

Provider Bulletin

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New Adjudication Reason Codes

Medi-Cal Dental has updated [adjudication reason codes \(ARCs\)](#) in the latest Provider Handbook, and providers shall review these changes to avoid claim denials and processing delays. New codes affect treatment authorization decisions; therefore, understanding them is essential for smooth claims processing.

Please Review the Handbook Updates

Providers shall account for new ARCs when submitting treatment authorization requests (TARs) and claims to avoid denials for not meeting criteria. This may result in denials or reduced reimbursement. Staying current with these updates directly impacts your members' access to approved treatment.

Key Actions for Your Practice

- Review and train your staff on these new ARCs before submitting new TARs and claims.
- If treatment is denied, carefully cross-reference all ARCs to understand the clinical criteria not met.
- Use the handbook's detailed descriptions to support TAR submissions with the appropriate documentation.

Review the [Handbook Updates](#) section of the [Medi-Cal Dental Provider Handbook](#) for the most-recent ARC updates.

If you have questions or need additional support, please contact the Medi-Cal Dental Telephone Service Center (TSC) toll-free at (800) 423-0507. Medi-Cal Dental representatives are available to answer

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phone calls between 8:00 a.m. to 5:00 p.m., Monday through Friday to assist you. For general program information, the Medi-Cal Dental Interactive Voice Response System (IVR) is available 24 hours a day, seven days a week, using the automated system. For assistance with claims submission and documentation, please visit the [California Outreach Map](#) to contact your regional representative.

Immigration Status Eligibility Changes

Assembly Bill 116, (Chapter 21, Statutes of 2025) discontinues new enrollment into state funded full scope Medi-Cal for adults 19 years of age and older who do not have an immigration status eligible for full scope Medi-Cal and who apply on or after January 1, 2026.

Effective January 1, 2026, Medi-Cal applicants who do not have a verified immigration status eligible for full scope Medi-Cal will be eligible for restricted scope Medi-Cal. There will be no new aid codes introduced. Restricted scope aid codes prior to the full scope expansions will be utilized. Assembly Bill 116, (Chapter 21, Statutes of 2025) pauses new enrollment into state funded full scope Medi-Cal for adults 19 and older who do not have an immigration status, do not verify their immigration status or has certain temporary visas, and who apply on or after January 1, 2026.

Members who applied before January 1, 2026, and are eligible for full scope Medi-Cal will retain their full scope eligibility if all other eligibility criteria are met, regardless of their immigration status. Members eligible for continued coverage will remain with their current aid code and remain enrolled in their chosen managed care plan and health care providers.

Beginning July 1, 2026, Medi-Cal will no longer offer dental services to individuals who are not eligible for federal full scope Medi-Cal, except for dental emergencies and care related to the emergency, even if they continue to qualify for full-scope Medi-Cal. Dental services will remain available for UIS members under 19 years of age who are pregnant or in their one-year postpartum period, or a foster youth or former foster youth under 26 years of age.

Members eligible to retain their full scope Medi-Cal status after January 1, 2026, who experience a loss of eligibility will have a three-month grace period following the discontinuance to reestablish eligibility and reenroll in full scope Medi-Cal. Members who exceed the grace period will be disenrolled from their health care provider and need to reapply. If all other eligibility criteria are met, they will be eligible for restricted scope Medi-Cal.

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For questions concerning the Adult Expansion Freeze, providers can email ImmigrationPolicy@dhcs.ca.gov.

What providers should do?

- Review your current member roster to identify members who may be affected.
- Reach out to eligible members who are currently undergoing treatments that are anticipated to extend beyond July 1, 2026, to encourage completion of needed treatment before the elimination of dental benefits.
- Ensure accurate eligibility verification at each visit:
 - By touch-tone telephone (800) 456-2387
 - Automated Eligibility Verification System (AEVS)
 - By internet access <https://mcweb.apps.prd.cammis.medi-cal.ca.gov/>
 - Or call the Eligibility Help Desk at (800) 541-5555
- Your members may also contact their local county Medi-Cal office for assistance using the [Find Your County Medi-Cal Office](#) web page.

For complete information about these changes to immigration status and member eligibility, visit our [Medi-Cal Program Changes \(2026-2027\) page](#).

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ARC 113A Reminder: Do Not Submit for Restoration Following Root Canal if Crown Is Already Authorized

To avoid denials under Adjudication Reason Code (ARC) 113A, **please do not submit claims for post-root canal restoration when a crown is already included in the approved treatment plan. In [Section 7: Codes of the Medi-Cal Dental Provider Hand book ARC113A is described as:](#)** Per history, radiographs or photographs, it has been determined that this tooth has recently been restored with a restoration or pre-fabricated crown.

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Why This Matters

Submitting duplicate restoration coverage when a crown is already authorized violates Medi-Cal Dental criteria. Claims denied under ARC113A will result in no reimbursement for that service. Avoiding ARC113A denials can improve your claim acceptance rate and reduce administrative costs from managing denied claims.

Understanding the Rule

When a crown is included in an approved treatment plan for a tooth receiving a root canal, the crown restoration (including any necessary post and core) is considered the definitive restoration for that tooth. Medi-Cal will not authorize or pay for an additional restoration that duplicates the coverage already provided by the authorized crown.

How to Comply

Review the member's complete treatment authorization before submitting the restoration claims.

If a crown is authorized for a tooth receiving treatment, submit the crown claim but not a separate claim for post and core restoration.

If you need to perform interim treatment before the crown completion, ensure this clinical decision is well documented and justified.

When in doubt, contact us to clarify what restorations are covered under the existing authorization.

For additional guidance, refer to [Section 5: Manual of Criteria and Schedule of Maximum Allowances](#) and [Section 7: Codes](#) in the Medi-Cal Dental Provider Handbook.

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NOA Authorization Period Extended to 12 Months

Effective immediately, Medi-Cal Dental is pleased to announce that Notices of Authorization (NOAs) are now valid for 12 months if the member continues to have eligibility, which is double the previous 6-month validity period.

This extended period gives providers more time to complete authorized treatment without requesting new authorizations. This change reduces administrative burden and improves member access by reducing the need for authorization resubmissions.

What has changed?

Previous Policy:

NOAs were valid for 180 days from the time of authorization.

New Policy:

NOAs are valid for **365** days from the date of authorization for all procedure codes.

Helpful Reminders

- Even if the NOA has not expired, check member eligibility.
- Do not submit claims for procedures under the NOA after the 12-month period has expired.
- If a member's treatment plan extends beyond the 12-month window, submit a new TAR for remaining authorized procedures.
- Include the original NOA reference number when submitting claims to link them to the proper authorization.
- Update your office's internal process and patient communication to reflect this change.

NOA Submission Timing After Date of Service

- Submissions within **6 months after the date of service** qualify for **100 percent** of the Schedule of Maximum Allowances (SMA).

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- Submissions within **7-9 months after date of service** are reimbursed at **75 percent** of SMA.
- Submissions within **10-12 months after date of service** receive **50 percent** of SMA.

For complete details on NOA requirements and submission procedures, refer to [Section 3: Enrollment Requirements](#) and [Section 6: Forms](#) of the Medi-Cal Dental Provider Handbook. Additional information on electronic NOA submission is available in the [Medi-Cal Dental EDI Companion Guide](#).

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Provider Seminars Offer the Latest Medi-Cal Dental Information

[Medi-Cal Dental Provider training](#) seminars are a great way to learn about Medi-Cal Dental from experienced and qualified instructors. Training seminars are referenced in the Medi-Cal Dental Provider Handbook, [Section 2: Program Overview](#) under Training Program.

Why Attend?

Dentists, registered or certified dental assistants, and registered dental hygienists can earn free continuing education unit (CEU) credits for the Basic, Advanced, and Orthodontic seminars by attending in-person, webinar, or on-demand format. Please visit the [Medi-Cal Dental Provider Training](#) website for current information on upcoming seminars and trainings, and registration.

Seminar Highlights

- Year-round availability: Live in-person seminars and online webinars
- Covers current criteria, policies, and procedures

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- Early registration is recommended
- If you're unable to keep the reservation, please notify Medi-Cal Dental promptly as space is limited and "no-shows" prevent others from being able to attend

Seminar Series Overview

1. Basic & Electronic Data Interchange (EDI) Seminars

- **Basic Topics:** Medi-Cal Dental overview, guidelines, purpose, goals, policies, procedures, member eligibility, provider website and Provider Portal, paper billing form instructions, reference materials, and support services.
- **EDI Topics:** Overview of Treatment Authorization Requests (TARs), claims submission, report reviews, label preparation, mailing procedures, and electronic attachments.

2. Advanced Seminars

- In-depth coverage of Medi-Cal Dental criteria, radiograph/documentation requirements, processing codes, and other specialized topics.

3. Orthodontic Seminars

- Tailored for orthodontists, covering enrollment, certification, paper billing forms and procedures, and Medi-Cal-specific criteria and policies.

4. Workshops

- The Medi-Cal Dental Workshop is conducted by a qualified trainer and dental consultant and combines topics from the Basic and EDI Seminar and the Advanced Seminar. This is a six-hour session that allows hands-on exercises. Workshops will be scheduled later this year.

Register Today: The Provider Training Seminar Schedule is provided below. To reserve a spot online or view a complete list of seminars, go to the [Provider Training Seminar Schedule](#).

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Event Type	Date	Location
Basic and EDI	01/14/26 (8:30 AM-12:30 PM)	Webinar
Advanced	01/15/26 (8:30 AM-12:30 PM)	
Basic and EDI	01/22/26 (8:30 AM-12:30 PM)	Hilton Garden Inn Oxnard/Camarillo 2000 Solar Drive Oxnard, CA 93036
Advanced	01/23/26 (8:30 AM-12:30 PM)	
Orthodontic	02/06/26 (8:30-12:30PM)	Courtyard Long Beach Airport 3841 N. Lakewood Blvd. Long Beach, CA 90808
Basic and EDI	02/11/26 (8:30 AM-12:30 PM)	Hilton by DoubleTree 720 Las Flores Road Livermore, CA 94551
Advanced	02/12/26 (8:30 AM-12:30 PM)	
Basic and EDI	02/19/26 (8:30 AM-12:30 PM)	Webinar
Advanced	02/20/26 (8:30 AM-12:30 PM)	
Basic and EDI	03/05/26 (8:30 AM-12:30 PM)	Hampton Inn & Suites 1337 South Beckham Road Lodi, CA 95240
Advanced	03/06/26 (8:30 AM-12:30 PM)	
Basic and EDI	03/16/26 (8:30 AM-12:30 PM)	Webinar
Advanced	03/17/26 (8:30 AM-12:30 PM)	
Basic and EDI	03/24/26 (8:30 AM-12:30 PM)	Webinar

The [Learning Management System](#) (LMS) is Medi-Cal Dental's online training platform, where learners can access on-demand training courses after creating an individual account. To get started, each learner must create their own free LMS account.

Please note that registration for live seminars and webinars is not completed through the LMS. Live training events must be registered for through the [Provider Training](#) page, while the LMS is used only for accessing on-demand courses and tracking Continuing Education (CE) credits.

If you have questions or need additional support, please contact the Medi-Cal Dental Telephone Service Center (TSC) toll-free at (800) 423-0507. Medi-Cal Dental representatives are available to answer phone calls between 8:00 a.m. to 5:00 p.m., Monday through Friday to assist you. For general program information, the Medi-Cal Dental Interactive Voice Response System (IVR) is available 24 hours a day, seven days a week, using the automated system. For assistance with claims submission and documentation, please visit the [California Outreach Map](#) to contact your regional representative.