



Starting 1/1/23

- *Members who have TennCare Medicaid (21 and older) will have access to dental benefits starting January 1, 2023*

**If you receive questions that should be added to this, please share those with crystal.d.manners@tn.gov and sarah.shannon@dentaquest.com so we may share them with all of our partners*

1. Who can I see for dental care? Where can I find dental providers?

Members may be referred to DentaQuest at 1-855-418-1622 for any questions regarding their dental benefits or dental providers. The member can also be referred to Dentaquest.com - The website includes a "Find a Dentist Tool."

2. I have CoverKids, am I eligible for these benefits?

No, these benefits are not applicable to adult members who have CoverKids. CoverKids children have dental benefits through age 18.

3. Will I get another card for dental benefits?

DentaQuest will not send a card, members should be instructed to show their TennCare member ID card at the time of service for proof of coverage or the ID card of their MCO.

4. I am an adult TennCare member, how do I receive information regarding my new dental benefit?

When the member is eligible for dental benefits, they will receive a welcome packet from DentaQuest. Current TennCare adult members should be receiving a packet in December. The member should make sure the address in TennCare Connect is correct.

5. I am an ECF or 1915(c) member, will my dental benefits change?

You will still be eligible for dental benefits. The benefits covered by the adult dental program will be paid for by the adult dental benefit, and you will continue to receive the supplemental covered dental benefits for waiver members through the existing ECF CHOICES and 1915(c) waiver dental processes.

6. What services are covered under adult dental?

- a. Diagnostic x-rays and exams;
- b. preventive cleanings;
- c. topical fluoride treatments and caries arresting medicament;
- d. restorative (fillings);
- e. endodontics;
- f. scaling and root planing;
- g. full mouth debridement;
- h. crowns;
- i. complete dentures;

- j. partial dentures;
- k. immediate complete dentures and complete denture relines;
- l. tooth extractions;
- m. alveoloplasty; (*bone contouring for denturing*)
- n. removal of lateral exostosis; (*removal of bone for denturing*)
- o. removal of torus palatinus; (*removal of bone for denturing*)
- p. removal of torus mandibularis; (*removal of bone for denturing*)
- q. palliative treatment
- r. nitrous oxide analgesia, anxiolysis

7. What is the maximum dollar amount of my benefit?

TennCare adult dental benefits include any covered service that has been determined to be medically necessary. There is not a cap or maximum.

8. What if I'm pregnant or in my post-partum coverage period?

Pregnant and post-partum adult members will receive the same benefits and coverage as all adult members. All medically necessary services that are covered are eligible.

9. What if I paid for dental services out of pocket after January 1, 2023, but before I knew I had a TennCare Adult dental benefit?

If you received dental services from an in-network TennCare provider after 1.1.23, and paid out of pocket, the provider should bill DentaQuest for any covered services and reimburse you. For services requiring prior authorization, your provider will need to submit all records and x-rays with the claim.

If you received dental services from an out-of-network provider after 1.1.23, and paid out of pocket because you were not aware of the benefit, you may submit a Reimbursement and Billing Request for reimbursement of the cost of services through TennCare Member Medical Appeals Unit. Members have 60 days from the date of service or from the date they became aware of the benefit, whichever is later, to request reimbursement for services paid out of pocket.

Members that receive a bill from an in-network or out of network provider may file an appeal with TennCare Member Medical Appeals (TMMA) to request relief from billing anytime.

10. What if I have other dental coverage, such as Medicare Advantage?

Your Medicaid dental benefit is the payer of last resort. Your dentist will need to first submit your claim to your primary dental insurer, such as your Medicare Advantage plan. After the primary has paid out, your provider will submit the claim to DentaQuest for any remaining payment. Your dentist will send your EOB from your primary insurer to DentaQuest showing how much they paid.

11. Would a dual eligible member have any out-of-pocket expenses?

Dual members should not have out-of-pocket expenses for TennCare covered services. Providers may not collect a primary co-pay from a TennCare member.

12. Can dentists balance bill members?

Dentists who accept TennCare cannot balance bill. A dentist who accepts TennCare agrees to accept the TennCare fee as payment in full. TennCare will only pay for services up to the TennCare fee, minus whatever is covered by the primary.

13. If someone has a specific question about coordination of benefits, who should they call first – DentaQuest or their Medicare Advantage dental plan?

They should call their Medicare Advantage plan first, as that is their primary plan.

14. What if I do not receive a letter from DentaQuest about adult dental coverage?

DentaQuest sent out letters to members on December 21 and 22. You may still receive a letter in the next coming weeks. For more information on the new benefits visit: Tn.gov/tenncare. The dental services page is under the members/ applicants tab. You should also verify that TennCare has your correct contact information by visiting tenncareconnect.tn.gov or calling 855-259-0701.