



NOTICE OF GENERAL PUBLIC INTEREST

RELEASE DATE: SEPTEMBER 13, 2023

PROPOSED STATE PLAN AMENDMENT TO MEDI-CAL DENTAL PROGRAM DENTURE REPLACEMENT CLARIFICATION

This notice is to provide information of public interest about a proposed State Plan Amendment (SPA) by the Department of Health Care Services (DHCS). Proposed SPA #23-0029 removes the denture benefit reference from type of service category ten (dental), moves it to its own category 12b (dentures) and provides that all limitations may be exceeded based on medical necessity and approved through a prior authorization or exception process. This language is consistent with the prior dental type of service category, where denture policy was previously located.

Upon SPA approval, DHCS will add denture replacement clarification to DHCS' current [prosthodontics \(removable\) general policies](#) and criteria as published in the Medi-Cal Dental Program Provider Handbook, in Section 5, Manual of Criteria.

Currently, DHCS provides complete and partial dentures as a covered benefit once in a five-year period. When adequately documented, certain exceptions shall apply to this five-year period. In an effort to control utilization on the replacement of dentures, DHCS will clarify that our current [prosthodontics \(removable\) general policies](#) and criteria cover one set of dentures (complete, or partial) every 5 years with no lifetime limit. When adequately documented, the following exceptions **must apply**:

- j. A removable prosthesis is a benefit only once in a five-year period. When adequately documented, the following exceptions must apply:
 - i. Circumstances beyond the control of the patient: For a patient that submits a request to replace the appliance based on circumstances beyond their control, those circumstances can be demonstrated by documentation of all of the following: (1) a demonstration of continued medical necessity; (2) an explanation of the circumstances surrounding the loss which clearly explains how the loss occurred and why the loss was beyond the control of the patient; and (3) a clear explanation of the remedial measures the patient will take to safeguard against subsequent loss. Documentation must include a copy of the official public service agency report, if such report is available.



- ii. A need for a new prosthesis due to surgical or traumatic loss of oral-facial anatomic structure.
- iii. The removable prosthesis is no longer serviceable as determined by a clinical screening dentist.
- iv. Dentures no longer fit due to significant medical condition.
Documentation from the patient's physician supporting the medical necessity of early replacement and a letter from the dentist stating that the existing denture cannot be made functional.

DHCS estimates that the annual aggregate Medi-Cal expenditures related to the changes set forth above will be cost neutral.

The effective date of the proposed SPA is October 1, 2023. All proposed SPAs are subject to approval by the Centers for Medicare and Medicaid Services (CMS).

Public Review and Comments

Upon submission to CMS, a copy of the proposed SPA #23-0029 will be published on: <https://www.dhcs.ca.gov/formsandpubs/laws/Pages/Pending-2023.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 #23-0029 using the mailing or email address listed below.

Written comments may be sent to the following address:

Department of Health Care Services
Medi-Cal Dental Services Division
Attn: Adrianna Alcala-Beshara, JD, MBA
P.O. Box 997413, MS 4900
Sacramento, California 95899-7413

Comments may also be emailed to PublicInput@dhcs.ca.gov. Please indicate SPA #23-0029 in the subject line or message.

A copy of submitted public comments to SPA #23-0029 may be requested in writing to the mailing or email address identified above.