



Provider Bulletin

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Important Changes to Adult Dental Benefits

Starting on July 1, 2026, Medi-Cal will stop covering dental services for some adult members, except for emergencies. This change is based on immigration status. The change only affects Medi-Cal members who are aged 19 and older and do not qualify for federal full-scope Medi-Cal. For more details, please visit [Immigration Status and Changes to Medi-Cal Eligibility](#).

Effective July 1, 2026

Starting July 1, 2026, adult members (19 and older) who were previously receiving full-scope benefits but do not meet federal immigration status requirements will transition to a new coverage category: **Full-Scope Medi-Cal with no dental**.

- **Dental Managed Care (DMC) Impact:** Members in this category may be disenrolled from their Dental Managed Care Plans and moved to Medi-Cal Dental Fee-For-Service (FFS) for emergency dental services only.
- **Treatment Transitions:** Any comprehensive or non-emergency dental treatment currently in progress for these members must be completed by June 30, 2026. Beginning July 1, 2026, only emergency dental services will be reimbursed for this population.

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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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dental.dhcs.ca.gov



Defining Covered Emergency Dental Services

For members limited to full-scope Medi-Cal with no dental, Medi-Cal only covers services required to alleviate severe pain or treat sudden, serious medical conditions.

Emergency dental services examples include, but are not limited to:

- Uncontrolled bleeding
- Painful swelling or infection (abscess)
- Infection of your gums or teeth with pain or swelling
- Severe toothache or jaw pain
- Facial or jawbone injuries
- Broken Tooth
- Knocked-out teeth
- Adjusting orthodontic wires causing trauma to cheeks or gums

Billable Emergency Codes

For a **detailed list of emergency dental procedures**, please refer to the [Medi-Cal Dental Benefit Changes](#). Criteria for each procedure can be found in the [Medi-Cal Dental Provider Handbook, Section 5 - MOC and SMA](#).

Please visit [our website](#) for more information about the upcoming changes and [FAQs](#). You can also visit [Smile, California](#) and our [2026 Medi-Cal Dental Benefit Changes landing page](#) for informational materials on the upcoming changes.

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.

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Important Changes to Adult Dental Benefits Based on Immigration Status

Starting on July 1, 2026, the Department of Health Care Services (DHCS) is implementing changes to Medi-Cal dental benefit eligibility for **certain adult members based on immigration status**. For more details regarding immigration status, please visit [Immigration Status and Changes to Medi-Cal Eligibility](#). For general information regarding Medi-Cal Dental benefit changes, please visit [Medi-Cal Dental Benefit Changes](#).

Why This Matters to Your Practice

It is critical for providers and office staff to understand these changes to ensure accurate treatment planning, prevent claim denials, and properly advise patients on their coverage limits.

Failure to verify eligibility through the Medi-Cal Dental Provider Portal or the Automated Eligibility Verification System (AEVS) before rendering non-emergency services may result in non-reimbursable claims.

On January 1, 2026

January 1, 2026, new applicants 19 and older who are not pregnant and do not have an immigration status eligible for full scope Medi-Cal will be eligible for restricted scope Medi-Cal. If they were granted full scope Medi-Cal prior to January 1, 2026, they can keep full scope Medi-Cal as long as they continue to meet all other eligibility criteria.

- Restricted scope (emergency) coverage Covers emergency medical services and pregnancy-related care, such as prenatal care, labor, delivery, 365-days postpartum care, and long-term care services. Dental services are covered only for emergencies.
- Pregnancy/postpartum will be determined by aid code only so it is imperative Providers confirm that pregnant/postpartum members speak with a [county eligibility worker](#) to be placed in the proper aid code.

Effective July 1, 2026

Starting on July 1, 2026 date-of-service, Medi-Cal will stop covering dental services for some adult members, except for emergencies. This change is based on immigration status. The change only affects Medi-Cal members who are aged 19 and older and do not qualify for federal full-scope Medi-Cal and will transition to a new coverage category:

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Full-Scope Medi-Cal with No Dental.

- **Dental Managed Care (DMC) Impact:** Members in this category may be disenrolled from their Dental Managed Care plans and moved to Medi-Cal Dental Fee-For-Service (FFS) for emergency dental services only.
- **Treatment Transitions:** Any comprehensive or non-emergency dental treatment currently in progress for these members must be completed by June 30, 2026. Beginning July 1, 2026, only emergency dental services will be reimbursed for this population.

Defining Covered Emergency Dental Services

For members limited to full-scope Medi-Cal with no dental categories, Medi-Cal only covers services required to alleviate severe pain or treat sudden, serious medical conditions.

Emergency dental services examples include, but are not limited to:

- Uncontrolled bleeding
- Painful swelling or infection (abscess)
- infection of your gums or teeth with pain or swelling
- Severe toothache or jaw pain
- Facial or jawbone injuries
- Broken Tooth
- Knocked-out teeth
- Adjusting orthodontic wires causing trauma to cheeks or gums

For a **detailed list of emergency criteria**, please refer to the Medi-Cal Dental [Manual of Criteria \(MOC\) and Schedule of Maximum Allowances \(SMA\)](#).

Provider Action Items

1. **Verify Eligibility:** Always check the member's current scope of coverage for every appointment.
2. **Plan Treatment Cycles:** Ensure that non-emergency treatment plans for affected members are finalized and billed before the July 1, 2026 transition.
3. **Reference Immigration Status Categories:** For technical details on which immigration statuses receive federally qualified funding, visit www.dhcs.ca.gov.

Approved Methods for Eligibility Verification

Per the Medi-Cal Dental Provider Handbook, [Section 4 - Treating Members](#), providers must use one of the following official methods to verify a member's eligibility:

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1. **Automated Eligibility Verification System (AEVS)**

The AEVS is available 24 hours a day, seven days a week. The AEVS message for members impacted by this change is: DENTAL BENEFITS LIMITED TO EMERGENCY SERVICES ONLY. Providers can access AEVS by calling (800) 456-2387. You will need your Provider NPI and the member's Benefits Identification Card (BIC) ID number or Social Security Number.

2. **Medi-Cal Website (Provider Portal)**

Eligibility can also be verified through the [Medi-Cal Provider Portal](#). Please reference [Provider Bulletin Volume 41 Number 2](#) for more information. Once logged in, providers can perform a real-time eligibility search.

Please visit [our website](#) for more information about the upcoming changes and [FAQs](#). You can also visit [Smile, California](#) and our [2026 Medi-Cal Dental Benefit Changes landing page](#) for informational materials on the upcoming changes.

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.