

# Denti-Cal California Medi-Cal Dental Bulletin

November 2011  
Volume 27, Number 13

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## Optional Adult Dental Services for Department of Developmental Services (DDS) Regional Center Consumers Restored

Effective January 13, 2012, the Medi-Cal Dental Program (Denti-Cal) will begin processing dental claims for regional center consumers (also known as DDS beneficiaries or consumers of DDS) age 21 and over, who have Medi-Cal and do not reside in a licensed health facility (Intermediate Care Facility or Skilled Nursing Facility). Services may be provided effective January 1, 2012; however providers should not submit claims for regional center consumers to Denti-Cal until January 13, 2012.

These regional center consumers are eligible for the optional adult dental services eliminated in 2009 and are exempt from the \$1,800 annual dental cap. All dental providers providing services to regional center consumers must be enrolled in the Denti-Cal program.

Claims for regional center consumers will be authorized in accordance with existing Denti-Cal policies, procedures, and requirements. Claims will be reimbursed by Denti-Cal at the billed amount or the current Denti-Cal Schedule of Maximum Allowance rates, whichever is lower. Providers who submit claims for services to regional center consumers are exempt from the 10% provider payment reduction. Providers can contact the Denti-Cal Telephone Service Center to verify beneficiaries who are regional center consumers.

For more information about submitting dental claims for regional center consumers, please contact Denti-Cal Telephone Service Center at (800) 423-0507.

**Note: Non DDS Medi-Cal beneficiaries are still subject to the elimination of optional adult dental benefits (see the 2009 bulletin [Volume 25, Number 22](#)) and the \$1,800 annual dental cap.**