

Cardinal Care Smiles Adult Dental Benefit Frequently Asked Questions

DentaQuest and DMAS are excited to announce that a new comprehensive adult benefit was implemented on July 1, 2021. To assist in understanding program guidelines, here are a few of the most frequently asked questions regarding the new program services:

Q: When did the benefits start for adults?

A: The new comprehensive benefits for members ages 21 and older began on July 1, 2021.

Q: Who is eligible to receive the adult benefits?

A: The eligible population includes adults who are 21 years of age and older and enrolled in Medicaid or FAMIS.

Q: What are the benefits?

A: The services focus on prevention and restoration. Braces and bridges are not covered. Services include the following:

- Diagnostic (x-rays, exams)
- Preventive (cleanings)
- Restorative (fillings)
- Endodontics (root canals)
- Periodontics (gum related treatment)
- Prosthodontics (crowns, partials, and dentures) – Review Office Reference Manual (ORM) for coverage by specific benefit plan (0-20, pregnant member, adult)
- Oral surgery (extractions and other oral surgeries)
- Adjunctive general services (all covered services that do not fall into specific dental categories.)

Q: Are Orthodontic services covered?

A: No, orthodontic services are not included in the benefits for adults.

Q: Where do I obtain the current Office Reference Manual (ORM)?

A: The ORM is available on DentaQuest's provider web portal at www.dentaquestgov.com.

Covered dental service are listed in the Office Reference Manual (ORM). Refer to the Office Reference Manual (ORM) for specific benefit coverage and frequency. You are responsible for knowing what services are covered.

Q: How is the pregnant women benefit impacted by the addition of the adult benefit?

A: The majority of pregnant women continue to receive the comprehensive pregnant women dental benefit for the duration of their pregnancy and for 365 days post-partum. After the 365th day post-partum, pregnant women transition into the new adult benefit. The benefits for these two groups are different. Please consult the Office Reference Manual for a listing of all covered codes and benefit limitations.

Q: If I am credentialed with Cardinal Care Smiles now, do I need to provide any additional enrollment/credentialing paperwork to provide care to Medicaid adults?

A: No, there is no additional paperwork or credentialing needed. You can provide care to Medicaid enrolled adults and be reimbursed. If you are not currently credentialed with DentaQuest, contact DentaQuest at 888.912.3456.

Q: Are prior authorizations required for covered services?

A: Prior authorizations are required for certain services. Please consult the Office Reference Manual for a listing of all covered codes and benefit limitations. The Office Reference Manual will include all benefit details and is available on the DMAS website, DentaQuest website and provider portal.

Q: Are patients required to sign waivers for services that are not covered?

A: Yes. Participating Providers shall hold Members, DentaQuest, and DMAS harmless for the payment of non-Covered Services except as provided in this paragraph: A provider may charge an eligible Cardinal Care Smiles Member for dental services which are not covered services only if the Member knowingly elects to receive the services and enters into an agreement in writing to pay for such services prior to receiving them. Non-covered services include:

- Services not covered under the **Cardinal Care Smiles** plan
- Services for which prior authorization has been denied and deemed not medically necessary
- Services which are provided out-of-network

All covered benefits are listed in the Office Reference Manual. A sample non-covered services waiver form is also in the Office Reference Manual.

Q: Do some MCOs continue to offer value-add dental benefits now that the new adult dental benefit started on July 1, 2021?

A: No. Effective July 1, 2021, MCOs no longer offer enhanced dental benefits to Medicaid members.

Q: Are reimbursements remaining the same?

A: Yes. Reimbursement of dental procedures by CDT code will remain the same for all benefit programs (under 21, over 21, and pregnant women). Benefit design will be changing ONLY for adults over 21.

Q: Is there an annual cost maximum for adults?

A: No, there is no annual maximum (dollar amount) per member. However, there may be benefit limitations by procedure code.

Q: Is it possible for hygienists to be reimbursed by Medicaid even if the dentist is not a participant?

A: No

Q: Can volunteer dentists providing care at dental clinics be credentialed?

A: Volunteer dentists can be credentialed.

Q: If a root canal was not paid for by Medicaid, is the crown covered?

A: Yes. Effective January 1, 2024, the Department has determined root canal treated teeth should be covered by a crown to increase the longevity of the tooth; provided the previously completed root canal is in good standing as determined by the provider fabricating the crown.

Contact DentaQuest at 888.912.3456 for questions related to benefits, member eligibility, and provider credentialing