



An Advocate's Guide to Medi-Cal Services

Updated April 2026

Chapter VIII: Dental Services

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Outline of Medi-Cal Dental Services*

- A. Adult dental coverage
 - 1. Full-scope dental benefits
 - 2. Full-scope Medi-Cal with no dental benefits
 - 3. Restricted-scope dental benefits
 - 4. Dental benefits for pregnant individuals
- B. Children Dental Coverage
- C. Tele-dentistry
- D. General Anesthesia Services

*This is a non-exhaustive list of services. It may not include all available services.

While comprehensive dental coverage is mandatory for children enrolled in Medicaid, dental services are not a required benefit for adults over age 21.¹ Therefore, the state has flexibility in determining the scope of dental services it covers. The Medi-Cal Dental Program (Medi-Cal Dental) covers comprehensive dental services for both children **and** adults, but the range of dental benefits covered for adults has varied significantly in recent years. In July 2009, due to budget constraints, California eliminated its comprehensive adult dental coverage. In May 2014, there was a partial restoration of Medi-Cal adult dental benefits, and on January 1, 2018, adult dental benefits were fully restored.² However, due to Medi-Cal cuts in last year's state budget, California will remove non-emergency dental benefits for certain immigrant beneficiaries starting on July 1, 2026.³

Delivery System: FFS vs. Managed Care

Medi-Cal Dental is administered through two delivery systems: Dental Fee-For-Service (FFS) and Dental Managed Care (DMC). Dental FFS is the delivery system in all counties except Sacramento and Los Angeles counties. DMC enrollment is mandatory in Sacramento County (with a few exceptions), and beneficiaries in Los Angeles County, have the option to enroll in a DMC plan.

To operationalize FFS dental services, DHCS has contracted with a third party entity to serve as the fiscal intermediary and as the administrative services

organization. This entity processes claims and TARs submitted by dental health providers, as well as provides dental administrative services including network management.⁴

In the fee-for-service system, beneficiaries can access any dental provider who participates in Medi-Cal. In managed care, beneficiaries are restricted to those providers participating in the dental plan in which the beneficiary is enrolled.⁵

Resources:

- Medi-Cal Dental Provider Handbook: https://www.dental.dhcs.ca.gov/Providers/Medi_Cal_Dental/Provider_Publications/ProviderHandbook
- Medi-Cal Dental Beneficiary Handbook: https://dental.dhcs.ca.gov/MCD_documents/members/member_handbook_english.pdf
- Dental Credit Card Debt: California Advocates Toolkit: <https://healthlaw.org/resource/dental-credit-card-debt-california-advocates-toolkit/>

Prior authorization

Prior approval of certain dental services must be sought through a Treatment Authorization Request (TAR).⁶ Services subject to prior authorization include restorative services, endodontics, periodontics, prosthodontics, implant services, oral and maxillofacial surgery and orthodontics services.⁷ Services provided to patients in hospitals, skilled nursing facilities and other intermediate care facilities require prior authorization unless exempted as emergency services.⁸ For detailed information regarding procedures requiring prior authorization, refer to “Section 5: Manual of Criteria and Schedule of Maximum Allowances” of the Medi-Cal Dental Program Provider Handbook.⁹

Prior authorization is not transferable from one provider to another. If for some reason the provider who

ADVOCACY TIP:

- ✓ The Medi-Cal Dental Program Provider Handbook contains detailed information regarding Medi-Cal Dental policies, procedures, and instructions for completing necessary forms and other related documents. The Handbook, put together by the Department of Health Care Services (DHCS), is over 400 pages long and is updated quarterly with information from Medi-Cal Dental Provider Bulletins. The Handbook is designed for Medi-Cal Dental accepting providers and their staff as their primary reference for information about the Medi-Cal Dental Program, and can also be a helpful tool for advocates.¹⁰

received authorization is unable to complete the service or the beneficiary wishes to go to another provider, another provider cannot perform the service until a new treatment plan is authorized under the new provider's name.

A. Adult Dental Coverage

1. Full-Scope Dental Benefits

Adults with full-scope Medi-Cal are eligible for comprehensive dental services.¹¹

Adult dental services include:

- Exams and X-rays
- Cleanings (Prophylaxis)
- Fluoride Treatments
- Fillings
- Root Canals in Front Teeth
- Prefabricated Crowns (stainless steel or tooth colored)
- Full Dentures
- Denture Relines
- Other Medically Necessary Dental Services
- Laboratory Processed Crowns
- Root Canals in Back Teeth
- Partial Dentures
- Partial Denture Adjustments, Repairs, and Relines
- Periodontics (Scaling and Root Planing)
- Posterior Lab-Processed Crowns

2. Full-Scope with No Dental Benefits

Starting July 1, 2026, many immigrant beneficiaries, including those without documented status and certain qualified noncitizens, will no longer qualify for non-emergency dental benefits.¹² Beneficiaries in this eligibility group can still access emergency-related dental services, however pregnant immigrants in California with Medi-Cal maintain full-scope dental coverage, regardless of immigration status, during pregnancy and for one year postpartum. So, while other adults without documented status will face limited, emergency-only dental coverage starting July 1, 2026, pregnant individuals are exempt from this restriction.¹³ Impacted beneficiaries enrolled in or who applied for Medi-Cal prior to January 1, 2026, will be moved to full scope Medi-Cal coverage with no dental.¹⁴

ADVOCACY TIP:

- ✓ It is critical to ensure that Medi-Cal accepting dental providers bill Medi-Cal for covered dental services. This includes pursuing Medi-Cal authorization of dental treatment, including dental services for children under the EPSDT benefit.

In addition, starting on October 1, 2026, federal changes will restrict additional immigrants with qualified legal status from qualifying for federal Medicaid funding and full scope Medi-Cal coverage.¹⁵

3. Restricted Scope Dental Benefits

Adults with restricted-scope Medi-Cal will continue to have limited coverage with only extractions and emergency services covered. “Emergency” for purposes of those with restricted scope coverage means:

- a condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in any of the following:¹⁶
 - Placing the patient’s health in serious jeopardy.
 - Serious impairment to bodily functions.
 - Serious dysfunction of any bodily organ or part.

4. Dental Benefits for Pregnant Individuals

Pregnant Medi-Cal beneficiaries, regardless of the scope of benefits available to other adults, are eligible to receive all dental procedures listed in the Medi-Cal Dental Manual of Criteria (MOC) that are covered by the Medi-Cal program (as long as procedure requirements and criteria are met).¹⁷ These beneficiaries are also eligible to receive these services for 12 months postpartum regardless of citizenship or immigration status, and regardless of changes in income during that time. The postpartum coverage begins on the last day of the pregnancy and ends on the last day of the month in which the 365th day following the pregnancy falls.¹⁸

Cap on Adult Dental Services

Dental services for individuals 21 years or older are limited to \$1,800 per beneficiary for each calendar year.¹⁹ The cap is considered a “soft” cap because once Medi-Cal Dental has paid \$1,800 in claims all subsequent claims require a treatment authorization request (TAR). Therefore, services can still be covered beyond \$1,800, however, documentation of medical necessity is required for approval.²⁰ The \$1,800 cap resets each calendar year. Providers are not responsible for verifying a Medi-Cal member’s dental cap prior to rendering medically necessary services.²¹

Certain services are exempt from the cap, including:²²

- Emergency dental services,
- Services that are federally mandated, including pregnancy related services,
- Dentures;
- Maxillofacial and complex oral surgery;

- Maxillofacial services, including dental implants and implant-retained prostheses; and
- Services provided in long-term facilities.

Providers may not bill beneficiaries if Medi-Cal paid **any amount** on a specific procedure.²³ So even if there was a partial payment, the provider must consider it to be payment in full.²⁴ Providers may only bill Medi-Cal beneficiaries if the beneficiary has met the \$1,800 cap, the service is not exempt from the cap, and nothing was paid on a procedure.²⁵

B. Children Dental Coverage

Children ages 0 to 20 with full-scope Medi-Cal benefits and are eligible for the following services:

- Oral evaluation (under age 3)
- Initial Exam (ages 3-20)
- Periodic Exam (ages 3-20)
- Prophylaxis
- Fluoride
- Restorative Services—Amalgams, Composites, and Pre-fabricated Crowns
- Laboratory Processed Crowns
- Scaling and Root planing
- Anterior Root Canals
- Posterior Root Canals
- Partial Dentures
- Full Dentures
- Extractions
- Emergency Services
- Caries Risk Assessment bundle
- Silver Diamine Fluoride

Under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, children under age 21 must receive benefits and services necessary to “correct or ameliorate defects and physical and mental illnesses and conditions.”²⁶ EPSDT is designed to ensure children get the health care they need when they need it, so that health problems are treated as early as possible. In addition to periodic and interperiodic assessment of the child’s teeth, coverage must, at a minimum, include “relief of pain and infections, restoration of teeth, and maintenance of dental health.”²⁷

As part of the California Advancing and Innovating Medi-Cal (CalAIM) Dental Initiative, California is working to improve oral health and preventive services for children.²⁸ The initiative includes benefits such as the Caries Risk Assessment (CRA) bundle and Silver Diamine Fluoride (SDF).²⁹ CRA services bundles a CRA exam and nutritional counseling to assess and manage caries risk and to

emphasize the provision of preventive services in lieu of more invasive and costly procedures for children ages 0-6.³⁰ This benefit is available statewide and allows providers, including allied dental professionals, to bill for the CRA bundle rate including the allowable increased frequencies for certain preventive services for those with moderate and high caries risk.³¹

The goal of SDF is to provide an option for caries arresting treatment when restorative caries treatment may not be optimal. This benefit is available statewide and allows providers, including allied dental professionals, to bill for the application of the caries-arresting medicament SDF.³² This benefit is reimbursable for children (ages 0-6) and provides two visits per member per year (once every six months), for up to ten teeth per visit, with a lifetime maximum of four treatments per tooth.³³ In addition, the SDF benefit is available to persons with underlying conditions for whom nonrestorative caries treatment may be optimal. This can include individuals in Skilled Nursing Facility/Intermediate Care Facility (SNF/ICF) or individuals receiving services from the Department of Developmental Services (DDS).³⁴ The SDF benefit is available except if the tooth is nonrestorable or near exfoliation.³⁵

C. Teledentistry

DHCS permits the use of teledentistry as an alternative way to provide dental services. Therefore, enrolled Medi-Cal Dental providers may render certain services via teledentistry, which may be provided via “asynchronous store and forward” or “synchronous or live transmission.” Asynchronous store and forward is “the transmission of medical information to be reviewed at a later time by licensed dental provider at a distant site,” such as may occur if medical staff take images of a patient’s teeth for a dentist to review a day later.³⁶ Synchronous or live transmission “is a real-time interaction between a beneficiary and a provider located at a distant site.”³⁷ Eligible teledentistry services include oral evaluation for new or established patients, periodic oral evaluation for established patients, and examination of radiographic images. For more information on telehealth services, refer to the “Telehealth Addendum”.

D. General Anesthesia Services

Prior Authorization is required for general anesthesia and intravenous sedation. Only an enrolled Medi-Cal Dental provider may request a TAR for this service. Anesthesiologists may submit a TAR if they are enrolled as a billing provider. If an anesthesiologist is not a billing provider, the billing provider rendering the dental services may submit the TAR on behalf of the anesthesiologist rendering the anesthesia. Additionally, if an anesthesiologist is part of a group practice, the group practice may submit a TAR on behalf of anesthesiologist.³⁸ Prior

authorization may be waived when the service is medically necessary to treat an emergency medical condition or for beneficiaries who reside in a state certified skilled nursing facility or any category of intermediate care facility for developmentally disabled individuals.³⁹

Endnotes

¹ 42 U.S.C. § 1396d(a)(10).

² See CAL. WELF. & INST. CODE § 14131.10(b)(2)(C) for the May 2014 restoration, and CAL. WELF. & INST. CODE § 14131.10(b)(1)(A)(i) for the 2018 restoration. See also Cal. Dep't Health Care Servs., Dental All Plan Letter 17-009 (Nov. 27, 2017), https://www.dhcs.ca.gov/services/Documents/MDSO/2017%20DAPLs/APL_17-009_Fully_Restore_Adult_Dental_Benefits.pdf (informing Medi-Cal Dental Managed Care Plans of the full restoration of adult dental benefits), and Cal. Dep't Health Care Servs., *Full Restoration of Adult Dental Benefits – Frequently Asked Questions* (Jan. 1, 2018), https://www.dhcs.ca.gov/services/Documents/MDSO/Adult_Resto_FAQ-Fact_Sheet_12-2017.pdf [hereinafter *Restoration of Adult Dental Benefits FAQs*].

³ CAL. WELF. & INST. CODE § 14007.5(l)(1).

⁴ Cal. Dep't Health Care Servs., Notice of Intent to Award, RFP # 20-10354 (July 1, 2022), https://www.dhcs.ca.gov/provgovpart/rfa_rfp/Pages/CSBfidboHome.aspx.

⁵ CAL. WELF. & INST. CODE § 14087.46; Cal. Dep't Health Care Servs., All County Welfare Directors Letter No. 94-88 (Nov. 21, 1994), <https://www.dhcs.ca.gov/services/medi-cal/eligibility/letters/Documents/c94-88.pdf>.

⁶ Cal. Dep't Health Care Servs., *Medi-Cal Dental Program Provider Handbook 2-11* (Dec. 2025), https://www.dental.dhcs.ca.gov/Providers/Medi_Cal_Dental/Provider_Publications/ProviderHandbook [hereinafter *Medi-Cal Dental Provider Handbook*].

⁷ *Id.* at 2-12.

⁸ *Id.* at 2-12; see also CAL. CODE REGS. tit. 22, § 51056 (a), (b).

⁹ *Medi-Cal Dental Provider Handbook*, *supra* note 6, at 5-1 to 5-126.

¹⁰ See Michelle Lillienfeld, Nat'l Health Law Prog., *Dental Credit Card Debt: California Advocates Toolkit* (Dec. 2018), <https://healthlaw.org/resource/dental-credit-card-debt-california-advocates-toolkit/> (Appendix 2 of the Dental Credit Card Toolkit provides a reference sheet to help advocates get acquainted with the services section of the *Medi-Cal Dental Provider Handbook*).

¹¹ *Restoration of Adult Dental Benefits FAQs*, *supra* note 2.

- ¹² CAL. WELF. & INST. CODE § 14007.5(c) (beneficiaries ineligible for federally-funded coverage, and Permanently Residing Under Color of Law (PRUCOL)); Welf. & Inst. Code § 14007.8(k) (beneficiaries enrolled in state-funded Medi-Cal coverage); Beneficiaries who are transitioned to Full Scope Medi-Cal with no dental include: those who are not enrolled in federally-funded Medi-Cal coverage, such as adults without documented status, unverified status, and those with PRUCOL status, DACA recipients, and certain non-immigrant visas such as student, tourist, and work visas, and more. See Cal. Dep't Health Care Servs., Immigrant Status and Changes to Medi-Cal, <https://www.dhcs.ca.gov/Medi-Cal/Pages/immigration-status-categories.aspx> (last visited Apr. 28, 2026).
- ¹³ WELF. & INST. CODE, §§ 14007.5(d), (l)(1).
- ¹⁴ Cal. Dep't of Health Care Servs., *Provider Bulletin Vol. 42, No. 02* (Jan. 2026), https://dental.dhcs.ca.gov/MCD_documents/providers/provider_bulletins/Volume_42_Number_02.pdf.
- ¹⁵ H.R. 1 (2025) Section 71109 amended 42 U.S.C. 1396b(v); Beneficiaries eligible to remain on federally-funded Medi-Cal are restricted to: Lawful Permanent Residents, certain Cuban and Haitian entrants, and individuals residing in the U.S. under a Compact of Free Association (COFA) with Palau, Micronesia, and the Marshall Islands; Cal. Dep't of Health Care Servs., Budget Information 2026-27 Budget Act (Jan. 9, 2026), <https://www.dhcs.ca.gov/Budget/Pages/Budget-Information.aspx>; While current state law would require impacted beneficiaries to transition to full scope Medi-Cal with no dental, the Governor's proposed budget for FY 2026-2027 plans to move this group to restricted scope Medi-Cal if the proposal is adopted in the final budget.
- ¹⁶ WELF. & INST. CODE, § 14007.5(d).
- ¹⁷ WELF. & INST. CODE, § 14007.5(l)(1); *Medi-Cal Dental Provider Handbook*, *supra* note 6, at 4-12.
- ¹⁸ Cal. Dep't of Health Care Servs., All County Welfare Directors Letter No. 21-15 (Aug. 6, 2021), <https://www.dhcs.ca.gov/services/medi-cal/eligibility/letters/Documents/21-15.pdf>; see also Chapter VII of this Guide on Sexual and Reproductive Health Services.
- ¹⁹ CAL. WELF. & INST. CODE § 14080(a).
- ²⁰ *Medi-Cal Dental Provider Handbook*, *supra* note 6, at 4-11 and 4-12.
- ²¹ Cal. Dep't Health Care Servs., *Medi-Cal Dental Provider Bulletin, Vol. 37, No. 01* (Jan. 2021), https://www.dental.dhcs.ca.gov/MCD_documents/providers/provider_bulletins/Volume_37_Number_01.pdf [hereinafter *Medi-Cal Dental Provider Bulletin, Vol. 37, No. 01*].
- ²² *Id.*
- ²³ *Medi-Cal Dental Provider Handbook*, *supra* note 6, at 4-11.
- ²⁴ *Id.*
- ²⁵ *Id.*

- ²⁶ 42 U.S.C. § 1396d(r)(5). See also CAL. HEALTH & SAFETY CODE § 124025 et seq., CAL. WELF. & INST. CODE § 14132(v), CAL. CODE REGS. tit. 22 §§ 51184, 51242, 51340, 51340.1, 51532.
- ²⁷ 42 C.F.R. § 441.56(c)(2); CAL. CODE REGS. tit. 17, § 6843(a)(1). See also Chapter IX of this Guide on Children’s Health Services.
- ²⁸ Cal. Dep’t of Health Care Servs., CalAIM Dental Initiative, <https://www.dhcs.ca.gov/services/Pages/DHCS-CalAIM-Dental.aspx> (last visited Apr. 28, 2026).
- ²⁹ CMS, Approval Letter for Cal. State Plan Amendment # 21-0019 (Dec. 15, 2021), <https://www.dhcs.ca.gov/formsandpubs/laws/Documents/SPA-21-0019-Approved.pdf>; Cal. Dep’t Health Care Servs., Dental All Plan Letter 21-005 (Nov. 23, 2021), <https://www.dhcs.ca.gov/provgovpart/denti-cal/Documents/APL-21-005-CalAIM-Requirements-and-Enclosure.pdf> [hereinafter Dental All Plan Letter 21-005]; See also Cal. Dep’t Health Care Servs., *Medi-Cal Dental Provider Bulletin, Vol. 38, No. 01* (Jan. 2022), https://www.dental.dhcs.ca.gov/MCD_documents/providers/provider_bulletins/Volume_38_Number_01.pdf.
- ³⁰ Cal. Dep’t Health Care Servs., Caries Risk Assessment, <https://www.dhcs.ca.gov/services/Pages/caries-risk-assessment.aspx> (last visited Apr. 28, 2026). See also Dental All Plan Letter 21-005, *supra* note 29, at 2–3.
- ³¹ Dental All Plan Letter 21-005, *supra* note 29, at 2–3.
- ³² Cal. Dep’t Health Care Servs., Silver Diamine Fluoride, <https://www.dhcs.ca.gov/services/Pages/silver-diamine-fluoride.aspx> (last visited Apr. 28, 2026). See also Dental All Plan Letter 21-005, *supra* note 29, at 3.
- ³³ Dental All Plan Letter 21-005, *supra* note 29, at 3.
- ³⁴ *Id.*
- ³⁵ *Medi-Cal Dental Provider Bulletin, Vol. 37, No. 01, supra* note 21, at 5.
- ³⁶ Cal. Dep’t of Health Care Servs., Provider Bulletin Vol. 32, No. 04 (Mar. 2016), https://www.dental.dhcs.ca.gov/MCD_documents/providers/provider_bulletins/archive/Volume_32_archive.zip.
- ³⁷ Each transmission is “limited to 90 minutes per beneficiary per provider, per day.” *Id.*
- ³⁸ For helpful flow charts to help determine whether or not a beneficiary is eligible for such services, see Cal. Dep’t Health Care Servs., Dental All Plan Letter 17-004 (June 28, 2017), http://www.dhcs.ca.gov/services/Documents/MDS/2017%20DAPLs/APL17_004.pdf.
- ³⁹ Cal. Dep’t Health Care Servs., Dental All Plan Letter 15-005 at 2 (Apr. 1, 2015), <https://www.dhcs.ca.gov/services/Documents/MDS/2015%20DAPLs/APL%2015-005.pdf>.