services

Enclosures

cc: Lindy Harrington
Assistant State Medicaid Director
Director's Office
Department of Health Care Services
Lindy.Harrington@dhcs.ca.gov

Saralyn M. Ang-Olson, JD, MPP
Chief Compliance Officer
Office of Compliance
Department of Health Care Services
Saralyn.Ang-Olson@dhcs.ca.gov

Yingjia Huang
Deputy Director
Health Care Benefits and Eligibility
Department of Health Care Services
Yingjia.Huang@dhcs.ca.gov

Dana Durham, Chief
Medi-Cal Dental Services Division
Department of Health Care Services
Dana.Durham@dhcs.ca.gov

**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

12. TYPED NAME

13. TITLE

14. DATE SUBMITTED

15. RETURN TO

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, which was updated on May 1, 2026, and are effective for services on or 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

TN No: 26-0001

Approval Date: _____ Effective Date: May 1, 2026

Supersedes

TN No: 24-0016

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: CALIFORNIA

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, April 1, 2023, and May 1, 2026, 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_56/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, April 1, 2023, and May 1, 2026.

For reference, the SMA is published in the Provider Services Handbook, Section 5. The SMA website link can be found here:

https://www.dental.dhcs.ca.gov/Providers/Medi_Cal_Dental/Provider_Publications/MocSmaVersions

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: 26-0001

Supersedes

TN No: 23-0001

Approval Date: _____

Effective Date: May 1, 2026