



Provider Bulletin

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SIGN UP FOR OUR EMAIL LIST

Learn the latest Medi-Cal Dental news and information by signing up for our Medi-Cal Dental Fee-For-Service Provider email distribution list [here](#).

TRAINING SEMINARS

To reserve a spot online or view a complete list of training seminars, go to the [Provider Training Seminar Schedule](#).

Back-Tooth-School Promotes Dental Habits That Last All Year

Many parents and guardians enrolled in Medi-Cal may not realize dental benefits are included for their children.

What is Back-Tooth-School?

Back-Tooth-School (BTS) is a statewide annual promotion, created by [Smile, California](#), the Medi-Cal Dental promotional campaign, to raise awareness among caregivers, educators and community partners about the importance of regular dental visits for children and teens. BTS also educates the community on Medi-Cal Dental benefits and the [Kindergarten Oral Health Assessment requirement](#). The promotion starts in September and runs through November.

How You Can Take Action

Organizations statewide are invited to participate in the BTS promotion by executing one (or several) of the promotional activities listed below that best fit your capabilities!

Visit the [Oral Health and School Readiness page](#) to view and download the materials to support the promotional activity efforts listed below. Materials are available in various languages.

1. Download, print, and share materials about good oral health habits and Medi-Cal Dental with members in your community. Encourage members to visit [SmileCalifornia.org](#) and [SonrieCalifornia.org](#) to learn more about their Medi-Cal Dental

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covered services and use the “[Find A Dentist](#)” tool to find a provider.

Download the [Back-Tooth-School social media toolkit](#) to:

- Post images and captions to your social media platform(s).
 - Download, embed and/or share digital resources such as videos, banners, flyers, infographics, newsletter and/or blog content on your website and communication channels.
 - Customize your e-mail signatures with Back-Tooth-School banner and tagline options.
 - Present PowerPoint Presentation(s) to Medi-Cal members in your community in-person or via webinar.
 - Download and share Back-Tooth-School talking points to educate members in their community about Medi-Cal Dental covered services and the importance of oral health and school readiness.
2. Submit a request to [co-brand materials](#) with Smile, California to feature your organization’s logo on material.
 3. Download and share the [Healthy Smile Pledge](#) to get children in your community involved in the Back-Tooth-School promotion and practice healthy habits.
 4. Subscribe to receive [Smile Alerts](#) to receive updates from Smile, California.

By working together and joining forces, we can help children in California establish a lifetime of healthy teeth and gums!

If providers have questions or need support, please contact the Medi-Cal Dental Telephone Service Center (TSC) toll-free at (800) 423-0507. Medi-Cal Dental representatives are available to answer phone calls between 8:00 a.m. to 5:00 p.m., Monday through Friday to assist you. For general program information, the Medi-Cal Dental Interactive Voice Response System (IVR) is available 24 hours a day, seven days a week, using the automated system.

Treatment Authorization Request (TAR) Claim Reviews

Medi-Cal Dental reviews Treatment Authorization Requests (TARs)/claims based on different criteria depending on the age of the member.

Effective January 1, 2019, Welfare and Institutions Code section 14059.5 distinguishes the definition of medical necessity for individuals 21 and older compared with the definition for those under 21:

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1. TARs/Claims for members age under 21 years are reviewed based on Early & Periodic Screening Diagnosis, and Treatment (EPSDT) criteria.
 - The EPSDT benefit entitles enrolled members under the age of 21 to any treatment or procedure that fits within any of the categories of Medicaid-covered services listed in the Social Security Act (SSA), Section 1905(a), regardless of whether or not the service is covered under the Medi-Cal State Plan or is listed in the Manual of Criteria, if that treatment or service is necessary to “correct or ameliorate” defects and physical and mental illnesses or conditions, meaning that the service is medically necessary under EPSDT.
 - For individuals younger than 21 years of age, services are determined to be medically necessary when needed to correct or ameliorate defects and physical and mental illnesses or conditions. A service need not cure a condition in order to be covered under EPSDT. Services that maintain or improve the child’s current health condition are also covered in EPSDT because they “ameliorate” a condition. Maintenance services are defined as services that sustain or support rather than those that cure or improve health problems. Services are covered when they prevent a condition from worsening or prevent development of additional health problems. The common definition of “ameliorate” is to “make more tolerable.”
 - Medi-Cal members under age 21 may require dental services that are not part of the current Medi-Cal Dental scope of benefits. Conversely, the dental service may be part of the Medi-Cal Dental scope of benefits for adult members but not for members under the age of 21, or the dental provider may want to provide the service at a frequency or periodicity greater than currently allowed by Medi-Cal Dental. In these cases, the child member may still be eligible for these services based upon submitted documentation that demonstrates the medical necessity to correct or ameliorate the child’s condition.
 - For children under Early and Periodic Screening, Diagnostic and Treatment (EPSDT), the Centers for Medicare & Medicaid Services (CMS) defines medical necessity as follows: “Services that fit within the scope of coverage under EPSDT must be provided to a child only if necessary to correct or ameliorate the individual child’s physical or mental condition, i.e., only if ‘medically necessary.’ The determination of whether a service is medically necessary for an individual child must be made on a case-by-case basis, taking into account the particular needs of the child...[and] all aspects of [the] child’s needs, including nutritional, social development, and mental health and substance use disorders.”

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2. TARs/Claims for members age 21 years and over are reviewed based on medical necessity.
 - Medical necessity is defined in the Welfare and Institutions Code (W&I Code) [§14059.5](#) as follows: “A service is ‘medically necessary’ or a ‘medical necessity’ when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain.”

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Claim Inquiry Form (CIF) Submission

Due to a recent increase in incomplete submission packages, Medi-Cal Dental is emphasizing the importance of including all documentation when submitting Claims Inquiry Forms (CIFs).

This includes all necessary documentation in CIF applications to ensure quicker turnaround times, faster resolution, and less latency in responses from Medi-Cal Dental adjudicators.

The Claims Inquiry Form (DC-003, Rev. 10/19) is used to:

- Inquire about the status of a Treatment Authorization Request (TAR) or Claim
 - When a CIF is used in this manner it is referred to as a “CIF Tracer.” Providers should wait one month before submitting a CIF Tracer to allow enough time for the document to be processed. If after one month, the claim or TAR has not been processed or has not appeared in the “Documents In-Process” section of the Explanation of Benefits (EOB), then a CIF tracer should be submitted.
- Request re-evaluation of a modified or denied claim or Notice of Authorization (NOA) for payment.
 - When a CIF is used in this manner it is referred to as a “CIF Claim Re-evaluation.” Providers should wait until the status of a processed claim appears on the Explanation of Benefits (EOB) before submitting a CIF for reevaluation. A response to the re-evaluation request will appear on the EOB in the “Adjusted Claims” section. Claim re-evaluations must be received within six months of the date on the EOB. Providers should submit a copy of the disallowed or modified claim or NOA plus any additional radiographs or documentation pertinent to the procedure under reconsideration.

Note: Do not use the CIF to request a First-Level appeal. For instructions on

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requesting a First Level Appeal, please refer to the [Medi-Cal Dental Provider Handbook](#) Section 2.

Medi-Cal Dental will respond to a CIF with a Claim Inquiry Response (CIR), an example of the CIR can be found in [Section 6 – Forms](#). A separate CIF should be filed for each relevant claim, TAR or NOA.

Upon resolution of the Claims Inquiry Form (CIF) seeking the status of a TAR or Claim, Medi-Cal Dental will issue a Claim Inquiry Response (CIR). The CIR is a computer-generated form used to explain the updated status of the TAR or Claim.

For more information about claims, CIFs, TARS, CIRs, and related content please visit the [Medi-Cal Dental Provider Handbook](#).

If providers have questions or need support, please contact the Medi-Cal Dental Telephone Service Center (TSC) at (800) 423-0507. The call is free. Medi-Cal Dental representatives are available 8:00 a.m. to 5:00 p.m., Monday through Friday to assist you and the Medi-Cal Dental Interactive Voice Response System (IVR) can navigate you to the services you need on the phone.

First-Level Appeals

In accordance with Title 22, Section 51015, of the California Code of Regulations (CCR), Medi-Cal Dental has established an appeals procedure to be used by providers with complaints or grievances concerning the processing of Medi-Cal Dental TAR/Claimforms for payment.

Knowledge of the Medi-Cal Dental First - Level Appeal process is pivotal for providers attempting to have a claim accepted after receiving notification of a denial. Providers can use the Medi-Cal Dental First-Level Appeal process to have their Medi-Cal Dental Treatment Authorization Request (TAR)/Claim forms reconsidered for payment. The following procedures should be used by dental providers to appeal the denial or modification of a TAR or claim for payment of Medi-Cal Dental services.

Providers are encouraged to submit Claim inquiry Forms (CIF) within six calendar months of the Explanation of Benefits (EOB) dates prior to submitting a First Level Appeal. If upon reconsideration, Medi-Cal Dental upholds the original decision to disallow payment of the claim or authorization of treatment, the provider may request a First Level Appeal.

Provider First-Level Appeals

1. The provider must submit the appeal by letter to Medi-Cal Dental within 90 days of the EOB denial date. Do not use CIFs for this purpose.

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2. The letter must specifically request a first-level appeal.
3. Send all information and copies to justify the request. Include all documentation and radiographs.
4. The appeal should clearly identify the claim or TAR involved and describe the disputed action.
5. First-level appeals should be directed to:
Medi-Cal Dental
Attn: Provider First-Level Appeals
PO Box 13898
Sacramento, CA 95853-4898

Medi-Cal Dental will acknowledge the written complaint or grievance within 21 calendar days of receipt. The complaint or grievance will be reviewed by Medi-Cal Dental Provider Services, and a report of the findings and reasons for the conclusions will be sent to the provider within 30 days of the receipt of the complaint or grievance. If review by Provider Services determines it necessary, the case may be referred to Medi-Cal Dental Professional Review.

If the complaint or grievance is referred to Medi-Cal Dental Professional Review, the provider will be notified that the referral has been made and a final determination may require up to 60 days from the original acknowledgement of the receipt of the complaint or grievance. Professional Review will make its evaluation and send findings and recommendations to the provider within 30 days of the date the case was referred to Professional Review.

The provider should keep copies of all documents related to the first-level appeal.

Under Title 22 regulations, a Medi-Cal dental provider who is dissatisfied with the first-level appeal decision may then use the judicial process to resolve the complaint. In compliance with Section 14104.5 of the Welfare and Institutions Code, the provider must “seek judicial remedy” no later than one year after receiving notice of the decision of the First Level Appeal.

For more information on the Appeal Process, please visit: [Medi-Cal Dental Provider Handbook Section 2 – Program Overview](#).

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Medi-Cal Dental Holiday Payment Schedule for the Remainder of Fiscal Year 2025-26

Effective January 1, 2023, the Department of Health Care Services (DHCS) is required to conduct internal wire transfer with the State Controller's Office when processing provider payments.

Checks written from the Fiscal Intermediary (FI) to providers for weekly Fee-For-Service and monthly Safety Net Clinic CalAIM payments will be issued on the Tuesday of the week after the check write is complete. If a holiday falls on a Monday, Tuesday, or Friday, payments may be delayed until the following Wednesday or Thursday as listed in the table below.

The check issue date will not match the date providers receive their payment. The Medi-Cal Dental payment schedule for the holidays is listed below:

Holiday	Holiday Date	Provider Paper Check Mailed and Provider EFT Pay Date
Columbus Day	October 13, 2025	Wednesday, October 15, 2025
Veteran's Day	November 11, 2025	Wednesday, November 12, 2025
Thanksgiving Day	November 27-28, 2025	Thursday, December 4, 2025
Christmas Day	December 25, 2025	Wednesday, December 31, 2025
New Year's Day	January 1, 2026	Wednesday, January 7, 2026
Martin Luther King Jr. Day	January 19, 2026	Wednesday, January 21, 2026
President's Day	February 16, 2026	Wednesday, February 18, 2026
Cesar Chavez Day	March 31, 2026	Tuesday, April 1, 2026
Memorial Day	May 25, 2026	Wednesday, May 27, 2026

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Coming Soon

Form Update: Justification of Need for Prosthesis

An updated DC054 form is coming soon. A bulletin will be published informing providers when the updated form is available.

Effective November 1, 2025, providers must use the latest version of the Justification of Need for Prosthesis (DC054) form with 04/25 as the revision date at the bottom of the form. DC054 forms with revision dates prior to **04/25** received after **November 1, 2025** will be denied with **Adjudication Reason Code (ARC) 155** - *Procedure requires a properly completed prosthetic DC054 form*.

The Justification of Need for Prosthesis Form (DC054) is designed to provide complete and detailed information necessary for screening and processing prosthetic cases. This form is required when submitting a Treatment Authorization Request (TAR) for complete dentures, immediate dentures (when immediate dentures are rendered in conjunction with an opposing complete denture or partial removable prosthesis), resin base partial dentures, cast metal framework partial dentures, and complete overdentures.

Order New Forms

Once the new form is available, please recycle any old DC054 forms and reorder new ones with revision date 04/25. To order, please complete and fax the [Forms Reorder Request](#) to the number on the form.

How to Complete the DC054 Form

Refer to Medi-Cal Dental Provider Handbook [Section 6 – Forms](#) for detailed instructions.

Save Time and Submit Electronically

For Electronic Data Interchange (EDI) enrollment information, please contact:

- EDI Support at Medi-CalDentalEDI@gainwelltechnologies.com
- Telephone Service Center at (800) 423-0507

NOTE: Safety Net Clinics (Federally Qualified Health Centers, Rural Health Clinics, and Tribal 638 Clinics) are not subject to prior authorization. However, documentation should be consistent with the standards set forth in the Manual of Criteria (MOC) for Medi-Cal Authorization (Dental Services) and all state laws. A current DC054 form is required for screening and processing prosthetic cases and must be retained as part of patient records.

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For current submission and criteria requirements for prosthesis, please refer to the provider handbook [Section 5 MOC and SMA, CDT 25](#), for dates of services on or after **November 1, 2025**. For dates of service before **November 1, 2025**, please refer to the [CDT-25 Manual of Criteria](#).

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