DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Dental Benefits for Patients Dually Eligible for Medicare and Medi-Cal:
Information for Dental Providers

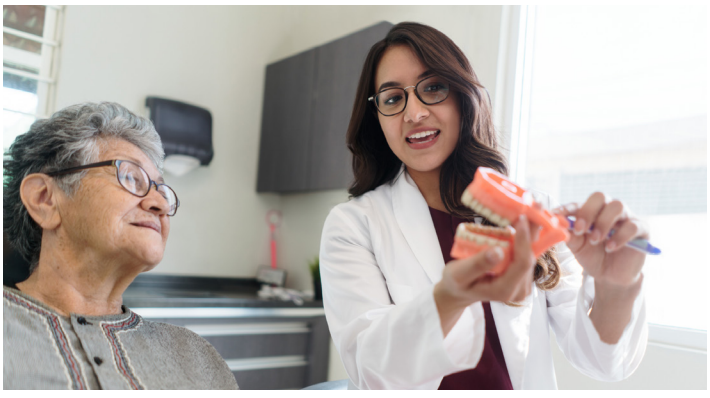
Dental Benefits in Medicare and Medi-Cal

Medicare and Medi-Cal provide different dental coverage. This document has information for providers administering dental services to dual eligible patients (individuals who have Medicare and Medi-Cal), to clarify the differences between Medicare and Medi-Cal dental benefits, and how the benefits can be coordinated.

Medicare Dental Benefits

Medicare, the primary payer for dual eligible patients, does **not** cover most dental care. Medicare may pay for some dental services that are closely related to other covered medical services. Medicare will also pay for certain dental services provided in a hospital setting.

Some Medicare Advantage plans offer Supplemental Dental Benefits. These are extra benefits beyond what Original (Fee-for-Service) Medicare covers. Supplemental Dental Benefits vary by plan and providers should refer to the patient's Medicare Advantage plan for an approved list of covered dental services. In order for a dual eligible patient to have their plan's Supplemental Dental Benefits covered, they must use an in-network provider.



Medi-Cal Dental Benefits

Medi-Cal covers a variety of dental benefits, administered by Medi-Cal dental providers. Medi-Cal will pay up to $1,800 a year for covered dental services. However, there is no limit for covered, medically necessary dental services. If any of these benefits are also covered by other insurers, they must be billed before Medi-Cal.

Medi-Cal dental benefits include but are not limited to:

- Diagnostic and preventive dental hygiene, including examinations (every 12 months), x-rays, teeth cleanings (every 12 months), and fluoride varnish (every 12 months)
- Fillings
- Root canal treatments
- Scaling and root planing
- Crowns
- Emergency services for pain control
- Tooth extractions
- Periodontal maintenance
- Complete and partial dentures, including denture relines

Dual eligible patients can access these services through a Medi-Cal dental provider. Most Medi-Cal patients receive dental services through Medi-Cal Dental Fee-For-Service; however, Medi-Cal Dental Managed Care is available in Los Angeles and Sacramento counties. Additional information can be found on the DHCS Medi-Cal Dental website.

Dental Coverage and Billing Requirements for Dual Eligible Patients

A dual eligible patient may receive dental benefits through both their Medicare Advantage plan and their Medi-Cal plan. In some cases, a patient will access these services first through a Medicare Advantage dental provider, then through a Medi-Cal dental provider. Depending on the procedure, in-network dental providers can bill Medicare, including the Medicare Advantage plan, and/or Medi-Cal for covered dental benefits.

Medicare Billing Procedures

Original Medicare will pay for certain dental services, as outlined in the following Centers for Medicare & Medicaid Services (CMS) Article: Billing and Coding: Dental Services (A56663). You may also refer to the Medi-Cal Dental Provider Handbook, specifically the Medicare/Medi-Cal Crossover Claims portion of Section 2 and the Prepaid Health Plan (PHP)/Health Maintenance Organization (HMO) portion of Section 4. A provider must be enrolled with the Medicare program to receive reimbursement from Medicare. To bill Medicare for a patient with Original Medicare, contact the Medicare Administrative Contractor (Noridian).

Medicare Advantage plans that offer supplemental dental benefits will pay for certain additional dental services. Dental providers should refer to the plan's provider manual for more information about billing the plan for dental services.

Crossover Billing Procedures

Dental Services Covered by Original Medicare or Medicare Advantage

For dental services covered by Original Medicare or the Medicare Advantage plan, the services must be billed to Original Medicare or the Medicare Advantage plan first. In some instances, Medi-Cal may pay for a portion of Medicare dental benefits. This is known as a "crossover claim." For these dental services, it is the dental provider's responsibility to ensure that they have billed Original Medicare or the Medicare Advantage plan before seeking reimbursement from Medi-Cal. Dental providers will then submit a claim to Medi-Cal with official documentation showing any action taken by Original Medicare or the Medicare Advantage plan (e.g., proof of payment, denial by Medicare, or patient's ineligibility). Note, to receive reimbursement from Medi-Cal, the provider must also be an enrolled Medi-Cal dental provider.

Medi-Cal Dental is always the payer of last resort. Medi-Cal will pay the dental provider any amount owed under state Medi-Cal law. If the amount Medi-Cal pays for the service is greater than what Medicare pays, Medi-Cal will pay the Medi-Cal dental enrolled provider the difference. Medi-Cal Dental will make a payment only if the payment made by the primary carrier and the patient's cost sharing is less than the maximum Medi-Cal allowance. Medi-Cal Dental will then pay up to the allowed amount.

Dental Services Not Covered by Original Medicare or Medicare Advantage

For Medi-Cal covered dental services not covered by Original Medicare or the Medicare Advantage plan, dental providers can bill Medi-Cal directly.

Balance Billing Prohibition

Providers cannot bill dual eligible patients for Medicare cost-sharing, such as co-pays, co-insurance, or deductibles for any covered services. This is known as balance billing, or "improper billing," and is illegal under both federal and state law[1]. For more information, visit the DHCS Balance Billing website.

Medi-Cal Billing Procedures

For dental services not covered by Original Medicare or the Medicare Advantage plan, but covered by Medi-Cal, Medi-Cal can only reimburse dental services provided by Medi-Cal enrolled providers. Dental providers are required to follow all standards and guidelines set forth in the Medi-Cal Manual of Criteria (MOC) and Medi-Cal Dental Schedule of Maximum Allowances (SMA) included in Medi-Cal Dental Provider Handbook. For example, many preventative dental services do not require submission of a prior authorization request. Services that require prior authorizations are listed in the Prior Authorization portion of Section 2 in the Medi-Cal Dental Provider Handbook. Providers must review their proposed treatment plan against the MOC and SMA to determine if a treatment is a Medi-Cal covered service.

For patients enrolled in Medi-Cal Dental Managed Care plans, please contact the Medi-Cal Dental Managed Care plan for billing information for patients enrolled in those plans.

1 Additional information is available at California Welfare and Institutions Code Section 14019.4 and Section 1902(n)(3)(B) of the Social Security Act, as modified by section 4714 of the Balanced Budget Act of 1997.

How to Enroll as a Medi-Cal Dental Provider

To enroll as a Fee-For-Service Medi-Cal dental provider, please visit the Provider Application and Validation for Enrollment (PAVE) Provider Portal. The PAVE portal is a web-based application that allows dental providers to submit enrollment applications and required documentation electronically. Please visit the Medi-Cal Dental Provider Outreach website for more information or contact the Provider Enrollment Division (PED) by using the Inquiry Form under "Provider Resources" on the website, calling the PED Message Center at (916) 323-1945, or emailing PAVE@dhcs.ca.gov for assistance with enrollment.

If interested in becoming a Dental Managed Care (DMC) provider, providers may contact the DMC plans as follows:

- Health Net Medi-Cal Dental Plan Provider Line: (888) 273-2713
- Access Dental Plan Provider Line: 800-640-4466 or ProviderRelations@premierlife.com
- Liberty Dental Plan Provider Line: (888) 700-0643 or the Liberty Dental Plan California Dentist and RDHAP enrollment website.

Appeals and Grievances

Medicare

Medicare dental providers can refer to the Medicare Learning Network Booklet on Medicare Parts A and B Appeals Process to submit an appeal if their patient has Original Medicare. If the patient is in a Medicare Advantage plan, the dental provider can submit an appeal to the plan on their patient's behalf. Additional information on how to submit an appeal can be found in the CMS Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance.

Medicare dental providers are also encouraged to share resources from the Claims and Appeals webpage on Medicare.gov with their patients.

Medi-Cal

Medi-Cal Dental providers can submit appeals if Medi-Cal Dental denies or modifies a claim payment or authorization. There are three separate, specific procedures for asking Medi-Cal Dental to reevaluate or appeal the denial. More information about these procedures can be found in the Provider Appeals Process portion of Section 2 of the Medi-Cal Dental Provider Handbook.

Medi-Cal Dental providers are also encouraged to share resources with their patients, such as:

- The Medi-Cal Dental Complaint Process outlined in the Member Handbook; and
- A patient's Hearing Rights and how to request a State Hearing

Medi-Medi Plans and Dental Care Coordination

Medicare Medi-Cal Plans (Medi-Medi Plans) are a type of Medicare Advantage plan in California that are only available to patients dually eligible for both Medicare and Medi-Cal. Medi-Medi Plans provide Medicare Part A, B, and D services, specialized care coordination, and wrap-around Medi-Cal services. Medi-Medi Plan patients have their Medi-Cal and Medicare benefits and care coordinated by one organization. In 2024, Medi-Medi Plans will be available in the following counties: Fresno, Kings, Los Angeles, Madera, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Mateo, Santa Clara, and Tulare. For additional information about Medi-Medi Plans view the DHCS Medi-Medi Plan website.

Medi-Medi Plan patients can receive the full range of dental benefits covered by Medicare, Medi-Cal, and any supplemental benefits offered by their Medi-Medi Plan. Medi-Medi Plans have additional requirements to coordinate the services covered by both Medicare and Medicaid. Dental providers should evaluate these patients for services provided under both Medicare and Medi-Cal.

Additionally, Medi-Medi Plans are required to develop individualized care plans for their patients. These plans are encouraged to identify a patient's dental needs in their individualized care plan and include dental providers in the patient's interdisciplinary care team.

Table 1

Summary of the differences between Dental Services covered by Medicare and Medi-Cal for dual eligible patients

Original (Fee-For-Service) Medicare	**Examples of covered services include:** » Some dental services covered in a hospital setting » Dental treatment that is necessary for the treatment of other disease. For example, treatment of a tooth infection preceding a medical procedure, such as an organ transplant	**Billing procedures:** » Must be a Medicare enrolled dental provider » Contact the Medicare Administrative Contractor (Noridian) for Medicare-covered services
Medicare Advantage (Including Medi-Medi Plans)	**Examples of covered services include:** » All dental benefits covered in Original Medicare » Supplemental dental benefits may vary, refer to plan's provider manual for list of covered services	**Billing procedures:** » Provider must be in the Medicare plan network » Refer to the plan's provider manual for information about billing the plan for dental services
Medi-Cal (Dental Fee-For Service and Dental Managed Care)	**Examples of covered services include:** » Diagnostic and preventive dental hygiene, including examinations, x-rays, teeth cleanings, and fluoride varnish » Fillings » Root canal treatments » Scaling and root planing » Crowns » Emergency services for pain control » Tooth extractions » Periodontal maintenance » Complete and partial dentures, including denture relines	**Billing procedures:** » Must be a Medi-Cal enrolled dental provider » Refer to the Medi-Cal Dental Provider Handbook » FFS providers can contact the Telephone Service Center at 1-800-423-0507 or visit the Medi-Cal Dental website at www.dental.dhcs.ca.gov for billing information. » DMC providers can contact the Medi-Cal Dental Managed Care plan for billing information for patients enrolled in those plans.