



State of California—Health and Human Services Agency  
Department of Health Care Services



EDMUND G. BROWN JR.  
GOVERNOR

DATE: November 27, 2017

TO: ALL MEDI-CAL DENTAL MANAGED CARE PLANS

**SUBJECT: APL 17-009: FULL RESTORATION OF ADULT DENTAL BENEFITS  
FOR THE MEDI-CAL DENTAL MANAGED CARE PROGRAM**

The purpose of this All Plan Letter (APL) is to inform Medi-Cal Dental Managed Care (DMC) plans of enacted legislation Senate Bill 97 (Chapter 52, Statutes of 2017), which amended Welfare and Institutions Code Section 14131.10, effective January 1, 2018, to fully restore adult dental services that were not restored in May 2014.

The Department of Health Care Services will restore all optional adult dental benefits that were eliminated in 2009 pursuant to Assembly Bill X3 5 (Evans, Chapter 20, Statutes of 2009, Third Extraordinary Session) and are currently available in the dental Manual of Criteria.

The restored procedures include, but are not limited to the following: laboratory processed crowns, periodontal services, posterior root canal therapy, and partial dentures including relines, adjustments and repairs. Enclosed is a benefits quick reference guide for dental providers effective January 1, 2018. For a full list of the applicable codes, please refer to the Dental Provider Handbook, Section 5, MOC, available on the [Denti-Cal](#) website.

Please forward this information to your dental plan providers. If you have any questions regarding this APL, please contact Carolyn Brookins, Acting Chief, Provider and Beneficiary Services Section at (916) 445-8385.

Sincerely,

**ORIGINAL SIGNED BY:**

Alani C. Jackson, MPA  
Chief, Medi-Cal Dental Services Division  
Department of Health Care Services

Enclosure

# **NEW** Benefits Quick Reference Guide - **2018**

Below is a benefits quick reference guide for Providers effective January 1, 2018. The benefits are based on aid codes and where a beneficiary resides. For a complete listing of procedures and their guidelines, please refer to the [Manual of Criteria](#) found in the Provider Handbook. Additional information is on the Denti-Cal website at [www.denti-cal.ca.gov](http://www.denti-cal.ca.gov).

Procedure	✓ Benefit		✗ Not a benefit	
	Full Scope	Restricted Scope	Pregnancy Related	Residing in a Facility (SNF/ICF)
Oral Evaluation (Under age 3) *	✓	✗	✗	✓
Initial Exam (Age 3 and above)	✓	✗	✓	✓
Periodic Exam (Age 3 and above)	✓	✗	✓	✓
Prophylaxis	✓	✗	✓	✓
Fluoride	✓	✗	✓	✓
Restorative Services – Amalgams/Composites/Pre-fabricated Crowns	✓	✗	✓	✓
Laboratory Processed Crowns **	✓	✗	✓	✓
Scaling and Root Planing ***	✓	✗	✓	✓
Full Mouth Debridement	✗	✗	✗	✓
Periodontal Maintenance	✓	✗	✓	✓
Anterior Root Canals	✓	✗	✓	✓
Posterior Root Canals	✓	✗	✓	✓
Partial Dentures	✓	✗	✓	✓
Full Dentures	✓	✗	✓	✓
Extractions/Oral and Maxillofacial Surgery	✓	✓	✓	✓
Emergency Services	✓	✓	✓	✓

### **Exceptions:**

*	ONLY a benefit under age 3
**	1. Not a benefit under age 13 2. Over age 21, allowable under special circumstances for posterior teeth <ul style="list-style-type: none"> <li>• A benefit only for the treatment of posterior teeth acting as an abutment for an existing removable partial denture with cast clasps and rest. <b>OR</b></li> <li>• When the treatment plan includes an abutment crown and removable partial denture (D5213 or D5214). Both shall be submitted on the same TAR for prior authorization</li> </ul>
***	Not a benefit under age 13. Allowable under special circumstances.