















Medicaid Dental Service Grid

							
	Delta Dental	HealthPartners	Delta Dental	Delta Dental	PrimeWest	Delta Dental	Delta Dental
Dental Customer Service for Member and Providers	Delta Dental Member/ Provider Customer Service: 651-406-5907 or 1-800-774-9049 TTY 711	Member/Provider Services: 952-967-7998 or 1-866-885-8880 TTY 952-883-6060 or 1-800-443-0156	SNBC Dental services: 651-348-3233 or 866-298-5549 TTY 711 PMAP Dental services: 651-348-3233 or 866-298-5549	Delta Dental Member/ Provider Customer Service: 1-800-459-8574 (toll-free) TTY 711	Member Services Contact Center: 866-431-0801 or TTY 1-800-627-3529 or 711 or direct to County Case Manager for assistance Providers: 1-866-431-0802	Delta Dental Member/ Provider Customer Service: 651-348-3222 or (1-866-398-9419 TTY 711)	UCare Dental Connection Member/Provider: 651-768-1415 or 1-855-648-1415 TTY 711
Incentives: Preventive Dental Visit	\$25 gift card for all Medicaid members	Oral Health Kit for ages 1-9 in Greater MN	\$25 gift card for all members	\$25 for PMAP and MnCare		\$25 gift card for SNBC and Seniors only	\$25 for all Medicaid members
Additional Benefits Outside Medicaid Benefit Set	<p>Dental cleanings & exams: 2 per calendar year and basic services, including X-rays and fillings. One Fluoride varnish per calendar year. No authorization needed.</p> <p>MSHO supplemental benefits:</p> <ul style="list-style-type: none"> • 2 gum disease dental visits per calendar year • 1 root planing and scaling visit every 2 years • Up to 1 dental crown, any tooth. No prior auth required (max. 1/yr) • Root canal, any molar. 1 tooth per lifetime. No prior auth. • Root canal (retreat). 1 retreat per tooth per lifetime. • 1 electric toothbrush, plus 3 replacement brush heads. 	<p>All: Cleaning, exam, xrays covered once a year.</p> <p>SNBC: Up to 4 additional cleanings for those with medical necessity-no prior authorization required.</p> <p>MSHO supplemental benefits:</p> <ul style="list-style-type: none"> • Additional fluoride. • Coverage of additional periodic exam • Periodontal services includes periodontal maintenance. • Prosthetics includes tissue conditioning. • Endodontics includes root canals on molars. • Restorative services includes coverage for porcelain crowns limited to \$3,000 maximum. Network providers only. • Electric toothbrush kit, 3 replacement heads per year 	<p>Dental cleanings, exam, x-ray & fluoride varnish: 2 per calendar year for all members.</p>	<p>Dental cleanings: 2 per calendar year</p> <p>MSHO:</p> <ul style="list-style-type: none"> • 2 crowns on any 2 teeth per year <p>D-SNP:</p> <ul style="list-style-type: none"> • One crown on one tooth per year <p>MSHO & D-SNP</p> <ul style="list-style-type: none"> • One additional dental exam each year. • One full mouth x-ray once every 5 yrs. • One molar root canal per tooth per lifetime • One molar root canal retreatment per tooth per lifetime; only covered if completed at least 24 months after the original root canal • Electric toothbrush or water flosser kit 	<p>Applies to all PrimeWest members:</p> <p>Dental Cleanings: 2 per calendar year for all members, 2 additional if medically necessary, no authorization needed.</p> <p>Periodontal Scaling and Root Planing: in clinic with service authorization.</p> <p>General Anesthesia: in clinic with service authorization.</p> <p>Additional exam/X-rays: for diagnostic purposes or new patient with service authorization.</p>	<p>Dental cleanings, exam, & fluoride varnish: 2 per calendar year for all members, no authorization required. Up to 2 additional cleanings if medically necessary; SNBC and MSHO members do not need pre-authorization.</p>	<p>Dental cleanings and exams: Up to 4 per calendar year for all members, no prior authorization required.</p> <p>MSHO & SNBC -SNP Additional Benefits:</p> <ul style="list-style-type: none"> • Scaling and root planing: Once every 2 years and allowing it in an office setting. Need to have pocket depths of 4mm or greater and documented bone loss visible on x-rays. • Full mouth series (x-ray): Once per 5 years (MHCP only covers panoramic) • Periodontal maintenance: Up to 4/year • Molar root canal: Once per tooth per lifetime. • Root canal re-treatment: One retreat per lifetime per tooth. Only covered if billed 24 months after original root canal. • Tissue conditioning for dentures • Crown: 2 Porcelain Fused to High Noble Metal (PFM) crown • Electric Toothbrush, 3 replacement heads per year
Transportation Services	BlueRide: 1-866-340-8648 TTY 711	RideCareSM: 952-883-7400 or 888-288-1439 (toll free) TTY 711	Transportation Services: 612-596-1036 or 800-647-0550 TTY 711	MSHO, MSC+, SNBC & D-SNP 1-888-347-3630 TTY 711 PMAP & MnCare 1-800-373-8335 TTY 711 8 a.m. – 6 p.m., M – F	Member should contact their County of residence (complete phone listing available in member handbook)	RideConnect Transportation Services: contact SCHA member services to schedule 1-866-567-7242 1-800-627-3529 TTY 711	Health Ride: 612-676-6830 or 1-800-864-2157 (toll free) M-F 7 am – 8 pm
Health Plan Member Services	MSHO 1-888-740-6013 Medicaid 1-888-711-9862 M-F 8 am – 5 pm www.bluecrossmn.com	952-967-7998 or 1-866-885-8880 8 am – 6 pm www.healthpartners.com/hp/insurance	612-596-1036 or 800-647-0550 MN Relay 800-627-3529 (TTY, Voice, ASCII, Hearing Carry Over) or 877-627-3848 speech to speech relay www.hennepinhealth.org	MSHO & MSC+ 1-888-347-3630 SNBC & D-SNP 1-888-347-3630 PMAP/MnCare 1-800-373-8335 www.medica.com	1-866-431-0801 1-800-627-3529 TTY 711 M-F 8 am – 8 pm www.primewest.org	1-866-567-7242 1-800-627-3529 TTY 711 M-F 8 am – 8 pm www.mnscha.org	612-676-3200 or 1-800-203-7225 (toll free) TTY 1-800-688-2534 M-F 8 am – 5 pm www.ucare.org

Which Minnesota health plans offer each Medicaid product?

							
MnCare— Coverage for low-income people age birth to 64. *Effective 1/1/19 non-pregnant MnCare enrollees ages 21 and older are subject to a \$15 copayment per visit for non-routine services (D2000-D9999).	●	●	●	●	●	●	●
Prepaid Medical Assistance Program (PMAP)— Coverage for children, families, pregnant women, and adults under age 65.	●	●	●	●	●	●	●
MN Senior Health Options (MSHO)— Integrated coverage for seniors age 65 and older that combines Medical Assistance and Medicare.	●	●	●	●	●	●	●
MN Senior Care Plus (MSC+)— Coverage for low-income seniors age 65 and older who are eligible for Medical Assistance.	●	●	●	●	●	●	●
Special Needs BasicCare (SNBC)— Coverage for adults ages 18-64 with certified disabilities.	●	●	●	●	●	●	●
Special Needs BasicCare + Medicare (SNP)— Integrated coverage for people ages 18-64 with disabilities that combines Medicaid and Medicare.	●	●	●	●	●	●	●

What is a Dental Benefits Manager?

The Dental Coverage Administrator manages the member’s dental benefits in the same way that the health plan manages the medical benefits.

Benefit Manager	Health Plan	Responsibilities/Services Provided
Internal Management at Health Plan	HealthPartners, PrimeWest	<ul style="list-style-type: none"> • Customer Service • Dental Care Coordination • Claims • Grievances and Appeals • Management of in network providers
**Delta Dental	Blue Cross, Hennepin Health, Medica, South Country Health Alliance, Ucare	

**Delta Dental: Health plans manage members’ medical benefits and Delta Dental manages their dental benefits.

*Effective 2019, for services provided at State-operated and FQHC dental clinics, follow the Minnesota Health Care Programs (MHCP) benefit set. Dental claims and service authorization requests for services provided at these dental clinics should be submitted to MHCP for processing. For more information, or to check claim and service authorization status, contact the MHCP Provider Contact Center at 1-651-431-2700 or 1-800-366-5411.