

# Provider FAQ: Medicaid Adult Dental Coverage

## Medicaid Managed Care Programs

Virginia Medicaid provides medical coverage to beneficiaries through two programs: **Commonwealth Coordinated Care Plus (CCC+)**, which serves individuals who are (broadly) aged 65+, blind, and/or disabled, and **Medallion 4.0**, which serves children, pregnant women, and adults who do not fit into a CCC+ category. While the core medical benefits are the same for both, CCC+ provides additional care coordination for enrolled beneficiaries.

## Medallion 4.0

### What dental services are reimbursable?

Virginia Medicaid will reimburse comprehensive dental services for pregnant women and children, and very limited dental services for adults, through the **Smiles for Children (SFC)** Medicaid dental benefit. Many of the Medallion 4.0 health plans, also known as **Managed Care Organizations (MCOs)**, will also reimburse some “enhanced” dental services for adults enrolled in their medical coverage. These reimbursable, enhanced dental services vary by MCO, so it’s important to know your patient’s health plan. *See the attached chart for details about specific dental services that are covered by each MCO.*

### What are the reimbursement rates for covered services?

To view the reimbursement rates for covered services under SFC and for the enhanced dental benefits provided by the MCOs, refer to the [Schedule of Allowable Fees](#) chart.

### If I am credentialed as an SFC provider, do I need to be credentialed with the MCOs that are providing dental coverage?

Yes. In order to bill MCOs for enhanced dental services, you need to “opt in” to be a provider for patients enrolled in Medallion 4.0. DentaQuest, LLC administers the SFC program *and* the enhanced dental benefits for four out of five MCOs. To become credentialed with **Virginia Premier, Aetna, Magellan, and Optima**, call DentaQuest LLC at (800) 233-1468. DentaQuest can help you become credentialed with all four MCOs at once or opt out of credentialing for a specific MCO listed above.

### If the patient receives services covered by SFC (for example, an extraction), and other services covered by the MCO (for example, a cleaning), do I need to bill SFC and the MCO separately?

If the patient’s MCO is **Virginia Premier, Aetna, Magellan, or Optima**, providers can submit one claim directly to the MCO.

**What insurer is the primary provider? For example, if an exam is covered by SFC and also covered as an enhanced benefit by the MCO, which company should I bill?**

Bill the MCO first, then SFC; SFC is always the payer of last resort.

**If a patient needs services that are not covered by SFC or their MCO, and my clinic offers a sliding-scale based on income for the uninsured, is the patient eligible for the sliding-scale for services they are not covered for?**

Yes. You can also bill the patient directly for services that are not covered by SFC or their MCO.

	Smiles for Children	Virginia Premier	Magellan	Aetna	Optima
<b>Provider Relations</b>	(800) 233-1468	(800) 233-1468	(800) 233-1468	(800) 233-1468	(800) 233-1468
<b>Billing</b>	(888) 912-3456	(844) 822-8109	(844) 876-7915	(844) 822-8109	(844) 822-8109

*For information about dental benefits in managed care programs for individuals who are (broadly) aged 65+, blind, and/or disabled, view the Provider FAQ for CCC+.*



For additional questions, please contact the individual MCO or Sarah Bedard Holland at (804) 269-8721 or [sholland@vaoralhealth.org](mailto:sholland@vaoralhealth.org).

## Reimbursable Dental Services – Medallion 4.0

Smiles for Children	Virginia Premier	Magellan	Aetna	Optima	United Healthcare & Anthem
<ul style="list-style-type: none"> <li>Extraction</li> <li>Problem-specific exam</li> <li>X-ray</li> </ul> <p>Procedure codes available through the Smiles for Children Office Reference Manual:</p> <p><a href="http://www.dentaquest.com/state-plans/regions/virginia/dentist-page/">http://www.dentaquest.com/state-plans/regions/virginia/dentist-page/</a></p>	<ul style="list-style-type: none"> <li>One routine exam and cleaning every 12-month period.</li> <li>Routine x-rays every 12 month period.</li> <li>Adults only 21 and older, no child benefit.</li> <li>No Ortho Coverage/Out of Network Benefits/Waiting Periods/Copays, Deductibles</li> </ul>	<p>Limits: Maximum annual benefit of \$1,500.00; includes-</p> <ul style="list-style-type: none"> <li>Oral exams (1 per 6 months),</li> <li>Routine cleanings -1 per 6 months</li> <li>One set of bitewing x-rays per 12-month period</li> <li>Fillings &amp; restorations</li> <li>Fluoride treatment -1 per 12 months</li> <li>Periodontal maintenance -1 per 6 months</li> <li>Crowns</li> <li>Oral surgery covered as medically necessary.</li> <li>Adults only 21 and older, no child benefit.</li> <li>No Ortho Coverage/Out of Network Benefits/Waiting Periods/Copays, Deductibles</li> </ul>	<ul style="list-style-type: none"> <li>Annual \$525 limit</li> <li>Member can receive examination/cleaning 2x year</li> <li>One set of x-rays per 12-month period.</li> <li>Fillings</li> <li>Extractions</li> <li>Root canal</li> <li>Dentures – referral is not necessary.</li> <li>All of the above (except some root canal procedures) would be covered by a general dentist.</li> <li>Adults only, no child benefit.</li> <li>No Ortho Coverage/Out of Network Benefits/Waiting Periods/Copays, Deductibles</li> </ul>	<ul style="list-style-type: none"> <li>One routine exam and cleaning every 12 month period.</li> <li>One bitewing x-ray per 12-month period.</li> <li>Adults only 21 and older, no child benefit.</li> <li>No Ortho Coverage/Out of Network Benefits/Waiting Periods/Copays, Deductibles</li> </ul>	<p><b><i>United Healthcare and Anthem do not currently cover any dental services as part of Medallion 4.0.</i></b></p>

[Click here](#) to view procedure codes for every health plan managed by DentaQuest LLC

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## CCC+

### What dental services are reimbursable?

Virginia Medicaid will reimburse comprehensive dental services for pregnant women and children, and very limited dental services for adults, through the **Smiles for Children (SFC)** Medicaid dental benefit. Many of the CCC+ health plans, also known as **Managed Care Organizations (MCOs)**, will also reimburse some “enhanced” dental services for adults enrolled in their medical coverage. These reimbursable, enhanced dental services vary by MCO, so it’s important to know your patient’s health plan. *See the attached chart for details about specific dental services that are covered by each MCO.*

### What are the reimbursement rates for covered services?

To view the reimbursement rates for covered services under SFC and for Virginia Premier, Anthem, Magellan, Aetna and Optima refer to the [Schedule of Allowable Fees](#) chart. To learn about the reimbursement rates for enhanced dental benefits offered by United Health Care call (800) 822-5353.

### If I am credentialed as an SFC provider, do I need to be credentialed with the MCOs that are providing dental coverage?

Yes. In order to bill MCOs for enhanced dental services, you need to “opt in” to be a provider for patients enrolled in CCC+. DentaQuest, LLC administers the SFC program *and* the enhanced dental benefits for five out of six MCOs. To become credentialed with **Virginia Premier, Anthem, Aetna, Magellan, and Optima**, call DentaQuest LLC at (800) 233-1468. DentaQuest can help you become credentialed with all five MCOs at once or opt out of credentialing for a specific MCO listed above.

DentaQuest *does not* administer enhanced dental benefits in **United Healthcare**. To become credentialed with **United Healthcare**, contact them separately at (800) 822-5353 or [visit them online](#).

**If the patient receives services covered by SFC (for example, an extraction), and other services covered by the MCO (for example, a cleaning), do I need to bill SFC and the MCO separately?**

If the patient’s MCO is **Virginia Premier, Anthem, Aetna, Magellan, or Optima**, providers can submit one claim directly to the MCO. If the patient’s MCO is **United Healthcare**, providers will need to submit two separate claims - one to United Healthcare and one to SFC. *Contact numbers for MCO billing questions are listed below.*

**What insurer is the primary provider? For example, if an exam is covered by SFC and also covered as an enhanced benefit by the MCO, which company should I bill?**

Bill the MCO first, then SFC; SFC is always the payer of last resort.

**If a patient needs services that are not covered by SFC or their MCO, and my clinic offers a sliding-scale based on income for the uninsured, is the patient eligible for the sliding-scale for services they are not covered for?**

Yes. You can also bill the patient directly for services that are not covered by SFC or their MCO.

*MCO Contact Numbers*

	Smiles for Children	Virginia Premier	Anthem	Magellan	Aetna	Optima	United Healthcare
<b>Provider Relations</b>	(800) 233-1468	(800) 233-1468	(800) 233-1468	(800) 233-1468	(800) 233-1468	(800) 233-1468	(800) 822-5353
<b>Billing</b>	(888) 912-3456	(844) 822-8109	(855) 208-6334	(844) 876-7915	(844) 822-8109	(844) 822-8109	(855) 586-1419

*For information about dental benefits in managed care programs for children, pregnant women, and adults who do not fit a CCC+ category, view the [Provider FAQ for Medallion 4.0](#).*



For additional questions, please contact the individual MCO or Sarah Bedard Holland at (804) 269-8721 or [sholland@vaoralhealth.org](mailto:sholland@vaoralhealth.org).

## Reimbursable Dental Services – CCC+

Smiles for Children	Virginia Premier	Anthem	Magellan	Aetna	Optima	United Healthcare
<ul style="list-style-type: none"> <li>• Extraction</li> <li>• Problem-specific exam</li> <li>• X-ray</li> </ul> <p>Procedure codes available through the Smiles for Children Office Reference Manual:</p> <p><a href="http://www.dentaquest.com/state-plans/regions/virginia/dentist-page/">http://www.dentaquest.com/state-plans/regions/virginia/dentist-page/</a></p>	<ul style="list-style-type: none"> <li>• One routine exam and cleaning every 12-month period</li> <li>• Routine x-rays every 12 month period</li> <li>• Adults only 21 and older, no child benefit.</li> <li>• No Ortho Coverage/Out of Network Benefits/Waiting Periods/ Copays, Deductibles</li> </ul>	<ul style="list-style-type: none"> <li>• One routine exam and cleaning every six months</li> <li>• One set of bitewing x-rays per 12-month period</li> <li>• No prior authorization required</li> <li>• Adults only, no child benefit.</li> <li>• No Ortho Coverage/Out of Network Benefits/Waiting Periods/ Copays, Deductibles</li> </ul>	<p>Limits: Maximum annual benefit of \$1,500.00; includes-</p> <ul style="list-style-type: none"> <li>• Oral exams (1 per 6 months)</li> <li>• Routine cleanings -1 per 6 months</li> <li>• One set of bitewing x-rays per 12-month period</li> <li>• Fillings &amp; restorations</li> <li>• Fluoride treatment -1 per 12 months</li> <li>• Periodontal maintenance -1 per 6 months</li> <li>• Crowns</li> <li>• Oral surgery covered as medically necessary</li> <li>• Adults only 21 and older, no child benefit.</li> <li>• No Ortho Coverage/Out of Network Benefits/Waiting Periods/ Copays, Deductibles</li> </ul>	<ul style="list-style-type: none"> <li>• Annual \$525 limit</li> <li>• Member can receive examination/cleaning 2x year</li> <li>• One set of x-rays per 12-month period.</li> <li>• Fillings</li> <li>• Extractions</li> <li>• Root canal</li> <li>• Dentures – referral is not necessary.</li> <li>• All of the above (except some root canal procedures) would be covered by a general dentist.</li> <li>• Adults only, no child benefit.</li> <li>• No Ortho Coverage/Out of Network Benefits/Waiting Periods/ Copays, Deductibles</li> </ul>	<ul style="list-style-type: none"> <li>• One routine exam and cleaning every 12 month period.</li> <li>• One bitewing x-ray per 12-month period.</li> <li>• Adults only 21 and older, no child benefit.</li> <li>• No Ortho Coverage/Out of Network Benefits/Waiting Periods/ Copays, Deductibles</li> </ul>	<p>Screenings- x2 per year</p> <ul style="list-style-type: none"> <li>• periodic oral evaluation -established patient-</li> <li>• limited oral evaluation- problem focused</li> <li>• comprehensive oral evaluation - new or established patient-</li> <li>Cleanings- x2 per year</li> <li>• prophylaxis – adult X-rays-</li> <li>• intraoral - periapical first radiographic image</li> <li>• intraoral - periapical each additional radiographic image</li> <li>• bitewing - single radiographic image</li> <li>• bitewings - two radiographic images- x1 per year</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>• No caps</li> <li>• No prior authorizations</li> <li>• In network only</li> </ul>

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