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**DATE:** November 23, 2021

**TO:** ALL MEDI-CAL DENTAL MANAGED CARE PLANS

**SUBJECT: APL 21-005: CALAIM IMPLEMENTATION REQUIREMENTS**

**PURPOSE:**

The purpose of this All Plan Letter (APL) serves to inform all Dental Managed Care (DMC) plans of the requirements to implement the California Advancing and Innovating Medi-Cal (CalAIM) initiative which contains three oral health components with an effective date of January 1, 2022. This APL is applicable to two oral health initiatives and outlines the scope of services and payments.

**BACKGROUND:**

On October 28, 2019, the Department of Health Care Services (DHCS) announced the CalAIM Proposal, a multi-year initiative to improve the quality of life and health outcomes of the Medi-Cal population by implementing broad delivery system, program and payment reforms across the Medi-Cal program, and ensuring the system more appropriately manages patients over time through a comprehensive set of health and social services spanning all levels of intensity of care, from birth to end of life. The original intended implementation date was January 1, 2021; however, due to budget restrictions resulting from the Public Health Emergency concerning the novel coronavirus COVID-19, the implementation date was postponed to January 1, 2022.

The major components of CalAIM are built on the successful outcomes of various pilots from previous federal waivers and will result in a better quality of life for Medi-Cal members as well as long-term cost savings/avoidance. DHCS is committed to improving the accessibility of Medi-Cal dental services and improving oral health outcomes for Medi-Cal members. DHCS set an initial goal to achieve at least a 60 percent dental utilization rate for eligible Medi-Cal children.

The two CalAIM oral health initiatives are outlined below.

## **POLICY AND REQUIREMENTS**

### **Pay for Performance (P4P)**

The first CalAIM initiative (preventive services P4P) seeks to improve oral health through increased utilization of preventive oral health services. The increased use of preventive oral health services decreases the need for future restorative dental services. The preventive services P4P will be available statewide to enrolled Medi-Cal dental providers in both DMC and Fee-for-Service delivery systems, including Safety Net Clinics, such as Federally Qualified Health Centers, Rural Health Clinics, and Indian Health Services Clinics.

For purposes of increasing statewide utilization of preventive services for all Medi-Cal members, performance payments are to be applied to the following preventive services Current Dental Terminology (CDT) codes:

- For members under age 21: D1120, D1206, D1208, D1351, D1352, D1510, D1516, D1517, D1526, D1527, D1551, D1552, D1553, D1556, D1557, D1558, D1575.
- For members ages 21 and over: D1320 and D1999.

*Action required by the DMC Plans:* Pursuant to 42 CFR Section 438.6(c)<sup>1</sup>, DHCS is requiring the DMC Plans to adopt a minimum fee schedule for network providers that provide a particular service under the contract using State Plan Amendment (SPA) 21-0019<sup>2</sup> rates that are pending Centers for Medicare and Medicaid Services approval. The DMC Plans shall pay 75 percent above the Schedule Maximum Allowance (SMA) for the preventive services codes. The base rates for these codes can be found in the draft CDT 2021 SMA<sup>3</sup>. Please refer to the enclosed table of CDT codes, SMA, and payment increase.

### **New Benefits**

The second CalAIM initiative adds two statewide oral health benefits as covered services under Medi-Cal. The Caries Risk Assessment (CRA) bundle and Silver Diamine Fluoride (SDF) are new dental benefits in alignment with national dental care standards for Medi-Cal dental coverage as follows:

1. Medi-Cal members under age 7 may receive a CRA bundle that includes the CRA exam (D0601, D0602, D0603) and nutritional counseling (D1310). Based on the risk level associated with each Medi-Cal member the following frequency of services applies:
  - a. Low– comprehensive preventive services 2x/year. Provider may bill the CRA bundle (CDT code D0601 and D1310) along with additional

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<sup>1</sup> <https://www.medicaid.gov/medicaid/managed-care/downloads/sdp-4386c-preprint-template.pdf>

<sup>2</sup> <https://www.dhcs.ca.gov/formsandpubs/laws/Documents/SPA-21-0019-Pending.pdf>

<sup>3</sup> [https://www.dental.dhcs.ca.gov/MCD\\_documents/providers/SMA\\_CDT21\\_draft.pdf](https://www.dental.dhcs.ca.gov/MCD_documents/providers/SMA_CDT21_draft.pdf)

- preventive services such as cleanings or fluoride treatments (D0120, D1120, D1206, D1208) twice per year.
- b. Moderate – comprehensive preventive services 3x/year. Provider may bill the CRA bundle (D0602 and D1310) along with additional preventive services such as cleanings or fluoride treatments (D0120, D1120, D1206, D1208) three times per year.
  - c. High – comprehensive preventive services 4x/year. Providers may bill the CRA bundle (D0603 and D1310) along with additional preventive services such as cleanings or fluoride treatments (D0120, D1120, D1206, D1208) four times per year.

	CARIES RISK ASSESSMENT (\$15.00)	NUTRITIONAL COUNSELING (\$46.00)	FREQUENCY	BUNDLE FEE
Low risk	D0601	D1310	6 months	\$61.00
Moderate risk	D0602	D1310	4 months	\$61.00
High Risk	D0603	D1310	3 months	\$61.00

2. SDF benefit provides two visits per member per year (once every six months), for up to ten teeth per visit, with a lifetime maximum of four treatments per tooth for:
  - a. Medi-Cal member ages 0-6 years.
  - b. Medi-Cal members with underlying conditions such that nonrestorative caries treatment may be optimal, which may include individuals in a Skilled Nursing Facility/Intermediate Care Facility (SNF/ICF) or the Department of Developmental Services (DDS) population.

Action required by the DMC Plans:

1. The CRA bundle: To receive payment for the CRA bundle benefit, dental providers must take the Treating Young Kids Everyday (TYKE) training hosted by the California Dental Association. DMC plans will be required to verify their network providers meet the documentation requirements by collecting an attestation form and proof of course completion before issuing payment for CRA services. Rendering providers who have record of taking the TYKE training under Domain 2 of the Dental Transformation Initiative are not required to re-take the TYKE training under CalAIM.

The forms for the CalAIM New Benefits (CRA and SDF) are enclosed: CRA Attestation (DHCS 6213), CRA Form for Children Ages 0-6 Years of Age (DHCS 6512), and a sample *Informed Consent for SDF*.

2. SDF benefit: A new program benefit that will be included in the DMC Plans' monthly capitated rates.

The third CalAIM initiative (continuity of care P4P) establishes a dental home for all Medi-Cal members by encouraging providers to schedule and follow up on recall exams which may result in increasing patients' return to the same dental office year-after-year for continuity of care, and improved health/dental outcomes. This policy offers a flat rate performance payment to service office locations to maintain dental continuity of care and establish a dental home for each patient by performing at least a yearly dental exam/evaluation for two or more years in a row.

*Action required by the DMC Plans:* No action is required by DMC Plans. Continuity of care is a contractual requirement and a feature of the DMC delivery system; therefore, the continuity of care P4P is not applicable to DMC Plans or their providers.

Plans are instructed to make necessary system changes and business requirement modifications to implement the two CalAIM dental initiatives as outlined above by January 1, 2022.

Plans shall identify any operational or system impacts associated with these policy changes, and submit a proposal to achieve compliance with these requirements to DHCS for approval. Plans are to identify and update the following items prior to implementation of the impending changes: all impacted manuals, reports, and trainings; and all applicable areas including plans' websites.

If you have any questions regarding this APL, please send to mailbox: [dmcdeliverables@dhcs.ca.gov](mailto:dmcdeliverables@dhcs.ca.gov).

Sincerely,

*Original signed by*

Alani Jackson, Chief  
Medi-Cal Dental Services Division  
Department of Health Care Services

Enclosures

**Dental APL 21-005****Enclosure #1 Pay-for-Performance Preventive Series Codes, SMA, and Percentage Increase**

DHCS implemented draft Current Dental Terminology (CDT) 19 Manual of Criteria (MOC)<sup>1</sup> in two phases on March 14, 2020 and on May 16, 2020, which contained all procedure codes added from CDT-14 to CDT-19 and covers dates of service from the date of implementation through June 30, 2021. The draft CDT-20 MOC<sup>2</sup> are effective for dates of service on or after July 1, 2021 through June 30, 2021. The draft CDT-21 MOC<sup>3</sup> are effective for dates of service on or after October 1, 2021. Pursuant to Exhibit A, Attachment 12 of the Dental Managed Care contracts, the Plans are expected to enforce its use by all network providers.

CDT Procedure Code	CDT Procedure Code Description	SMA Amount <sup>4</sup>	Dates of Services On or After January 1, 2022	
			Performance %/\$ Increase	SMA + %/\$ Increase
<b>Preventive Procedures</b>				
D1120	Prophylaxis - child	\$30.00	\$22.50	\$52.50
D1206	Topical application of fluoride varnish - child 0 to 5	\$18.00	\$13.50	\$31.50
D1206	Topical application of fluoride varnish - child 6 to 20	\$8.00	\$6.00	\$14.00
D1208	Topical application of fluoride - excluding varnish - child 0-5	\$18.00	\$13.50	\$31.50
D1208	Topical application of fluoride - excluding varnish - child 6-20	\$8.00	\$6.00	\$14.00
D1320	Tobacco counselling for the control and prevention of oral disease*	\$10.00	\$7.50	\$17.50
D1351	Sealant – per tooth	\$22.00	\$16.50	\$38.50
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth	\$22.00	\$16.50	\$38.50
D1510	Space maintainer – fixed – unilateral- per quadrant	\$120.00	\$90.00	\$210.00
D1516	Space maintainer – fixed – bilateral, maxillary	\$200.00	\$150.00	\$350.00

<sup>1</sup> [https://www.dental.dhcs.ca.gov/MCD\\_documents/providers/MOC\\_CDT19\\_draft.pdf](https://www.dental.dhcs.ca.gov/MCD_documents/providers/MOC_CDT19_draft.pdf)

<sup>2</sup> [https://www.dental.dhcs.ca.gov/MCD\\_documents/providers/MOC\\_CDT20\\_draft.pdf](https://www.dental.dhcs.ca.gov/MCD_documents/providers/MOC_CDT20_draft.pdf)

<sup>3</sup> [https://www.dental.dhcs.ca.gov/MCD\\_documents/providers/MOC\\_CDT21\\_draft.pdf](https://www.dental.dhcs.ca.gov/MCD_documents/providers/MOC_CDT21_draft.pdf)

<sup>4</sup> [https://www.dental.dhcs.ca.gov/MCD\\_documents/providers/SMA\\_CDT21\\_draft.pdf](https://www.dental.dhcs.ca.gov/MCD_documents/providers/SMA_CDT21_draft.pdf)

**Dental APL 21-005**

**Enclosure #1 Pay-for-Performance Preventive Series Codes, SMA, and Percentage Increase**

CDT Procedure Code	CDT Procedure Code Description	SMA Amount <sup>4</sup>	Dates of Services On or After January 1, 2022	
			Performance %/\$ Increase	SMA + %/\$ Increase
D1517	Space maintainer – fixed – bilateral, mandibular	\$200.00	\$150.00	\$350.00
D1526	Space maintainer – removable – bilateral, maxillary	\$230.00	\$172.50	\$402.50
D1527	Space maintainer – removable – bilateral, mandibular	\$230.00	\$172.50	\$402.50
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	\$30.00	\$22.50	\$52.50
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	\$30.00	\$22.50	\$52.50
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	\$30.00	\$22.50	\$52.50
D1556	Removal of fixed unilateral space maintainer - per quadrant* *Only eligible for CalAIM performance payments for members under 21 years of age	\$30.00	\$22.50	\$52.50
D1557	Removal of fixed bilateral space maintainer – maxillary* * Only eligible for CalAIM performance payments for members under 21 years of age	\$30.00	\$22.50	\$52.50
D1558	Removal of fixed bilateral space maintainer – mandibular* *Only eligible for CalAIM performance payments for members under 21 years of age	\$30.00	\$22.50	\$52.50
D1575	Distal shoe space maintainer – fixed – unilateral – per quadrant	\$120.00	\$90.00	\$210.00
**D1999	Unspecified preventative procedure, by report*	\$46.00	\$34.50	\$80.50

\*Only eligible for CalAIM performance payments for members aged 21 and over.

\*\*Refer to D1999 criteria in the draft CDT-21 MOC, page 8.1.32.