

# Denti-Cal FAQs



## ***Elimination of Most Adult Dental Services Beneficiary Frequently Asked Questions (FAQs)***

### Why

1. Why did the state eliminate most adult dental services?

*State law (Welfare and Institutions Code section 14131.10) eliminated most adult dental services as a Medi-Cal benefit effective July 1, 2009. The federal government considers most adult dental services optional Medicaid benefits. (In California, the Medicaid program is called Medi-Cal and the dental program is called Denti-Cal.) The Legislature decides which optional Medi-Cal benefits to cover. The Legislature decided to cut adult dental services due to the budget crisis. Other Medi-Cal services that are mandatory under federal law, including some adult dental services, will continue to be covered.*

### Who/What

2. Who can still receive adult dental services under the Denti-Cal program?

*Dental services for the following people are still benefits under the Denti-Cal program:*

- a. *Women 21 years of age or older who are pregnant will be eligible to receive pregnancy-related services or services to treat a condition that may cause a problem in pregnancy. These are services such as exams, cleanings and gum treatments, as well as emergency dental services for the relief of pain, infection or trauma.*
- b. *Beneficiaries age 21 and older who live in licensed Skilled Nursing Facilities (SNFs), licensed Intermediate Care Facilities (ICFs), ICF-Developmentally Disabled (DD), ICF-Developmentally Disabled Habilitative (DDH), or ICF-Developmentally Disabled Nursing (DDN) facilities.*

3. Are there any adult dental services available for people who do not meet the exceptions above?

*Yes. All other beneficiaries not otherwise exempt are only eligible for limited dental services for the relief of pain, infection or trauma, such as tooth removal. Check with your dentist to find out if a specific service is covered. Federal law requires the provision of these services.*

4. Are beneficiaries who are patients of a Federally Qualified Health Center (FQHC), Rural Health Center (RHC) or Tribal Health Center (THC) affected?

*Yes. All other beneficiaries not otherwise exempt are only eligible for limited dental services for the relief of pain, infection or trauma, such as tooth removal. Check with your dentist to find out if a specific service is covered. Federal law requires the provision of these services.*

*Please call your FQHC/RHC/THC provider for additional assistance.*

5. Who is affected by these adult dental services cuts?

*Any beneficiary age 21 and older who is not pregnant or does not live in a licensed Skilled Nursing Facility (SNF), a licensed Intermediate Care Facility (ICF), an ICF-Developmentally Disabled (DD), an ICF-Developmentally Disabled Habilitative (DDH), or ICF-Developmentally Disabled Nursing (DDN) facilities.*

6. Were all adult dental benefits removed?

*No. Most services were eliminated such as cleanings, exams, fillings, gum treatments, crowns, root canals and dentures. Certain services for the relief of pain, infection or trauma remain available, such as tooth removal.*

7. What dental services are still covered benefits for adults?

*Limited dental services for the relief of pain, infection or trauma are still covered, such as tooth removal.*

8. Are disabled beneficiaries over the age of 21 covered?

*There are no exemptions for disabled beneficiaries. Certain dental services may be available if the beneficiary is receiving services through the Genetically Handicapped Persons Program (GHPP).*

*To find out whether you qualify for GHPP, please call the GHPP office at 1-800-639-0597 or you may go to the GHPP Web site at [www.dhcs.ca.gov/services/ghpp](http://www.dhcs.ca.gov/services/ghpp).*

9. Will the state make exceptions for people on Social Security Income (SSI) on or after July 1, 2009?

*No, the law did not make an exception for people on SSI.*

10. Can I still go to my dentist?

*Yes. However, the Denti-Cal program no longer covers most adult dental services. Check with your dentist to find out if a specific procedure is covered. You will have to pay for those services that are no longer covered.*

11. What can I do if the adult dental services I need (e.g., fillings, crowns, root canals, dentures) are no longer covered?

*You can:*

- 1) Pay for your services*
- 2) Discuss with your dentist alternative payment options that may be available.*
- 3) Find a community clinic that charges based on your ability to pay (see <http://www.cPCA.org/resources/findclinic/>)*

12. Is the \$1,800 annual cap on adult dental services still in effect?

*Yes.*

13. What can I do if I have a severe tooth ache?

*Call your dentist. If you do not have a dentist, call the Beneficiary Customer Service toll free line, 800-322-6384.*

14. Are dental x-rays still covered?

*Dental x-rays are only covered when the x-ray is related to a treatment that is still a covered adult dental service.*

15. If dental work paid for by Denti-Cal needs repair or replacement, will this be covered?

*No. Repairs or replacements for eliminated adult dental services such as dentures and crowns are no longer covered.*

16. If I am in pain, do I have to go to the emergency room?

*No. You can see a Denti-Cal dentist who can provide and receive payment for services needed to relieve pain and infection.*

17. My doctor told me I needed to have some dental work completed before I could get a medical procedure. Will I have to pay out-of-pocket?

*Beneficiaries may receive dental services that are necessary in order to undergo a covered medical service. Have your dentist send a Treatment Authorization Request (TAR) to Denti-Cal with written documentation from your doctor stating why the dental services are necessary before you have the medical service. Beneficiaries covered by a managed care dental plan will have to work with their plan.*

### **Completion of Treatment for those who turn 21**

18. I was being treated by my dentist before I turned 21. Will I be able to complete the dental treatment after I turn 21?

*Yes. Beneficiaries who are under 21 years of age and whose course of treatment is scheduled to continue after he/she turns 21 years of age will be able to complete the treatment as long as the dentist has an authorization from Denti-Cal for the services before the beneficiary turns 21 years of age. All orthodontic services must be completed before the beneficiary turns 21.*

*Certain dental services that you receive while you are with California Children's Services (CCS) may stop when you reach 21. Make sure that the dental services you are getting from CCS have been completed before you turn 21.*

*Requests for lifetime treatment will not be considered.*

### **Adults in Skilled Nursing Facilities/Intermediate Care Facilities**

19. Are adults living in residential care facilities exempt?

*Yes, adults who live in a licensed Skilled Nursing Facility (SNF), a licensed Intermediate Care Facility (ICF), an ICF-Developmentally Disabled (DD), an ICF-Developmentally Disabled Habilitative (DDH), or an ICF-Developmentally Disabled Nursing (DDN) are exempt. However, adults who live in facilities that are not certified; such as, Nursing Homes, Assisted Living, Home Health Care, Congregate Living, Group Homes, and Adult Day Care are only eligible for limited dental services for the relief of pain, infection or trauma, such as tooth removal.*

20. What happens to the elderly beneficiaries who live with their children and not in facilities?

*They are subject to the same cuts in benefits as other adults.*

## Pregnant Beneficiaries

21. What types of dental services are allowed for pregnant beneficiaries?

*Women 21 years of age and older who are pregnant are eligible to receive pregnancy-related services or services to treat a condition that may cause a problem in pregnancy. These services are also available to the woman for 60 days following delivery. These are services such as exams, cleanings and gum treatments.*

## Managed Care

22. I am an adult in a Denti-Cal managed care dental plan. Are my dental services still eliminated?

*Yes, the same adult dental services cuts will affect both fee-for-service and managed care dental providers. If you have questions about your managed care plan, contact your plan's member help line. The phone number is located on your plan ID card.*

## Fair Hearings

23. Are fair hearing decisions pursuant to an Administrative Law Judge or DHCS' agreement to rescind the denial and approve the requested service still valid?

*Yes, as long as you complete the service(s) within the authorization period of 180 days.*