

California Department of Health Care Services

Medi-Cal Dental Member Handbook

2021



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Introduction

We are pleased to provide you with the Medi-Cal Dental Member Handbook (Handbook). This Handbook will explain your dental benefits, how the program works, and how you can get dental care.

Your oral health is an important part of your overall health. The Medi-Cal Dental Program covers many services to keep your teeth healthy. You can get the most from your Medi-Cal dental benefits when you:

- See a Medi-Cal dental provider to get the covered services you need.
- See your Medi-Cal dental provider regularly, even if you do not have a problem with your teeth.
- Follow your Medi-Cal dental provider’s advice about dental care (such as brushing and flossing).

Please read this Handbook completely and carefully. It has important information about:

- Dental services covered by Medi-Cal.
- How to get dental care.
- How to get help in other languages.
- Your rights and responsibilities.
- How to make a complaint.
- Other important information about dental services under Medi-Cal.

This Handbook uses some terms you should know:

You, Your, My, I, Member	The person eligible for Medi-Cal dental benefits or their Authorized Representative
We, Us, Our	Refers to Medi-Cal Dental
Your Dental Provider	The Medi-Cal dental provider you choose for your dental care

Please read the **Dental Terms and Other Definitions** section. It explains many words that have special or technical meanings under Medi-Cal Dental.

California Medi-Cal Dental Program

Medi-Cal offers free or low-cost health care and dental benefits to eligible California residents. Eligibility for the Medi-Cal Dental Program is determined by a County Social Services office and reported to the State of California. To find out if you are eligible, call your local County Social Services office. A complete list of county offices is on the Department of Health Care Services website [here](#). You do not need to apply separately for dental benefits.

Medi-Cal Dental (Fee-For-Service) and Dental Managed Care (Sacramento County and Los Angeles County)

The Medi-Cal Dental Program is made up of two delivery systems: Medi-Cal Dental (Fee-For-Service) and Dental Managed Care (Sacramento County and Los Angeles County). Fee-For-Service is a way Medi-Cal pays doctors and other health care providers. Medi-Cal Dental Fee-For-Service is the program in most California counties. The information in this Handbook is for members in Medi-Cal Dental Fee-For-Service.

Dental Managed Care (DMC) is an organized system to help you get high-quality care and stay healthy. If you live in Sacramento County you will be enrolled in DMC. As a DMC member you will be assigned to a dental provider in your DMC plan's network. If you live in Los Angeles County you can choose to enroll in DMC or stay in Medi-Cal Dental. If you enroll in DMC the plan you choose will send you a dental card and your benefit information. Please visit the [Dental Managed Care Members webpage](#) for information about DMC.

Medi-Cal Benefits Identification Card

When you become eligible for Medi-Cal benefits the State issues a Medi-Cal Benefits Identification Card (BIC). The BIC acts as identification (ID) for Medi-Cal members. You will need to show your BIC to your dental provider to receive dental services. However, having the card does not guarantee eligibility for Medi-Cal benefits.

Only California Children's Services members have a BIC with a 10-character ID. All other Medi-Cal members have a BIC with a 14-character ID. If you did not receive the 14-character BIC ID, call your County Social Services office.

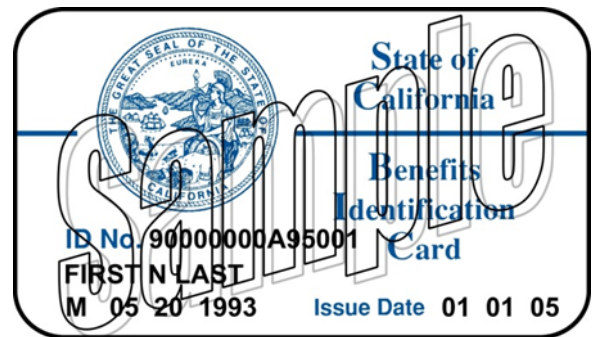
If you did not receive your BIC or it is lost or stolen, you may ask for a BIC from your county social services office. If your BIC is stolen, you must tell your local police and your county social services office. You should give as much information about the theft as possible. If you are issued a new card, your old card will no longer be valid. Please contact your **local county office** [here](#).

Examples of valid Medi-Cal ID cards are below.

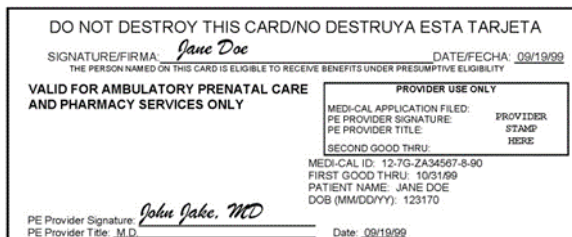
BIC Poppy Design:



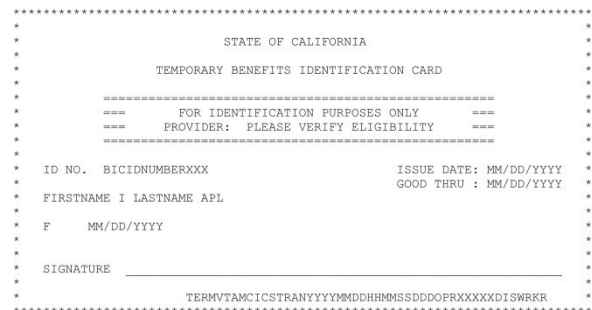
BIC Pre-Poppy Design:



Medi-Cal Identification Card Presumptive Eligibility:



Immediate Need Card:



Websites and Online Resources

Where can I find Medi-Cal Dental information?

You can get information about your Medi-Cal dental benefit, covered services, and more on the *Smile, California* and Medi-Cal Dental websites. You can find the *Smile, California* website by going to SmileCalifornia.org. For the Medi-Cal Dental website, visit dental.dhcs.ca.gov.

Can I find a dental provider online?

Yes. You can easily search for a dental provider online at any time. Click the Find a Dentist button on the [SmileCalifornia.org](https://www.smilecalifornia.org) homepage. Or, go directly to the [Find a Dentist page](#) and click on any link. The options are:

- [Provider Directory Search](#) – Enter your information to view a list of dental providers.
- [Dental Clinics Serving Medi-Cal Members](#) – Lists of dental clinics by county and city. Select your county or city to find a dental clinic near you.
- [Registered Dental Hygienists in Alternative Practice \(RDHAP\)](#) – Lists of RDHAPs by county and city. Click on your county or city to find a RDHAP near you.
- [InsureKidsNow Search](#) – Another way to search for dental providers.

Please note: Search results do not guarantee the Medi-Cal dental provider will accept new Medi-Cal patients at the time you call them.

Are there online resources available in other languages?

Yes. The *Smile, California* website is available in English and Spanish ([SonrieCalifornia.org](https://www.sonriecalifornia.org)). The Medi-Cal Dental website is available in English. If you speak another language, please visit the *Smile, California* landing page. This landing page is available in 15 languages.

The *Smile, California* landing page has commonly asked questions and member information. It also has in-language materials you may find useful.

What information is on the *Smile, California* website?

The *Smile, California* website is easy to use and has helpful information and resources, including:

- Find a Dentist
- Covered Services
- Dental Visit Information
- Oral Health Care Information
- Member Bulletins
- Member Handbook
- Videos
- Brochure and Flyers
- Picture Booklets Called “Fotonovelas”
- Translation Help
- Fun Activities for Kids
- Events Schedule

What information is on the Medi-Cal Dental website?

The Medi-Cal Dental website has important information about the Medi-Cal Dental Program, including:

- How to apply for Medi-Cal
- Contact Information
- Dental Resources
- Find a Dentist
- Forms
- Frequently Asked Questions
- Other Information
- Outreach
- Publications

You will also find Medi-Cal Dental contact information and toll-free telephone numbers for the Telephone Service Center.

How to Contact Us

Telephone Service Center

Telephone Service Center (TSC) representatives are there to help you Monday through Friday between 8:00 a.m. and 5:00 p.m. The TSC is closed for State holidays. If you have any questions that are not answered in this Handbook, we encourage you to check [SmileCalifornia.org](https://www.smilecalifornia.org) and dental.dhcs.ca.gov. If you still have questions or need help coordinating your care, please call us toll-free at:

Medi-Cal Dental Telephone Service Center:

1-800-322-6384, Press 1

Teletext Typewriter (TTY):

1-800-735-2922

What information can I get from the Telephone Service Center?

When you call the Telephone Service Center (TSC), you will be connected to the member automated call system. You will then select from the menu options. Please have your Benefits Identification Card, Social Security Number, and something to write with. During the call, you can get help with:

- Finding a Medi-Cal dental provider (provider referrals).

- Scheduling, rescheduling, or canceling a clinical screening appointment.
- Information about denied or modified services (Treatment Authorization Request).
- Complaints and appeals.
- How to file for a State Hearing.
- General Medi-Cal Dental questions:
 - » What dental services Medi-Cal covers,
 - » Filing a Fair Hearings,
 - » Requesting your dental records, and
 - » Reporting Medi-Cal fraud.
- Availability of interpretive services.

You can also talk to TSC representatives. They will help you with any information you were unable to get through the automated call system. The TSC can help you with care coordination if you have more than one dental provider or special health care needs.

Language Assistance

What if I speak in a language other than English?

As a Medi-Cal member, you have the right to an interpreter at no charge. When you call the Telephone Service Center (TSC), follow the prompts for help in these languages:

- English, press 1
- Spanish, press 2
- Mandarin, press 3
- Vietnamese, press 4
- Russian, press 5
- Farsi, press 6
- Korean, press 7
- Cantonese, press 8
- Arabic, press 9
- Armenian, press 10
- For a language not listed, press 11

You can also ask for language assistance when you call the TSC. An interpreter can answer your questions and:

- Explain what your dental provider tells you at your visit.

- Explain your plan of care.
- Talk to dental staff.

TSC representatives can even help you find a Medi-Cal dental provider who speaks your language or who has office staff that speak your language.

Can someone interpret for me when I talk to the Medi-Cal dental provider on the phone?

Yes. If you need an interpreter or help with language services, call the Telephone Service Center. They can help you with an interpreter.

Can someone interpret for me at the Medi-Cal dental office?

Yes. If your dental provider does not speak your language, you have the right to a language or sign language interpreter at no charge. You can call the Telephone Service Center (TSC) for help. The interpreter can explain dental terms. This includes what you are told at your visit, discussing your plan of care, or talking to the dental staff.

If you need someone to interpret for you while at the dental office, you or the dental provider may call the TSC. The TSC will connect you to an interpreter who speaks your language. The interpreter will stay on the call during your appointment as long as you need. Language interpreters do not attend appointments but will help you over the phone. Language interpreters cannot be scheduled ahead of time.

Authorized Representative

What is an Authorized Representative?

An Authorized Representative is someone you can name and give access to your dental information. An Authorized Representative can be family members, friends, organizations, or anybody you choose. For example, you may want your spouse or adult child to help with billing questions, booking appointments, or to be aware of your health status.

Starting July 1, 2020, if you want to allow someone besides yourself to call Medi-Cal and have access to your dental information, you have to name them as your Authorized Representative.

- You are not required to have an Authorized Representative.
- If you name someone as your Authorized Representative, you do not need to be on the telephone when they call on your behalf.
- If you do want someone other than you to contact us about your dental information, that person must be named as an Authorized Representative.
- You can allow an Authorized Representative to access some or all of your dental information. You can name, remove, or change an Authorized Representative at any time.
- You can have one or more Authorized Representatives. Authorized Representatives can be relatives, friends, or organizations helping with your care.
- This does not change how we will speak to you or your provider.

How do I assign an Authorized Representative?

Use the [Authorized Representative Form](#) to assign an Authorized Representative. You must completely fill out and sign the form, and mail it to:

Medi-Cal Dental Program
Attn: Information Security/Privacy Office
P.O. Box 15539 Sacramento, CA 95852-1539

What if I want someone to help me on a call with the Telephone Service Center but do not want them to be my Authorized Representative?

If you want someone to help you, but do not want to add them as your Authorized Representative, you can still call the Telephone Service Center (TSC) with them on the phone to help you with your questions. You will need to give the TSC verbal consent to allow that person to help you during the call.

Using Dental Services Under Medi-Cal

How do I find out if I am able to get dental services?

Most people who become eligible for Medi-Cal are also eligible to get dental services.

You do not need to apply separately to get dental services. You will need to provide your Benefits Identification Card to your dental provider to receive dental services. To find out if you are eligible for Medi-Cal dental benefits, please call your local County Social Services office. You can find a complete list of county offices on the Department of Health Care Services website [here](#).

Medi-Cal Dental Benefits

This section gives an overview of the dental care that is covered by Medi-Cal.

What are the available dental benefits under the Medi-Cal program?

Below is a quick reference guide for the most common services available to members effective January 1, 2018. The benefits are based on aid codes and where a member lives. More information can be found on SmileCalifornia.org.

SERVICES	BABIES	KIDS	TEENS	PREGNANCY	ADULTS	SENIORS
Exam*	☀	☀	☀	☀	☀	☀
X-rays	☀	☀	☀	☀	☀	☀
Teeth cleaning	☀	☀	☀	☀	☀	☀
Fluoride varnish	☀	☀	☀	☀	☀	☀
Fillings	☀	☀	☀	☀	☀	☀
Tooth removal	☀	☀	☀	☀	☀	☀
Emergency services	☀	☀	☀	☀	☀	☀
Sedation	☀	☀	☀		☀	☀
Molar sealants**		☀	☀			
Root canals		☀	☀	☀	☀	☀
Orthodontics (braces)***			☀			
Crowns****			☀	☀	☀	☀
Partial and full dentures			☀	☀	☀	☀
Denture relines			☀	☀	☀	☀
Scaling and root planing			☀	☀	☀	☀

Exceptions:

*Free or low-cost checkups every six months for members under the age of 21, every 12 months for members over the age of 21.

**Permanent molar sealants are covered for kids and teens up to age 21.

***For those who qualify.

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

See the **Dental Terms and Other Definitions** section for definitions.

Your dental provider will tell you which services are or are not covered by Medi-Cal. Your dental provider can help you pick the best treatment and what services you can have under Medi-Cal. During your first visit, show your Benefits Identification Card to your dental provider so they can access your dental benefits.

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

There is no limit for covered, medically necessary dental services.

Are there additional benefits for patients with special needs?

The covered dental services are the same for everyone with few exceptions. However, special needs patients may have a physical, behavioral, developmental, or emotional condition that limits the dental provider's ability to perform an exam. In these cases, the dental provider may decide that the patient must be sedated to get dental treatment. The dental provider will then ask for approval from Medi-Cal before the exam.

What benefits are available for children?

If you or your child is under age 21, you may be eligible for additional dental services under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program. Dental services under EPSDT include medically necessary treatment to correct or improve health conditions.

What benefits are available for pregnant women?

To keep both you and your baby healthy, it is recommended that you see your dental provider for a cleaning and exam before your baby is born. As a Medi-Cal member, you are covered during pregnancy and 60 days past the birth of your baby. You are covered no matter what type of Medi-Cal coverage you have. To receive a covered dental service, you must meet all Medi-Cal Dental requirements for that service.

Medi-Cal Dental Providers

You can get dental care from any Medi-Cal dental provider. Call the dental office and ask if they still accept Medi-Cal and if they accept new patients. Please read this section so you

will know how to find a Medi-Cal dental provider who serves Medi-Cal members.

How do I find a Medi-Cal dental provider?

With Medi-Cal Dental, you can choose any Medi-Cal dental provider. The best way to look for a Medi-Cal dental provider is by visiting the *Smile, California* [Find a Dentist page](#).

What if I cannot find a dental provider who takes Medi-Cal in my area?

If you cannot find a Medi-Cal dental provider in your area who is accepting new patients, please call the Telephone Service Center.

Medi-Cal Dental Telephone Service Center:

1-800-322-6384, Press 1

Teletext Typewriter (TTY):

1-800-735-2922

What if I need to see a dental specialist?

Your Medi-Cal dental provider may refer you to another dental provider for specialized treatment. To make sure the specialist is an enrolled Medi-Cal dental provider, you can look them up on the *Smile, California* [Find a Dentist page](#). If you need help setting up your visit, please call the Telephone Service Center.

Can I go to a clinic for my dental services?

Yes. Many clinics will see Medi-Cal members and provide dental services. You can get your dental work in a clinic as long as the clinic is approved to accept Medi-Cal and provides dental services. Visit the **Dental Terms and Other Definitions** section for more information.

What if I go to a dental provider who is not enrolled as a Medi-Cal dental provider?

Medi-Cal Dental will only pay for services you get from dental providers who are enrolled in the Medi-Cal Dental Program. If you go to a dental provider who is not enrolled in the Medi-Cal Dental Program, you will have to pay for any dental services you get.

Can I change dental providers?

Yes. You can visit any dental provider who is enrolled in the Medi-Cal Dental Program and is accepting new patients. If you are enrolled in a Dental Managed Care plan, you can also request to be assigned to a different dental provider.

How many times can I change my dental provider?

There are no limits on changing dental providers. However, there are limits on getting the same treatment from different dental providers (for example, a cleaning). We suggest you choose a dental home with a Medi-Cal dental provider.

How does visiting the same dental provider help me?

Seeing the same dental provider for your regular checkups and care can benefit you in many ways:

- You can get reminders for your next visit.
- Your dental provider can help you find a dental specialist if you need treatment your regular dental provider cannot provide.
- Your dental provider gets to know your health history and can help spot problems early. This allows you to get treatment before a problem gets worse.

Can I change dental providers in the middle of treatment?

Yes. If your dental services were approved for one dental provider and you wish to change your dental provider, you must write a letter to request the change. Give the letter to your new dental provider to send to Medi-Cal Dental with their request for a prior approval. We will issue a new approval to your new dental provider for any remaining services.

Getting Dental Care

How do I schedule an appointment with a dental provider?

Call the dental office to schedule an appointment. Tell them you are covered by Medi-Cal and ask if the dental provider is a Medi-Cal dental provider. If you need help making an appointment, call the Telephone Service Center (TSC). The TSC can help you with care coordination if you have more than one dental provider or special health care needs.

What do I need to bring when I go to the dental provider?

Bring your Benefits Identification Card (BIC) and a photo identification (ID), such as a driver's license or State ID card. If your photo ID has expired, the dental office will accept it up to six months from the expiration date. If you are a foster parent and have not received a BIC for your foster child, a Social Security Number can be used to verify eligibility. If you have other dental coverage, bring that information to show your dental provider.

How often should I go to the dental provider?

Healthy teeth and gums are an important part of overall health. Your dental provider will tell you how often you should get regular checkups - usually every 6 to 12 months. As part of your regular checkup, your dental provider will make a plan for any treatment or follow up visits you may need.

If you have unexpected dental problems or issues in between your regularly scheduled visits, call your dental office for help. Call your dental provider immediately if you have a mouth injury or are in pain.

When should my baby go to the dental provider?

Your baby should visit the dental provider when their first tooth appears or by their first birthday, whichever comes first. After their first visit, your child should have a dental checkup every six months. This includes an exam and cleaning. You can get more information on the *Smile, California* website [here](#).

Medi-Cal supports the American Academy of Pediatrics recommended schedule for preventive dental services. These services can be provided to most children. Children with special health care needs or disease or trauma may require a different set of services and/or frequency. Your child's dental provider will determine the best schedule for preventive services for your child.

What is a dental emergency?

A dental emergency requires immediate treatment. A dental emergency can be:

- Bleeding that does not stop.
- Painful swelling in or around your mouth.

- Severe pain.
- Facial trauma, such as injury to jawbone and face.
- Gum infection with pain or swelling.
- After surgery treatment (dressing change, stitch removal).
- Broken or knocked out tooth.
- Snipping or adjusting wires in braces that hurt your cheek or gums.

What happens if I have an emergency?

During regular business hours, call your dental provider and explain your issue. If you are unable to reach your dental provider, call the Telephone Service Center between 8 a.m. and 5 p.m., Monday through Friday, for help getting dental care.

If you need emergency dental services after business hours, you should follow the instructions on your dental provider's after-hours answering message. Go to the nearest emergency room to get care if you are not able to reach your dental office or if you do not have a Medi-Cal dental provider.

What does “medical necessity” mean?

Medical necessity refers to the program rules used to decide if covered services are necessary and appropriate for the treatment of the teeth, gums, and supporting structures. These rules are in line with professionally recognized standards of practice. Visit the **Dental Terms and Other Definitions** section for more information.

What if I want to get a second opinion?

If you want a dental treatment that your dental provider tells you does not qualify as medically necessary, you can ask for a second opinion. A second opinion may be given by a dental provider other than your regular dental provider. The other dental provider may confirm or question your regular dental provider's opinion about whether the requested treatment is medically necessary. You can visit the *Smile, California* [Find a Dentist page](#) to find another Medi-Cal dental provider near you. You can also call the TSC and ask for help to find a different dental provider.

Why is Medi-Cal Dental asking me to go for a dental exam with another dental provider?

You may receive a Notice of Dental Examination Appointment letter from Medi-Cal Dental. This letter tells you to go to a dental exam appointment. Please make every attempt to do so. The appointment has been made on your behalf to verify if the treatment your dental provider requested can be authorized or if the treatment you previously received is adequate.

The appointment will last about 15 minutes. No dental work will be provided by the screening dental provider. You do not have to pay for the appointment. Once the appointment is over, the dental provider will mail a report to Medi-Cal Dental. The report will be used to decide if the services should be allowed or denied.

If you are unable to attend, please call the Telephone Service Center (TSC) at least two days before the appointment. If you do not attend the appointment and do not tell us, the requested services may be denied.

Here are some important tips to keep in mind:

- Be on time for your appointment. If you arrive late, your appointment may have to be rescheduled.
- If your dental provider has requested new dentures, bring the old dentures to the appointment.
- If you call the TSC, refer to the “Screening #” located on the bottom right hand corner of the letter when calling.
- The phone number to the office is included on the letter for directions only. Call the TSC with any other questions.
- The screening dental provider will not be able to discuss their recommendation or if the services will be approved or denied.

What if I need to cancel a dental appointment?

If you cannot keep an appointment, call the dental office at least one day ahead of time to cancel or as soon as possible. The dental office staff can help you reschedule your appointment.

What if I need dental services when I am out of California or the country?

There are Medi-Cal dental providers in some states next to the California border. You can get covered dental services from any Medi-Cal dental provider in these border areas.

Prior approval is required for all out-of-state services other than emergencies. You can call the Telephone Service Center for help. Dental services performed outside the country are not covered by Medi-Cal. The only exceptions are if you need emergency services requiring you to be hospitalized in Canada or Mexico.

Cost of Dental Services

Do I have to pay anything for my dental care?

Unless you have Medi-Cal coverage with a Share of Cost, your dental provider cannot ask you to pay for any treatment that is covered by Medi-Cal Dental. You can learn about your Share of Cost in the “My Medi-Cal” booklet (Pub. 68). This is the booklet you received with your new Medi-Cal enrollment packet. You can also find that booklet [here](#).

The dental provider cannot charge you for private insurance cost-sharing amounts. This includes deductibles, co-insurance, or private insurance copayments.

Your dental provider may charge you for services if you choose to have treatment that is not covered by Medi-Cal Dental. You may also be charged for comprehensive orthodontic treatment (braces) if you are 21 years of age or older.

What is a copayment?

Some Medi-Cal services have a small copayment. The dental office will collect any copayment at your appointment. See the copayment criteria below.

Medi-Cal Copayment Criteria

Services Subject to Copayment	Copay Fee	Exceptions to Fee
<p>Non-Emergency Services Provided in An Emergency Room: A non-emergency service is defined as “any service not required for relief of severe pain or the immediate diagnosis and treatment of severe medical conditions which, if not immediately diagnosed and treated, would lead to disability or death.”</p>	\$5.00	<ol style="list-style-type: none"> 1. Persons aged 18 or under. 2. Any person receiving care during pregnancy and one month following delivery. 3. Persons who are in a health facility (hospital, skilled nursing facility, intermediate care facility). 4. Any child in AFDC-foster care. 5. Any service for which the program’s payment is \$10 or less.
<p>Outpatient Services: Physician, optometric, chiropractic, psychology, speech therapy, audiology, acupuncture, occupational therapy, pediatric, surgical center, hospital or clinic outpatient, physical therapy, and dental.</p>	\$1.00	<ol style="list-style-type: none"> 1. Persons aged 18 or under. 2. Any person receiving care during pregnancy and one month following delivery. 3. Persons who are in a health facility (hospital, skilled nursing facility, intermediate care facility). 4. Any child in AFDC-foster care. 5. Any service for which the program’s payment is \$10 or less.
<p>Drug Prescriptions: Each drug prescription or refill.</p>	\$1.00	All listed above, plus person aged 65 or older.

What if I cannot pay the copayment when I go to my appointment?

A Medi-Cal dental provider cannot refuse to treat you if you cannot make the copayment at your appointment. This is different from the Share of Cost amount.

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

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 for help with your situation.

Your Medi-Cal dental provider can charge you for services if you choose to have treatment that is 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. Please review the benefits quick reference guide under ***What are the available dental benefits under the Medi-Cal program?***

What if I get a bill from the dental provider?

If you get a bill from your dental office, call and ask why they sent you the bill. The dental office will explain the charges and why they are asking you to pay. If you still have questions about the bill, call the Telephone Service Center for help.

When your Medi-Cal coverage is verified, your Medi-Cal dental provider cannot treat you as a cash patient. They cannot bill you for all or part of the costs of a Medi-Cal covered service, except to collect the Medi-Cal copayment or Share of Cost. For example, if you have a Share of Cost, you will have to pay that amount before Medi-Cal will pay for the treatment.

What happens if I have other dental insurance?

If you have other dental insurance, the dental office must bill your other dental insurance before asking Medi-Cal to pay for your treatment. The dental office cannot charge you for private insurance cost-sharing amounts. This includes deductibles, co-insurance, or copayments.

We do not pay any benefits you can get through other dental insurance. This includes other government programs, TRICARE (CHAMPUS), or Workers' Compensation. Coverage provided under Medi-Cal is secondary to all other coverage.

If you have other dental insurance that does not pay for a Medi-Cal covered dental service or pays less than the amount paid by Medi-Cal Dental, your dental provider will send a claim to Medi-Cal Dental for any unpaid amount. Your dental provider cannot ask you to pay for any treatment that is covered by Medi-Cal Dental. Please read the information under ***What if I get a bill from the dental provider?*** to learn what you can do if this happens.

Transportation and Other Services

If I do not have a ride, how can I get to the dental provider's office?

Medi-Cal can help with rides. Medi-Cal covers two types of rides. One type is called non-medical transportation (NMT). If you can travel by car, bus, train, or taxi, but do not have a ride to your appointment, NMT services can be set up. You can also use NMT if you need to pick up prescriptions, medical supplies, or equipment.

For help with an NMT ride, follow the steps below:

- 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.

Need more information about approved NMT providers? You can access the list on the Department of Health Care Services [website](#).

The other type of ride is called non-emergency medical transportation (NEMT). Medi-Cal offers NEMT services to eligible members based on a medical need. Your medical or dental

provider can decide if you need NEMT services. NEMT services cover these rides:

- Wheelchair vans
- Litter vans
- Ambulances
- Air transportation

You should ask for a ride as soon as you can before your scheduled appointment. If you have or will have many upcoming appointments, your medical or dental provider can ask for advance transportation to cover future appointments.

For help with an NEMT ride, follow the steps below:

- If you are enrolled in a DMC plan, call your Member Services for help with NEMT services. You will need a prescription from a licensed provider.
- If you have Fee-For-Service Medi-Cal, please let your provider know and they will help you get the NEMT ride or call the Medi-Cal San Diego Field Office at 1-858-495-3666.

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

If you have limitations hearing or speaking, call us Monday through Friday, from 8 a.m. to 5 p.m. at our TTY line at 1-800-855-7100. At all other times, please call the California Relay Service TDD/TTY at 711 to get help. American Sign Language (ASL) translation services are provided by law. When requesting ASL assistance, please have the following information available:

- Date of appointment
- Start and end time of appointment
- Appointment type (for example: dental appointment, surgical appointment, consultation, etc.)
- Name of person needing ASL services and their member identification
- Office location address and phone number
- Office contact person name

What if I am vision impaired?

This Handbook and other important materials will be made available in large print, enlarged computer disk formats, and audiotape for the vision impaired. Please call the Telephone Service Center for other formats, or for help reading this Handbook or other Medi-Cal dental materials.

What if I have a medical condition or other problem that makes it hard for me to get dental care?

Please call the Telephone Service Center (TSC). TSC representatives can help you find a dental provider who can treat you. They can also help coordinate your care with your medical provider, if needed.

What if I have a physical limitation that makes it hard for me to go see a dental provider?

We make every effort to ensure the offices and facilities of Medi-Cal dental providers are physically accessible to the disabled. If you are not able to locate an accessible dental office, please call the Telephone Service Center for help.

Case Management

What is the Case Management program?

Case Management is a program designed for members with mental, physical, and/or behavioral disabilities. Members in this program are unable to schedule and coordinate complex treatment plans involving one or more dental providers.

How can I get Case Management services?

To receive Case Management services, your Medi-Cal dental provider, medical provider, case manager, case worker, or other healthcare professional must submit a referral for you. Once your case has been accepted, the Medi-Cal Case Management team will help you coordinate your care. Please talk to your dental provider or healthcare provider if you need Case Management services.

Are Case Management services different than care coordination services?

Yes. Care coordination services are offered by the Telephone Service Center (TSC). Any Medi-Cal member who calls the TSC can receive care coordination services regardless of their health status. Care coordination services allow Medi-Cal members to call and gain access to dental services with the direction and support of our TSC representatives.

For more information on how the TSC can assist you, please read the **How to Contact Us** section.

Complaint Process

We have procedures to resolve complaints about:

- Dental services
- Quality of care
- Modification or denial of a Treatment Authorization Request
- Other aspects of services provided under Medi-Cal Dental

Examples of complaints:

- You cannot get a service, treatment, or medicine you need
- A service is denied as not medically necessary
- You have to wait too long for an appointment
- You received poor care or were treated rudely
- You were charged money at the dental office for a covered dental service
- Your dental office keeps sending you a bill you do not think you should not have to pay

What can I do if Medi-Cal Dental denies or limits a service my provider has asked for?

If your dental treatment requires approval before being given, your dental provider sends in a Treatment Authorization Request and any required documents, x-rays, or photos. This is needed to make sure the treatment follows Medi-Cal Dental rules and protections. After we finish reviewing, we send the dental provider a Notice of Authorization (NOA). The NOA tells the dental provider what treatment has been:

- **Allowed/approved** - the treatment is approved.
- **Changed** - the treatment is approved but different from what the dental provider requested.
- **Denied** - the treatment is not approved.

If treatment is changed or denied, we give the dental provider reason(s) why. The dental provider can request the treatment to be looked at again by returning the NOA to us. The dental provider can also appeal the changed or denied treatment through a separate appeal process.

If you are denied a service that your dental provider has requested approval for, contact your dental provider and ask if the dental provider can request a re-evaluation.

How will I find out if Medi-Cal Dental has denied or limited a service?

If your dental treatment request is denied or changed, you will receive a [Notice of Medi-Cal Dental Action](#). The notice tells you why the dental treatment is deferred, changed, or denied. It also tells you what you can do if you do not agree.

- **Deferred** – returned to the dental provider for correction. The dental provider has 45 days to return the correction(s). If the provider does not respond, we will send you another Notice of Medi-Cal Dental Action to let you know.
- **Changed** – the treatment is approved but different from what the dental provider requested.
- **Denied** – the treatment is not approved.

You can find a sample of the Notice of Medi-Cal Dental Action form and Reason for Action Codes insert on the next page. The form is also on the Medi-Cal Dental [Member Forms page](#) in 16 other languages. This insert will be sent with every notice you receive. It provides the descriptions for each code listed in your notice. These descriptions will help you understand the action Medi-Cal Dental has taken. You should talk to your dental provider if you have any questions about the notice, or you can call the Telephone Service Center.

Please review the **State Hearing Process** section of this Handbook for information on what to do if you disagree with any changed or denied treatment.

**NOTICE OF MEDI-CAL DENTAL ACTION
THIS IS NOT A BILL**

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SERVICE OFFICE NAME:

MEDS ID:
DCN:
MRDCN:

PAGE OF
DATE OF REQUEST:
MEMBER NAME:

Medi-Cal Dental has processed your dentist's request for your treatment in accordance with Title 22, California Code of Regulations, Sections 51003, 51307, and the Manual of Criteria. At least one of the items cannot be approved or requires modification. Please refer to the enclosed list for an explanation of the REASON FOR ACTION CODE(S) listed. In addition, specific minimum requirements can be found in the Medi-Cal Dental Provider Handbook, under Section 5 entitled "MANUAL OF CRITERIA" under the specific Procedure Number listed below. A copy may be found at any Medi-Cal dentist's office.

Tooth # or Arch	Treatment Description	Procedure Number	Medi-Cal Dental Action	Reason for Action Code(s) (see enclosed for explanation)
Sample				

- 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.
- If you are dissatisfied with the action described on this notice, you may request a state hearing within 90 days from the Notice Date. Please see the back of this notice for information on filing a hearing.

P.O. Box 15539 • Sacramento, CA 95852-1539 • (800) 322-6384

IF YOU ARE DISSATISFIED WITH THE ACTION DESCRIBED
ON THIS NOTICE, YOU MAY REQUEST A STATE HEARING WITHIN 90
DAYS FROM THE NOTICE DATE.

To Request a Hearing:

SEND BOTH SIDES OF THIS ENTIRE NOTICE TO:
California Department of Social Services
State Hearings Division
P.O. Box 944243, Mail Station 9-17-37
Sacramento, CA 94244-2430

OR

You may call the TOLL-FREE number at the Public Inquiry and Response
Unit. 1-800-952-5253 (ASSISTANCE AVAILABLE IN LANGUAGES
OTHER THAN ENGLISH)

OR

You may call the TDD toll-free number: 1-800-952-8349

State Regulations:

A copy of Title 22, California Code of Regulations, Sections 5095 1,5 1014.1, and
51014.2, which covers state hearings, is available at your county social services office or
local library.

Authorized Representative:

You can represent yourself at the hearing or you can be represented by a friend, lawyer
or any other person. You are expected to arrange for the representative yourself. You can
obtain the telephone numbers to legal aid organizations by calling the toll-free number of
the Public Inquiry and Response Unit or from your local Social Security Office.

I WILL NEED A TRANSLATOR (at no cost to me).
MY LANGUAGE OR DIALECT IS: _____



REASON FOR ACTION CODES

- 01 Your eligibility (aid code) covers emergency services only.
- 02 **Information sent by your dentist about your current dental condition does not meet the minimum requirements for approval of this service.**
- 03 The request for dental treatment was changed. This change was based on the information sent by your dentist about your current dental condition or to follow program guidelines.
- 04 **Our records show this service(s), or a similar service(s) was previously approved, paid for, or completed. (For example: In some cases, procedures are limited to once in 12 months or once in five (5) years and cannot be approved again except under special conditions, which must be documented by your dentist.)**
- 05 We are unable to verify your dentist's enrollment in the program on the date the request was received.
- 06 **The service requested by your dental provider, is not a benefit of the program. Please contact your provider for a different treatment plan.**
- 07 You did not appear for a scheduled screening exam or failed to bring existing denture(s) (full or partial) to your appointment. Please contact your dentist to send a new request.
- 08 **Your dentist did not send enough information to allow us to process this request. Please contact your dentist for information about this treatment.**
- 09 X-rays show that the tooth does not meet the requirements for a crown. The tooth may be fixed with a filling.
- 10 **X-rays show that the tooth/teeth may have an infection; please contact your dentist as another service may be needed first.**
- 11 Based on x-rays, chart records and/or information confirmed by your clinical screening exam you do not need a deep cleaning.
- 12 **This service cannot be approved because it is related to a denied procedure in the same treatment plan sent by your dentist.**
- 13 Based on the information from your dentist and/or a clinical screening exam, your current dental condition is stable, and the requested service is not needed at this time.
- 14 **Based on x-rays and/or information confirmed by your clinical screening exam, the tooth/teeth has/have worn down naturally or has been caused by grinding your teeth. The requested service is not a benefit of the program unless there is decay or a broken tooth.**
- 15 X-rays show the tooth is too broken down and cannot be fixed. Your dentist may be able to offer a different treatment.
- 16 **Our records show that the tooth has been fixed with a filling or stainless steel crown.**
- 17 X-rays show the service asked for cannot be approved because gum disease has destroyed the bone around the tooth. Your dentist may be able to offer a different treatment.
- 18 **The minimum requirements for braces could not be verified.**
- 19 A partial denture can be a benefit only when there is a full denture on the opposite arch.
- 20 **Root canal treatment must be satisfactorily done before a crown can be considered.**
- 21 The tooth is not fully formed. Your dentist may be able to offer a different treatment.
- 22 **Treatment is not needed because the x-rays and documentation show that there is no nerve damage.**
- 23 A stayplate can be a benefit only to replace a missing permanent front tooth.

BTN-002 08/20 AUG

- 24 **X-rays show more extractions are needed before the treatment plan can be approved; please contact your dentist.**
- 25 Based on information sent by your dentist, your teeth are in such a poor condition that the requested partial denture is not a benefit under this program.
- 26 **Based on the information sent by your dentist, your teeth are fine and should not be replaced by a full denture.**
- 27 Based on the information sent by your dentist, you do not have a full denture on the opposite arch; therefore, you do not qualify for a metal partial. However, if you are missing front teeth, you qualify for a stayplate.
- 28 **Based on x-rays, documentation, and/ or information received from your screening exam, your teeth and/ or gums are in such poor condition that the requested treatment is not a benefit under this program. Your dentist may be able to offer a different treatment.**
- 29 Your request for dental services was returned to your dental provider for more information. Your provider has 45 days to resubmit the information requested. There is no action needed from you, but you may contact your dentist about this request. A request for a State Hearing is not an option at this time.
- 30 **Fixed bridges are allowable when a medical condition prevents the use of a removable denture.**
- 31 The tooth is not in its normal position and cannot be fixed under this program.
- 32 **Based on information received from a screening exam, your current denture is good at this time.**
- 33 Based on your recent screening exam, a denture is not the right treatment for you. Please contact your dentist for other options.
- 34 **The requested denture is not approved because there are enough teeth remaining in the arch to support the denture.**
- 35 During your screening exam, you said you do not want any dental services at this time or that you want to be seen by another dentist.
- 36 **The number of approved visits has been adjusted because you will be 21 years old before treatment is completed. Please contact your dentist.**
- 37 The tooth is not shown on the submitted x-rays.
- 38 **Based on x-rays and/or information received from your screening exam; you need additional treatment from your dentist before the procedure can be considered.**
- 39 X-rays show there is not enough space for the requested false tooth.
- 40 **This program does not cover braces when baby teeth are still present.**
- 41 Based on x-rays and information received from your screening exam, you grind your teeth. The program does not cover services for this condition.
- 42 **The procedure is not a benefit for a baby tooth or for a baby tooth ready to fall out. Your dentist may be able to offer a different treatment for your condition.**
- 43 The procedure requested will not fix your dental problem. Your dentist may be able to offer a different treatment for your condition.
- 44 **Based on information received from your dentist, the requested service is for cosmetic reasons only. Services for cosmetic purposes only are not a benefit of the program.**
- 45 Your current denture can be fixed by replacing the inner side of the denture.
- 46 **We are unable to verify your eligibility in this program.**
- 47 Your dentist must contact the California Children's Services program before submitting this procedure for payment or approval.
- 48 **EPSDT Services are not a benefit for patients 21 years and older.**
- 49 The EPSDT service(s) requested is not medically necessary.

What should I do if I have a complaint? How do I file a formal complaint?

Some complaints can be resolved quickly by talking to your dental provider about the problem first. Your dental provider can often quickly resolve your complaint. If you do not want to talk to your dental provider first, or if the dental provider is unable to work out your complaint, call the Telephone Service Center (TSC). We accept complaints by phone or in writing.

When you call the TSC, give them your information and the name of the dental provider involved. Describe your problem. This includes the services involved and any action or inaction. We will make every effort to resolve the problem during the call. You may receive a follow up call with additional information or resources related to the complaint.

Medi-Cal Dental Telephone Service Center:

1-800-322-6384, Press 1

Teletext Typewriter (TTY):

1-800-735-2922

If you choose to send a written complaint, you can download the [Medi-Cal Dental Complaint Form](#) from the Medi-Cal Dental website. Complete and return the form to Medi-Cal Dental at the address printed on the form. We will let you know it has been received within five calendar days of receiving the form. You can also call the TSC to ask if your form has been received.

A sample of the Medi-Cal Dental Complaint Form is on the next page. You can also find the form on the Medi-Cal Dental [Member Forms page](#) in 16 other languages.

The Department of Health Care Services complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Department of Health Care Services does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. To learn more about the non-discrimination policy, please visit the Department of Health Care Services website [here](#).

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

MEDI-CAL DENTAL COMPLAINT FORM

Please fill in the form below and describe your questions or complaints completely. This information is important and necessary to research and resolve your questions or complaints.

STATE OF CALIFORNIA MEDI-CAL
BENEFITS IDENTIFICATION CARD NUMBER: _____

TELEPHONE NUMBER: (_____) _____

MESSAGE TELEPHONE NUMBER: (_____) _____

YOUR REPRESENTATIVE (if not yourself):

NAME: _____

ADDRESS: _____

CITY: _____, STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: (_____) _____

YOUR DENTAL PROVIDER'S NAME: _____

NAME: _____

ADDRESS: _____

CITY: _____, STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: (_____) _____

P.O. Box 15539 • Sacramento, CA 95852-0609 • (800) 322-6384



MEDI-CAL DENTAL COMPLAINT FORM (PAGE 2)

TYPE OF COMPLAINT:

___ Dentist service was incomplete or unsatisfactory

___ Clinical Screening process was unsatisfactory

___ Other

___ Comments (Please describe your questions or complaints/ grievances completely here. Use the reverse side of this form or additional pages if you need additional space.)

Horizontal lines for writing comments.

PLEASE SIGN AND DATE THIS FORM:

It may be necessary to obtain your medical records from your dental care provider. Your signature below authorizes release of your dental records to Medi-Cal Dental.

SIGNATURE _____ DATE _____

Return this form to: Medi-Cal Dental Program
Member Services Group
P.O. Box 15539
Sacramento, CA 95852-1539

When we receive this information, we will research your questions or complaints/grievances and notify you of our findings. If it is necessary for you to appear for a clinical examination in order to resolve this matter, we will notify you in writing of the date, time, and location of this appointment.

P.O Box 15539 • Sacramento, CA 95852-0609 • (800) 322-6384

What happens after I file a complaint?

If you file a complaint over the phone, we will do our best to resolve the complaint during the call. However, some complaints may take several steps to reach a resolution. Because of this, you may receive a follow up call with additional information or updates related to your complaint.

If you filed a written complaint, we will let you know it has been received within five calendar days after we get it. The written complaint may be referred to a Medi-Cal dental consultant. They will decide the next course of action.

We may:

- Contact you and/or the dental provider.
- Refer you for a clinical screening exam.
- Send a referral to the appropriate department.

We will send you a letter summarizing the findings and reasons for the decision within 30 days of our receipt of the complaint. Most complaints will be resolved within 30 days. However, some complaints may take longer to resolve. For example, you may need additional time to attend your clinical screening appointment.

If I do not like what happens when I file a complaint, is there anything else I can do?

If you are not satisfied with the decision of the complaint review, please call the Telephone Service Center. You may be asked to have your dental provider send a Treatment Authorization Request and to receive another clinical screening. You can request a State Hearing if you are still unsatisfied. To learn more about Medi-Cal State Hearings, please visit the Department of Health Care Services website [here](#).

State Hearing Process

If treatment your dental provider requested has been denied or changed, if you are not happy with the outcome of your complaint, or your Conlan refund request was denied (see **Cost of Dental Services** section), you may request a State Hearing through the California

Department of Social Services (CDSS). Your local County Social Services office can assist you with this request. You can find a complete list of county offices on the Department of Health Care Services website [here](#).

You can represent yourself at the State Hearing. A friend, lawyer, or any other person can also represent you. You are responsible for making the arrangements if you want someone else to represent you. To get free legal help, call the Public Inquiry and Response Unit of CDSS at 1-800-952-5253. This unit can also help with general information about the State Hearing process.

Requesting a State Hearing will not affect your eligibility for dental services. You will not be penalized for asking for a hearing. We will maintain confidentiality during the entire complaint process.

When do I ask for a State Hearing?

If you disagree with the Notice of Medi-Cal Dental Action you received, you should first discuss different treatment plans with your dental provider to get the best care that is covered by the Medi-Cal Dental Program. If you and your dental provider agree that a different treatment plan is not an option, you have 90 days after the date on that notice to request a State Hearing.

How do I start the process?

You can start the process by calling toll-free 1-800-952-5253 or by [creating an account](#). You may send a copy of the entire Notice of Medi-Cal Dental Action or write to:

California Department of Social Services State Hearings Division
P.O. Box 944243 MS 9-17-37
Sacramento, CA 94244-2430

If you are calling or writing to request a State Hearing, be sure to include the Document Control Number (DCN) located on your Notice of Medi-Cal Dental Action. The DCN identifies the Treatment Authorization Request that the services were denied on. Including the DCN helps speed up processing your request. If you are calling or writing to request a State Hearing because you are dissatisfied with the result of your complaint case, be sure to include the Service Form identification included on your denial letter.

Dental Terms and Other Definitions

There are many words used in the Medi-Cal Dental Program that have a special or technical meaning. Some dental terms may not be familiar. We hope you find the following definitions helpful. If you have any questions, call the Telephone Service Center.

Aid Code: Describes the type of Medi-Cal coverage you have.

Appeal: A formal request asking Medi-Cal Dental to review denied services for treatment requested or provided. An appeal may be filed by your dental provider, yourself, or an Authorized Representative.

Authorization: See Prior Authorization.

Member: A person who is eligible for Medi-Cal benefits.

Benefits Identification Card (BIC): The identification card provided to members by the Department of Health Care Services. The BIC includes the member number and other important information.

Benefits: Medically necessary dental services provided by a Medi-Cal dental provider that are available through the Medi-Cal Dental Program.

Clinic: A clinic is a health facility that is mainly focused on the care of outpatients. To receive dental services from a clinic, the clinic and clinic providers must be enrolled in the Medi-Cal Dental Program. You can search for enrolled dental clinics near you on the *Smile, California* [Find a Dentist page](#). For questions about whether a clinic is enrolled or accepting new patients, call the Telephone Service Center.

Clinical Screening: An exam by a dental provider to provide an opinion about the appropriateness of treatment proposed or provided by a different Medi-Cal dental provider. The Medi-Cal Dental Program may require a clinical screening under certain circumstances.

Complaint: A verbal or written expression of dissatisfaction, including any dispute, request for reconsideration, or appeal made by a member, or a dental provider on the behalf of the member.

Copayment: A small portion of the dental provider's fee that is paid by the member.

Covered Services: The set of dental procedures that are benefits of Medi-Cal Dental. Medi-Cal Dental will only pay for medically necessary services provided by a dental provider that are benefits of the Medi-Cal Dental Program. Children under age 21 are eligible for more covered services, such as braces, if medically necessary.

Dental Specialist: A dental provider providing specialty care such as endodontics, oral surgery, pediatric dentistry, periodontics, and orthodontics (braces).

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT): EPSDT allows Medi-Cal enrolled children and youth under age 21 to get preventive (screening) dental services and to get diagnostic and treatment services that are medically necessary to correct or improve health conditions.

Eligibility: Refers to meeting the requirements to receive Medi-Cal benefits.

Emergency Dental Condition: A dental condition that the absence of immediate attention could reasonably be expected to result in placing the individual's health in jeopardy, causing severe pain or impairing function.

Endodontist: A dental specialist who limits their practice to treating disease and injuries of the pulp and root of the tooth.

Full Scope Medi-Cal: Full Scope Medi-Cal provides health care services to low-income individuals. All children enrolled in Medi-Cal, children in foster care and former foster youth up to age 26, pregnant women, and the blind or disabled people have full scope.

Identification: Refers to something that proves who a person is, such as a driver's license.

Limitations: Refers to the number of services allowed, type of service allowed, and/or the most affordable dentally appropriate service.

Medi-Cal Dental: The Medi-Cal dental Fee-For-Service program.

Medically Necessary: Covered services which are necessary and needed for the treatment of the teeth, gums, and supporting structures and that are (a) provided according to

professionally recognized standards of practice; (b) determined by the treating dental provider to be consistent with the dental condition; and (c) are the most appropriate type, supply and level of service considering the potential risks, benefits, and covered services which are alternatives.

Other Health Coverage/Other Health Insurance: Coverage for dental related services you may have under any private dental plan, any insurance program, any other State or federal dental care program, or under other contractual or legal entitlement.

Oral Surgeon: A dental specialist who limits their practice to the diagnosis and surgical treatment of diseases, injuries, deformities, defects and appearance of the mouth, jaws, and face.

Orthodontist: A dental specialist who limits their practice to the prevention and treatment of problems in the way the upper and lower teeth fit together in biting or chewing.

Pediatric Dental Provider: A dental specialist who limits their practice to treatment of children from birth through adolescence, providing primary and a full range of preventive care treatment.

Periodontist: A dental specialist who limits their practice to treatment of diseases of the gums and tissue around the teeth.

Pregnancy Related: Pregnancy-related services are available prenatally from the day that pregnancy is medically established and postnatally to the end of the month in which the 60-day period after the pregnancy ends. Regardless of your aid code and/or scope of benefits, you are eligible to receive all covered dental procedures as long as all other procedure requirements and criteria are met.

Prior Authorization: A request by a dental provider to approve services before they are performed. Dental providers receive a Notice of Authorization (NOA) from Medi-Cal Dental for approved services.

Prosthodontist: A dental specialist who limits their practice to the replacement of missing teeth with dentures, bridges or other substitutes.

Provider: An individual dental provider, Registered Dental Hygienist in an Alternative

Practice, dental group, dental school or dental clinic enrolled in the Medi-Cal Dental program to provide oral health care to Medi-Cal members.

Restricted Scope: Limited to Emergency services only.

Share of Cost: The amount you must pay or promise to pay each month for health or dental before Medi-Cal starts to pay.

Requirements: Refers to something that you must do, or rules you must follow.

Responsibility: Refers to something that you should do or are expected to do.

State Hearing: A State Hearing is a legal process that allows members to request a re-evaluation of any denied or modified Treatment Authorization Request. It also allows a member or dental provider to request a re-evaluation of a reimbursement case.

Treatment Authorization Request: A request submitted by a Medi-Cal dental provider for approval of certain covered services before treatment can begin. A Treatment Authorization Request is required for certain services and under special circumstances.

Your Rights and Responsibilities

What are my rights and responsibilities under the Medi-Cal program?

When you apply for Medi-Cal, you will get a list of your rights and responsibilities. This includes the requirement to report changes in address, income, or if someone is pregnant or gave birth. You can find the most up to date list of your rights and responsibilities [here](#). You can also find the Department of Health Care Services non-discrimination policy [here](#).

You have the right to:

- Be treated with respect and dignity.
- Get dental services you are eligible to receive as a benefit of the Medi-Cal Dental Program by an enrolled dental provider.
- Get appointments within a reasonable amount of time.

- Participate in talks and decisions about your dental care needs, including appropriate or medically necessary treatment options.
- Have your dental records kept confidential. This means that we will not share your dental care information without your written permission or unless it is allowed by law.
- Tell us concerns about Medi-Cal Dental, or about dental services you received.
- Get information about Medi-Cal Dental, available services and dental providers.
- See your dental records.
- Request an interpreter at no charge to you.
- Use interpreters who are not your family or friends.
- File a complaint if your language needs are not met.

Your responsibilities are to:

- Give your dental provider and Medi-Cal correct information.
- Understand your dental problem(s) and participate in developing treatment goals, as much as possible, with your dental provider.
- Always show your Benefits Identification Card when getting services.
- Ask questions about any dental condition and make certain that the explanations and instructions are clear to you.
- Make and keep dental appointments. You should inform your dental provider at least 24 hours in advance if you must cancel an appointment.
- Help Medi-Cal Dental maintain accurate and current medical records by providing timely information about changes in address, family status, and other health care coverage.
- Notify Medi-Cal Dental as soon as possible if a dental provider bills you incorrectly or if you have a complaint.
- Treat all Medi-Cal Dental staff and dental offices respectfully and with courtesy.

Your Privacy is Important to Us

This section describes how to receive information about how medical information may be used and disclosed. It also describes how you can get access to your information.

Notice of Privacy Practices

The Department of Health Care Services mails you a Notice of Privacy Practices as part of your Medi-Cal welcome packet. You can also access a copy online [here](#). This notice describes your privacy rights and choices about your health information.

How can I see what protected health information Medi-Cal Dental has about me?

You have the right to request to see your protected health information in records that Medi-Cal Dental maintains. You also have the right to request copies of those records. You may be charged for the cost of copying records and postage for mailing. You will receive a response within 30 days after we receive your request.

You will need to send us a photocopy of your California driver's license, Department of Motor Vehicles Identification (ID) Card, or any other ID that can prove your identity. You will also need to send documentation verifying your address.

You can download the Request Personal Health Information from Medi-Cal Dental form by [clicking here](#). You can also call the Telephone Service Center to request a copy.

Mail the completed form along with your ID to:

Correspondence Specialist c/o Delta Dental of California
P.O. Box 15539
Sacramento, CA 95852-1539

Note: any attempt to falsely gain access to protected health information is subject to legal penalties.

Medi-Cal Dental is committed to protecting the information you provide us. To prevent unauthorized access or disclosure, to maintain data accuracy, and to ensure the appropriate use of the information, Medi-Cal Dental has in place appropriate physical and managerial procedures to safeguard the information we collect.