



The Department of Health Care Services Medi-Cal Dental Services Rate Review

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Introduction

The Department of Health Care Services (DHCS), pursuant to Welfare & Institutions (W&I) Code §14079, must annually review reimbursement levels for Medi-Cal dental services, specifically:

“The director annually shall review the reimbursement levels for physician and dental services under Medi-Cal, and shall revise periodically the rates of reimbursement to physicians and dentists to ensure the reasonable access of Medi-Cal beneficiaries to physician and dental services. This annual review, as it relates to rates for physician services, shall take into account at least the following factors:

- (a) Annual cost increases for physicians as reflected by the Consumer Price Index.*
- (b) Physician reimbursement levels of Medicare, Blue Shield, and other third-party payors.*
- (c) Prevailing customary physician charges within the state and in various geographical areas.*
- (d) Procedures reflected by the current Relative Value Studies (RVS).*
- (e) Characteristics of the current population of Medi-Cal beneficiaries and the medical services needed.”*

To undertake this analysis, DHCS compares reimbursement rates of the top 25 most utilized dental Fee-For-Service (FFS) procedures, with other comparable states' Medicaid Programs, in addition to the commercial rates from five different geographic regions around the nation.

Overall Findings

DHCS compared California's Medi-Cal dental reimbursements rates against other Medicaid programs from states of comparable size, with a comparable Medicaid population. While the overall average of DHCS' rates for the 25 most utilized FFS procedure codes may be lower, depending on the procedure, the applicable DHCS reimbursement rate for an individual procedure code was either higher or lower.

In State Fiscal Year (SFY) 2014-15, Medi-Cal paid an overall average between 65.0 and 106.4 percent of New York, Illinois, Florida, and Texas Medicaid Program's dental fee schedule. In SFY 2015-16, Medi-Cal paid an overall average between 63.3 and 105.3 percent of New York, Illinois, Florida, and Texas Medicaid Program's dental fee schedule. Review findings also identified a decrease in providers that render and bill for dental services since 2008.

Please note that the reimbursement rates published in the 2017 report for SFY 2014-15 are updated compared to the prior year 2016 report. Some procedures in California and other states have reimbursement rates that vary based on the beneficiary's age. The 2016 report included the average across all age groups for some, but not all, of the top 25 procedures. The 2017 report reflects the average across all age groups for each procedure included in the top 25 procedures. [Appendix 1 CDT Procedure Code](#)

[Description](#) provides specific details.

Scope of Rate Review

While W&I Code §14079 requires DHCS to review Medi-Cal reimbursement levels for dental services, and to periodically revise such rates to ensure “reasonable access” for Medi-Cal beneficiaries, it is important to note that several significant developments have occurred in the field of rates and access in the twenty-five years since the statute was last amended.

Most significantly, the courts have recognized that a reimbursement rate’s relationship to access is an exceedingly complicated and multi-faceted analysis. In *Managed Pharmacy Care v. Sebelius*¹, for example, the Ninth Circuit noted that discretion should be afforded to the federal government’s review of DHCS rates, in large part, relying on a comprehensive eighty-two page access-monitoring plan. The plan identified twenty-three different measures that DHCS would study on a recurring basis to ensure the State Plan Amendment (SPA) that changed FFS reimbursement rates for a number of Medi-Cal provider categories did not negatively affect beneficiary access. These measures addressed the three key categories of factors that the federal Medicaid and CHIP Payment and Access Commission (MACPAC) identified as affecting access: beneficiary data, provider availability data, and service utilization data.

Consistent with this federal regulatory approach, in 2015 the United States Supreme Court confirmed that this complex analysis, which applies to rate setting, means that Medicaid rate challenges do not allow a private right of action – by Medi-Cal providers or beneficiaries – or claim upon which legal relief can be granted.² Given these recent legal actions, DHCS must reiterate that a reimbursement rate and its relationship to beneficiary access is neither a strict nor a linear concept. Instead, the federal regulator, Centers for Medicare and Medicaid Services (CMS) has found there is a multitude of factors that must be considered and addressed when ensuring appropriate access to covered services.

Further, CMS recently amended 42 Code of Federal Regulations (CFR) Part 447, which requires states to document access to care and service payment rates, effective January 4, 2016. These amendments expand the Federal access reporting requirements and consequently necessitate the restructuring of DHCS’ Medi-Cal FFS access monitoring report. DHCS’ current annual and quarterly [FFS access monitoring reports](#) were updated to meet the new federal requirements, and posted in September 2016 on the DHCS website. The updated requirements include: dental provider participation measured by the number of dentists that administered a service trended by time, geographic region, and service setting (if applicable); utilization trended by age group, aid category, geographic region, and service setting (if applicable); reimbursement rate comparison analysis of Medicaid FFS payment rates for dental services to those from Medicare and other payers; and, feedback by dental providers and beneficiaries.

¹ *Managed Pharmacy Care v. Sebelius*, 716 F.3d 1235, 1249 (9th Cir. 2013).

² See *Armstrong v. Exceptional Child Center*, 135 S.Ct. 1378 (March 31, 2015).

Methodology

Medi-Cal dental services are provided through two delivery systems: Dental Managed Care (DMC) and FFS. DMC ensures the provision of medically necessary dental services through DMC plan enrolled providers, and is a delivery model in two counties within the State - Los Angeles County and Sacramento County. DMC plans receive a monthly per member, per month capitation rate. The capitation rates are actuarially sound based upon data from Medi-Cal Dental FFS and are reviewed and approved by CMS.

Medi-Cal Dental FFS delivers services through FFS providers enrolled by DHCS' current Dental Fiscal Intermediary (FI), Delta Dental of California (Delta). FFS providers are paid according to a Schedule of Maximum Allowances (SMA), which denotes the maximum dollar amount payable for each dental benefit of Medi-Cal. The SMA is defined in the DHCS dental Manual of Criteria (MOC), in accordance with W&I Code §14105.05. Throughout this review, these payments may also be referenced as reimbursement, expenditure, and/or payment rates. Adjustments to the MOC are established through DHCS' adoption of regulations as specified in the Title 22, California Code of Regulations (CCR), §51501. These payment rates are periodically modified, and in the last 26 years, several adjustments of the payment rates have occurred.

This rate review evaluates the Medi-Cal dental SMA in relation to other comparable states' Medicaid reimbursement rates, in addition to commercial reimbursement rates. In order for providers to bill Medi-Cal for covered dental services, providers use Current Dental Terminology (CDT) codes, developed by the American Dental Association (ADA) as the standard coding system to document and communicate accurate information about dental treatment procedures and services. Throughout this document, "CDT codes" will be used synonymously with "procedure codes."

This review examines the most recent data available, covering SFYs 2014-15 and 2015-16. The most recent SFYs were chosen to review the current rates of reimbursement to dental professionals and evaluate the reasonable access to services for Medi-Cal beneficiaries, which includes previously transitioned populations into Medi-Cal.

Background

Medi-Cal offers a range of dental services to eligible beneficiaries. The array of services includes: diagnostic, preventive, restorative, and endodontic services; periodontics; removable and fixed prosthodontics; maxillofacial prosthetics; implant services; oral and maxillofacial surgery; and orthodontic and adjunctive services. The appropriateness of many of these dental benefits depends on a beneficiary's eligibility, medical conditions, and age. Eligible children currently receive full scope benefits while eligible adults receive a modified benefit package, which includes preventive, diagnostic, restorative, prosthetic, and other medically necessary services. Full scope services for adults were eliminated on July 1, 2009. However, a modified adult dental

benefit was restored in May 2014, administered via the California State Plan, SPA CA 13-018, and the Alternative Benefit Plan, SPA CA 14-018. The Budget Act of 2017 authorized full restoration of Medi-Cal Dental benefits for adult beneficiaries, effective January 1, 2018.

Over the years, Medi-Cal dental FFS rates have fluctuated, sometimes significantly, by way of actions taken by both the courts and the Legislature. Some of the most notable examples are:

- In response to a federal court lawsuit from the 1990's, *Clark v. Kizer/Coye*, Medi-Cal dental FFS rates were increased by 40-55 percent of average billing rates in 1991, and later increased to 80 percent of average billing rates by an additional court order in 1992;
- In 2000, pursuant to state budget action, Medi-Cal implemented a rate increase of 6.8 percent for dental services and added two regular cleanings and two dental exams to the scope of covered benefits for all beneficiaries (May 2000 Estimate; November 2000 Estimate);
- Directives pursuant to Assembly Bill (AB) 1762 (Chapter 230, Statutes of 2003), effective January 1, 2004, reduced all Medi-Cal dental FFS rates by five percent³;
- On July 1, 2008, pursuant to ABX 3 5, DHCS implemented a ten percent provider payment reduction, which continued until August 18, 2008, at which time the federal district court issued an injunction to halt the application of the payment reduction to certain providers, including dentists;
- On September 9, 2008, DHCS ceased applying the ten percent provider payment reduction to Medi-Cal dental providers, retroactive to the date of the injunction;⁴
- On August 1, 2013, pursuant to AB 97 (Chapter 3, Statutes of 2011), DHCS announced implementation of a ten percent provider payment reduction, beginning October 1, 2013. The reduction was retroactive for services performed on or after June 1, 2011⁵;
- Since November 5, 2013, pursuant to the Budget Act of 2013, the ten percent provider payment reduction has been modified to be prospective only for dental service providers, thereby eliminating the need for retroactive payment recoupment;
- Effective December 1, 2013, DHCS exempted dental pediatric surgery centers from the provider payment reduction imposed by AB 97;
- Beginning May 1, 2014, DHCS implemented a soft cap for non-exempt, medically necessary services on or after May 1, 2014 that may exceed the \$1,800 threshold;
- Effective July 1, 2015, DHCS received federal approval from CMS and state approval via Senate Bill 75 (Chapter 18, Statutes of 2015), to exempt dental services and applicable ancillary services from the provider payment reduction imposed by AB 97.
- On November 8, 2016, California voters approved the California Healthcare,

³ California Medi-Cal Dental. *Denti-Cal Bulletin*. November 2003. Retrieved from http://www.denti-cal.ca.gov/provsrvcs/bulletins/Volume19_33.pdf

⁴ California Medi-Cal Dental. *Denti-Cal Bulletin*. October 2008. Retrieved from http://www.denti-cal.ca.gov/provsrvcs/bulletins/Volume_24_Number_38.pdf

⁵ California Medi-Cal Dental. *Denti-Cal Bulletin*. August 2013. Retrieved from http://www.denti-cal.ca.gov/provsrvcs/bulletins/Volume_29_Number_15.pdf

Research and Prevention Tobacco Tax Act (commonly known as Prop. 56) to increase the excise tax rate on cigarettes and tobacco products. The Budget Act of 2017 appropriated up to \$140 million Prop. 56 funds for supplemental payments for dental services under the Medi-Cal program for providers who bill under the Dental Fiscal Intermediary or Dental Managed Care plans. The supplemental payment, effective July 1, 2017 through June 30, 2018, will be at a rate equal to 40 percent of the Dental Schedule of Maximum Allowances (SMA) for restorative, endodontic, prosthodontic, oral and maxillofacial, adjunctive, and visits and diagnostic services.

Medi-Cal Dental Reimbursement Rates Compared to Other Medicaid Programs

DHCS compared the reimbursement rates of Medi-Cal dental FFS' 25 most utilized procedure codes (see [Appendix 1 CDT Procedure Code Description](#)) to the same 25 procedure codes from other comparable states' Medicaid dental fee schedules. These 25 procedures made up approximately 90 percent of billed procedures in SFY 2014-15 and SFY 2015-16.

California's SMA for Medi-Cal dental FFS in SFY 2014-15 paid an average of 106.4, 100.0, 76.9, and 65.0 percent of Illinois⁶, Florida⁷, New York⁸, and Texas⁹ Medicaid Program's dental fee schedules, respectively. California's SMA for Medi-Cal dental FFS in SFY 2015-16, paid an average of 105.3, 98.8, 76.5, and 63.3 percent of Illinois¹⁰, Florida¹¹, New York¹², and Texas¹³ Medicaid Program's dental fee schedule, respectively. Please find the comparisons located in [Appendix 2 SFY 2014-15](#) and [Appendix 3 SFY 2015-16](#), respectively.

Please note that the reimbursement rates published in the 2017 report for SFY 2014-15 are updated compared to the prior year 2016 report. Some procedures in California and other states have reimbursement rates that vary by the beneficiary's age. The 2016 report included the average across all age groups for some, but not all, of the top 25 procedures. The 2017 report reflects the average across all age groups for each procedure included in the top 25 procedures. Reimbursement rates for Texas (D1208), Illinois (D0120) and Florida (D0150, D0210, D0220, D0230, D7140, D7210, and D9230) were re-calculated due to the updated methodology. The reimbursement rate of D1206 for Medi-Cal was rounded differently than 2016 report to align with rounding methodology of other rates. [Appendix 2 SFY 2014-15](#) provides more details.

Geographic Comparison of Medi-Cal Reimbursement Rates to Commercial Rates

Prevailing customary dental charges within California were compared to Medi-Cal dental FFS rates using the ADA's 2016 Survey of Dental Fees for General

⁶ Illinois HFS Dental Program Fee Schedule Effective 07/01/2014. Retrieved from <https://www.illinois.gov/hfs/SiteCollectionDocuments/DentalLHFSFeeSchedule2014.pdf>

⁷ Florida Dental General Fee Schedule Effective 01/01/2014. Retrieved from http://ahca.myflorida.com/medicaid/review/Historical_Reim.shtml

⁸ New York State Medicaid Dental Fee Schedule effective 01/2013. Retrieved from <https://www.emedny.org/ProviderManuals/Dental/archive.aspx>

⁹ Texas Medicaid Fee Schedule – Dental Effective 04/15/2014. Retrieved from

<http://public.tmhp.com/FeeSchedules/StaticFeeSchedule/FeeSchedules.aspx>

¹⁰ Illinois HFS Dental Program Fee Schedule Effective 07/01/2015. Retrieved from <https://www.illinois.gov/hfs/SiteCollectionDocuments/HFSDentalFeeSchedule2015.pdf>

¹¹ Florida Dental General Fee Schedule Effective 01/01/2015. Retrieved from http://ahca.myflorida.com/medicaid/review/Historical_Reim.shtml

¹² New York State Medicaid Dental Fee Schedule Effective 01/2013. Retrieved from <https://www.emedny.org/ProviderManuals/Dental/archive.aspx>

¹³ Texas Medicaid Fee Schedule – Dental Effective 07/13/2015. Retrieved from <http://public.tmhp.com/FeeSchedules/StaticFeeSchedule/FeeSchedules.aspx>

Practitioners¹⁰. DHCS compared the average payment rate of the same 25 most utilized procedure codes with five different geographical regions as represented in [Appendix 4 SFY 2014-15](#) and [Appendix 5 SFY 2015-16](#). The Pacific Division, which includes the State of California, was selected to represent the prevailing customary dental charges within California and the Pacific Region.

Medi-Cal Beneficiary Population Characteristics

In SFY 2015-16, as shown in [Appendix 6 SFY 15-16 Total Medi-Cal Dental Expenditures and Population](#), Medi-Cal reimbursed dental providers approximately \$1.4 billion, reimbursing roughly 41 million¹⁴ procedures across all aid code groups. This total reimbursement amount is a combined total of DMC and FFS providers, and includes reimbursements to Safety Net Clinics (SNCs). These reimbursements were for 14.4 million beneficiaries who were enrolled for at least one month in the measurement year, including both utilizers and non-utilizers. The distribution of services and reimbursement between the adult and child populations of both DMC and FFS is displayed in [Appendix 6 SFY 15-16 Total Medi-Cal Dental Expenditures and Population](#)¹⁵. For both the adult and child populations, the majority of beneficiaries (92 percent), reimbursement (98 percent), and procedures (96 percent) fall under FFS.

In addition, in Appendices 8 and 9 DHCS stratified beneficiary enrollment by children (ages 0-20) and adults (ages 21+) and examined the results over the last eight SFYs. Beneficiary enrollment numbers in these two Appendices differ from the figures in Appendix 6 because Appendices 8 and 9 include the number of unduplicated beneficiaries, who had full scope benefits, no share of cost, and three months or more of continuous eligibility in the measurement year. In addition, data was compared by region using California Geographic Rating Areas established by CMS. While CMS split Los Angeles into two regions based on zip codes, DHCS is unable to do so at this time. A list of the regions and the county(s) included within each region can be located in [Appendix 7 California Geographic Rating Areas](#).

Children (Ages 0-20) Data in [Appendix 8 Total Children's Enrollment in the Medi-Cal Dental FFS Program](#) illustrates statewide Medi-Cal enrollment for children has increased since SFY 2008-09, particularly between SFY 2011-12 and SFY 2012-13, during the Healthy Families Program (HFP) transition to Medi-Cal¹⁶ of 2013. In SFY 2008-09, 3.7 million children were eligible for at least three continuous months, compared to 5.5 million in SFY 2015-16, demonstrating a 48.0 percent increase in unduplicated children with at least three months of continuous eligibility since SFY 2008-09.

Adults (21+) Data in [Appendix 9 Total Adults Enrollment in the Medi-Cal Dental FFS Program](#) illustrates statewide Medi-Cal enrollment for adults has increased significantly since SFY 2008-09. Between SFY 2012-13 and SFY 2015-16, the number of enrolled adults more than doubled statewide, due in large part to the

¹⁴ Calendar Year 2015 Count of Procedures in the 2016 Rate Review was over-calculated due to duplicated claim counts.

¹⁵ The reporting period for the data in Appendix 6 has been changed from Calendar Year to State Fiscal Year in order to align with other appendices.

¹⁶ HFP Transition to Medi-Cal pursuant to AB 1494 (Chapter 28, Statutes of 2012), as amended by AB 1468 (Chapter 438, Statutes of 2012)

Affordable Care Act (ACA). Beginning January 2014, Medi-Cal expanded to cover low-income, childless adults. There were 2.9 million eligible adults in SFY 2008-09, compared to 6.8 million in SFY 2015-16, demonstrating over a 130 percent increase of unduplicated enrolled eligible adults since SFY 2008-09.

Since the ACA expansion, Medi-Cal's total beneficiary population with at least three months of continuous eligibility increased from 7.6 million in SFY 2012-13, to approximately 10 million in SFY 2013-14 and continued to grow to 11.9 million in SFY 14-15 and 12.3 million in SFY 2015-16.

Provider Network

For purposes of this report, rendering providers are defined as dental providers who perform or render dental services. Billing providers are dental providers, by service office location, who submit claims on behalf of their associated rendering providers who rendered the billed services. The number of both provider types enrolled in the Medi-Cal Dental FFS network with at least one paid claim for calendar year (CY) 2016 were 8,129 and 5,578 for rendering and billing providers, respectively. [Appendix 10 Medi-Cal Dental Provider Enrollment & Referral List Participation](#) illustrates the numbers of both provider types from CY 2008 through CY 2016. In addition, the line graph in [Appendix 10 Medi-Cal Dental Provider Enrollment & Referral List Participation](#) shows the number of billing providers on the referral list (i.e., the list of providers who are willing to accept additional beneficiaries for services) for the aforementioned years. Data shows a 14.7 percent decrease in rendering providers and 17.3 percent decrease in billing providers since 2008. Additionally, since 2008, the number of providers on the referral list has decreased by 31.7 percent; however, the number of providers in each of the three noted categories increased between CY 2012 and CY 2014.

Ongoing Program Improvement

Below are several of the actions DHCS has made during the reporting period in its ongoing effort to continuously improve utilization for beneficiaries, including efforts to expand the network of dental providers:

- Received approval for Dental Transformation Initiative which focuses on children's preventive services, caries risk management and continuity of care.
- Continued monitoring of beneficiary utilization for children and adults, specifically identifying children/adults who have not seen a dentist in the last fiscal year;
- Developed and implemented targeted and focused beneficiary and provider outreach plans with the FI to ensure children have greater access to preventive care, and to mitigate administrative concerns for the provider population;
- Worked on separating current Fiscal Intermediary (FI) Contract into two Contracts – Administrative Support Organization (ASO) and FI. The new ASO contract, effective January 2018, requires the vendor to pursue additional outreach efforts to low utilization regions and age groups in California;

Appendix 1 – SFY 2014-15 and SFY 2015-16 Medi-Cal Dental’s 25 Most Utilized CDT Procedure Code Description

Procedure Code ¹	CDT Procedure Code Description
D0120	Periodic oral evaluation – established patient
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
D0272	Bitewings – two films
D0274	Bitewings – four films
D0330 ²	Panoramic Radiographic Image
D0350	Oral/facial photographic images
D1110	Prophylaxis – adult
D1120	Prophylaxis – child
D1206	Topical fluoride varnish, therapeutic application for moderate to high caries risk patients
D1208	Topical application of fluoride
D1351	Sealant – per tooth
D2140	Amalgam – one surface, primary or permanent
D2150	Amalgam – two surfaces, primary or permanent
D2160	Amalgam – three surfaces, primary or permanent
D2330	Resin-based composite – one surface, anterior
D2391	Resin-based composite – one surface, posterior
D2392	Resin-based composite – two surfaces, posterior
D2930	Prefabricated stainless steel crown – primary tooth
D3220 ³	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis
D9410	House/extended care facility call
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed.

¹DHCS included 26 CDT codes to account for the variance in most utilized code between SFY 2014-2015 and 2015-2016.

²D0330 is one of 2015-16's Top 25 Most Utilized Procedure Codes, but not 2014-15.

³D3220 is one of 2014-15's Top 25 Most Utilized Procedure Codes, but not 2015-16.

[Return to Medi-Cal Dental Reimbursements Rates Compared to Other Medicaid Programs](#)

Appendix 2 – SFY 2014-15, Percentage of 25 Most Utilized Medi-Cal Dental Procedures Reimbursement Rates in Relation to Other Comparable Medicaid Programs

Procedure Code ¹	Medi-Cal Dental SMA ²	Reimbursement Rates and Percentages Medi-Cal Dental Pays of Other States' Medicaid Rates							
		New York ³		Illinois ⁴		Florida ⁵		Texas ⁶	
D0120 ⁷	\$15.00	\$25.00	60.0%	\$22.10 ⁷	67.9%	\$22.29	67.3%	\$28.85	52.0%
D0150 ⁸	\$25.00	\$30.00	83.3%	\$21.05	118.8%	\$19.89 ⁸	125.7% ⁸	\$35.32	70.8%
D0210 ⁹	\$40.00	\$50.00	80.0%	\$30.10	132.9%	\$39.78 ⁹	100.6% ⁹	\$70.64	56.6%
D0220 ¹⁰	\$10.00	\$8.00	125.0%	\$5.60	178.6%	\$4.98 ¹⁰	200.8% ¹⁰	\$12.56	79.6%
D0230 ¹¹	\$3.00	\$5.00	60.0%	\$3.80	78.9%	\$3.73 ¹¹	80.4% ¹¹	\$11.51	26.1%
D0272	\$10.00	\$14.00	71.4%	\$9.40	106.4%	\$13.38	74.7%	\$23.38	42.8%
D0274	\$18.00	\$24.00	75.0%	\$16.90	106.5%	\$16.35	110.1%	\$34.61	52.0%
D0350	\$6.00	\$12.00	50.0%	N/A	N/A	\$10.40	57.7%	\$18.38	32.6%
D1110	\$40.00	\$45.00	88.9%	N/A	N/A	\$26.75	149.5%	\$54.88	72.9%
D1120 ¹²	\$30.00	\$43.00	69.8%	\$33.20 ¹²	90.4%	\$20.81	144.2%	\$36.75	81.6%
D1206 ¹³	\$10.67 ¹³	\$30.00	35.6% ¹³	\$20.43 ¹³	52.2% ¹³	\$16.35	65.33% ¹³	\$14.70	72.6% ¹³
D1208 ¹⁴	\$10.67 ¹⁴	\$14.00	76.2%	\$20.43 ¹⁴	52.2%	\$16.35	65.3%	\$14.70 ¹⁴	72.6% ¹⁴
D1351	\$22.00	\$35.00	62.9%	\$36.00	61.1%	\$19.32	113.9%	\$28.24	77.9%
D2140	\$39.00	\$50.00	78.0%	\$30.85	126.4%	\$46.08	84.6%	\$64.41	60.5%
D2150	\$48.00	\$67.00	71.6%	\$48.15	99.7%	\$60.94	78.8%	\$85.71	56.0%
D2160	\$57.00	\$82.00	69.5%	\$58.05	98.2%	\$75.80	75.2%	\$109.19	52.2%
D2330	\$55.00	\$50.00	110.0%	\$34.60	159.0%	\$50.53	108.8%	\$77.75	70.7%
D2391	\$39.00	\$50.00	78.0%	\$30.85	126.4%	\$46.08	84.6%	\$82.40	47.3%
D2392	\$48.00	\$67.00	71.6%	\$48.15	99.7%	\$60.94	78.8%	\$108.00	44.4%
D2930	\$75.00	\$116.00	64.7%	\$73.40	102.2%	\$101.07	74.2%	\$152.94	49.0%
D3220	\$71.00	\$87.00	81.6%	\$52.70	134.7%	\$74.32	95.5%	\$86.20	82.4%
D7140 ¹⁵	\$41.00	\$50.00	82.0%	\$39.12	104.8%	\$33.57 ¹⁵	122.1% ¹⁵	\$65.70	62.4%
D7210 ¹⁶	\$85.00	\$85.00	100.0%	\$57.40	148.1%	\$49.73 ¹⁶	170.9% ¹⁶	\$100.75	84.4%
D9230 ¹⁷	\$25.00	N/A	N/A	\$26.00	96.2%	\$34.81 ¹⁷	81.1% ¹⁷	\$27.81	89.9%
D9430	\$20.00	\$20.00	100.0%	N/A	N/A	N/A	N/A	\$14.70	136.1%
Average Percentages Medi-Cal Dental Pays of Other States' Medicaid Rates		76.9%		106.4%		100.0%		65.0%	

N/A = No rate available for procedure code and/or procedure code is not a covered service by that state's Medicaid Program.

¹ See Appendix 1 for description of procedure codes.

² California Medi-Cal Dental SMA: Dental Program Provider Handbook, Section 5
<https://www.denti-cal.ca.gov/provsrvcs/manuals/handbook2/handbook.pdf>

³ New York State Medicaid Dental Fee Schedule effective 02/2016. <https://www.emedny.org/ProviderManuals/Dental/archive.aspx>

⁴ Illinois HFS Dental Program Fee Schedule effective 01/01/2016. <https://www.illinois.gov/hfs/SiteCollectionDocuments/Dental/ILHFSFeeSchedule2014.pdf>

⁵ Florida Dental General Fee Schedule effective 01/01/2014. http://ahca.myflorida.com/medicaid/review/Historical_Reim.shtml

⁶ Texas Medicaid Fee Schedule – Dental Effective 04/15/2014. <http://public.tmhpc.com/FeeSchedules/StaticFeeSchedule/FeeSchedules.aspx>

⁷ D0120 - SMA average. Illinois SMA dependent on beneficiary age (\$28.00 – child age 0 through 18; \$16.20 – child age 19 through 20). D0120 SMA Average of Illinois in Rate Review July 2016 (\$28.00) was calculated without including age group 19 through 20. Percentage Medi-Cal Dental Pays of Illinois average SMA for D0120 is updated.

⁸ D0150 - SMA average. Florida SMA dependent on beneficiary age (\$23.78 – child age 0 through 20; \$16.00 – age 21+). D0150 SMA Average of Florida in Rate Review July 2016 (\$23.78) was calculated without including age group 21+. Percentage Medi-Cal Dental Pays of Florida average SMA for D0150 is updated.

⁹ D0210 - SMA average. Florida SMA dependent on beneficiary age (\$47.56 – child age 0 through 20; \$32.00 – age 21+). D0210 SMA Average of Florida in Rate Review July 2016 (\$47.56) was calculated without including age group 21+. Percentage Medi-Cal Dental Pays of Florida average SMA for D0210 is updated.

¹⁰ D0220 - SMA average. Florida SMA dependent on beneficiary age (\$5.95 – child age 0 through 20; \$4.00 – age 21+). D0220 SMA Average of Florida in Rate Review July 2016 (\$5.95) was calculated without including age group 21+. Percentage Medi-Cal Dental Pays of Florida average SMA for D0220 is updated.

¹¹ D0230 - SMA average. Florida SMA dependent on beneficiary age (\$4.46 – child age 0 through 20; \$3.00 – age 21+). D0230 SMA Average of Florida in Rate Review July 2016 (\$4.46) was calculated without considering age group 21+. Percentage Medi-Cal Dental Pays of Florida average SMA for D0230 is updated.

¹² D1120 - SMA average. Illinois SMA dependent on beneficiary age (\$41.00 – child age 0 through 18; \$25.40 – child age 19 through 20).

¹³ D1206 - SMA average. Medi-Cal Dental SMA dependent on beneficiary age (\$6 - adult; \$8 - child age 6 through 20; \$18 - child age 0 through 5). Illinois SMA dependent on beneficiary age (\$26 – child age 0 through 18; \$14.85 – child age 19 through 20). D1206 SMA Average of Medi-Cal Dental in Rate Review July 2016 (\$11.00) was rounded differently with other SMAs. Percentages Medi-Cal Dental Pays of other States' Medicaid rates for D1206 are updated.

¹⁴ D1208 - SMA average. Medi-Cal Dental SMA dependent on beneficiary age (\$6 - adult; \$8 - child age 6 through 20; \$18 - child age 0 through 5). Illinois SMA dependent on beneficiary age (\$26 – child age 0 through 18; \$14.85 – child age 19 through 20). D1208 SMA Average of Texas in Rate Review July 2016 (N/A) was acquired from Texas SMA dated 7/13/2015, in which the line for D1208 is omitted. Texas SMAs dated 4/15/2014; 7/15/2016, 12/19/2016, and 4/14/2017 indicate that the fee for D1208 is \$14.70. Percentage Medi-Cal Dental pays of Texas average SMA for D1208 is updated.

¹⁵ D7140 - SMA average. Florida SMA dependent on beneficiary age (\$40.13 – child age 0 through 20; \$27.00 – age 21+). D7140 SMA Average of Florida in Rate Review July 2016 (\$40.13) was calculated without including age group 21+. Percentage Medi-Cal Dental pays of Florida average SMA for D7140 is updated.

¹⁶ D7210 - SMA average. Florida SMA dependent on beneficiary age (\$59.45 – child age 0 through 20; \$40.00 – age 21+). D7210 SMA Average of Florida in Rate Review July 2016 (\$59.45) was calculated without including age group 21+. Percentage Medi-Cal Dental pays of Florida average SMA for D7210 is updated.

¹⁷ D9230 - SMA average. Florida SMA dependent on beneficiary age (\$41.62 – child age 0 through 20; \$28.00 – age 21+). D9230 SMA Average of Florida in Rate Review July 2016 (\$41.62) was calculated without including age group 21+. Percentage Medi-Cal Dental pays of Florida average SMA for D9230 is updated.

[Return to Medi-Cal Dental Reimbursements Rates Compared to Other Medicaid Programs](#)

Appendix 3 – SFY 2015-16, Percentage of 25 Most Utilized Medi-Cal Dental Procedures Reimbursement Rates in Relation to Other Comparable Medicaid Programs

Procedure Code ¹	Medi-Cal Dental SMA ²	Reimbursement Rates and Percentages Medi-Cal Dental Pays of Other States' Medicaid Rates							
		New York ³		Illinois ⁴		Florida ⁵		Texas ⁶	
D0120 ⁷	\$15.00	\$25.00	60.0%	\$22.10 ⁷	67.9%	\$22.29	67.3%	\$28.85	52.0%
D0150 ⁸	\$25.00	\$30.00	83.3%	\$21.05	118.8%	\$19.89 ⁸	125.7%	\$35.32	70.8%
D0210 ⁹	\$40.00	\$50.00	80.0%	\$30.10	132.9%	\$39.78 ⁹	100.6%	\$70.64	56.6%
D0220 ¹⁰	\$10.00	\$8.00	125.0%	\$5.60	178.6%	\$4.98 ¹⁰	200.8%	\$12.56	79.6%
D0230 ¹¹	\$3.00	\$5.00	60.0%	\$3.80	78.9%	\$3.73 ¹¹	80.4%	\$11.51	26.1%
D0272	\$10.00	\$14.00	71.4%	\$9.40	106.4%	\$13.38	74.7%	\$23.38	42.8%
D0274	\$18.00	\$24.00	75.0%	\$16.90	106.5%	\$16.35	110.1%	\$34.61	52.0%
D0330 ¹²	\$25.00	\$35.00	71.4%	\$22.60	110.6%	\$37.30 ¹²	67.0%	\$63.78	39.2%
D0350	\$6.00	\$12.00	50.0%	N/A	N/A	\$10.40	57.7%	\$18.38	32.6%
D1110	\$40.00	\$45.00	88.9%	N/A	N/A	\$26.75	149.5%	\$54.88	72.9%
D1120 ¹³	\$30.00	\$43.00	69.8%	\$33.20 ¹³	90.4%	\$20.81	144.2%	\$36.75	81.6%
D1206 ¹⁴	\$10.67 ¹⁴	\$30.00	35.6%	\$20.43 ¹⁴	52.2%	\$16.35	65.3%	\$14.70	72.6%
D1208 ¹⁵	\$10.67 ¹⁵	\$14.00	76.2%	\$20.43 ¹⁵	52.2%	\$16.35	65.3%	\$14.70	72.6%
D1351	\$22.00	\$35.00	62.9%	\$36.00	61.1%	\$19.32	113.9%	\$28.24	77.9%
D2140	\$39.00	\$50.00	78.0%	\$30.85	126.4%	\$46.08	84.6%	\$64.41	60.5%
D2150	\$48.00	\$67.00	71.6%	\$48.15	99.7%	\$60.94	78.8%	\$85.71	56.0%
D2160	\$57.00	\$82.00	69.5%	\$58.05	98.2%	\$75.80	75.2%	\$109.19	52.2%
D2330	\$55.00	\$50.00	110.0%	\$34.60	159.0%	\$50.53	108.8%	\$77.75	70.7%
D2391	\$39.00	\$50.00	78.0%	\$30.85	126.4%	\$46.08	84.6%	\$82.40	47.3%
D2392	\$48.00	\$67.00	71.6%	\$48.15	99.7%	\$60.94	78.8%	\$108.00	44.4%
D2930	\$75.00	\$116.00	64.7%	\$73.40	102.2%	\$101.07	74.2%	\$152.94	49.0%
D7140 ¹⁶	\$41.00	\$50.00	82.0%	\$39.12	104.8%	\$33.57 ¹⁶	122.1%	\$65.70	62.4%
D7210 ¹⁷	\$85.00	\$85.00	100.0%	\$57.40	148.1%	\$49.73 ¹⁷	170.9%	\$100.75	84.4%
D9230 ¹⁸	\$25.00	N/A	N/A	\$26.00	96.2%	\$34.81 ¹⁸	81.1%	\$27.81	89.9%
D9430	\$20.00	\$20.00	100.0%	N/A	N/A	N/A	N/A	\$14.70	136.1%
Average Percentages Medi-Cal Dental Pays of Other States' Medicaid Rates		76.5%		105.3%		98.8%		63.3%	

N/A = No rate available for procedure code and/or procedure code is not a covered service by that state's Medicaid Program.

¹ See Appendix 1 for description of procedure codes.

² California Medi-Cal Dental SMA: Dental Program Provider Handbook, Section 5
<https://www.denti-cal.ca.gov/provsrvcs/manuals/handbook2/handbook.pdf>

³ New York State Medicaid Dental Fee Schedule effective 02/2016. <https://www.emedny.org/ProviderManuals/Dental/archive.aspx>

⁴ Illinois HFS Dental Program Fee Schedule effective 01/01/2016. <https://www.illinois.gov/hfs/SiteCollectionDocuments/HFS/DentalFeeSchedule2015.pdf>

⁵ Florida Dental General Fee Schedule effective 01/01/2015. http://ahca.myflorida.com/medicaid/review/Historical_Reim.shtml

⁶ Texas Medicaid Fee Schedule – Dental Effective 07/13/2015. <http://public.tmhpc.com/FeeSchedules/StaticFeeSchedule/FeeSchedules.aspx>

⁷ D0120 - SMA Average. Illinois SMA dependent on beneficiary age (\$28.00 – child age 0 through 18; \$16.20 – child age 19 through 20).

⁸ D0150 - SMA average. Florida SMA dependent on beneficiary age (\$23.78 – child age 0 through 20; \$16.00 – age 21+).

⁹ D0210 - SMA average. Florida SMA dependent on beneficiary age (\$47.56 – child age 0 through 20; \$32.00 – age 21+).

¹⁰ D0220 - SMA average. Florida SMA dependent on beneficiary age (\$5.95 – child age 0 through 20; \$4.00 – age 21+).

¹¹ D0230 - SMA average. Florida SMA dependent on beneficiary age (\$4.46 – child age 0 through 20; \$3.00 – age 21+).

¹² D0330 - SMA average. Florida SMA dependent on beneficiary age (\$44.59 – child age 0 through 20; \$30.00 – age 21+).

¹³ D1120 - SMA average. Illinois SMA dependent on beneficiary age (\$41.00 – child age 0 through 18; \$25.40 – child age 19 through 20).

¹⁴ D1206 - SMA Average. Medi-Cal Dental SMA dependent on beneficiary age (\$6 - adult; \$8 - child age 6 through 20; \$18 - child age 0 through 5). Illinois SMA dependent on beneficiary age (\$26 – child age 0 through 18; \$14.85 – child age 19 through 20).

¹⁵ D1208 - SMA average. Medi-Cal Dental SMA dependent on beneficiary age ((\$6 - adult; \$8 - child age 6 through 20; \$18 -child age 0 through 5). Illinois SMA dependent on beneficiary age (\$26 – child age 0 through 18; \$14.85 – child age 19 through 20).

¹⁶ D7140 - SMA average. Florida SMA dependent on beneficiary age (\$40.13 – child age 0 through 20; \$27.00 – age 21+).

¹⁷ D7210 - SMA average. Florida SMA dependent on beneficiary age (\$59.45 – child age 0 through 20; \$40.00 – age 21+).

¹⁸ D9230 - SMA average. Florida SMA dependent on beneficiary age (\$41.62 – child age 0 through 20; \$28.00 – age 21+).

[Return to Medi-Cal Dental Reimbursements Rates Compared to Other Medicaid Programs](#)

Appendix 4 – SFY 2014-15, Average Percentage Medi-Cal Dental Pays of Regional Commercial Rates based on 2013 ADA Survey of Dental Fees¹

Procedure Code ²	Medi-Cal Dental SMA ³	National Average	Pacific Division Average (CA)	Middle Atlantic Division Average (NY)	East North Central Division Average (IL)	South Atlantic Division Average (FL)	West South Central Division Average (TX)
D0120	\$15.00	\$45.61	\$53.37	\$46.44	\$43.99	\$43.44	\$41.16
D0150	\$25.00	\$72.92	\$79.51	\$72.03	\$73.38	\$72.98	\$65.86
D0210	\$40.00	\$123.70	\$134.73	\$123.13	\$122.56	\$121.32	\$111.10
D0220	\$10.00	\$26.59	\$32.40	\$24.60	\$25.85	\$26.15	\$23.21
D0230	\$3.00	\$21.29	\$22.16	\$19.82	\$21.11	\$21.95	\$19.24
D0272	\$10.00	\$42.00	\$49.11	\$41.50	\$40.31	\$41.15	\$37.09
D0274	\$18.00	\$59.67	\$68.32	\$60.86	\$57.61	\$58.48	\$52.70
D0350	\$6.00	\$42.66	\$41.53	\$47.10	\$48.45	\$35.77	\$42.53
D1110	\$40.00	\$85.38	\$101.81	\$86.97	\$79.37	\$83.32	\$76.38
D1120	\$30.00	\$63.08	\$76.50	\$62.70	\$58.99	\$61.92	\$56.48
D1206 ⁴	\$10.67 ⁴	\$35.86	\$39.99	\$37.18	\$35.26	\$35.10	\$30.56
D1208 ⁵	\$10.67 ⁵	\$33.71	\$37.97	\$34.25	\$33.78	\$33.34	\$28.53
D1351	\$22.00	\$49.31	\$56.19	\$50.08	\$47.28	\$48.17	\$45.56
D2140	\$39.00	\$125.29	\$144.11	\$122.52	\$118.93	\$126.59	\$116.38
D2150	\$48.00	\$155.11	\$173.87	\$152.37	\$147.42	\$157.78	\$145.61
D2160	\$57.00	\$186.24	\$207.14	\$185.72	\$176.13	\$188.94	\$177.38
D2330	\$55.00	\$148.77	\$174.55	\$145.66	\$140.45	\$148.56	\$142.02
D2391	\$39.00	\$162.97	\$190.47	\$162.69	\$155.83	\$161.75	\$152.56
D2392	\$48.00	\$208.81	\$240.98	\$205.70	\$199.84	\$205.84	\$195.80
D2930	\$75.00	\$249.10	\$255.19	\$252.77	\$251.61	\$269.92	\$227.65
D3220	\$71.00	\$168.75	\$172.21	\$171.35	\$174.02	\$172.35	\$156.11
D7140	\$41.00	\$156.39	\$173.20	\$168.87	\$150.18	\$156.99	\$142.92
D7210	\$85.00	\$253.35	\$268.65	\$270.78	\$250.78	\$251.18	\$233.84
D9230	\$25.00	\$52.77	\$50.81	\$58.10	\$48.78	\$61.81	\$48.51
D9430	\$20.00	\$57.07	\$74.92	\$49.04	\$55.89	\$46.24	\$56.46
Average % Medi-Cal Dental Pays of Other Region's Rates		32.4%	28.9%	32.4%	33.5%	32.7%	35.5%

¹2013 ADA Survey of Dental Fees http://www.aapd.org/assets/177/PolicyCenter-2013_Survey_of_Dental_Fees.pdf

²See Appendix 1 for description of procedure codes.

³California Medi-Cal Dental SMA: Dental Program Provider Handbook, Section 5 <https://www.denti-cal.ca.gov/provsrvcs/manuals/handbook2/handbook.pdf>

⁴D1206 - SMA Average. Medi-Cal Dental SMA dependent on beneficiary age (\$6 - adult; \$8 - child age 6 through 20; \$18 - child age 0 through 5). Illinois SMA dependent on beneficiary age (\$26 - child age 0 through 18; \$14.85 - child age 19 through 20). D1206 SMA Average of Medi-Cal Dental in Rate Review July 2016 (\$11.00) was rounded differently with other SMAs. Percentages Medi-Cal Dental pays of other States' Medicaid rates for D1206 are updated.

⁵D1208 - SMA average. Medi-Cal Dental SMA dependent on beneficiary age (\$6 - adult; \$8 - child age 6 through 20; \$18 - child age 0 through 5). Illinois SMA dependent on beneficiary age (\$26 - child age 0 through 18; \$14.85 - child age 19 through 20).

[Return to Geographical Comparison of Medi-Cal Reimbursement Rates to Commercial Rates](#)

Appendix 5 – SFY 2015-16, Average Percentage Medi-Cal Dental Pays of Regional Commercial Rates based on 2016 ADA Survey of Dental Fees¹

Procedure Code ²	Medi-Cal Dental SMA ³	National Average	Pacific Division Average (CA)	Middle Atlantic Division Average (NY)	East North Central Division Average (IL)	South Atlantic Division Average (FL)	West South Central Division Average (TX)
D0120	\$15.00	\$49.94	\$59.24	\$49.67	\$47.69	\$48.95	\$46.98
D0150	\$25.00	\$79.89	\$87.29	\$76.35	\$78.30	\$85.67	\$76.20
D0210	\$40.00	\$133.12	\$140.87	\$132.59	\$130.21	\$134.63	\$126.86
D0220	\$10.00	\$28.39	\$33.15	\$25.18	\$27.96	\$29.10	\$25.46
D0230	\$3.00	\$22.72	\$23.30	\$20.19	\$23.01	\$24.50	\$20.79
D0272	\$10.00	\$45.20	\$50.82	\$42.72	\$43.65	\$45.73	\$41.79
D0274	\$18.00	\$63.59	\$71.03	\$61.54	\$61.45	\$64.10	\$60.14
D0330	\$25.00	\$112.91	\$123.28	\$112.60	\$113.41	\$112.83	\$107.23
D0350	\$6.00	\$50.77	\$59.46	\$41.70	\$51.13	\$52.04	\$51.12
D1110	\$40.00	\$91.09	\$106.05	\$94.63	\$85.16	\$89.77	\$83.40
D1120	\$30.00	\$67.90	\$80.57	\$70.33	\$62.71	\$67.23	\$62.76
D1206 ⁴	\$10.67	\$39.23	\$44.13	\$41.70	\$37.35	\$38.00	\$35.44
D1208 ⁵	\$10.67	\$36.48	\$41.17	\$39.24	\$35.20	\$35.34	\$32.43
D1351	\$22.00	\$52.72	\$59.35	\$50.68	\$51.46	\$53.71	\$49.02
D2140	\$39.00	\$136.49	\$148.86	\$133.47	\$130.16	\$143.57	\$130.04
D2150	\$48.00	\$169.09	\$182.47	\$168.03	\$161.87	\$176.36	\$163.18
D2160	\$57.00	\$201.70	\$215.60	\$199.36	\$193.64	\$211.00	\$198.35
D2330	\$55.00	\$160.07	\$179.99	\$151.85	\$151.71	\$166.53	\$155.01
D2391	\$39.00	\$174.83	\$195.79	\$167.77	\$168.16	\$181.45	\$167.34
D2392	\$48.00	\$223.97	\$252.29	\$219.35	\$213.85	\$226.68	\$216.31
D2930	\$75.00	\$262.67	\$263.62	\$266.96	\$272.68	\$278.21	\$248.38
D7140	\$41.00	\$169.65	\$181.05	\$183.51	\$162.90	\$175.23	\$160.25
D7210	\$85.00	\$271.01	\$291.65	\$282.98	\$264.04	\$275.27	\$258.31
D9230	\$25.00	\$62.28	\$71.96	\$57.91	\$58.38	\$75.23	\$52.29
D9430	\$20.00	\$60.40	\$78.62	\$48.98	\$48.38	\$62.97	\$58.15
Average % Medi-Cal Dental Pays of Other Region's Rates		32.9%	29.2%	34.2%	34.2%	32.0%	35.0%

¹ ADA's 2016 Survey of Dental Fees for General Practitioners <http://success.ada.org/en/practice-management/finances/survey-of-dental-fees>

² See Appendix 1 for description of procedure codes.

³ California Medi-Cal Dental SMA: Dental Program Provider Handbook, Section 5 <https://www.denti-cal.ca.gov/provsrvcs/manuals/handbook2/handbook.pdf>

⁴ D1206 - SMA Average. Medi-Cal Dental SMA dependent on beneficiary age (\$6 - adult; \$8 - child age 6 through 20; \$18 - child age 0 through 5). Illinois SMA dependent on beneficiary age (\$26 - child age 0 through 18; \$14.85 - child age 19 through 20).

⁵ D1208 - SMA average. Medi-Cal Dental SMA dependent on beneficiary age (\$6 - adult; \$8 - child age 6 through 20; \$18 - child age 0 through 5). Illinois SMA dependent on beneficiary age (\$26 - child age 0 through 18; \$14.85 - child age 19 through 20).

[Return to Geographical Comparison of Medi-Cal Reimbursement Rates to Commercial Rates](#)

Appendix 6 – SFY 2015-16 Total Medi-Cal Dental Expenditures and Population

SFY 2015-2016	Adult (Age 21+)				Child (Age 0-20)				Total Beneficiaries
	DMC		FFS		DMC		FFS		
Total Beneficiaries ¹	638,256		7,367,401		526,492		5,871,683		14,403,832
	Dental Office	SNC	Dental Office	SNC	Dental Office	SNC	Dental Office	SNC	
Reimbursement ²	\$7,356,252	\$588,357	\$294,049,629	\$273,678,709	\$17,905,432	\$388,802	\$536,998,123	\$231,953,398	
Claim Count ³	500,037	3,568	9,052,021	1,767,516	1,211,187	2,268	27,238,544	1,499,242	
	Total		Total		Total		Total		Total
Reimbursement	\$7,944,609		\$567,728,338		\$18,294,234		\$768,951,521		\$1,362,918,702
Claim Count	503,605		10,819,537		1,213,455		28,737,786		41,274,383

¹ Beneficiaries enrolled in Medi-Cal for at least one month during measurement period. Some beneficiaries were counted for both DMC and FFS if they switched delivery systems during the measurement period

² Reimbursement to dental providers

³ FFS Count of Procedures for Calendar Year 2015 (shown on 2016 Rate Review) was over-calculated due to duplicated claim counts; both FFS and DMC provided more procedures that have high reimbursement rates in State Fiscal Year 2015-2016 compared to Calendar Year 2015.

[Return to Medi-Cal Beneficiary Population Characteristics](#)

Appendix 7 – California Geographic Rating Areas

Alameda: Alameda

Central Coast: Monterey, San Benito, Santa Cruz

Central Valley: Mariposa, Merced, San Joaquin, Stanislaus, Tulare

Contra Costa: Contra Costa

Greater Fresno: Fresno, Kings, Madera

Greater Sacramento: El Dorado, Placer, Sacramento, Yolo

Inland Desert: Imperial, Inyo, Mono

Inland Empire: Riverside, San Bernardino

Kern: Kern

Los Angeles: Los Angeles

North Bay: Marin, Napa, Solano, Sonoma

Northern: Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, Yuba

Orange: Orange

San Diego: San Diego

San Francisco: San Francisco

San Mateo: San Mateo

Santa Clara: Santa Clara

South Coast: San Luis Obispo, Santa Barbara, Ventura

[Return to Medi-Cal Beneficiary Population Characteristics](#)

Appendix 8 – Total Children’s Enrollment in the Medi-Cal Dental FFS Program

Region	Beneficiary Enrollment ¹ - Ages 0-21							
	SFY 08/09	SFY 09/10	SFY 10/11	SFY 11/12	SFY 12/13	SFY 13/14	SFY 14/15	SFY 15/16
Alameda	118,442	122,371	126,858	129,420	150,633	162,032	168,739	169,994
Central Coast	74,921	80,302	85,574	87,128	111,473	124,546	128,091	133,771
Central Valley	311,291	327,393	340,052	347,638	387,747	426,356	448,134	457,391
Contra Costa	68,564	73,723	76,969	79,234	93,275	106,260	116,409	119,692
Greater Fresno	222,473	230,815	238,449	242,388	266,815	284,315	296,753	303,470
Greater Sacramento	111,836	110,741	113,411	114,157	123,634	148,541	131,443	104,345
Inland Desert	32,329	33,961	35,404	35,608	37,204	42,665	23,046	19,901
Inland Empire	503,702	540,642	571,202	585,299	704,344	784,853	839,706	863,659
Kern	139,587	148,079	151,427	153,863	171,612	187,202	197,941	205,500
Los Angeles	1,099,694	1,121,600	1,130,322	1,131,880	1,204,692	1,335,214	1,407,859	1,415,453
North Bay	82,302	88,571	93,800	95,514	111,319	133,317	143,650	146,745
Northern	148,213	154,446	161,355	161,453	166,504	198,920	208,909	209,774
Orange	226,067	243,508	256,911	263,979	334,139	383,655	401,563	411,165
San Diego	223,796	226,000	240,039	245,069	301,721	340,913	361,012	376,267
San Francisco	42,817	44,448	46,390	47,462	56,716	60,645	61,260	61,440
San Mateo	34,177	36,677	37,978	39,672	47,907	57,420	60,948	62,207
Santa Clara	120,325	127,752	131,695	131,711	163,441	176,420	178,708	178,939
South Coast	126,567	134,717	140,244	142,667	160,725	196,976	207,883	216,506
Statewide Total	3,687,103	3,845,746	3,978,080	4,034,142	4,593,901	5,150,250	5,382,054	5,456,219

¹ Numbers of enrolled children with full scope benefits, no share of cost, and at least three months of continuous eligibility in FFS plan

[Return to Medi-Cal Beneficiary Population Characteristics](#)

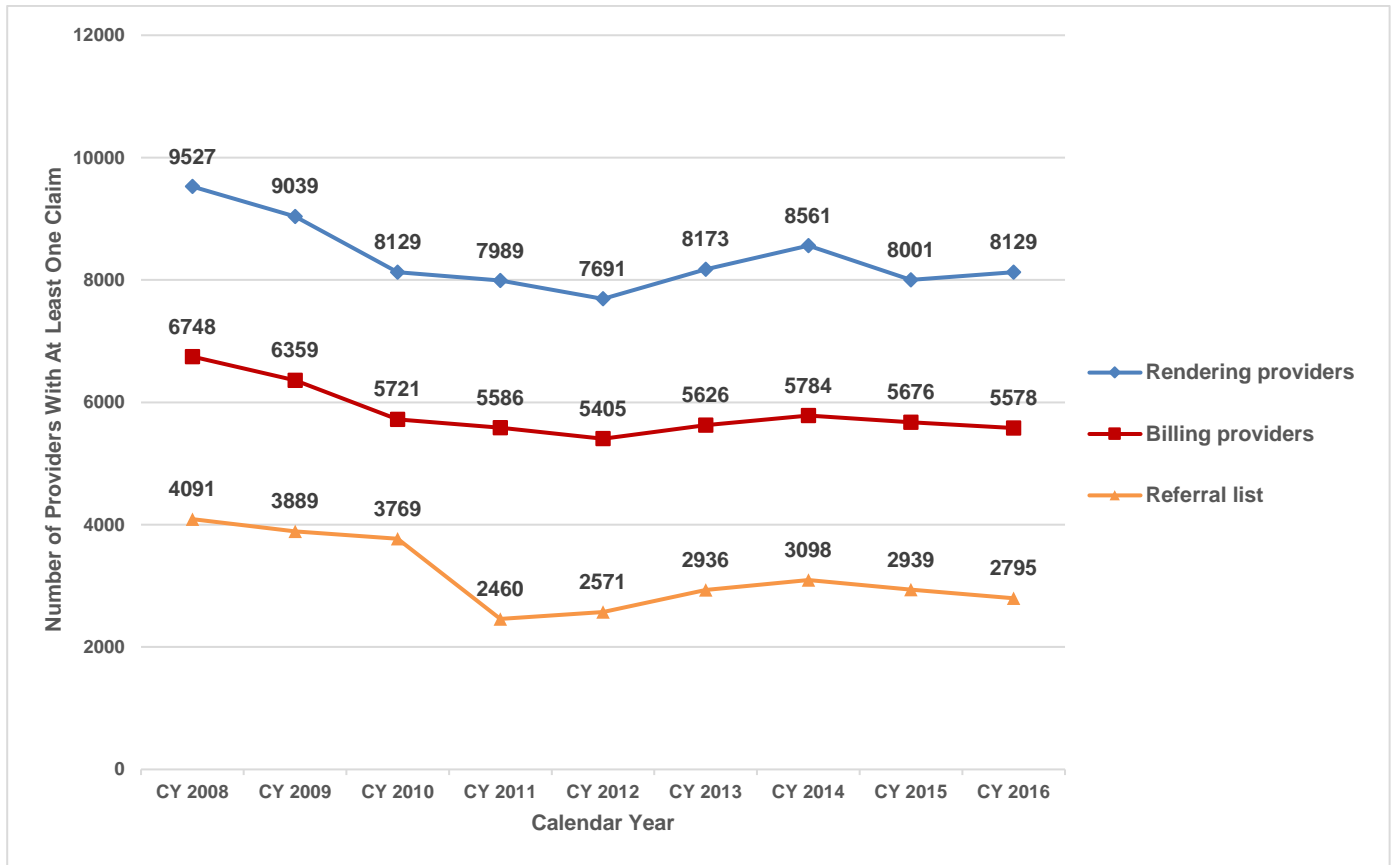
Appendix 9 – Total Adults Enrollment in the Medi-Cal Dental FFS Program

Region	Beneficiary Enrollment ¹ - Ages 21+							
	SFY 08/09	SFY 09/10	SFY 10/11	SFY 11/12	SFY 12/13	SFY 13/14	SFY 14/15	SFY 15/16
Alameda	121,575	126,172	131,053	134,487	136,066	216,301	265,169	276,988
Central Coast	49,333	51,888	54,039	55,138	56,030	85,285	113,508	124,095
Central Valley	217,277	227,306	237,301	244,368	249,252	352,781	451,156	480,805
Contra Costa	59,550	63,004	66,279	69,462	70,854	113,671	148,808	160,445
Greater Fresno	145,006	150,552	155,044	159,379	161,471	226,640	288,447	318,118
Greater Sacramento	133,417	135,737	139,114	140,786	140,000	231,268	242,807	192,377
Inland Desert	31,781	32,731	34,127	34,547	34,997	45,098	41,106	36,933
Inland Empire	313,249	333,265	355,983	372,211	381,022	614,673	818,797	902,621
Kern	88,166	92,987	93,680	96,088	96,912	137,495	179,053	199,956
Los Angeles	887,565	903,279	925,108	938,976	940,537	1,564,748	1,912,295	1,908,273
North Bay	73,182	77,314	80,376	82,524	84,195	135,784	175,834	184,785
Northern	153,523	159,152	167,108	168,149	167,393	243,588	304,487	314,926
Orange	160,547	170,797	180,852	188,260	193,662	338,597	442,664	489,655
San Diego	179,212	184,555	195,179	200,098	203,167	337,185	453,531	499,847
San Francisco	86,849	88,463	90,698	92,125	92,244	142,844	170,106	173,119
San Mateo	32,174	33,676	34,545	36,113	36,808	64,060	80,102	83,846
Santa Clara	115,260	119,550	122,737	123,096	125,159	193,370	244,514	257,361
South Coast	88,196	91,850	93,570	94,923	95,410	152,623	204,295	220,609
Statewide Total	2,935,862	3,042,278	3,156,793	3,230,730	3,265,179	5,196,011	6,536,679	6,824,759

¹ Numbers of enrolled children with full scope benefits, no share of cost, and at least three months of continuous eligibility in FFS plan

[Return to Medi-Cal Beneficiary Population Characteristics](#)

Appendix 10 – Medi-Cal Dental Provider Enrollment & Referral List Participation



[Return to Provider Network](#)