

## Dental Beneficiary FAQs

Select the Frequently Asked Question to view answer.

1. **Why did the state eliminate most adult dental services?**

A new state law eliminated most adult dental services from the Illinois Dental Program, effective 2012. The law was passed limiting adult dental services to emergency services due to the state crisis. The new law, Save Medicaid Access and Resources Together, is often referred to as the [SI Public Act 097-0689\(pdf\)](#).

2. **Were all adult dental benefits removed?**

No, most services were eliminated such as dentures, fillings, gum treatments, crowns, and root Limited emergency services for the relief of pain and infection remain available. Call DentaQuest 888-286-2447 or ask your dentist to find out if a specific service is covered.

3. **What is an emergency dental service?**

Services for the relief of pain and infection are emergency dental services. HFS covers exams, X extractions and sedation, if it is necessary for the removal of a tooth.

4. **Who is affected by these adult dental services cuts?**

These cuts affect all beneficiaries age 21 and older.

5. **Are people with disabilities over the age of 21 still covered?**

The new limits on dental benefits apply to all beneficiaries as of July 1, 2012. That includes adult beneficiaries with disabilities.

6. **Will the state make exceptions for people on Social Security Income (SSI) on or after 2012?**

No. The law did not make an exception for people on SSI.

7. **Is the All Kids Dental Program changed?**

No. The All Kids Dental Program remains the same. Dental services for children from birth through 20 are still covered. For details on specific services, contact your dentist or call the DentaQuest Customer Service toll-free line, 1-888-286-2447, for a referral to a dentist in your area.

8. **Can I still go to my dentist?**

Yes. However, the Illinois Dental Program no longer covers most adult dental services. Talk to your dentist about the services you need. Your dentist can charge you for any services that are no longer covered by Medicaid.

9. **Are adult dentures still covered by the Medicaid Program?**

No. New dentures are no longer covered. Repair and replacement of dentures are also not covered.

10. **What can I do if the adult dental services I need (fillings, dentures, crowns, root canal) no longer covered?**

You can:

Pay for your services

Discuss alternative payment options with your dentist

Find a community clinic that charges based on your ability to pay

11. **Is there a limit to the number of emergency services I can receive?**

Emergency services are defined as those necessary for the relief of pain and infection. HFS covers exam, X-rays, extractions and necessary sedation, when these are appropriate to treat a dental emergency. There is no limit on the number of times HFS will cover these services to treat dental conditions.

12. **What can I do if I have a severe toothache?**

Call your dentist. If you do not have a dentist, call the DentaQuest Customer Service toll-free line at 1-888-286-2447, and you will be referred to a dentist in your area.

**13. Are dental X-rays still covered?**

Dental X-rays are only covered when the X-ray is required prior to the removal of a tooth to treat an emergency condition. Removal of a tooth is a covered adult dental service.

**14. If dental work paid for by the Illinois Dental Program in the past needs repair or replacement, will this be covered?**

No. Repairs or replacements of dentures or crowns are no longer covered for adults.

**15. If I am in pain, do I have to go to the emergency room?**

No. You can see an Illinois Dental Program enrolled dentist who can provide and receive payer limited dental services needed to relieve pain and treat infection. If you do not have a dentist, call the DentaQuest Customer Service toll-free line, 1-888-286-2447.

**16. My doctor told me I needed to have some dental work completed before I could get a medical procedure. Will I have to pay out-of-pocket?**

Beneficiaries may receive dental services that are necessary in order to undergo a covered medical service, like a transplant, heart surgery, or joint replacement. Have your dentist send a request to DentaQuest with written documentation, from your primary care doctor stating why the dental services are necessary, before you have the medical service. DentaQuest will review the request and decide whether it can be covered. Beneficiaries covered by a managed care plan will have to work with the plan for prior authorization.

**17. I am an adult in an Illinois managed care dental plan. Are my dental services reduced?**

Please contact your managed care plan's member help line. The phone number is located on your ID card.

**18. Can I appeal a decision denying adult dental services?**

Yes. If you believe you were unfairly denied a covered dental treatment you may ask for an appeal hearing. Appeal hearing requests must be filed with your local office caseworker, or by calling the Fair Hearings Section at 1-800-435-0774 within 60 days of the denial. You do not have the right to an appeal hearing for benefits terminated on July 1, 2012, (dentures, crowns, root canals, etc.).

**19. Do I have to pay a co-pay?**

No, because adults are covered for dental care only in an emergency, the co-pay does not apply.