



Provider Bulletin

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Teledentistry Updates and Resources

Medi-Cal Dental offers two important teledentistry resources including the [Teledentistry Provider Directory Listing Flyer](#) and the [Skip-the-Line Member Resource Flyer](#).

The **Provider Directory Flyer** is a county-by-county quick-reference sheet listing the teledentistry networks and participating offices that serve Medi-Cal Dental members.

The **Member Resource Flyer** advises members that Teledentistry services are available and directs them to the [Smile, California](#) website where they can locate California-based providers offering Teledentistry as a modality to access dental services. It includes a brief overview of Teledentistry in English and Spanish, and a QR code, which leads to more information on Dental Managed Care plans.

Providers may submit claims using the following codes:

- Current Dental Terminology (CDT) **D9995** - Real-time encounter (synchronous): Live, two-way interaction between a member (originating site) and a provider (distant site) or,
- **CDT D9996** - Information stored and forwarded to a dentist for subsequent review (asynchronous). The dentist receives the records and uses the information to evaluate the member's condition or render a service outside of a real-time or live interaction or,

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SIGN UP FOR OUR EMAIL LIST

Learn the latest Medi-Cal Dental news and information by signing up for our Medi-Cal Dental Fee-For-Service Provider email distribution list [here](#).

TRAINING SEMINARS

To reserve a spot online or view a complete list of training seminars, go to the [Provider Training Seminar Schedule](#).



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- **CDT D9430** - Real-time audio/video or audio-only (synchronous) when the visit is limited to observation, counseling, or management of an oral concern and no other CDT code applies besides the teledentistry code D9995.

For more information on Teledentistry, please reference the following resources:

- [Teledentistry FAQ](#)
- [Teledentistry Quick Reference Guide](#)

As a reminder, the [Find-A-Dentist](#) search tool is updated to include several new and important fields, such as whether providers:

- Offer Teledentistry
- Accept New Children's Health Insurance Plan (CHIP) patients
- Have accommodation (offices, exam room(s), and equipment) for people with physical disabilities
- List a provider website accessible to members

Additionally, members may filter results for specific language needs and cultural competency training.

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.

Teledentistry Expansion Policy: D9430

As part of the Medi-Cal Dental teledentistry expansion policy, Current Dental Terminology (CDT) code D9430 may be billed for office-visit type encounters delivered via synchronous teledentistry, when no other procedure is performed and all Medi-Cal Dental rules are met.

What changed for CDT D9430?

- CDT D9430 is defined as an office visit for observation during regular hours when no other services are performed.

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- As of May 1, 2023, DHCS lists CDT D9430 as one of the few non-diagnostic/non-preventative codes that may be billed via teledentistry, alongside CDT D9995.

When can CDT D9430 be used via teledentistry?

- CDT D9430 may be billed for synchronous teledentistry (real-time audio/video or audio-only) when the visit is limited to observation, counseling, or management of an oral concern and when no other CDT code applies besides the teledentistry code.
- For these synchronous encounters, CDT D9995 is used to represent the teledentistry modality. CDT D9430 may be billed in addition when the visit meets the office-visit definition and Schedule of Maximum Allowances (SMA) rules.

Documentation Requirements

- Chart notes must support both CDT D9430 and teledentistry: member-initiated contact, chief complaint, history, assessment, advice, and the reason no additional procedures were performed.
- Records must also show patient consent to teledentistry, appropriate technology use, provider enrollment, and compliance with Manual of Criteria (MOC) provisions.

Helpful Reminders

- Use CDT D9430 only for observation/consultation visits during regular hours when no other CDT code applies besides the teledentistry code D9995.
- Ensure members can still obtain timely in-person care
- Maintain documentation that would support Medi-Cal Dental audit review if necessary.

For the full teledentistry policy and documentation requirements, please review the [Teledentistry FAQ](#), the [Teledentistry Quick Reference Guide](#), and [Section 5 - MOC and SMA](#) of the Medi-Cal Dental Provider Handbook.

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Kindergarten Oral Health Assessment Requirement

The Kindergarten Oral Health Assessment (KOHA) Requirement is a dental checkup requirement that helps schools identify children suffering from untreated dental disease and helps parents establish a dental home for their children.

In accordance with California law, children must have a dental checkup 12 months before entering public school for the first time or by May 31st of their first year (Kindergarten or 1st Grade). Kindergarten includes both Transitional Kindergarten (TK) and Kindergarten students and if the KOHA is completed in TK, the child does not have to repeat the process in Kindergarten. While encouraged, it is not a requirement for the dentist to establish the child as a patient of record. Upon registration, the school will give the child's parents a letter explaining the requirement and a form to be completed during the dental visit by the dental provider. Once completed, it is the responsibility of the parent to submit the assessment form to their child's school.

KOHA can be met by having a complete examination and treatment plan performed by a licensed dentist, or by a more basic oral health evaluation, such as a screening, which can be performed by a dentist, hygienist, or an extended function registered dental assistant with supervision. Medi-Cal Dental providers should reference the California Dental Association's [KOHA Requirement webpage](#) for detailed information about the requirement, including, but not limited to:

- What the law requires
- What to do when an existing or new patient calls needing the school required "oral health assessment" for their child
- How to fill out the state-required assessment form

As a reminder, providers must verify a new patient's Medi-Cal eligibility prior to rendering services.

Please refer to the Provider Handbook, [Section 4 Treating Members](#) for member eligibility verification and identification requirement guidelines.

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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.

Interpretation Services in California

As part of our commitment to providing comprehensive care to Medi-Cal Dental members in California, we recognize the importance of bridging language barriers that may exist between providers and members. Our interpretation services aim to facilitate clear and accurate communication, enabling you to deliver high-quality dental care to diverse populations within the state.

Key features of the enhanced interpretation services include:

- 1. Language Access Helpline for Members:** This helpline is designed to assist Medi-Cal Dental members get help at no cost in their language before or outside of an appointment. This helpline is staffed with trained interpreters who can assist in over 200 languages, ensuring that language will never be a barrier in providing exceptional care. Members can utilize this service to connect with interpreters during appointments or for any language-related assistance they may require. To access, members dial 1-800-322-6384 or 1-800-735-2922 for hearing impaired assistance, and a Telephone Service Representative will connect the member with the appropriate Language Service. Services are available between 8:00 a.m. to 5:00 p.m., Monday through Friday.
- 2. Telephonic Interpretation for Providers:** For Medi-Cal Dental providers who need assistance when communicating with a patient, you also have access to professional interpreters via telephone. This convenient service enables real-time interpretation during patient consultations, treatment discussions, consent procedures, and other vital interactions. Telephonic interpretation is available in multiple languages, ensuring immediate language support is at your fingertips. To access, simply dial 1-800-322-6384. Services are available between 8:00 a.m. to 5:00 p.m., Monday through Friday.

Effective communication is the cornerstone of exceptional dental care, and our enhanced interpretation services are designed to facilitate seamless interactions between providers and members within California. By utilizing these services, providers will be better equipped to address the diverse needs of Medi-Cal Dental members and deliver care that is both patient-centered and linguistically appropriate.

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It is recommended that American Sign Language (ASL) interpreter services are scheduled 2 days in advance. Other language interpreter services do not always need to be scheduled in advance. Providers can connect with a language interpreter in the office directly at 1-800-322-6384 or call the Telephone Service Center at 1-800-423-0507 and select the Interactive Voice Response (IVR) option 2 for interpreter services when prompted, to access language interpreters in approximately 250 languages.

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.

Discontinuation of Proposition 56 Supplemental Payments

Please be aware that with the 2025-2026 California State Budget (Senate Bill 101) decisions, Proposition 56 (Prop 56) supplemental incentive payments to Medi-Cal Dental providers will discontinue effective July 1, 2026. Claims submitted for date of service on or after July 1, 2026, will be reimbursed solely at the Schedule of Maximum Allowances (SMA) amount.

What to Expect

- The last supplemental payments will be issued for services rendered on or before June 30, 2026.
- A one-year claims runout period begins July 1, 2026, through June 30, 2027 for submission of any outstanding claims for services.
- Effective July 1, 2026, only SMA Medi-Cal reimbursement rates will apply for affected procedure codes.
- Explanation of Benefits (EOB) statements will include notification language: “Prop 56 supplemental payments are discontinued for dates of services on or after July 1, 2026. For more information on the discontinuation of Prop 56, go to <https://dental.dhcs.ca.gov>.”

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Steps You Can Take Now

- Review your current reimbursement structure and identify procedures currently receiving Prop 56 supplemental payments.
- Calculate the financial impact on your practice effective **July 1, 2026**.
- Assess your Medi-Cal Dental patient care capacity and scheduling considering the reduced reimbursement.
- Ensure that your billing staff understands the **June 30, 2026 deadline** for supplemental payment eligibility and verify that all claims are submitted before the runout period expires. The runout period is from July 1, 2026 through June 30, 2027. For additional information regarding reimbursement during the runout period, please review [Claim Submission and Timeliness Overview \(claim sub\)](#).

For detailed information on affected procedure codes and current Prop 56 schedules, visit the [Medi-Cal Dental Manual of Criteria \(MOC\) and Schedule of Maximum Allowances \(SMA\)](#).

Failure to submit claims by the runout deadline may result in claims being denied or paid at base rates only. Ensure the accurate tracking of all service dates to maximize supplemental payment recovery before the effective date of July 1, 2026.

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