



## **New Dental Benefits for Pregnant Women!**

### **Help Get The Word Out!**

On October 7, 2005, SB 377 (Ortiz) was signed into law, requiring the immediate implementation of 10 preventive dental benefits for *all* pregnant women with “limited scope” Medi-Cal. Maternal and Child Health Access, the sponsor of SB 377, is pleased to announce that a Denti-Cal Bulletin describing the new preventive dental benefits for pregnant women and the procedures for using these benefits was released at the end of December, 2005 (Vol.21, No. 41, Dec., 2005). Another Denti-Cal Bulletin released in August of 2006 (Vol. 22, #22) describes how to bill for the benefits under Presumptive Eligibility Medi-Cal.

#### **Why are these preventive dental benefits so important?**

These benefits were added because of recent scientific evidence showing an association between periodontal disease in pregnant women and adverse birth outcomes. The benefits may help prevent preterm delivery – the leading cause of death in the first month of life.

The American Dental Association recommends that pregnant women see a dentist regularly for oral exams and professional teeth cleanings. Maintaining good oral health during pregnancy, notes the Association, can be critical to the overall health of expectant mothers and their babies.

#### **What should you know about the new dental benefits?**

- **The new Denti-Cal Bulletin clarifies that ALL pregnant women on Medi-Cal are eligible regardless of their aid code.** Prior to October 7, 2005, only women who had “full-scope” Medi-Cal or were in certain “limited scope” aid codes could get these preventive dental benefits. Now, however, covered groups also include:
  - Minors with “Minor Consent” or “Sensitive Services” Medi-Cal
  - Women who are on Presumptive Eligibility Medi-Cal (PE), 7G
  - Women in the frequently-used Medi-Cal aid code, 3V
  - Women during their postpartum period, regardless of aid code
  - Other women in any of the aid codes listed on the attached Bulletin.

NOTE: Denti-Cal is a benefit of Medi-Cal; clients do NOT need to make a separate application.

NOTE about pregnant women with two Medi-Cal cases: Often women who qualify for free pregnancy-related Medi-Cal will have another Medi-Cal case for other, non-pregnancy benefits (like a broken leg or other health care) that requires a “share of cost”. Providers are understandably confused by these dual cases; however, the dental benefits described in this bulletin definitely come under the free pregnancy-related Medi-Cal case.

- **The Bulletin clarifies that NO Treatment Authorization Request (TAR) form can or should be filed.** If a TAR is filed for any of these 10 preventive benefits, the TAR will be denied simply because a TAR is not needed; a TAR denial for these benefits does not mean the woman is not eligible. To avoid delays and confusion, TARs should *not* be submitted for these benefits.
- **The Bulletin also clarifies that pregnant women and others with “limited scope” Medi-Cal qualify for emergency dental services.** For the provider to be reimbursed, however, documentation of the dental emergency must be submitted with the claim, after the emergency has been treated. This is the usual procedure for reimbursement for any emergency Medi-Cal service for any woman, man or child.

Please call us (213) 749-4261 – Lynn, Liz, Celia, Debra, Sun or e-mail [dental@mchaccess.org](mailto:dental@mchaccess.org) if you need copies of the Denti-Cal bulletins or have questions, comments, successes or problems with the expanded benefits.