Agenda

- About the Medi-Cal Dental Program

- Covered Dental Services

- Commonly Asked Questions

Medi-Cal Dental Program

Medi-Cal Dental provides free or low-cost check-ups every six months for members under age 21 and once every 12 months for members over age 21.

2x PER YEAR — Under age 21

1x PER YEAR — Over age 21

Services for Your Smile

Free or low-cost Medi-Cal dental services may include:

- Exams and X-rays
- Cleanings
- Fluoride treatments
- Emergency services
- Tooth removal
- Fillings and crowns*
- Molar sealants**
- Root canal treatments

- Scaling and root planing
- Periodontal maintenance
- Complete and partial dentures
- Denture relines
- Orthodontics (braces) for children who qualify
- Outpatient services (if medically necessary)

*Crowns on molars or premolars (back teeth) may be covered in some cases.
**Permanent molar sealants are covered for kids and teens up to age 21.

Dental health is an important part of your overall health

Babies (0-3)

Healthy gums make way for healthy teeth.

Babies: Covered Services

- Dental exams (every 3 months)
- X-rays
- Teeth cleaning (every 6 months)
- Fluoride varnish (every 6 months)
- Fillings
- Tooth removal
- Emergency services

- Outpatient services
  (if medically necessary)
- Sedation
  (if medically necessary)

Kids (4-12)

Children start to lose their baby teeth as early as 5 years old. Ask your dentist about sealants to help protect your child's back teeth from cavities.

Sealants are clear, protective coatings that are quick and painless ways to prevent cavities.

Kids: Covered Services

- Dental exams (every 6 months)
- X-rays
- Teeth cleaning (every 6 months)
- Fluoride varnish (every 6 months)
- Molar sealants
- Fillings

- Root canals
- Tooth removal
- Emergency services
- Outpatient services (if medically necessary)
- Sedation (if medically necessary)

Teens (13-17)

Teenagers who get regular dental check-ups can maintain good oral health well into adulthood.

Teens: Covered Services

- Dental exams (every 6 months)

- X-rays

- Teeth cleaning (every 6 months)

- Fluoride varnish (every 6 months)

- Molar sealants

- Orthodontics (braces) for those who qualify

- Fillings

- Crowns*

- Root canals

- Partial and full dentures

- Scaling and root planing

- Tooth removal

- Emergency services

- Outpatient services
  (if medically necessary)

- Sedation (if medically necessary)

*Crowns on molars or premolars (back teeth) may be covered in some cases.

Pregnancy

It is safe and recommended by dental and health professionals to see the dentist at any time during your pregnancy.

As a Medi-Cal member, your dental benefits are covered during pregnancy and 12 months postpartum. The 12 month postpartum coverage period will begin on the last day of the pregnancy.

Pregnancy: Covered Services

- Dental exams*

- X-rays

- Teeth cleaning*

- Scaling and root planing

- Fluoride varnish*

- Fillings

- Crowns**

- Root canals

- Tooth removal

- Partial and full dentures

- Denture relines

- Emergency services

*Every 12 months if **over** 21 years of age or every 6 months if **under** 21 years of age.
**Crowns on molars or premolars (back teeth) may be covered in some cases.

Adults and Seniors

Practicing good dental care can help keep you healthy and allow you to enjoy your smile for years to come.

Adults and Seniors

As of May 1, 2022, California expanded full scope Medi-Cal coverage to adults 50 years of age or older. Immigration status does not matter. All other Medi-Cal eligibility rules still apply.

Adults and Seniors

Impacted populations include adults 50 years of age or older who were:

- Previously enrolled in restricted scope (emergency) Medi-Cal.

- Not previously enrolled in Medi-Cal because they had unsatisfactory immigration status (or were unable to verify citizenship) to qualify for full scope Medi-Cal.

This coverage includes the following free and low-cost dental services.

Adults and Seniors: Covered Services

- Dental exams*
- X-rays
- Teeth cleaning*
- Scaling and root planing
- Fluoride varnish*
- Fillings
- Crowns**

- Root canals
- Tooth removal
- Partial and full dentures
- Denture relines
- Outpatient services (if medically necessary)
- Sedation (if medically necessary)

*Every 12 months if **over** 21 years of age or every 6 months if **under** 21 years of age.
**Crowns on molars or premolars (back teeth) may be covered in some cases.

SmileCalifornia.org

About
Provides an overview of Medi-Cal Dental

Covered Services
Learn about your Medi-Cal Dental covered services by age group

Visiting the Dentist
Helps you get ready for your Medi-Cal Dental appointment

Videos
Short informative Medi-Cal Dental videos

Care for Your Smile
Tips to help you take care of your gums and teeth

Find A Dentist
Tool to help you find a Medi-Cal Dental provider near you

Members
Resources to learn about your benefits and the importance of routine dental checkups

Commonly Asked Questions

How do I find a dentist who accepts Medi-Cal?

1. Visit **SmileCalifornia.org.**

2. Click on the **Find A Dentist** button.

3. Click on the **Provider Search Directory**, and pick the option that best fits your needs.

4. Enter your **zip code**, and you're on your way to finding a dentist near your area.
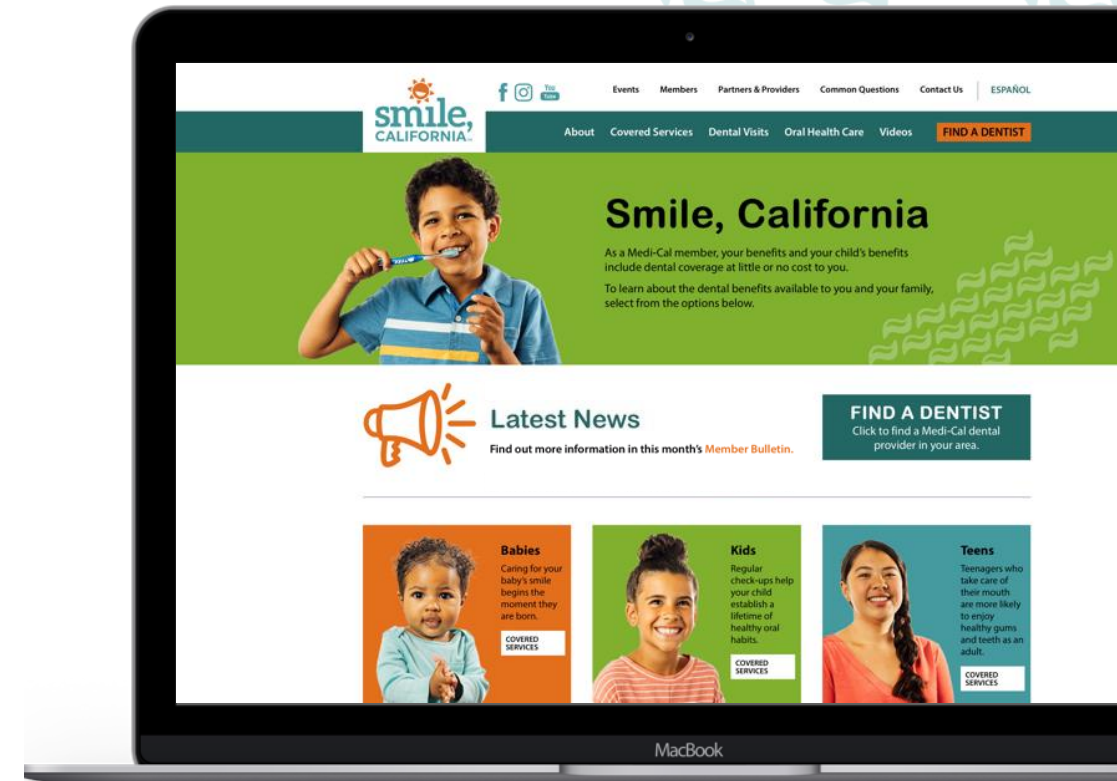
Telephone Service Center: (800) 322-6384

Commonly Asked Questions

How do I apply for Medi-Cal dental benefits?

You do not need to apply separately for Medi-Cal dental benefits. The Medi-Cal program covers dental services as one of the program's many benefits.

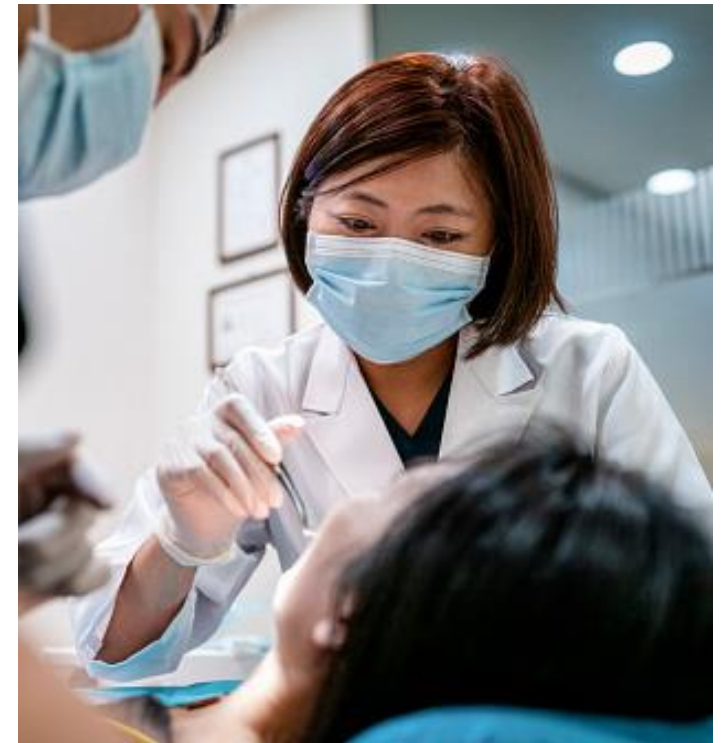Visit **dhcs.ca.gov** and click on the **Individuals** button at the top of the menu.

Commonly Asked Questions

**How many times a year can
I visit the dentist?**

If you are under age 21, you are covered for
free or low-cost dental check-ups twice a year.
If you are age 21 or older, you are covered for
free or low-cost check-ups once a year.

Commonly Asked Questions

What do I need to bring to my dental visit? — Part 1

You will need to bring your Medi-Cal Benefits Identification Card, also known as "BIC", to your dental appointment. The front of the card contains the member's ID number, name, birth date, and issue date. The reverse side contains a magnetic strip and member's signature area.

STATE OF CALIFORNIA
BENEFITS IDENTIFICATION CARD
ID No. 01234567A95052
JOHN Q RECIPIENT
M 05 20 1991 Issue Date 02 21 05

State of California
Benefits Identification Card
ID No. 00000000A00000
FIRST MI LAST NAME
M 01 01 1984
Issue Date 06 01 2014

Commonly Asked Questions

What do I need to bring to my dental visit? — Part 2

At your appointment, your dentist will match the name and signature on your BIC with another form of identification, such as:

- Your Social Security Number

- A valid California driver's license

- Any identification card issued by the Department of Motor Vehicles

- Or any other document that proves your identity (e.g., birth certificate or passport)

Commonly Asked Questions

What if I receive a letter asking me to attend a clinical screening dental examination? — Part 1

You may receive a Notice of Dental Examination Appointment letter from Medi-Cal Dental. This letter advises you to attend a dental exam appointment with a clinical screening dental provider.
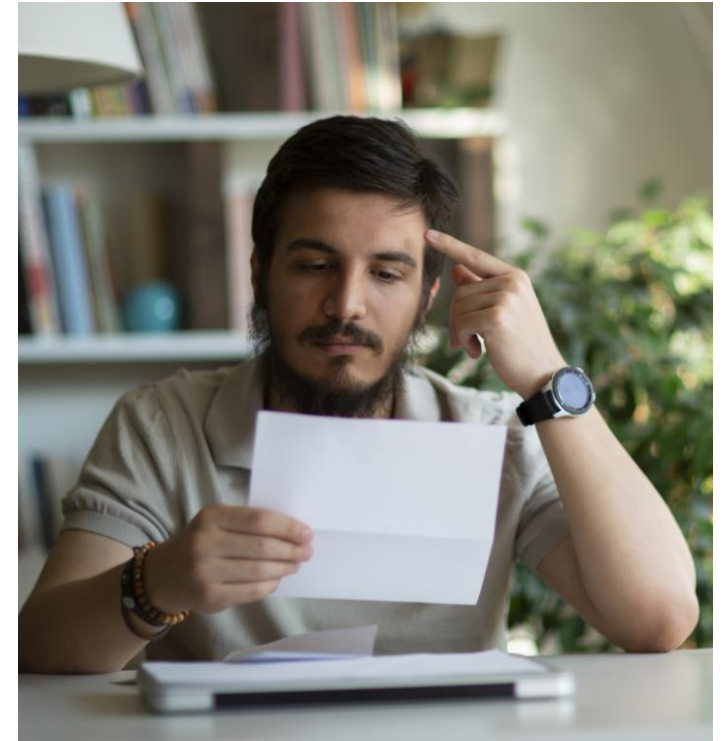
Commonly Asked Questions

What if I receive a letter asking me to attend a clinical screening dental examination? — Part 2

The appointment has been made on your behalf to verify if the treatment your dental provider requested can be authorized or to confirm the treatment you previously received is adequate. It is important to show up for this appointment.

If you are unable to attend, please call our toll-free line at **1 (800) 322-6384** with as much advance notice as possible.

Only call your dental provider's office if you need directions or are running late.

Commonly Asked Questions

What does "restricted scope" and "emergency dental condition" mean?

Restricted scope: Limited to emergency services only.

Emergency dental condition: A dental condition that without immediate attention could reasonably be expected to put the individual's health in jeopardy, causing severe pain or impairing function.

Commonly Asked Questions

What does "medical necessity" mean?

Medical necessity: Refers to the Medi-Cal rules to decide if covered services are necessary and appropriate for treatment of teeth, gums, and supporting structures. These rules are in line with professionally recognized standards of practice.
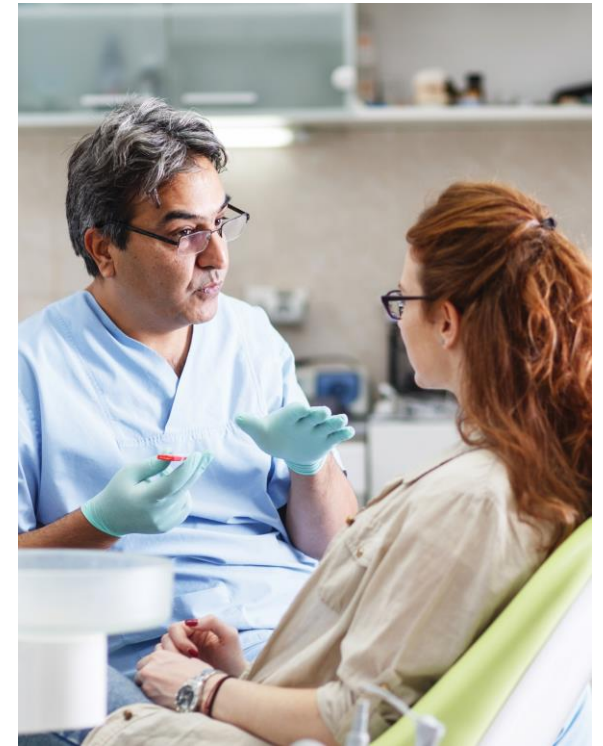
Commonly Asked Questions

What is a Treatment Authorization Request (TAR)?

Medi-Cal patients receive dental services from providers enrolled in the Medi-Cal Program. Providers must receive authorization from Medi-Cal in order to provide and/or be paid for some of these services. The form a provider uses to request authorization is called a Treatment Authorization Request, also referred to as "TAR".

Commonly Asked Questions

What do I do if I receive a Notice of Medi-Cal Dental Action (NOA) letter and I disagree with the decision? — Part 1

You can discuss different treatment plans with your dentist to obtain the best care allowable under the Medi-Cal Dental Program.

If you have a question regarding this action, please contact your dentist or Medi-Cal Dental at **1 (800) 322-6384** for a more detailed explanation.

Commonly Asked Questions

What do I do if I receive a NOA letter and I disagree with the decision? — Part 2

If treatment your dental provider requested has been denied or changed, you may request a State Hearing (also known as Fair Hearing) within 90 days from the Notice Date through the California Department of Social Services (CDSS) by:

- Calling the Public Inquiry and Response Unit to CDSS at **1 (800) 952-5253**

- Sending a copy of the NOA to CDSS using the address included in the NOA

- Filing electronically at acms.dss.ca.gov

Commonly Asked Questions

Are there limits to how much Medi-Cal will pay for covered dental services in a year?

Medi-Cal covers up to $1,800 a year for covered dental services. However, there is no limit for covered, medically necessary dental services, or for members who are pregnant or under age 21.

Commonly Asked Questions

What is a dental emergency? — Part 1

A dental emergency that requires immediate treatment, such as:

- Bleeding that does not stop

- Severe pain

- Gum infection with pain or swelling

- After surgery treatment

- Broken or knocked out tooth

- Painful swelling in or around your mouth

- Facial trauma, such as injury to jawbone and face

- Snipping or adjusting wires in braces that hurt your cheeks or gums

Commonly Asked Questions

What is a dental emergency? — Part 2

Dental services covered under emergency Medi-Cal are:

- Extractions

- Temporary fillings

- Debridement

- Emergency consultation

- Radiographs to diagnosis the problem

- Procedures for the relief of pain or infection

A complete list of covered services for members with emergency Medi-Cal can be found in the member handbook on the *Smile, California* website, available in 17 different languages (SmileCalifornia.org).

Commonly Asked Questions

What do I do if I paid for a service that I did not have to pay for? — Part 1

By law, a Medi-Cal dental provider is not allowed to bill a Medi-Cal member for services covered by Medi-Cal.
If you paid for a covered dental service, we may be able to help you get a refund. A Medi-Cal dental provider must refund you for a claim when you show proof that you had Medi-Cal coverage for a medically necessary service you received. Call the Telephone Service Center at **1 (800) 322-6384** for help with your situation.

Commonly Asked Questions

What do I do if I paid for a service that I did not have to pay for? — Part 2

Your dental provider may charge you if you choose any services not covered by Medi-Cal. That means it is very important for you to know what benefits are covered by Medi-Cal. Before signing an agreement to pay for services, ask your dental provider which services are or are not covered by Medi-Cal.

Commonly Asked Questions

I need an interpreter. Can someone help me?

Yes. We have interpreters who can help. We can also help you find a Medi-Cal dental provider who speaks your language or who has office staff who speak your language.

Telephone Service Center: 1 (800) 322-6384

Commonly Asked Questions

What if I need a letter, form, notice, or other information in an alternate format?

The Medi-Cal Program offers alternate formats including large print, audio CD, data CD, or Braille. You can us the Alternate Format Selection application system at **afs.dhcs.ca.gov** or call the DHCS Alternative Formats administrator toll free at **1 (833) 284-0040** to request an alternative format at any time.
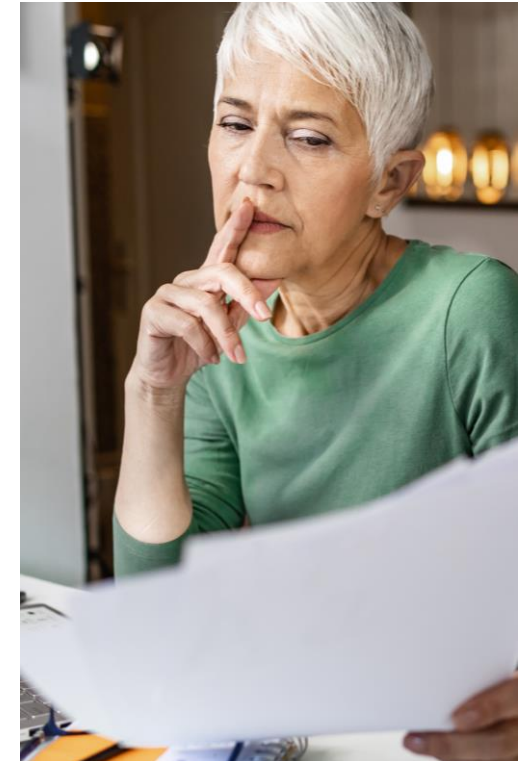
Commonly Asked Questions

What if I need a letter, form, notice, or other information in a different language?

If you would like to update your preferred language to receive materials in your language, please contact your local county office to get your preferred language information updated. Once updated, you will receive materials related to benefits and coverage in your preferred language (written and/or spoken).
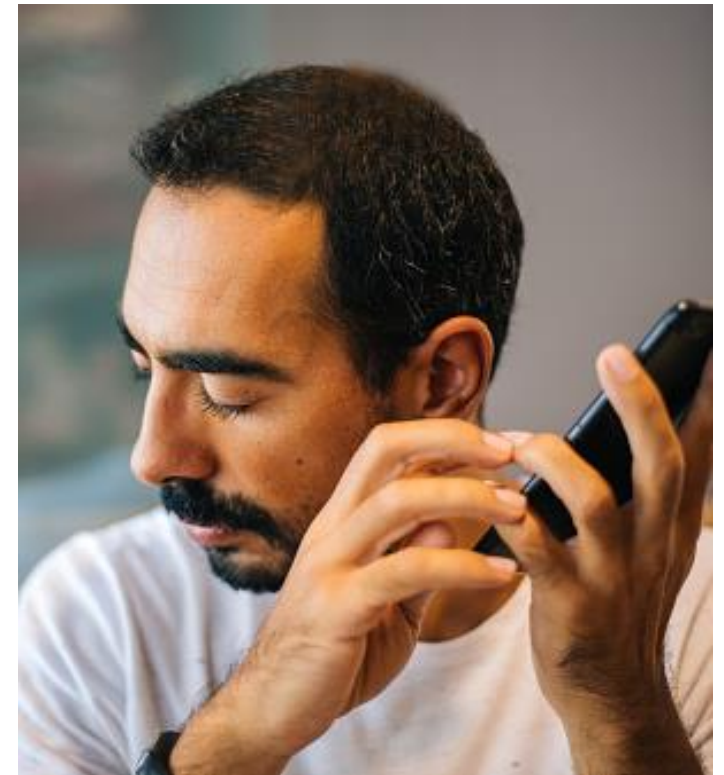
Commonly Asked Questions

What if I am hearing-impaired or speech-impaired?

If you have limitations with hearing or speaking, call us Monday through Friday, from 8 a.m. to 5 p.m., at our Teletext Typewriter (TTY) line at **1 (800) 735-2922**.

At all other times, please call the California Relay Service Telecommunication Devices for the Deaf (TDD) and TTY at **711** to get the help you need.

Commonly Asked Questions

What if I don't have a way to get to the appointment? – Part 1

Medi-Cal provides non-medical transportation (NMT) and non-emergency transportation (NEMT) services to eligible members.

Commonly Asked Questions

What if I don't have a way to get to the appointment? – Part 2

- If you are enrolled in a health plan, call the plan's Member Services for help with NMT services.

- If you are enrolled in a Medi-Cal Dental Managed Care (DMC) plan, call your DMC plan for help with NMT services.

- If you have trouble getting a ride from a health plan or DMC plan, call the Telephone Service Center at 1-800-322-6384. Your county Medi-Cal office may also be able to help you get an NMT ride.
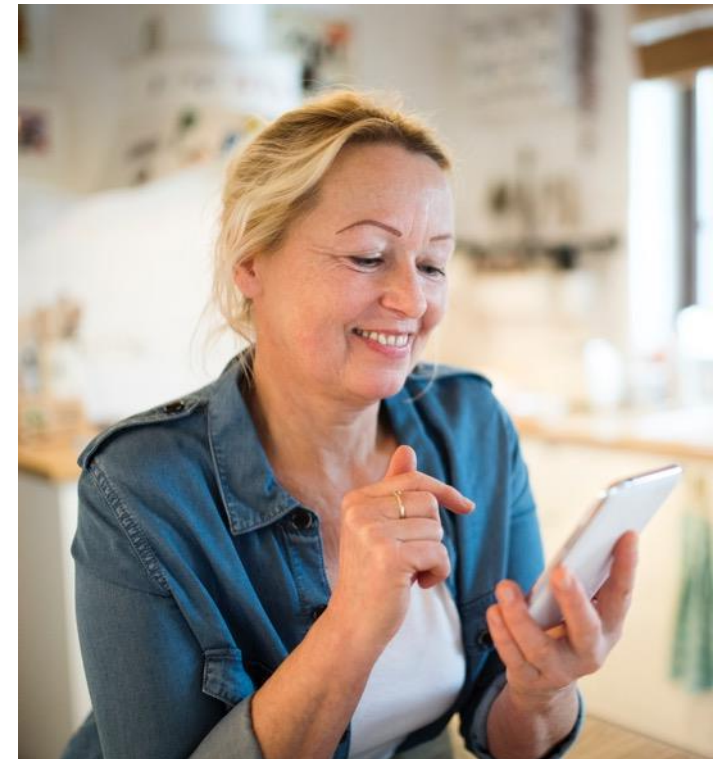
For more information visit **SmileCalifornia.org/Transportation**.

Commonly Asked Questions

What happens if I miss an appointment?

It is important that you show up for your dental appointments. If you know you will not be able to make your appointment, call the dental office at least 24 hours in advance to cancel and reschedule. If you are unable to call 24 hours in advance to cancel, be sure you call the dental office as soon as possible.

For more information about your Medi-Cal dental benefits, and to find a dentist, visit **SmileCalifornia.org** or call the Telephone Service Center at **1 (800) 322-6384**.

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MEDI-CAL HAS DENTAL COVERED

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