

Information about Authorized Representatives and Treatment Authorization Requests

What is an Authorized Representative (AR)?

An Authorized Representative is someone you can name and give access to your dental information. An Authorized Representative can be family members, friends, organizations, or anybody you choose. For example, you may want your spouse or adult child to help with billing questions, booking appointments, or to be aware of your health status. See our [Member Authorized Representative Frequently Asked Questions](#) for more information.

As of July 1, 2020, if you want to allow someone besides yourself to call Medi-Cal and have access to your dental information you have to name them as your Authorized Representative.

- You are not required to have an Authorized Representative.
- If you name someone as your Authorized Representative, you do not need to be on the telephone when they call on your behalf.
- If you do want someone other than you to contact us about your dental information, that person must be named as an Authorized Representative.
- You can allow an Authorized Representative to access some or all of your dental information. You can name, remove, or change an Authorized Representative at any time.
- You can have one or more Authorized Representative. Authorized Representatives can be relatives, friends, or organizations helping with your care.
- This does not change how we will speak to you or your provider.
- Please use the [Authorized Representative Form](#) to assign an Authorized Representative. You must completely fill out and sign the [form](#), and mail it to:

Medi-Cal Dental
Attn: Information Security/Privacy Office
P.O. Box 15539
Sacramento, CA 95852-1539

If you want someone to help you with your dental information, but do not want to add them as your Authorized Representative, you can still call the Telephone Service Center with them on the phone to help you with your questions. You will need to give the Telephone Service Center verbal consent to allow that person to help you during the call.

For more information on the Authorized Representative process, please see Member Bulletin [Volume 3, Number 6](#), page 1, "Your Protected Health Information".

What is a Treatment Authorization Request and Notice of Authorization?

If your dental treatment requires approval before being given, your dental provider sends in a Treatment Authorization Request (TAR) and any required documents, x-rays or photos. This is needed to make sure the treatment follows Medi-Cal Dental rules and protections.

After we finish reviewing, we send the dentist a Notice of Authorization (NOA).

The NOA tells the dentist what treatment has been:

- Allowed/approved – the treatment is approved
- Changed – treatment is approved but different from what the dentist requested
- Denied – the treatment is not approved

If treatment is changed or denied, we give the dental provider reason(s) why. The dentist can request the treatment to be looked at again by returning the NOA to us or the dental provider can appeal the changed or denied treatment through a separate appeal process.

You will receive a [Notice of Medi-Cal Dental Action](#) if your treatment has been:

- Deferred – returned to the dental provider for correction. The dental provider has 45 days to return the correction(s). If the provider does not respond, we will send you another Notice of Medi-Cal Dental Action to let you know.
- Changed – treatment is approved but different from what the dentist requested.
- Denied – the treatment is not approved.

This notice will tell you the reason for action on each procedure that is denied/deferred (returned)/or changed and is available in 18 threshold languages located [here](#). You may appeal the changed or denied treatment within 90 days** of receiving the Notice of Medi-Cal Dental Action. Appeal instructions are on the Notice of Medi-Cal Dental Action.

**During the public health emergency, you have 210 days to file an appeal. Please see Member Bulletin [Volume 3, Number 10](#), page 3, "State Hearing Extensions for Members During COVID-19" for more information.

Remember: you do not have to pay for services when your dental provider is still waiting for us to approve the request. Even when the request is "deferred," your dental provider should not charge you for covered Medi-Cal dental services. Contact us at 1-800-322-6384 for more information.