



Provider Bulletin

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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](#).

How to Submit Claim Inquiry Forms (CIFs) Electronically

A Claim Inquiry Form (CIF) is used to request reevaluation of a Medi-Cal Dental claim that has already been processed. CIFs must be received within six months of the date of the Explanation of Benefits (EOB).

CIFs can be submitted electronically through the Electronic Data Interchange (EDI), and the information below explains how to submit them correctly. Providers who submit CIFs using EDI can receive responses more quickly and reduce delays caused by incomplete or incorrect requests. Note that providers must be enrolled in EDI and configured to submit 837 Transaction Claim Adjustments transactions. If a provider's service office is not enrolled with EDI and would like to enroll, a [Medi-Cal Dental EDI Enrollment Packet](#) must be submitted.

To ensure successful submission of electronic CIFs, providers are encouraged to contact their clearinghouse and dental billing software vendor for a walkthrough to confirm 837 Transaction Claim Adjustments compatibility and obtain system-specific instructions. Currently, Brain EDI and Optum are the only vendors offering electronic CIF submission functionality, with additional vendors expected to introduce this capability in the near future.

Providers who are currently enrolled with a different clearinghouse and would like to change their clearinghouse can complete and submit the [Provider Service Office Electronic Data Interchange Option Selection Form](#).

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Electronic CIF Process

Electronic CIFs are submitted through the EDI Claim Adjustment transaction using their dental billing software and clearinghouse. There is no online form or submission option on the Medi-Cal Dental website for electronic CIFs.

When submitting a CIF, providers must create a claim adjustment submission to request an adjustment or review of an existing, processed claim and not a new claim submission. Radiographs, photographs and/or attachments associated with CIFs must be sent through image clearinghouses and the image clearinghouse attachment number must be documented on the electronic CIF (e.g. EHG #12345678 or NEA #12345678).

Submit an EDI 837 Transaction Claim Adjustment

1.) Create an 837 Transaction Claim Adjustment based on your clearinghouse requirements

2.) Enter required adjustment detail

- a. Patient information
 - i. Patient name
 - ii. Medi-Cal ID number
- b. Provider information
 - i. Billing provider information as submitted on the original claim
- c. Claim information
 - i. Original Medi-Cal Dental Document Control Number (DCN)
 - ii. Original Provider Document Control Number (PDCN)
 - iii. Clear reason for requesting reevaluation, such as a denied or modified claim
 - iv. Any additional radiographs (e.g. EHG #12345678 or NEA #12345678) or documentation pertinent to the procedure under reconsideration

3.) Validate and generate the EDI file

- a. The system formats the data into the ASC X12 837 standard
- b. Perform validation checks (often automated by software/clearinghouse)

4.) Submit through clearinghouse connection

- a. Provider will receive a daily CP-O-973-P report showing receipt status

Electronic CIFs that do not include required claim identifiers or documentation may be rejected without review.

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What Providers Can Expect After Submission

Responses to electronic CIFs are returned electronically through the same billing system or clearinghouse used to submit the request. Providers should regularly review electronic reports and messages for updates, decisions, or requests for additional information.

Failure to review electronic response files may result in missed notifications or unresolved claim issues.

Guidance Is Available Online

Find more information on EDI and available clearinghouses at [Electronic Data Interchange How-To Guide](#).

Additional information is available in the [Electronic Data Interchange Companion Guide](#).

Providers should also continue to follow billing and coverage rules outlined in the Medi-Cal Dental Provider Handbook, the [Manual of Criteria and the Schedule of Maximum Allowances](#).

Direct Assistance Is Available

Providers who need assistance with electronic CIF support should contact their clearinghouse directly. Providers may contact the Medi-Cal Dental Telephone Service Center (TSC) or send an email to Medi-CalDentalEDI@gainwelltechnologies.com for general guidance related to EDI enrollment and claims submission requirements.

Clearinghouses that would like to contact Medi-Cal Dental to enable the electronic CIF capability can send an email to Medi-CalDentalEDI@gainwelltechnologies.com.

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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Enhanced Protections for Medi-Cal Members

Providers may not submit a claim to, or collect reimbursement from, a Medi-Cal member or an authorized representative, except for the specified share of cost a member's eligibility status requires for any service.

Title 22, California Code of Regulations, Section 51002 (a) and Welfare and Institutions Code (WIC) Section 14019.4 (a) expressly prohibit a provider from billing a Medi-Cal member for services included in the Medi-Cal Dental scope of benefits. Furthermore, a provider may not bill both the member and Medi-Cal Dental for the same dental procedure.

Senate Bill 639 (effective July 1, 2020) requires that when a dental provider accepts Medi-Cal, the patient's treatment plan must clearly state whether Medi-Cal will cover an alternate, medically necessary service as defined in Welfare and Institutions Code Section 14059.5. The treatment plan must also tell the patient that they have the right to receive only services covered by Medi-Cal and that the dental provider agrees to follow all Medi-Cal rules to obtain those covered services before starting treatment. For complete details, click [here](#) to view the [California Business and Professions \(B&P\) Code](#).

Current Law:

- Dentists shall not arrange for or establish third-party credit or loans for patients administered or under the influence of general anesthesia, conscious sedation, or nitrous oxide. [B&P Code § 654.3(g)].
- Dentists shall not charge third-party lines of credit (arranged for or established in their office) any treatment costs before the treatments are provided, unless the dentist provides the patient with a written or electronic notice and treatment plan, including an itemized list of treatments and services charged before rendering or incurring costs. [B&P Code § 654.3(b)].

The written treatment plan must include:

- Each anticipated service to be provided and the estimated cost of each service;
- The patient's private or government-estimated share of cost for each service (if applicable, including whether Medi-Cal will cover the service); and
- If services are not covered by patient's private or other insurance (including Medi-Cal), notification that the services may not be covered and that the patient has the right to confirm coverage before starting dental treatment.

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- Written notice must be provided in patient's threshold language. [B&P Code § 654.3(f)].

All the current requirements above continue to apply, with the following additions:

- Dentists shall not charge to third-party lines of credit (arranged for or established in their office) any treatment costs more than 30 days before the treatments are rendered (except for orthodontia). [B&P Code § 654.3(c)].
- Dentists shall not arrange for or establish an open-end credit or loan that contains a deferred interest provision (which is common under many current third-party credit companies). [B&P Code § 654.3(b)].
- Dentists are prohibited from completing any part of a third-party credit or loan application on behalf of the patient. [B&P Code § 654.3(e)].
- Dentists shall provide the patient with a written or electronic notice and treatment plan, including an itemized list of treatments and services charged before rendering or incurring costs.
 - The notice must include the revised language specified in [B&P Code §654.3(g)].
 - For all Medi-Cal providers, the written treatment plan must indicate if Medi-Cal would cover an alternate medically necessary service. It must also notify the Medi-Cal patient that they have a right to ask for only services covered by Medi-Cal, and that the dentist must follow Medi-Cal rules to secure Medi-Cal-covered services before treatment. [B&P Code § 654.3(h)(1)].
- Dentists shall not arrange for or establish third-party credit or loans when patients are in a treatment area (including but not limited to exam rooms, surgical rooms, and any other area where dental treatment is provided) unless the patient agrees to do so. [B&P Code § 654.3(j)].

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:

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.

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- **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

- **Verify Eligibility:** Always check the member's current scope of coverage for every appointment.
- **Plan Treatment Cycles:** Ensure that non-emergency treatment plans for affected members are finalized and billed before the July 1, 2026 transition.
- **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:

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

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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.

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.

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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Attend a Provider Seminar for the Latest Medi-Cal Dental Information

Provider training seminars, webinars, and workshops are great ways to learn about Medi-Cal Dental from experienced, qualified instructors. In addition, dentists, registered or certified dental assistants, and hygienists can earn free Continuing Education (CE) credits.

Seminars, workshops, and webinars are available year-round and cover the most current criteria, policies, and procedures in Medi-Cal Dental. The Basic and EDI, Advanced, Orthodontic (Ortho) seminars and workshops are CE-eligible trainings. Note that on-demand courses are also available and selected courses are also eligible for CEs.

Early Registration Is Recommended

Along with our current virtual webinar schedule, our in-person seminars offer opportunities for providers to learn more about Medi-Cal Dental. The Provider Training page has current information on upcoming training seminars and webinars, including seminar descriptions, current schedule, and registration.

How to Register

To find and register for a seminar, please visit the [Provider Training Seminar Schedule page](#). When you click “Register” you will be sent to the Learning Management System (LMS) where you will need to sign in or enroll with a new account if necessary.

Instructions for creating an account can be found on the website. Please note that each attendee will require their own LMS account and that a shared “office” account will not suffice. If you’re having trouble registering, you may arrive early to register at the door. Space is limited, so early arrival is recommended.

Seminars and Webinars Available

Basic and Electronic Data Interchange (EDI) Seminars: Basic seminars address general program purpose, goals, policies, and procedures. Participants receive step-by-step instruction on accurately completing standard billing forms and are introduced to essential reference materials and support services available to providers.

Additionally, the seminar offers in-depth guidance on critical topics such as eligibility, equipping attendees with the knowledge needed to manage core administrative and clinical responsibilities. The presentation’s EDI section includes an overview of EDI reports, EDI label preparation, mailing of TARs and claims, and the submission of electronic attachments.

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Advanced Seminars: Advanced seminars offer current, in-depth information on topics, such as Medi-Cal Dental criteria, radiograph and documentation requirements, processing codes, and other topics of specific concern.

Orthodontic Seminars: These specialized seminars for orthodontists address all aspects of the Medi-Cal Dental orthodontic program, including enrollment and certification, completion of billing forms, review of case study types, completion of the Handicapping Labio-Lingual Deviations (HLD) form, billing procedures, and criteria and policies specific to Medi-Cal Dental.

Workshops: Workshops combine topics from the Basic and EDI, and the Advanced seminars. This is a session that allows hands-on exercises.

Continuing Education (CE) Credits

To earn CE credits, you must complete the seminar or course in its entirety. Once completed, your CE will be available for download from your LMS profile dashboard.

For current submission and criteria requirements, please refer to [Section 5 - Manual of Criteria and Schedule of Maximum Allowances](#) and [Section 2 - Program Overview](#) of the Provider Handbook.

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.