

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](#).

2026 Anaheim CDA Convention

The California Dental Association (CDA) is hosting **“The Art and Science of Dentistry” convention May 14-16, 2026**, at the **Anaheim Convention Center**. The California Department of Health Care Services (DHCS) will be one of the featured presenters. Find Medi-Cal Dental at booth number 1433. We look forward to seeing you there.

This is your opportunity to advance clinical knowledge, network with dental professionals statewide, and earn continuing education (CE) credits essential for maintaining your provider status.

Important Courses, Speakers, and Updates

Staying current with the latest dental techniques, clinical innovations, and best practices directly improves patient outcomes in your practice. CDA's convention offers hundreds of courses and workshops covering preventive care, restorative procedures, pediatric dentistry, and practice management.

CE credits earned at the convention apply toward professional licensing requirements. Additionally, the [Dental Team Summit on May 14th](#) provides focused training for your entire staff on streamlining operations, optimizing efficiencies, and building successful practice management strategies.

Mark Your Calendar and Start Planning

- Mark your calendar for **May 14-16, 2026** and register early.

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- Visit the CDA online for [registration details and course offerings](#).
- Consider bringing your dental team to the **May 14 Dental Team Summit** for comprehensive staff development.
- CDA members receive complimentary registration and preferred summit pricing.

For additional information about CDA membership benefits and how membership supports Medi-Cal advocacy efforts, visit www.cda.org today.

If you have questions or need additional 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. For assistance with claims submission and documentation, please visit the [Outreach Representative Map](#) to contact your regional representative.

Enhanced Protections for Medi-Cal Members

Providers may not submit a claim to, or collect reimbursement from, a Medi-Cal member or an authorized representative, except for the specified share of cost a member's eligibility status requires for any service.

Title 22, California Code of Regulations, Section 51002 (a) and Welfare and Institutions Code (WIC) Section 14019.4 (a) expressly prohibit a provider from billing a Medi-Cal member for services included in the Medi-Cal Dental scope of benefits. Furthermore, a provider may not bill both the member and Medi-Cal Dental for the same dental procedure.

Senate Bill 639 (effective July 1, 2020) requires that when a dental provider accepts Medi-Cal, the patient's treatment plan must clearly state whether Medi-Cal will cover an alternate, medically necessary service as defined in Welfare and Institutions Code Section 14059.5. The treatment plan must also tell the patient that they have the right to receive only services covered by Medi-Cal and that the dental provider agrees to follow all Medi-Cal rules to obtain those covered services before starting treatment. For complete details, click [here](#) to view the [California Business and Professions \(B&P\) Code](#).

Current Law:

- Dentists shall not arrange for or establish third-party credit or loans for patients administered or under the influence of general anesthesia, conscious sedation, or nitrous oxide. [B&P Code § 654.3(g)].

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- Dentists shall not charge third-party lines of credit (arranged for or established in their office) any treatment costs before the treatments are provided, unless the dentist provides the patient with a written or electronic notice and treatment plan, including an itemized list of treatments and services charged before rendering or incurring costs. [B&P Code § 654.3(b)].

The written treatment plan must include:

- Each anticipated service to be provided and the estimated cost of each service;
- The patient's private or government-estimated share of cost for each service (if applicable, including whether Medi-Cal will cover the service); and
- If services are not covered by patient's private or other insurance (including Medi-Cal), notification that the services may not be covered and that the patient has the right to confirm coverage before starting dental treatment.
- Written notice must be provided in patient's threshold language. [B&P Code § 654.3(f)].

All the current requirements above continue to apply, with the following additions:

- Dentists shall not charge to third-party lines of credit (arranged for or established in their office) any treatment costs more than 30 days before the treatments are rendered (except for orthodontia). [B&P Code § 654.3(c)]
- Dentists shall not arrange for or establish an open-end credit or loan that contains a deferred interest provision (which is common under many current third-party credit companies). [B&P Code § 654.3(b)].
- Dentists are prohibited from completing any part of a third-party credit or loan application on behalf on the patient. [B&P Code § 654.3(e)].
- Dentists shall provide the patient with a written or electronic notice and treatment plan, including an itemized list of treatments and services charged before rendering or incurring costs.
 - The notice must include the revised language specified in B&P Code § 654.3(g).
 - For all Medi-Cal providers, the written treatment plan must indicate if Medi-Cal would cover an alternate medically necessary service. It must also notify the Medi-Cal patient that they have a right to ask for only services covered by Medi-Cal, and that the dentist must follow Medi-Cal rules to secure Medi-Cal-covered services before treatment. [B&P Code § 654.3(h)(1)].

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- Dentists shall not arrange for or establish third-party credit or loans when patients are in a treatment area (including but not limited to exam rooms, surgical rooms, and any other area where dental treatment is provided) unless the patient agrees to do so. [B&P Code § 654.3(j)].

If you have questions or need additional 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. For assistance with claims submission and documentation, please visit the [Outreach Representative Map](#) to contact your regional representative.

Discontinuation of Proposition 56 Supplemental Payments

Please be aware that with the 2025-2026 California State Budget (Senate Bill 101) decisions, Proposition 56 (Prop 56) supplemental incentive payments to Medi-Cal Dental providers will discontinue effective July 1, 2026. Claims submitted for date of service on or after July 1, 2026, will be reimbursed solely at the Schedule of Maximum Allowances (SMA) amount.

What to Expect

- The last supplemental payments will be issued for services rendered on or before June 30, 2026.
- A one-year claims runout period begins July 1, 2026, through June 30, 2027 for submission of any outstanding claims for services.
- Effective July 1, 2026, only SMA Medi-Cal reimbursement rates will apply for affected procedure codes.
- Explanation of Benefits (EOB) statements will include notification language: “Prop 56 supplemental payments are discontinued for dates of services on or after July 1, 2026. For more information on the discontinuation of Prop 56, go to <https://dental.dhcs.ca.gov>.”

Steps You Can Take Now

- Review your current reimbursement structure and identify procedures currently receiving Prop 56 supplemental payments.

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- Calculate the financial impact on your practice effective **July 1, 2026**.
- Assess your Medi-Cal Dental patient care capacity and scheduling considering the reduced reimbursement.
- Ensure that your billing staff understands the **June 30, 2026 deadline** for supplemental payment eligibility and verify that all claims are submitted before the runout period expires. The runout period is from July 1, 2026 through June 30, 2027. For additional information regarding reimbursement during the runout period, please review [Claim Submission and Timeliness Overview \(claim sub\)](#).

For detailed information on affected procedure codes and current Prop 56 schedules, visit the [Medi-Cal Dental Manual of Criteria \(MOC\) and Schedule of Maximum Allowances \(SMA\)](#).

Failure to submit claims by the runout deadline may result in claims being denied or paid at base rates only. Ensure the accurate tracking of all service dates to maximize supplemental payment recovery before the effective date of July 1, 2026.

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National Children's Dental Health Month Promotional Items

February is **National Children's Dental Health Month (NCDHM)** and Medi-Cal Dental has developed free promotional materials to help dentists engage young patients and their families in preventive oral health.

When children visit the dentist early and consistently, they learn what to expect and feel more comfortable with dental care over time. These positive experiences build confidence and make future visits easier.

Promotional Items to Download and Print

Visit smilecalifornia.org/ncdhm to find a host of fun and exciting promotional items and activities for the whole family. These include **Healthy Smile Land** educational resources in

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English and Spanish, including:

- Coloring Activity Sheets
- Activity Storybooks
- Brushing Calendars
- Healthy Smile Pledge Sheet
- Educational Packets for All Ages
- Toothy Tips for Parents Flyer
- Kindergarten Oral Health Assessment Flyer
- And much more!

You are also encouraged to download the ***Jasmin Goes to the Dentist*** booklet which helps children feel comfortable and confident about dental visits. This simple, friendly story shows what a check-up looks like in a reassuring way.

- English booklet: [Digital](#) | [Print ready](#)
- Spanish booklet: [Digital](#) | [Print ready](#)

Great Benefits for Children

Children enrolled in Medi-Cal receive FREE dental check-ups, cleanings, X-rays, fluoride treatments, sealants, and other essential services. Partners can direct families to visit [SmileCalifornia.org](#) or [SonrieCalifornia.org](#) to learn more about navigating their child's benefits.

If you have questions or need additional 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. For assistance with claims submission and documentation, please visit the [Outreach Representative Map](#) to contact your regional representative.

Reminder: Use Electronic Funds Transfer for Faster Payments

Electronic Funds Transfer (EFT) offers Medi-Cal Dental providers a faster, more reliable way to receive payments directly to their bank accounts.

With EFT, providers enjoy secure, timely reimbursements while eliminating the delays associated with handling and processing paper checks. All Medi-Cal providers are encouraged to enroll.

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Benefits of EFT:

- Faster payment processing
- Less time waiting for checks
- Fewer trips to the bank
- No lost or misdirected checks

It's Easy to Enroll

The [Electronic Funds Transfer \(EFT\) Enrollment Form](#) has been updated to make it easier to enroll. To participate, simply complete, sign, and mail the EFT Enrollment Form to Medi-Cal Dental at:

Medi-Cal Dental Program
Attn: Provider Enrollment Department
PO Box 15609
Sacramento, CA 95852-0609

Detailed instructions for completing the EFT form are listed on pages 2-3 of the form and are also available on the [Provider Forms](#) page. Prior to submission, please ensure the form includes the following:

- The provider's original signature in **BLUE** ink.
- A preprinted and voided check attached to the form, or a letter from the bank signed by an authorized agent confirming the provider's account information.

What to Expect Next

Upon receipt of the EFT form, Medi-Cal Dental will send a "test" deposit to the bank. This will result in a "zero" deposit for that payment date. The test cycle usually takes three to four weeks to complete. During the test cycle period, providers will continue to receive Medi-Cal Dental payment checks through the mail. Once direct deposit begins, the amount of each deposit will appear on the corresponding Explanation of Benefits.

More information can be found in Provider Handbook [Section 3 – Enrollment Requirements](#), page 3-34.

If you have questions or need additional 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. For assistance with claims submission and documentation, please visit the [California Outreach Map](#) to contact your regional representative.

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Anesthesia Records

The Medi-Cal Dental criteria for general anesthesia, deep sedation or moderate sedation procedures require an anesthesia record to be submitted with the Notice of Action (NOA) for sedation procedures to receive payment. Find more information in Section 5 of the Medi-Cal Dental Provider Handbook.

- Specifically, the California Dental Board defines an anesthesia record as:
 - A time-oriented record
 - Drugs administered – amounts and time
 - Length of the procedure
 - Any complications
 - Patient's condition at time of discharge

Submission of a summary report or documents that do not meet the California Dental Board's definition of an anesthesia record will result in non-payment of the sedation procedures.

The following records shall be maintained:

Prior to rendering general anesthesia, deep sedation, or moderate sedation, Per California Code of Regulations, Title 16, Division 10, Chapter 2, Article 5, 1043.3 (b) (1-4), you must obtain and maintain:

- 1. Adequate medical history and physical evaluation records updated prior to each administration of moderate sedation, deep sedation, or general anesthesia. Such records shall include, but are not limited to the recording of the age, sex, weight, physical status (American Society of Anesthesiologists Classification), medication use, any known or suspected medically compromising conditions, rationale for sedation of the patient, and visual examination of the airway, and for general anesthesia or deep sedation only, auscultation of the heart and lungs.**
- 2. Moderate sedation, deep sedation, and/or general anesthesia records, which shall include a time-oriented record with preoperative, multiple intraoperative, and postoperative pulse oximetry (every 5 minutes intraoperatively and every 15 minutes postoperatively for general anesthesia or deep sedation) and blood pressure and pulse readings, (both every 5 minutes intraoperatively for general anesthesia or deep sedation), drugs [amounts administered and time administered], length of the procedure, any complications of anesthesia or sedation and a statement of the patient's condition at time of discharge.**
- 3. Records shall include the category of the provider responsible for sedation oversight, the category of the provider delivering sedation, the category of the provider monitoring the patient during sedation, and whether the person supervising the sedation performed one or more of the procedures. Categories of providers are defined in Section 1680(z)(3) of the Code.**
- 4. Written informed consent of the patient, or, as appropriate, patient's conservator, or the informed consent of a person authorized to give such consent for the patient, or if the patient is a minor, his or her parent or guardian, pursuant to Section 1682(e) of the Code.**

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Examples of Adequate Documentation

In these two instances, the provider correctly submitted the actual intra-operative anesthesia record.

Acceptable

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Pre-Operative Data: {NPO Status Confirmed}, (Denies Pregnancy}, Date Recorded: 10/23/2025 Ht.62in/157cm Wt.120lbs/54kg Sp02%:98 Pulse:70 BP:114/67 BMI:21.95 BSA:1.54

Monitors: NIBP, EKG, Sp02, Pulse, Respiration, Pretracheal Stethoscope, ETC02

Operative Data:

In Room: 8:17:31 AM

08:19:25 AM BP:114/67 Pulse:72 EKG:NSR Sp02:98% MAP:81

Start IV: 8:19:27 AM

Start Anesthesia: 8:19:28 AM

Time Out - Procedure Verified by Team - 10/23/2025 8:19:30 AM

Start Procedure: 8:19:31 AM

Throat PackIn: 8:19:32 AM

8:19:37 AM Versed 5 mg/mL injectable solution 5mg

8:19:41 AM Zofran 2 mg/mL injectable solution 4mg

8:19:46 AM dexamethasone 4 mg/mL injectable solution 8mg

8:19:51 AM propofol 10 mg/mL intravenous emulsion 50mg

8:19:57 AM ketamine 50 mg/mL injectable solution 50mg

8:20:01 AM fentanyl 50 mcg/mL injectable solution 50mcg

8:20:07 AM ketorolac 30 mg/mL injectable solution 30mg

08:24:25 AM BP:107/69 Pulse:79 EKG:NSR Sp02:98% MAP:83 EtC02:34

08:29:25 AM BP:165/98 Pulse:81 EKG:NSR Sp02:98% MAP:124 EtC02:39

08:34:25 AM BP:109/68 Pulse:80 EKG:NSR Sp02:98% MAP:84 EtC02:41

08:39:25 AM BP:110/71 Pulse:91 EKG:NSR Sp02:96% MAP:88 EtC02:45

08:44:25 AM BP:107/68 Pulse:94 EKG:NSR Sp02:98% MAP:82 EtC02:38

08:49:25 AM BP:116/64 Pulse:79 EKG:NSR Sp02:98% MAP:77 EtC02:33

08:54:25 AM BP:148/82 Pulse:86 EKG:NSR Sp02:98% MAP:103 EtC02:40

08:59:25 AM BP:115/71 Pulse:80 EKG:NSR SpO2:100% MAP:82 EtC02:34

09:04:25 AM BP:113/71 Pulse:74 EKG:NSR Sp02:99% MAP:85 EtC02:39

09:09:25 AM BP:160/83 Pulse:85 EKG:NSR Sp02:99% MAP:106 EtC02:34

09:14:25 AM BP:158/92 Pulse:83 EKG:NSR SpO2:100% MAP:107 EtC02:34

09:19:25 AM BP:108/71 Pulse:82 EKG:NSR SpO2:100% MAP:85 EtC02:25

09:24:25 AM BP:130/85 Pulse:97 EKG:NSR SpO2:100% MAP:97 EtC02:44

09:29:25 AM BP:136/85 Pulse:77 EKG:NSR SpO2:100% MAP:101 EtC02:47

09:34:25 AM BP:111/69 Pulse:80 EKG:NSR Sp02:99% MAP:84 EtC02:40

09:39:25 AM BP:136/82 Pulse:76 EKG:NSR SpO2:100% MAP:106 EtC02:46

09:44:25 AM BP:144/85 Pulse:89 EKG:NSR SpO2:100% MAP:106 EtC02:36

09:49:25 AM BP:132/83 Pulse:98 EKG:NSR Sp02:99% MAP:99 EtC02:32

09:54:25 AM BP:129/72 Pulse:93 EKG:NSR Sp02:99% MAP:102 EtC02:33

Throat Pack Out: 9:57:09 AM

End Procedure: 9:57:10 AM

Remove IV: 9:57:11 AM

Stop Anesthesia: 9:57:12 AM

ANESTHESIA TIME = 98 minutes

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10:04:36 AM BP: 122/79 Pulse:90 EKG:NSR Sp02:99% MAP:96 Discharge: 10:07:14 AM

IV Medications Used:

Versed 5 mg/mL injectable solution 5mg
Zofran 2 mg/mL injectable solution 4mg
dexamethasone 4 mg/mL injectable solution 8mg
propofol 10 mg/mL intravenous emulsion 50mg
ketamine 50 mg/mL injectable solution 50mg
fentanyl 50 mcg/mL injectable solution 50mcg
ketorolac 30 mg/mL injectable solution 30mg

Signature

Example of Inadequate Documentation

In this instance, the summary report is inadequate because it does not provide evidence of continuous monitoring of patient vital signs over time, drug amounts are listed but not the time of administration, and finally there is no documentation of the patient's condition on discharge.

Not Acceptable

OP Report

Operative Data:

In Room: 8:23:17 AM
Start IV: 8:26:37 AM
Start Anesthesia: 8:26:37 AM
Throat Pack In 8:26:39 AM
Start Procedure: 8:26:40 AM
End Procedure: 1009:05 AM
Throat Pack Out: 10:0906 AM Stop Anesthesia: 10:09:07 AM

ANESTHESIA TIME = 102 minutes

IV Medications Used:

Versed 5 mg/ml injectable solution 5mg
Zofran 2 mg/ml injectable solution 4mg
dexamethasone 4 mg/mL injectable solution 8mg
propofol 10 mg/mL intravenous emulsion 50mg
ketamine 50 mg/ml injectable solution 50mg fentanyl 50 mcg/ml injectable solution 50mcg
IV Site: Antecubital R Forearm Fluids: LR 500cc

Signature

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Compliance Best Practices

- Develop a standard form or template to ensure consistent documentation of history, physical, and anesthesia indication.
- Train office staff on what constitutes adequate documentation before claims are submitted.
- Attach all required documentation with initial claims to prevent denials and resubmission delays.
- Keep copies of the complete anesthesia records in the patient's file for at least the required documentation period.
- When submitting TARs for anesthesia, include the clinical documentation supporting medical necessity.

For more information on this topic, refer to the Section 5: Manual of Criteria and Schedule of Maximum Allowances in the Medi-Cal Dental Provider Handbook.

If you have questions or need additional 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. For assistance with claims submission and documentation, please visit the California Outreach Map to contact your regional representative.

Updated Outreach Representative Map

Medi-Cal Dental provides regional outreach representatives who serve as your direct contact for claims submission assistance, documentation support, program questions, and more.

The current California [Outreach Representative Map](#) displays the representative assigned to your geographic region and their direct contact information.

Why It Matters for Providers

This streamlined communication option can improve efficiency and help you to better serve your Medi-Cal patients. Your local representative is your direct connection for:

- **Support:** Guidance on Medi-Cal Dental benefits, claims resources, enrollment assistance, and program updates.
- **Onsite Training:** Provide one-on-one training.

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- **Education & Materials:** Access to Medi-Cal Dental educational resources, brochures, and event support.

Where to Find the Map

1. Visit dental.dhcs.ca.gov
2. Navigate to Providers / Medi-Cal Dental (Fee-For Service) Providers / Provider Onboarding Materials / Outreach Representative Map, or
3. Visit smilecalifornia.org
4. Navigate to Partners & Providers / Contact Us

To get in touch with a Member or Provider Outreach Representative, you can also email medicaldentaloutreachsnc@gainwelltechnologies.com or [Hello@SmileCalifornia.org](mailto>Hello@SmileCalifornia.org).

If you have questions or need additional 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. For assistance with claims submission and documentation, please visit the [Outreach Representative Map](#) to contact your regional representative.