



<b>Policy and Procedure No: UM 33.5</b>		<b>Revision No: 5</b>
<b>Division: Care Management</b>		
<b>Department: Utilization Management</b>		
<b>Title: PHC-CA Dental Care Services</b>		
<b>Effective Date: 8/1/2011</b>		
<b>Supersedes Policy No: 93017, UM 33.0, UM 33.1, UM 33.2, UM 33.3, UM 33.4</b>		
<b>Reviewed/Revised by: Tiffany Smith</b>		<b>Review/Revision Date: 10/15/2025</b>
<b>Approving Committee: Utilization Management Committee</b>		<b>Date: 10/15/2025</b>
<b>Executive Oversight Committee Date: 10/16/2025</b>		

### **Purpose:**

To define the extent of the Health Plan's coverage of dental services and dental-related services as required by contract with California's Department of Health Care Services (DHCS).

### **Policy:**

1. The Health Plan provides benefits for the provision of dental screenings and oral health assessments.
2. The Health Plan provides benefits that meet the medically necessary Federally Required Adult Dental Services (FRADs) and fluoride varnish, dental services that may be performed by a medical professional.
3. The Health Plan does not cover dental benefit services that are exclusively provided by dental providers.
4. The Health Plan provides benefits for the provision of medical services related to dental services that are not provided by dentists or dental anesthetists. Such services include:
  - a. Contractually covered prescription drugs
  - b. Laboratory services
  - c. Pre-admission physical examinations required for admission to an outpatient surgical service or center or an inpatient hospitalization required for a dental procedure. (This includes facility fees and anesthesia services for both inpatient and outpatient services)
5. The Health Plan may require prior authorization for covered services and, if required, will publish prior authorization procedures to ensure enrollees do not experience delays in service. The Health Plan shall submit such procedures to DHCS for review and approval prior to implementation.
6. The Health Plan shall make an identified liaison available to Medi-Cal dental providers.

### **Procedure:**

1. Primary care providers (PCPs) conduct dental screenings/oral health assessments as part of each enrollee's Initial Health Assessment. No authorizations are needed for dental screenings/oral health assessments.

2. PCPs refer enrollees to appropriate Medi-Cal dental providers based on the oral health assessments/dental screenings.
3. Registered Nurse Care Team Managers (RNCTMs) and Care Coordination Team members serve as liaisons to Medi-Cal dental providers, assisting dental providers and enrollees with referrals and coordination of care to dental and other necessary covered services.

**Definitions:**

1. Primary Care Provider (PCP): means a Provider responsible for supervising, coordinating, and providing initial and Primary Care to Members, for initiating referrals, for maintaining the continuity of Member care, and for serving as the Medical Home for Members. The PCP is a general practitioner, internist, pediatrician, family practitioner, non-physician medical practitioner, or obstetrician-gynecologist (OB-GYN). For Senior and Person with Disability (SPD) Members, a PCP may also be a Specialist or clinic.

**Monitoring:**

This policy and procedure is reviewed and updated as often as required and approved annually by the Utilization Management Committee (UMC).

**References:**

1. OR Contract #22-20597, Exhibit A, Attachment III, Sections 4.3.16 and 5.6
2. W&I Code 14182(c)(10)

**Regulatory Approval(s):**

Date	Version	Agency	Purpose	Response
10/30/2023	33.2	Dept. of Health Care Services (DHCS)	2024 Operational Readiness (O/R) R.0139	Approved